CANADIAN PUBLIC HEALTH ASSOCIATION
ASSOCIATION CANADIENNE DE SANTÉ PUBLIQUE

MANITOBA HARM REDUCTION NETWORK

Preliminary Community Assessment Report for
Manitoba

APPENDICES

BUILDING CAPACITY FOR A PUBLIC HEALTH APPROACH TO SUBSTANCE USE

January 2022

4.0
Appendix A

Current state: What is happening currently to support people who use/d drugs in Manitoba?

Detailed Summary Notes

The following themes were identified in the summary of the current state of services and supports for people who use/d drugs in the Winnipeg community and surrounding area:

1. Safer Supply, Injection and Disposal Supports
2. Acute Treatment Supports
3. Longer-Term Treatment Supports
4. Affordable, Secure Housing
5. Stigmatization of People who Use/d Drugs
6. Government Support
7. Public Safety and First Responders
8. Prevention

Each theme is summarized in greater detail in the sections that follow.

1. Safer Supply, Injection and Disposal Supports

According to the participants, Manitoba does not have a safe injection or safe disposal sites. Nor do participants feel there is adequate momentum for such sites to be developed in the near future; however, a few organizations have been noted as working toward needle drop boxes.

> *"We have no safe consumption sites, we have no drug checking services, nothing beyond providing harm reduction supply (legally and formally). There are informal things happening. There is some mobile outreach focused on helping people who are using get supplies. There is informal drug testing support through Getmydrugstested.com but nothing formal."*

Pharmacies were mentioned as being a trusted source of injection kits and naloxone in some communities as well as being a distributor of knowledge resources provided to them by other community partners. Participants noted that pharmacies were eager to participate in the distribution of supplies and information in partnership with community service providers. It was felt by participants that there was potential for further strengthening these partnerships in the future. One participant cited that "safe kits" in their community were also distributed by the hospital and now available at anytime day or night.

Safer Supply, Injection and Disposal Supports Current State Statements:

- There is no overdose prevention site / safe injection site in Manitoba
- There are limited safe disposal sites available to the public, though some are being worked on by community organizations
- Pharmacies are a trusted source of information, injection kits and naloxone within the community

2. Acute Treatment Support

Overall, participants identified limited access to detox supports for people who are seeking acute treatment support. The two locations mentioned by participants were Mainstreet Project Withdrawal Management Services and the Addictions Unit at the Health Sciences Center (both located in Winnipeg). In addition, the Youth Addiction Stabilization Unit was mentioned as a detox option for young people. Participants also noted that the existing detox services were more aimed at alcohol detox rather than substances such as methamphetamines or opioids.

The need for detox services outside of Winnipeg was also highlighted with only one other potential "sobering centre" being mention by a participant as in development, located in Thompson.

> *"There is a lack of detox even in AFM (Addictions Foundation Manitoba), and it's more for alcohol than anything else."*

> *"There are only a couple centers where there are addiction centers or supports. Many communities don't have them."*

Acute Treatment Current State Statements:

- There is a lack of detox services available in Winnipeg and across Manitoba
- Of the services available, nearly all of them are in Winnipeg
- The existing detox services are designed primarily for alcohol and not available "as needed"

3. Longer-Term Treatment Supports

Several participants who identify as people who use drugs shared that many people seek information about longer-term treatment support from their peers. This information included peer perspectives on the effectiveness of the methadone program, what organizations exist in Winnipeg and referral requirements for treatment programs. In particular, Sage House was mentioned as having progressive peer-to-peer support that people found effective in helping them to make positive changes.

While a large number of community-based organizations across Manitoba provide longer-term (non-detox) treatment were listed by participants, many participants indicated that they were mostly accessed through the hospital(s) or through the Manitoba Harm Reduction Network who facilitated referrals or connections to other programs as appropriate. In addition, most of the community-based organizations mentioned were centralized in Winnipeg. Participants indicated that the expansion of the MHRN into areas outside of Winnipeg was a positive development in the access to longer-term treatment services. Participants noted that prior to MHRN being in their communities, the hospitals were the only places people could go to access support for mental health and/or substance use, after which they would be referred to AFM. It was felt by some participants that accessing services through MHRN was "safer" for people seeking support. Despite the long list of service providers in the Winnipeg and across Manitoba, participants felt that most were understaffed and there were significant gaps in age-appropriate, culturally appropriate services. In particular, many participants noted a gap in youth-focused substance use and mental health services.

> *"Often it's not the right time based on availability to that resource. Those moments can be fleeting."*

The Rapid Access to Addictions Medicine Clinics through Shared Health were mentioned by a few participants as being a positive and recent change to the longer-term treatment services available in the Winnipeg. Several participants identified RAAM clinics as "the go-to place"; however, also noted that they are understaffed and some sites are only available for intake one day a week which compounds barriers to access. The RAAM Clinics were seen as "more welcoming" and "less judgemental" than the services available through the Health Sciences Center and having a more trusting relationship with those seeking support for drug use. The Alcoholics Anonymous (AA) programs were also cited by a few participants as being well-attended with virtual meetings taking place on a regular basis in partnership with AFM and the RAAM clinics using Telehealth or Zoom. MAPS (Men Are Part of the Solution) was mentioned by a few participants as an option though limited in its reach.

> *"The partnership with government to fund the RAAM clinics has made a big difference in terms of how people can access addictions medicine. That has been an incredible benefit to the community."*

When asked about the current state of support for people who use drugs, participants overwhelmingly expressed concern that the treatment needs of the population were not being met. It was noted that the services available mostly address the harms associated with drug use and not the benefits, possibly with the exception of MHRN; this was seen as a limitation of the current services. Participants also noted various barriers to treatment including the services not being available on-demand (at the time when they are needed) and requiring the person to be sober or detoxed first (for which there is limited available support as well). Participants felt the expectation of sobriety was impractical for many people who use drugs. Participants also indicated there were long wait lists for the existing services and that the appointments were inflexible to life circumstances: "If you miss your appointment you have to book another 2 or even 4 weeks out."

> *"I don't think we are getting anything other than 'drugs are bad you need to stop doing them' in regards to clinic messaging."*

> *"I think MHRN is the only group that addresses the benefits. Even PH only addresses it as a harm."*

Finally, participants noted the typical service hours (e.g. 8:00am to 4:00pm) were not adequate to meet the needs of people who use drugs and that "after hours" the only option for those needing support is the ER

or police. These options were viewed as less safe and less supportive than the community-based harm reduction services. In addition, geography was seen as a significant barrier to access. Several participants noted the long distances people need to drive to get to services is a barrier to access especially for those who are vulnerable, experiencing homelessness or don't have access to private transportation. Participants indicated that lack of geographically local access to harm reduction services further compounds the reliance on the police for crisis support.

> *"Lack of beds available in the facilities; when the beds come available it's often too late and the person and spun off. We may drive up to 3 hours to find a bed for something (long-term mental health treatment, weeks or months)."*

> *"It's fine and dandy to have things open from 8-4 but that's not when issues show up. After 4 we are generally the only option [police], we are who people call. We deal with several hundred MH checks a year, we respond to the hospital a hundred times a year. We go to calls when people say 'why are you here we called CAS' but CAS called us, we are what's available."*

> *"The only governmental supports here are the police, nursing station and a school. There are no mental health supports. The turn-over is fairly high as well. There is a lack of stability in the support in rural communities."*

> *"How do you sustain progress when everything is 1.5 hours away and there is no public transportation. We tend to be this forgotten little area of the province."*

Several participants also commented on the impact of COVID-19 on the mental health and substance use in the community. Despite reduced access due to COVID-19 restrictions, some participants noted an increased demand for community organizations that provide harm reduction services supplies, more people seeking treatment and detox programming or accessing crisis response through the health sciences centre in Winnipeg. Concern was expressed by participants that the COVID-19 pandemic has resulted in losing touch with hard to reach people in the community who need and want support, stating that the pandemic has made "the pre-existing issues bigger and worse". As such, it was felt by participants that the reduced access to services by way of the pandemic may also have reduced access to the community who are seeking support.

> *"Many of us have learned to live within this reality but I think we have also lost touch with a segment of the population entirely who are out there. How do we reconnect once we are allowed to be around people again? And what will we find?"*

Longer-Term Treatment Supports Current State Statements:

- People who use/d drugs seek information from peers or peer-led programs
- Hospitals and the Manitoba Harm Reduction Network help provide access to other community-based programs; however, access through MHRN felt "safer"
- Service providers are underfunded and understaffed according to community needs
- The Rapid Access to Addiction Medicine Clinics through Shared Health and the Addictions Foundation of Manitoba has helped improve safe access to support in Winnipeg; however, has limited intake availability
- Most programs only address harms of drug use (not benefits) and many support require sobriety
- Most programs are only available during business hours, after which the ER and police are the most available supports during crisis (though identified as not most appropriate)
- COVID-19 services restrictions have coincided with an increase need for service and decreased ability to reach the most vulnerable people

4. Affordable, Secure Housing

Participants noted a lack of affordable housing across the province and commented on how the COVID-19 pandemic made visible the gaps in support for people experiencing homelessness such as the unavailability of public bathrooms and public WiFi. As COVID-19 restrictions moved many in-person services to online services, participants felt that access to services for rural, remote or people experiencing homelessness was further compromised. With space for 24 people, one rural homeless shelter was noted as not being of adequate space to house those in need, despite the additional space in the "ice rink shelter during the winter". In addition, participants noted the requirement that people in the shelter not use drugs as restrictive and not focused on harm reduction. Compounding the affordable housing problem in Swan River is the recent loss of a large apartment building due to fire resulting in further availability issues.

Participants noted that the YMCA in Winnipeg provided a "temporary COVID-19 isolation unit for 25 people experiencing homelessness" starting May of 2020 and were concerned that if or when that unit closed, people living there will have nowhere to go. It was stated that there "aren't 25 units that are at an income assisted rate for them". It was shared by participants that housing program at CMHA was always full and the MAPS (Men Are Part of the Solution in Thompson) doesn't meet the needs of all. Some participants noted that while the number of homeless in Winnipeg may not be as high as other cities, many people experiencing homelessness "couch surfed" for shelter and that stable, safe housing was required even if people experiencing homelessness were less visible.

> *"All of those people had to vacate and find new lodgings or leave [due to the fire]. That has really put the squeeze on the community."*

> *"Homeless shelter here is not very harm reduction focused; folks are not allowed to have any substances, not allowed to stay if they've been using"*

In addition to availability being an issue, participants also commented on the challenges incentivizing the development of affordable housing citing unrealistic timelines or parameters for proposals when funding is available.

> *"We don't get contractors or organizations that are able or want to move forward. They are always set up such that they won't cover capital expensive – private won't do that and non-profit can't afford it. These great programs aren't set up so people can take advantage of them. You need to make sure that people can see building units as a good endeavour."*

A participant noted that the Community Policing program in the City of Winnipeg is striving to build relationships between officers and people experiencing homelessness. This relationship building was viewed by one participant in the public safety sector as having a potentially positive impact on the safety of people experiencing homelessness: "It is good that they have gotten to know the homeless population and don't just lock them up now. They can get to know people and make sure people are safe out there." Another participant in the harm reduction sector noted that, "this is a program that has hassled peers and caused harm, usually moving them out of spaces they have identified as safer (eg under a bridge)."

Affordable, Secure Housing Current State Statements:

- There is a lack of affordable housing and shelters in Manitoba
- There is a lack of safe public services for people experiencing homelessness such as public bathrooms and Wifi (further compounded by COVID-19 restrictions)
- Affordable housing projects are not realistically incentivized

5. Stigmatization of People who Use/d Drugs

Several participants shared that stigma is a significant barrier to service in Winnipeg and in every community across the province. Some identified a lack of understanding in the general public, as well as among health service providers and policy makers, about how and why people use drugs. It was acknowledged that in Winnipeg, like in other cities, people with fewer financial resources or who are experiencing homelessness, face more stigma than others (for example, while taking public transit). It was acknowledged that those in the community with "layers of vulnerability" are at increased risk and that it is difficult, if not impossible to find peer support if and individual has lived experienced across vulnerable groups (e.g. a Black, Indigenous or Person of Colour who is also part of the LGBQT2+ community or is experiencing homelessness). Several participants identified the services that are available, while well-meaning, were not as culturally or gender safe as they should be.

> *"My primary concern is that I still think a lot of the supports are set up to help people who have supportive families, supportive communities. The more support someone already has the easier it is for them to get support. They are motivated and want change."*

Participants also noted that people who use drugs want support to address poverty, housing, food security, transportation support, education and job training; however, stated the health system and supports in Winnipeg are structured to focus on the drug use first. One participant noted that the focus was on "health and bodies instead of health and well-being". It was felt that the support people were seeking was approached with a "yes but first drug use" mentality which was limiting the possibility of quality of life improvements.

> *"[We need to] recognize that stigma exists in systems, politics and communities. Until we can get substance use normalized - some people have problematic use and other people are just having fun. Seeing all substance use as harmful creates alienation and us vs. them mentality, and there's this perspective of "just change, just stop using drugs" without understanding all aspects of substance use. It puts the onus on people who are vulnerable to 'just do something different' without understanding all the nuances involved."*

The stigma faced by people experiencing homelessness who use drugs was felt to be significant by participants. The attitudes and beliefs of the general population, elected officials, un-elected community leaders or committees were cited as being harmful and in some cases "archaic". Specifically mentioned was the desire by a town council in Northern Manitoba, to close their homeless shelter "in the hopes that people will just leave the town." The participant also expressed concern at the negative influence these elected officials have perpetuating the stigmas associated with drug use and homelessness.

> *"We have a lot of education still to do within our own staff to make sure people are using proper language. Beyond our services it's crazy, the broader perception of the public on people who use drugs is wild. They don't understand addiction and people who use drugs at all. Really increases stigmatization – especially if they are unhoused."*

In addition to the stigma of using drugs, several participants spoke about the "shocking amount of racism" Indigenous people who use drugs face and a few participants felt it was some of the "worst in the country". Some participants noted the efforts to increase awareness "regarding reconciliation and the impacts of colonization" and one specifically referenced a project implemented by the Manitoba Harm Reduction Network to help develop the TRC Reading Guide for Non-Indigenous Organizations as important work being piloted. However, participants also acknowledged that "until the program is top-down mandated, things won't change" and several expressed frustration at the perceived lack of interest in the general population to learn more about stigma and a lack of community readiness to support people who use drugs.

Participants noted the challenges associated with working in a small, rural communities outside of Winnipeg included the lack of anonymity and when a service provider is from the community, some people may feel more comfortable seeking support elsewhere.

Indeed, some participants noted that in smaller communities pharmacists have, in general, trusted relationships with people who use drugs in the community, and in some cases, pharmacists are a first choice over community organizations.

> *"Being from here (this community) has been a huge asset for me but I know it also has its limitations because there are people who know me who use drugs and won't come to me because they know me. There is too much stigma in the community for people to be able to trust me. I get more people reaching out from outside my community."*

Stigmatizing of People who Use/d Drugs Current State Statements:

- Stigma is a barrier to service in Winnipeg; layering trauma on those already vulnerable
- Support services are not as culturally or gender safe as they should be
- There is a lack of understanding about why and how people use drug in the general public
- Supporting people often means focusing on drug use rather than the other priorities a person might have (e.g. poverty, housing, food security, transportation support, education and job training)
- Racism is a significant issue in Winnipeg and throughout Manitoban communities, especially in the Northern communities
- Communities where people do not have anonymity can present barriers to seeking service
- Pharmacists are seen as a trusted and "safe" source of support in rural communities as compared to other clinical settings

6. Government Support

In addition to barriers to access, the lack of provincial and municipal support for those who use substances was a primary concern for some participants. Some identified that inadequate funding was flowing from the province due to the "ideological opposition at the provincial level". Specifically, housing, social inclusion, on-demand harm reduction services and other community-based services were referred to as being "dried down" (receiving less funding or inadequate funding to meet current needs). A few participants also shared that as a result of programs, policies, and services not being established or supported by the Province, Winnipeg and surrounding areas are missing out on opportunities for Federal funding support related to harm reduction.

> *"That is a real top concern. Not only do we have a crisis, we have less opportunity to get federal harm reduction funding – we are anemic."*

> *"The Province won't allow a briefing note to include "safe consumption" – they won't allow discussions about safe consumption or acknowledge that it can happen so that's a concern."*

> *"The crisis here is as apparent as any big city across Canada. Due to the opposition of our Provincial government we don't have any of the support we would typically see in terms of Harm Reduction."*

Participants acknowledged that other Canadian cities and provinces are investing in harm reduction and are showing positive impacts on community health as a result. Specifically, Vancouver, Lethbridge, and

Toronto were mentioned as having plans to support people who use drugs. In addition, some participants acknowledged that the City of Winnipeg could "bypass" the province to seek funding opportunities; however, the City is not doing so in the opinion of some participants. Indeed, participants shared that the City leans heavily on the community-based organizations to provide information and support to the public, despite those programs struggling with being underfunded provincially.

> *"From a government perspective, there's not much. Regional health authority have a bit more info. Community based organizations are the keepers of the quality information."*

> *"We are missing everything. We are missing HIV programs, education programs, the whole continuum of HR, what HR is and isn't, let alone the on-demand services. And we are missing the funding."*

In addition to the lack of program funding at a provincial (and consequently a federal) level, participants cited the lack of government support for Indigenous health services, including services not being located where Indigenous people live. This was viewed as particularly critical in communities in the North, where people seeking support currently have to travel for hours or longer to receive services, away from their family or community support systems. The lack of local services in the North was highlighted as a significant problem by most participants. Some participants highlighted the importance of working with Band Councils and individual Indigenous communities to identify supports that work for that community, while acknowledging the challenge of dovetailing that work with Regional Health and First Nations and Inuit Health Branch. One participant shared an example where the Provincial government closed a jail that was intended to be turned into a healing centre, but the project was stopped citing "promises were made and broken". Several participants noted the negative impact on Indigenous communities when people have to be moved away from their community to receive treatment, compounding trauma and increasing risk of additional harms.

> *"Government has values and an ideology around substance use and has been vocal in being resistant to implementing certain things. Values and ideology played a role in decision-making instead of evidence and science in terms of responding to substance use. This has been a problem in Winnipeg, but we're not looking at rural/remote communities and if we are we're applying the Winnipeg lens to what should be happening in those communities."*

Government Support Current State Statements:

- The current Provincial government does not adequately support harm reduction
- Federal harm reduction funding opportunities are being missed
- The City of Winnipeg lags behind other Canadian cities in term of harm reduction and supports for people who use/d drugs
- There is a lack of government support for mental health and substance use services to be made available in northern communities and developed in partnership with Indigenous Peoples and communities

7. Public Safety

Generally, participants acknowledged that the lack of funding and positions to provide support to those that need it in the community, when they need it, and where they need it, results in a police response which they pointed out is not the appropriate response. Several participants felt that most crime was related to substance use, including alcohol, and that there "isn't much other crime". The need for public safety services was felt to be "far outweighed" by the resources available and several participants acknowledged that the police have inherited many other roles due to cuts in the health and social service sector. Participants acknowledged a significant number of calls police receive are mental health related and that police may be called to respond to an individual whose needs they are not trained to meet.

Some participants noted that the Tribal Police in the Pas is a new, positive development in terms of community-led public safety, though they also acknowledged the Tribal Police were still understaffed, as was the RCMP in Northern Manitoba. In addition, participants noted the Community Mobilization program (in Swan River) and Restorative Justice initiatives in partnership with the John Howard Society are promising practices in public safety that may warrant replication in other jurisdictions.

> *"With this lack of funding it all comes down to the police and we aren't the appropriate service to deal with this."*

> *"Provincial financial support hasn't grown and police are now dealing with many things that aren't policing. We get calls from MH services to help them because they don't have the resources (especially after dark)."*

> *"Police have been trying to arrest our way out of this forever and it's not working. It's just hiding the reality for a short period of time. The police environment is at the end of the line."*

Public Safety Current State Statements:

- Under-resourced community organizations and lack of service availability has resulted in police and other public safety professionals providing support they are not well-suited for
- There are promising practices in public safety that are building positive, humanizing relationships between people and police including, Restorative Justice and community mobilization

8. Prevention

It was identified that the 2017-2018 Mental Health and Addictions Strategy recommendations did not have a significant focus on prevention strategies. Prevention efforts were identified by multiple participants as being "downstream" and the work of small locally-based social programs across Manitoba. It was identified that even the harm reduction organizations were not focused on primary prevention, that the harm reduction supports were still in response to an pre-existing need. Currently, prevention efforts have been reported by participants to be focused on prevention of overdose, overdose death, and prevention of communicable disease, and do not include the determinants of health nor acknowledge how racism and sexism as problematic in terms of coping.

> *"Health generally looks at symptomatics 'how do we manage the situation we are in'…very little of it is pre-emptive. Even public health isn't good at pre-emptive. Even harm reduction. It's fantastic that they are trying to minimize the impact but we have to provide appropriate focus on what can we do to avoid needing health at all. There is something we can do earlier on – it's very difficult to be successful treating someone with an addiction, especially opioids."*

Participants noted that programs and services focused on upstream prevention (e.g. poverty, food security, employment opportunities, equity, and colonization) are frequently cut from their budgets despite verbal support from senior leadership in various levels of government. In addition, it was noted by a few participants that while there is general education available in Winnipeg about the potential harms associated with drug use it was felt that education regarding who is using what, when, why, and where is lacking. Participants felt that the existing education was "not doing what it was set out to do". A disconnect between practice and academia was noted by participants who felt that while academics have an understanding of healthy lifestyles, that information isn't being put into programs or policy and, conversely, academics aren't working with people "on the front lines". The lack of two-way knowledge transfer between academia and front-line health services was seen as an additional barrier to prevention.

> *"There is more education now than there was 20 years ago but there is increased use. The problems have gotten worse. Moving from cannabis and alcohol to crystal meth and opioids. The sorts of drugs that are being commonly used at such a young age have overwhelming consequences, they are profound."*

Prevention Current State Statements:

- Prevention efforts currently focus on prevention of overdose, overdose death and spread of communicable disease
- Enhancements / updates to existing education are required to better connect knowledge from academia to the front-line communications

5.0
Appendix B

Desired future state: What the community would like to see happen to support people who use/d drugs in Dartmouth

Detailed Summary Notes

The following themes were identified in the summary of the desired state of services and supports for people who use/d drugs in the Winnipeg community:

1. Safer Supply, Injection and Disposal Supports
2. Acute Treatment Supports
3. Longer-Term Treatment Supports
4. Affordable, Secure Housing
5. Stigmatization of People who Use/d Drugs
6. Government Support
7. Public Safety
8. Prevention

"More money, safe supply and more joy. I want things to feel really good; the moments that feel good are things like the pipe ceremony, or making art together, making this part of harm reduction."

1. Safer Supply, Injection and Disposal Supports

Many participants indicated that safe consumption sites, in locations where people needed them and could access without extensive travel, ideally would be supported by the Provincial government. Participants acknowledged that there is substantial support for safe consumption sites, as well as safe disposal boxes, within community organizations and other grassroots groups in Winnipeg and communities outside of Winnipeg; however, in order to move forward Provincial endorsement and financial support is required. Participants shared that they would also like to see Indigenous-led safe consumption sites which could act independent of other Provincial sites if desired.

"Being on a national committee or call, it is apparent how far behind MB is in distributing supplies, availability and access to naloxone and more formal programming like SCS."

In addition to safe consumption sites, participants strongly indicated a desire to provide education and opportunity for people to know where their drugs are coming from, helping to support a safer supply. Related suggestions included the implementation of drug checking services and managed alcohol programs with multiple access points led by people with lived experience and who actively use drugs.

Safer Supply, Injection and Disposal Supports Desired State Statements:

- Multiple safe consumption sites would be available across communities
- Safe disposal boxes would be readily available in public spaces
- Opportunities would exist to work with people who use drugs to check their sources and help ensure drug safety

2. Acute Treatment Supports

Participants indicated that having detox services available when people needed them (24/7/365) and close to where they live was a high priority in an ideal world. Participants acknowledged that the moments can be "fleeting" and that access to detox in the exact moment when a person self-identifies as being ready is critical.

Acute Treatment Supports Desired State Statements:

- Detox services would be available when people needed them, close to where they were living such that anyone who wanted to detox could do so immediately

3. Longer-Term Treatment Supports

Participants indicated they would like to see improved access to flexible, walk-in, on-demand harm reduction and mental health resources that are appropriate for a variety of needs. Also in the future, participants wanted to see longer treatment programs (longer than 28 days), for treatment programs to better integrate Indigenous models or methods of support as well as for programs to include opportunities for families to enter treatment together when appropriate. It was acknowledged that ideally there would also be more program spaces available since longer stay would mean a slower turn-over of program spaces. Most importantly, participants also indicated that services should not be designed around a medical model of care, rather they would involve those who utilize the service so the needs and experiences of the person can be centered in the development of policy and the delivery of care. It was acknowledged that some organizations are being peer-led already, but ideally all organizations that provide services would be peer led and have representation from those they serve making service design decisions.

> *"The big piece is access – at 6:00 on a Friday night and someone has made the decision to make a change we have to be able to strike while the iron is hot. If someone has a mental health crisis and then you get a 1800 number because it was after hours? Come on that's immaterial. We have to make meaningful change when people are ready for it."*
>
> *"They need to be centred in the planning for care – that benefits everyone anyhow. We don't need to have ALL communities per se at the table but we do need to have the under represented and vulnerable most. They are at most risk of being exploited by those who provide the care and need to be most represented."*
>
> *"The decision-making capacity doesn't have to reside with the people who have those clinical letters behind their names. We can deliver care without centralizing power around those within the medical model."*

Participants indicated that in an ideal world, there would be a continuum of harm reduction and treatment services as well as wrap-around services that are supported through government policy and programs, as well as consistent funding for community organizations already doing this work so they may be staffed appropriately. The continuum would include a focus on safer consumption as well as include the benefits of drug use (not just the harms) and allow space for safer consumption or managed consumption rather than be abstinence only.

Finally, participants noted that the City of Winnipeg, in partnership with the communities across Manitoba, should continue to implement the recommendations in the Virgo report.

> *"The recommendations in the VIRGO report were taken seriously …I think you will see more and more of those recommendations becoming real in terms of services and planning over the next year."*
>
> *"Right now in MB we are implementing the VIRGO Report – a concerted effort and coordinating mental health and addictions system. I think the fact that we are re-aligning our health system to treat mental health and addictions together is a step in the right direction."*

Longer-Term Treatment Supports Desired State Statements:

- Longer-stay, family oriented programs would be available within communities when they were needed and be led by or designed by people with lived experience
- Services would be designed to meet a variety of needs and goals, rather than be focused on abstinence
- VIRGO report recommendations would be implemented across the province, including improved coordination between mental health and substance use services

4. Affordable, Secure Housing

Participants identified that ideally there would be drop-in centers available in multiple locations for people experiencing homelessness. These centers would provide access to food, a place to be warm, use WiFi, make a phone call to connect with other supports that might be needed as well as be a hub service providers could use as a client meeting location. In addition, participants noted that ideally there would

be affordable, secure housing to provide stability and safety to those needing it. In addition, housing would be tolerant of substance use.

Affordable, Secure Housing Desired State Statements:

- Drop in centers with multiple supports for daily living would be available for people experiencing homelessness or those who have temporary housing
- High tolerance affordable housing would be stably available

5. Stigmatization of People who Use/d Drugs

Participants were very clear that in an ideal world, people that use drugs would not face stigma from anywhere within service, policy, or the public. People seeking support such as treatment would feel safe to approach the system through any door available to them, and that there would be many points of entry, allowing people the anonymity they may desire. Participants stated that services would be safe and anti-oppressive

> *"The people providing care right now don't talk about these things because mostly they don't have the lived experience with them and don't know how or they don't want to. In an ideal world the services would be pro-queer, pro-trans and anti-racist"*

Participants indicated that ideally, all community organizations and clinicians would engage actively in anti-stigma training and that training would include the spectrum of use (rather than focus on recovery and abstinence only). Participants felt that training should include "upstream" information about why people use drugs including issues such as colonialism and capitalism as well as include "downstream" information such as gender pronouns and cultural practices. Participants also felt that physicians in particular would be engaged in anti-stigma work in an ideal world.

> *"We need to work more with physicians. A physician's culture, conservative morals and religion comes through when talking about people who use substances. There is almost zero tolerance "you just have to stop" – also when speaking about homelessness and helplessness. How do you find other supports if they aren't willing if the physicians aren't willing to look past "you have to stop doing it". I hear it all. I hear all the complaining about the "drug seekers" there is a lot of work to be done within the system for people to look at people with compassion and understanding."*

> *"We know that addressing stigma saves lives."*

Participants identified that ideally people would have the ability to be autonomous and consume as they desire and that instead of changing their behaviours, the perceptions and attitudes of others would change. Additionally, participants identified that in an ideal world, people who use drugs would be able to access low-barrier and meaningful peer employment: "A lot of people who use drugs are doing the work anyways – finding way to pay people for this work is important."

Stigmatization of People Who Use/d Drugs Desired State Statements:

- Pro-queer, pro-trans, anti-racist services would be available to people who use drugs
- Community organizations and health care professionals would actively engage in anti-stigma work such as training
- Peer support would be monetarily valued as employment

6. Government Support

> *"A government that was willing to meaningful consult and collaborate and engage in order to keep people and alive."*

Participants strongly stated that ideally the Provincial government would support harm reduction measures and advocate, create policy, enable funding opportunities at a provincial and municipal level, including housing, and directly engage Federal funding sources. Participants identified that more advocates within government were desirable and ideally, the province would be supportive of the decriminalization of all drugs, better aligning with the work of many other provinces in Canada.

> *"Ideally we would follow Vancouver in terms of their decriminalization tasks that they are doing right now. We'd ask for that exemption to allow small amounts of drugs for consumption. We'd apply as the city to Health Canada to build that preliminary submission to operate the supervised consumption site to be exempt from prosecution under the federal drug laws. Those are my priorities. People are dying in the interim."*

Participants closely tied the desired state of safe consumption sites with the government support. It was clearly stated that in order to have safe consumption sites, which was ideal, provincial government support was required. In addition, expanding and providing secure funding for provincial and municipal harm reduction organizations was identified by participants as ideal. Finally, participants expressed a desire for the government to invest in enhanced data collection to have a clearer understanding of the needs in Manitoba.

> *"We'd have distinct dependency programs ideally and harm reduction programs. There are pockets here and there, some organizations have some clean supplies but we are missing it consistency and at a leadership. We are missing harm reduction therapies – we don't have injectable or orals or supervised injection sites. Other governments have policies and programs and practices of continuums of care in harm reduction and how to incorporate holistically with other existing settings (like clinical care)."*

> *"And we have no measures. We don't the stats. I think right now if you die on the street I don't know if we are even capturing that in a way we can make use of."*

Government Support Desired State Statements:

- Provincial support for harm reduction would be visible in advocacy, policy, funding and collaboration with other provinces
- Safe consumption sites and disposal boxes would be a priority in the province
- Data collection would be a priority to ensure resources are pointed in evidence-based directions

7. Public Safety and First Responders

Systems that are supportive, not punitive, was a priority for participants, specifically a combined approach to calls where public health professionals would replace police to provide support for people in mental health crises. In addition, participants felt that integrating Restorative Justice models into the approach to public safety would be of benefit to those struggling with mental health and substance use (as opposed to the criminal justice system). Finally, it was noted that by consistently and appropriately funding community-based harm reduction services, the ideal world was one where police were not relied on for mental health support.

> *"They have a Mobile Crisis in Alberta where the first responders could be police, mental health and others and take a group approach to dealing with calls."*

Public Safety and First Responders Desired State Statements:

- Supportive public safety systems would exist whereby police partner with public health or harm reduction professionals to jointly respond to calls related to mental health and substance use
- Restorative Justice models would be integrated into a public safety approach

8. Prevention

Participants felt that ideally, prevention strategies would include the determinants such as housing, education, food security, and minimum income and eventually result in fewer youth using substances. Primary prevention efforts for youth were mentioned including working closely with the school system to better identify early indicators of risk for youth and support children and families at an early age. Where programs already exist, participants stated they should be supported with secure funding and the insights from implementation shared across other organizations (e.g. START program).

> *"Ideally there would be a better understanding of the fact that there are maybe people who are "well" within the community and living with addiction. The possibility of improving that wellness, improves the community at large."*

Increasing the level of community knowledge about the spectrum of substance use was identified as an important prevention strategy and a means to build social capital. Participants emphasized the importance of understanding that people who use drugs are "part of the whole community".

Prevention Desired State Statements:

- Prevention efforts would include the social determinants of health
- At-risk youth and families would be connected to services through the school system (and this would continue where it is happening now)
- General community would have a better understanding of substance use