



CANADIAN  
PUBLIC HEALTH  
ASSOCIATION

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SANTÉ PUBLIQUE



MANITOBA  
HARM REDUCTION  
NETWORK

Preliminary Community Assessment Report for  
**Manitoba**

# WHAT WE HEARD

**BUILDING CAPACITY FOR A PUBLIC HEALTH APPROACH TO SUBSTANCE USE**



January 2022



## About Manitoba Harm Reduction Network

The Manitoba Harm Reduction Network works toward equitable access, systemic change, and reducing the transmission of sexually transmitted and blood-borne infections (STBBI) through advocacy, policy work, education, research and relationships.

The MHRN and all of our sites are located on Indigenous land. Specifically, we are located on Anishinaabe, Ininew, Anish-Ininew, Dene, and Dakota land and are also in the homeland of the Metis Nation. Our central offices are in Treaty 1, and we have been invited to work in Treaty 1, 2, 3, 4 and 5 territories. As a non-Indigenous organization, we are committed to the principles of reconciliation and are committed to integrating the TRC calls to action into our work.

**Manitoba Harm Reduction Network Staff involved in the project:** Veda Koncan, Projects Coordinator

## About CPHA

The Canadian Public Health Association (CPHA) is the independent national voice and trusted advocate for public health, speaking up for people and populations to all levels of government.

We champion health equity, social justice and evidence-informed decision-making. We leverage knowledge, identify and address emerging public health issues, and connect diverse communities of practice.

We promote the public health perspective and evidence to government leaders and policy-makers. We are a catalyst for change that improves health and well-being for all.

We support the passion, knowledge and perspectives of our diverse membership through collaboration, wideranging discussions and information sharing. We inspire organizations and governments to implement a range of public health policies and programs that improve health outcomes for populations in need.

## Our Vision

A healthy and just world

## Our Mission

To enhance the health of people in Canada and to contribute to a healthier and more equitable world.

### **CPHA Staff involved in the project:**

Greg Penney, Director of Programs  
Karin Moen, Senior Project Officer  
Hailey Morton, Project Officer  
Sophie Chochla, Project Officer  
Kelsey MacIntosh, Project Officer

### **Third-party resources involved in the project:**

Gestalt Collective:  
Megan Harris, Managing Partner  
Elizabeth Lusk, Managing Partner



# 1.0

## Background

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**The Canadian Public Health Association (CPHA) is a national non-profit organization dedicated to public health.**

CPHA has been funded by Health Canada for a project titled “Normalizing conversations: Engaging public health, public safety and communities to build capacity for a public health approach to substance use.” The project will run for four years, from January 2020 to December 2023. This project builds on CPHA’s previous project work on cannabis.

The goal of this project is to build the knowledge and capacity of communities to implement a public health approach to substance use. Within communities we will focus on engagement with people who use/d psychoactive substances, public health, health and social service providers, public safety, decision-makers, and allied stakeholders. Recognizing the many intersections between public health and public safety, this project focuses on understanding and responding to the needs of both audiences in a way that respects the rights of, and protects and promotes the health and safety of people who use/d psychoactive substances.

In this project, CPHA has partnered with Manitoba Harm Reduction Network (MHRN), which is a peer-led coalition of harm reduction regional networks of harm reduction providers committed to helping people focus on their health and well-being through advocacy, policy work, education, and research in Manitoba. The partnership between MHRN and CPHA will be one of the primary vehicles (though not limited to) to understand the needs of the community, people who use/d drugs, and professionals; to co-develop tools and resources; and to identify and measure any changes related to a public health approach to substance use.



# 2.0

## Community engagement for informed design

Throughout the project, community partners and key informants will be engaged to ensure the tools, resources, and learning opportunities developed work for diverse audiences, and to support any required adaptations of the tools, as necessary.

In the spring of 2021, CPHA and MHRN engaged 23 people from Manitoba, most of whom work and / or live in Winnipeg. Participants were engaged in either a focus group or individual interview format. The engagement tried to better understand what is happening currently to support people who use/d drugs, the community supports currently available for people who use/d drugs, what the community would like to see to support people who use/d drugs and community needs and next steps to close the gaps between the current and desired states for a public health approach to substance use.

In this engagement, we endeavoured to understand the needs of those interviewed. Given that most of the services available reside in Winnipeg, most of the perspectives and experiences shared were focused on services provided in Winnipeg. Some of the participants provided perspectives and experiences from outside of Winnipeg which have also been included in this report. Where data is referring to outside of Winnipeg it is clearly stated.

MHRN has councils across Manitoba. All of these hubs were invited to participate. Our assessment snowballed based on the sites that participated in the engagement. Despite doing so, the sample size is small and not representative of communities outside of Winnipeg.

### The individuals represented:

- People who use/d drugs
- Health system professionals (both public health and acute care)
- Public safety professionals
- Social and community services professionals
- Private sector mental health and substance use professionals
- Decision and policy makers

These key informants have been invited to review and validate the findings prior to their finalization. The summary of findings is organized as follows:

- What is happening currently to support people who use/d drugs
- Community supports currently available for people who use/d drugs
- What the community would like to see to support people who use/d drugs
- Community needs and next steps to close the gaps between the current and desired states for a public health approach to substances



# 3.0

## Identifying what the community wants to do to support a public health approach to substance use

The following statements were drawn from interview and focus group data collected within the Dartmouth community in support of a base-line community assessment. The goal of the initial community engagements is to describe the current and desired supports for people who use/d drugs. The current state includes both challenges and successes as described by key informants as they exist in the community today.

The desired state includes the supports the key informants would like to see 'in an ideal world' based on their experience and expertise. The Canadian Public Health Association will use this information, validated by the participants of this process themselves, to inform the development and co-design of capacity building opportunities within Manitoba in partnership with the Manitoba Harm Reduction Network as well as key community stakeholders.

# 3.1

## What is happening now to support people who use/d drugs

### Domains

#### Support for Safer Consumption

#### The current state of support for people who use/d drugs:

- There is no overdose prevention site / safe injection site in the province
- 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



## 3.1 What is happening now to support people who use/d drugs

### Domains

#### Acute Treatment Supports

#### The current state of support for people who use/d drugs:

- There is a lack of detox services available in 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”

#### Longer-term Treatment Supports

- 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 Clinic through 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 supports 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 increased need for service and decreased ability to reach the most vulnerable people

#### Affordable, Secure Housing

- There is a lack of affordable housing and shelters in Winnipeg
- 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
- Diverging perspectives existed between those working in the public safety sector and others in the community about the Community Policing program





## 3.1 What is happening now to support people who use/d drugs

### Domains

#### Stigmatization of People who use/d drugs

#### The current state of support for people who use/d drugs:

- 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 drugs in the general public
- Support services may focus 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 North
- 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

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#### Government Support

- 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 communities outside of Winnipeg and developed in partnership with Indigenous Peoples and communities

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#### Public Safety and First Responders

- Under-resourced community organizations and a lack of service availability has resulted in police and other public safety professionals providing support they are not well-suited for
- The Tribal Police model in The Pas is seen as a positive development, though is understaffed
- There are promising practices in public safety that are building positive, humanizing relationships between people and police including Restorative Justice and Community Mobilization



## 3.1 What is happening now to support people who use/d drugs

### Domains

#### The current state of support for people who use/d drugs:

#### Prevention

- Prevention efforts currently focus on prevention of overdose, overdose death and spread of communicable disease
- There is a lack of exchange of research-based and practice-based evidence between academics and service and clinical providers

“ 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.”

## 3.2 What the community would like to see to support people who use/d drugs

“ 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.”

### Domains

#### The desired state of support for people who use/d drugs:

#### Support for Safer Consumption

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

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#### Acute Treatment Supports

- 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





## 3.2 What the community would like to see to support people who use/d drugs

### Domains

### The desired state of support for people who use/d drugs:

#### Longer-Term Treatment Supports

- 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

#### Affordable, Secure Housing

- Drop-in centers with multiple supports for daily living would be available for people experiencing homelessness or those who have temporary housing
- Low barrier/wet/high tolerance for substance use affordable housing would be stably available

#### Stigmatization of People who Use/d Drugs

- Pro-queer, pro-trans, anti-racist services would be available to people who use/d 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

#### Government Support

- 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



## 3.2 What the community would like to see to support people who use/d drugs

### Domains

#### Public Safety and First Responders

#### The desired state of support for people who use/d drugs:

- 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

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#### Prevention

- 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

“A government that is willing to meaningfully consult collaborate and engage in order to keep people alive.”



## 3.3 Community supports currently available for people who use/d drugs

This list only includes the programs and services specifically mentioned by participants as the places that came to mind during the engagement as places that they know people go in the community to receive information, services, or supports related to drug use. It is not exhaustive of what exists in Manitoba, nor does this list provide context on the effectiveness or impact of these programs and services within the community. **These services include (alpha order):**

### Province-wide Services

Addiction Foundation of Manitoba including the RAAM (rapid access addictions medicine) Clinic

Harvest Manitoba

Manitoba Harm Reduction

Network

Native Addictions Council of Manitoba

Manitoba Area Network of Drug Users (MANDU)

### Winnipeg-specific Services

Bear Clan

Central Neighbourhoods

Daniel McIntyre/St Matthews Community Association Inc (DMSMCA)

Downtown Community Safety

Partnerships (Mainstreet Project)

Family Physician / Community Health Centres

Friendship Center (including Community Navigator, Homeless Mentor)

Hospital / Health Sciences Center

Ka Ni Kanichihk

Klinik Community Health

Laurel Centre

Main Street Project

Mama Bear Clan

MacDonald Youth Services

Mutual Aid Society in Winnipeg

Ma Mawi Wi Chi Itata Centre

Mount Carmel Community Health Clinic

Manitoba Adolescent Treatment Centre

Nine Circles

Oak Table

Sage House

SCOPE

Street Reach

Sunshine House (incl. Two-Spirit Drop In)

Tamarack Recovery Centre

Youth Addictions Stabilization Unit (Marymount)

West Broadway Community Organization

West Central Women's Resource Center

West End 24 Hour Safe Space (WE 24/7)

Winnipeg Regional Health Authority

Youth for Christ

### Selkirk-and-Interlakespecific Services

Do it Better, DO it Safer

Hearthstone Community Living Group

Inter-lake Eastern Regional Health Authority (IERHA)

Lord Selkirk Education Centre

Pine Fall Clinic (ILRHA)

(Re)START

### Northern-specific Services

Nelson House Medicine Lodge

Rosaire House (treatment centre)

Swampy Cree Tribal Council

MOMMM (Mom's that have kids who use meth)

Primary Health Care Centre (The Pas)

Beatrice Wilson Health Centre (Opaskwayak)

Play it Safer Network (Northern Manitoba)

### Other

Joshua Jacks Center

Compass Project

Fort Erie Family Centre



## 3.4 Community needs and next steps to close the gaps between the current and desired states for a public health approach to substance use

**Participants identified that ideally, they would have the following to support the work they are involved in:**

- Provincial government support for evidence-based harm reduction strategies and services
- More funding for Indigenous-led community-based harm reduction and treatment
- More funding to re-open, expand and staff soup kitchens, coffee houses and other day supports for people experiencing homelessness that were closed during COVID-19 restrictions
- Resources to reach into rural and remote communities to establish channels for support should it be sought (e.g. further expansion of MHRN hubs)
- Policy makers publicly participating in conversations about harm reduction and anti-stigma
- Multiple safe consumption spaces
- Safe disposal boxes design improved and distributed across communities
- Funding to support the use of FTIR drug testing equipment, including training and staffing
- Funds required to appropriately staff community service / harm reduction organizations (and subsequently reduce pressure on police to provide mental health and substance use support)
- A housing division established in the City of Winnipeg that takes a harm reduction and social inclusion approach
- Resources to develop and deliver anti-stigma education for all community service organizations, health system professionals and public safety professionals
- Investment in youth services including early prevention efforts and drop-in centers for youth and their families
- Decriminalization exemption (section 56)
- Broad community-based Naloxone training
- Fleet of outreach vehicles to better “meet people where they are at”
- Training for people working in harm reduction to practice using quality improvement cycles for harm reduction strategies
- Support groups for people who use drugs and have gone through treatment (longer-term peer support, post crisis, post treatment)
- Co-location of services (e.g. mental health and substance use workers available to people who use drugs in the same physical locations to better support comorbidities)
- Mental health and substance use cross-training (substance use counsellors cross-training in mental health and vice versa)
- Freedom to more creatively use spaces not intentionally designed for harm reduction, mental health or substance use support (e.g. “wound care out of an artist’s studio”)
- Resources to scale and spread harm reduction work already created (e.g. as MHRN’s recent anti-stigma campaign, and West Broadway Community Organization’s meth strategy)
- Opportunities for knowledge exchange between community-based programs to learn from the successes and challenges of others harm reduction programs
- Lower or no barrier access to services (e.g. high tolerance policies)
- Non jurisdictional and accessible provincial supply distribution program



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“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.”