# “WE HAVE TO START HERE”

## ADDRESSING THE ROOT CAUSES OF MANITOBA’S ADDICTIONS CRISIS AND REDUCING HARM FROM PROBLEMATIC METH USE

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# Executive Summary

The Official Opposition has compiled a report on the current state of methamphetamine addictions in Manitoba and how to respond to it, based on research and long-form interviews conducted with experts working in the fields of health, policing, community support and individuals who have personal experience with addiction.

The most resonant piece of expert advice acquired in assembling this report is that the so-called "meth crisis" is simply the latest iteration of a larger addictions crisis driven by poverty and systemic inequality. The recommendations put forward in this report are based on expert advice which stressed the need to reduce poverty as a means of curbing problematic drug use and engage in meaningful harm reduction strategies in order to mitigate the harms associated with substance use.

The key focus of the recommendations:

**Ending Poverty:** Meaningfully addressing conditions of poverty will significantly reduce substance use in the province by addressing the root causes of addictions. It will also ensure that people leaving drug treatment programs will return to environments that are more likely to see them maintain sobriety long-term. In order to establish sustainable change in our province, government needs to make investments in education and social services to tackle the underlying inequalities that drive problematic substance use.

**Harm Reduction:** Committing to implementing harm reduction strategies is a way to minimize the damaging effects of drug use, such as overdose and blood borne infections. Such strategies are primarily concerned with maintaining the safety of substance users through clean needle-exchanges, the provision of safe supplies, the creation of safe consumption sites, and delivering information and education in a stigma-free manner.

**"A person that has a house, has food, has meaning in their life does not use meth."**

**-Respondent**

# Introduction

The use of methamphetamines (meth) in Manitoba has become a crisis. Anecdotes speak of a dramatic increase in the visibility of needles in streets around the province, a rise in violent crime and increasing property crimes driven by addiction. Evidence shows problematic meth use has now also become a public health crisis with an unprecedented spike in the spread of blood borne infections like HBV, HCV, HIV, and syphilis in Winnipeg due to intravenous drug use. This follows earlier outbreaks in other parts of Manitoba. This in spite of the millions of needles being distributed annually in the province by community organizations and regional health authorities.

The situation in Manitoba demands an urgent response grounded in evidence-based research, harm reduction, and compassion. An immediate response is necessary to improve the reality on the ground while also addressing longer-term or systemic factors that have led to the present crisis.

Meth is only the current iteration of a decades long addiction crisis that has gripped our province. In the recent past the province grappled with fentanyl use and continues to deal with the impacts of opioid addictions. The intersection of poverty, colonialism, and a history of residential schools has created systemic inequalities that cause vulnerable Manitobans to turn to drugs as a means of coping. These issues, and their relationship to meth and opioid use, are coming to a head as the effects spill over into the public healthcare system and an increase in crime.

The Official Opposition has sought the insight and advice of a wide variety of Manitobans who have experience in the addictions sector. Respondents conducted long form interviews and their advice was collated into a comprehensive report on the state of the current meth and opioid crisis as well as gaps in Manitoba's addictions and mental health system. Recommendations were drawn from these interviews to improve and expand treatment options as well as strengthen prevention.

The Official Opposition would like to thank all who participated in this report and who do important work caring for, advocating for and protecting Manitobans living with addictions and their families.

## Methodology

A variety of respondents with various expertise were interviewed using a standard interview script (provided in Appendix 1) which asked them to provide advice on how to respond to the meth crisis in Manitoba. They came from a variety of backgrounds with a heavy emphasis on health practitioners including: public health officials, academics, physicians, psychiatric nurses, front-line service organizations, community organizations, families of addicts, and recovering addicts. They live and work in Brandon, Winnipeg, rural Manitoba and the north. Each interview was transcribed and the findings were synthesized for inclusion in this report.

The respondents were kept anonymous in order to prevent reprisal related to their jobs or organizations for participating in a project led by the Official Opposition in Manitoba. Some expressed concern they may see career advancement slowed or funding cut by the Manitoba Government if they spoke on the record.

Respondents were provided with a background document highlighting some recent statistics on meth use, intravenous drug use, and prevalence of blood borne infections in Manitoba. Much of this information was compiled from Freedom of Information and Personal Privacy Act requests or was publicly available. Responses were analyzed and compiled in the "what we heard from respondents" and "recommendations" sections.

## Background

The following information was shared with respondents and provides a useful snapshot on meth and related impacts in Manitoba.

### Table 1. Needles Distributed in RHAs

| | NRHA[1] | Southern[2] | PMH[3] | Interlake[4] | WHRA[5] |
|---|---|---|---|---|---|
| 2016-17 | 21,790 | 670 | 94,869 | 58,888 | 1,254,597 |
| 2017-18 | 40,620 | 36,166 | 187,054 | 72,107 | 1,640,982 |
| 2018-19 (current) | 9,880 | 48,539 | 68,055 | 43,834 | 2,000,000 |

- WRHA has demonstrated a 3 fold increase in demand for needles since 2015; four rural RHAs have experienced a 7 fold increase in demand since 2016

## Facts on Meth Crisis and Blood Borne Infections in Winnipeg[6]

- Clinical Practice Guideline for Management of Meth intoxication, abuse and dependence do not currently exist in Manitoba
- In 2017 Street Connections survey 50% of people (n=100) accessing drug injection supplies in Winnipeg reported “crystal meth as their most commonly injected drug”; in 2006, 6% of injection drug users in Winnipeg injected meth
- 47% of “people who died of apparent fentanyl-related overdose in 2017” were found to have crystal meth in their system
- Number of people reporting meth use in 12 months prior to entering treatment has risen from 102 in 2011/12 to 744 in 2016/17 (more than 700% increase)
- Average number of monthly meth-related ER visits has spiked from 15 in 2013 to 207 in 2018
- WRHA on track to distribute 2 million needles in 2018 and “a rise in distribution represents a rise in demand”
- Population and Public Health has declared an outbreak of acute Hepatitis B in Winnipeg Health Region “almost exclusively linked to injection drug use”
- Since 2016 there have been 40 cases of Hepatitis B in WRHA, a “nine fold increase over the past 10 years prior to 2016”
- “Current data…appears to indicate the recent increase in Hepatitis C is also linked to injection drug use”
- There is a significant rise in Hepatitis C cases among youth under the age of 25, something that is “unprecedented for Hepatitis C”
- The current outbreak of syphilis “appears to be associated with the use of crystal methamphetamine”
- In 2018 “over 250 cases [of syphilis] are projected, the highest number ever recorded in Winnipeg Health Region”
- “Alarming increase in congenital syphilis cases in summer 2018”
- “One case of Hepatitis C costs over $40,000 and one case of HIV costs approximately $1 million to the health system”
- 128 new cases of HIV in 2016; 21% increase in HIV cases in 2018
- A single needle/syringe costs 9 cents

## Facts on Public Safety and Meth

- Eight out of 10 Winnipeg residents worry the proliferation and popularity of meth makes them feel less safe.[7]
- Number of violent crimes up seven per cent over 2016 in Winnipeg, and 10 per cent higher last year than city's five-year average. [8]
- Number of property crimes increased nine per cent and drug crime has risen 15 percent over 2016 [9]
- According to Wpg. Chief of Police, one-third of all homicides in Winnipeg in 2017 — eight out of 24 — were directly related to methamphetamine [10]
- Crystal Meth calls for service to Winnipeg Fire and Paramedic in 2017 were 635, comparable to calls for opioid overdose, 736. Meth now rivals opioid overdose on emergency response front in Winnipeg in terms of volume. [11]
- 552 of meth related call occurred in Point Douglas and Downtown community area [12]

## Facts on Government's Response to Meth Crisis[13]

- WRHA developed a proposal to address early intervention for meth psychosis in community and to minimize risk associated with psychosis. The WRHA has not received feedback on proposal from Government (as of August 2018).
- WRHA's 6 inpatient mental health beds opened last January to address patients undergoing psychosis at HSC will be "reallocated as part of clinical consolidation" in November – "This will result in less capacity within the system to address needs of this population"
- "A lack of provincial leadership" has "exacerbated" efforts to respond to the current the blood borne disease outbreak according to internal WRHA documents.

**"There needs to be supports that will endure, that they can count on. A stable base is the only way they are going to properly heal."**

**-Community Organizer**

# What We Heard

For this study, we spoke with participants in the fields of health, mental health, harm reduction, policing, community support and individuals who use drugs or have been affected by drug use. The most significant takeaway we heard from respondents was that the true crisis in this province is not related to any one drug, rather it is the underlying inequalities within our society and traumatic events experienced by individual Manitobans that create the conditions for people to engage in problematic drug use.

## Manitoba Has an Addictions Crisis, Not Just a Meth Crisis

The addictions crisis in this province has been ongoing for decades and spanned a number of drugs. While the current iteration of the crisis is crystal meth, not long ago it was fentanyl and opioids. Prior to that, it was crack and throughout alcohol has been an ongoing problem. Government policies tend to focus on decreasing the access and use of a single drug, which has the effect of pushing people towards other drugs rather than stop using entirely. One harm reduction professional interviewed said, “If crystal meth disappeared today, all of those folks would find a different substance to use**.”** Experts note that in communities where access to alcohol and drugs is limited, such as northern and fly in communities, people use solvents and gas to get high. This example illustrates the fact the addiction crisis in our province masks a deeper issue: Manitobans are experiencing high rates of unresolved childhood trauma, poverty and systemic inequalities that put them at risk of substance abuse.

As each new problem drug emerges governments tend to introduce short term policy solutions meant to target that drug specifically. Over the long-term, these policies have not meaningfully reduced substance use overall because they do nothing to address systemic poverty, the effects of colonialism, and the impact of a broken child welfare system on children and youth. While some drug-specific policies can help, such as reducing access to over-the-counter ingredients, broader policy initiatives are needed to reduce demand. To create long-term change, government must invest in education and social services and address the underlying inequalities that are the main drivers of problematic substance use.

**“If crystal meth disappeared today, all of those folks would find a different substance to use.”**

**-Physician**

## Poverty is a Major Contributor to Addictions

The clearest and most consistent recommendation by respondents to address Manitoba’s addictions crisis is a comprehensive effort to eliminate poverty. One of the most difficult points in a sobriety journey is the transition out of treatment and back into the community where they are confronted with the same poverty or social conditions that exacerbated their drug use.

According to respondents, leaving treatment creates a ‘cliff effect’ where the services a person had access to, such as therapy, housing, access to Elders and cultural teachings drop away once they leave. It is for this reason abstinence based treatment programs, which do not change the environment that led to drug use, can sometimes be ineffective. If newly sober users re-enter the community, and our society has not taken steps to address the contributing factors to their addictions, the lack of resources and supports can cause them to relapse.

By addressing the poverty recovering addicts face in their community, government can reduce risk of relapse. Core indicators of poverty such as housing needs, unemployment, obstruction to education and training, a lack of access to primary health care services, and a lack of access to healthy foods must be addressed. By investing in these indicators government will provide the same wrap-around services in the community that recovering addicts received in treatment, thereby improving their chances of staying sober.

According to respondents the benefits of these wrap-around services are illustrated by the Rat Park experiments conducted in the late 1970’s by Canadian psychologist Bruce K. Alexander at Simon Fraser University. In the experiments, a rat was placed in an empty cage and given heroin. The researchers found that in this isolated environment, the rat would consume heroin until it died. When the researchers placed a rat in a cage with a more engaging, fulfilling environment and a supply of heroin, the rat did not take the heroin. They also found that when rats who were addicted to heroin and were placed in the more stimulating cage with other rats,

would actually wean themselves off of the heroin in order to enjoy the rat park and the company of other rats. Respondents argued that Alexander's findings support their position that the elimination of poverty is a crucial part of post-treatment support for addicts.

> **"Poverty alleviation has gotta start somewhere, we have to start here."**
>
> **-Community Organizer**

## Addictions Are Often Caused By Adverse Childhood Experiences

In Manitoba, there is a disproportionately high number of Indigenous peoples who have been affected by the intergenerational effects of colonization, women who have been impacted by gender-based violence and sex trafficking, LGBTQ2S* people who have been marginalized and those who have been disenfranchised by intergenerational poverty and increasing economic inequality. Within these systems of inequality and oppression, people experience individual traumas which often first manifest as adverse childhood experiences. Adverse childhood events (ACE's) can present as neglect, physical, emotional or social abuse, and household dysfunction. The effect of colonial era policies, including residential schools and the Sixties Scoop, have fractured families and left generations without bonding and parenting skills. These traumas are then passed on to children, causing ACE's and perpetuating the cycle of poverty and abuse.

> **"Crystal meth use is...a symptom of a bigger problem."**
>
> **-Respondent**

A harm reduction expert spoke at length about the work of Nadine Birk, a pioneer expert on adverse childhood experiences. She noted that people who experience four or more adverse childhood experiences are four times more likely to be susceptible to risks that lead to premature death, including the adoption of problematic substance use. The Virgo report on mental health and addiction in

Manitoba found the link between high rates of addiction amongst children and youth was poverty.[14.] Poverty rarely occurs in isolation. Rather, it is the results of the systemic inequalities this report has discussed at length. The effect of experiencing ACE's within a broader context of systemic oppressions can cause people to turn to substances as a means to cope with their trauma.

Our respondents unanimously agreed that strengthening family ties and kinship relations was a necessary long-term preventative solution to drug addiction. The longer we can delay substance use in children and youth at risk of developing addiction, the less likely they will become dependent. That means introducing policies and programs that help break the cycle of trauma, poverty, and addictions which can lead to adverse childhood experiences.

A physician interviewed discussed the need for "buffers", or coping mechanisms, that help individuals to manage the effects of poverty, daily or frequent racism and homophobia, and trauma. Buffers can be connection to culture, kinship systems and connection to community. The goal of many colonial era policies were specifically formulated to sever those bonds and facilitate assimilation into the dominant culture. Under the Indian Act, traditional ceremonies and practices were outlawed. Provincial government policy now needs to focus on undoing the work those harmful polities. If action is not immediately taken to break these cycles, these same factors will continue to harm future generations and make them more predisposed to addictions.

## Harm Reduction

Any government initiatives to end poverty, reduce incidents of ACEs and eliminate systemic inequality must be bolstered by harm reduction strategies. Respondents agreed that long-term policies must be paired with immediate action to reduce the harm drug users experience.

Harm reduction strategies prioritize the safety of those who use drugs so that the chance for overdose and infection is minimized. According to experts harm reduction strategies help to mitigate the cost of addictions on the healthcare system while alleviating trauma and stressors for substance users. Providing services to people with problematic drug use through safe-injection sites, clean needle-exchanges, safe supplies, and stigma-free education are primary components of harm reduction. It is important to note that the contamination of

illicit drugs is a cause of harm, and that testing of drugs is one service provided by a safe consumption site.

Respondents believe a focus on abstinence-based education must be abandoned because as long as poverty, adverse childhood experiences and systemic inequality exist, drug use will remain in our society. Therefore abstinence is not a realistic expectation in fact, respondents argued that it can be counter productive.

According to interviewed physicians and health professionals, one barrier to accessing health care is the stigmatization of drug users. Typically, drug user bias coincides with existing biases against Indigenous peoples or the LGBTQ2S* community, real or perceived biases can dissuade people from accessing health care which may leave blood-borne illnesses untreated or cause other health complications. The Official Opposition notes that a vast majority of Manitoba's health care workers are dedicated to delivering quality care to all patients, no matter their identity or sobriety status.

A vital piece of harm reduction is education for drug users and their families. This is particularly important for drugs like meth and cocaine which can be easily contaminated with other drugs but go undetected. It is recommended by respondents that information on drug identification, the effects of certain drugs on the mind and body, how to recognize an overdose and how to respond accordingly be available to communities in a stigma-free environment. A front line addictions worker lamented that many users are introduced to a "harder" drug because of unknown contamination, causing their addiction to deepen. A family member of an addict reported many drug users switched to meth out of fear of fentanyl contamination in other street drugs. A harm reduction approach would work with addicts to use drugs in the safest way possible while simultaneously connecting them to treatment.

## Safe Consumption Sites

Respondents unanimously agreed that safe consumption sites would play an important role in the delivery of harm reduction services. Respondents expressed support for the development of a site in the downtown/north end area of Winnipeg, but stressed that access to clean and safe supplies should be available across the province.

According to experts, supervised consumption sites are proven to prevent overdose deaths. They also provide an important healthcare access point for users. Safe consumption sites provide access to clean needles, safe supplies, contraception, as well as treatment and testing information. Because substance users can often feel stigmatized, they can be barred from accessing services in other health care facilities. A safe consumption site free from judgement will increase the likelihood of addicts using services and open doors to treatment by building relationships with service providers.

In northern and rural Manitoba, respondents suggested creating 'health hubs' where users can access the same kinds of services as a safe consumption site. The development of these 'hubs' can be guided by the establishment of local advisory committees who can identify the facility that makes the most sense for their community.  Possible options include using a local emergency room, nursing station or local clinic to distribute clean supplies.

Crucial to creating a space in which substance users will feel comfortable is the establishment of cultural safety policies to respectfully engage with specific groups. People who are part of frequently marginalized communities, such as Indigenous people and members of the LGBTQ2S* community, are often not comfortable accessing available services because they are unsure of whether they will be safe and respected in certain environments. Therefore, safe consumption sites need to be culturally safe spaces. Representatives of these communities must play a role in the development of these sites and the local health hubs.

## An Opportunity to Lead

A lack of research on meth use in safe consumption sites is sometimes cited in Manitoba's public discourse. Across the board, respondents rejected this idea as a deterrent to pursuing the development of safe consumption sites. These sites would provide an opportunity to track inventory and  collect data on addicts and their drug use. Respondents concluded that the current landscape provides an opportunity for Manitoba to become a leader in addictions and health care research. One respondent, when asked if safe consumption sites will impact the meth crisis, said: "We should be leaders, particularly when our city has its own unique challenges, we need to look for our own unique solutions to this problem."

## The Important Role of Law Enforcement

Law enforcement has a strong role to play in enforcing laws and ensuring that drug traffickers face the necessary accountability in our criminal justice system. However, it was noted by experts across both health care and the justice system that the so-called “war on drugs” has been shown to be counterproductive and has actually coincided with an increase in drug use across North America.

In reviewing comments of respondents, it is clear that by failing to address the root causes of addiction authorities are assigning Manitoba’s police force an almost impossible task. Police will continue to stretch their limited resources, by acting as both de facto health care workers and social workers, until they are no longer able to respond effectively to any challenge. However, if authorities improve the addictions system within health care and community, law enforcement will be freed up to effectively target traffickers and choke off the supply of drugs.

> **“We should be leaders, particularly when our city has its own unique challenges, we need to look for our own unique solutions to this problem.”**
>
> **- Law Enforcement Respondent**

# Choices for Manitobans:

In responding to the addictions crisis Manitoba's government has a choice. They can address Manitoba's serious income inequality and the wide-ranging effect it has on the health and wellbeing of our society, or they can continue to make band-aid policy announcements driven by political considerations that fail to address the root causes of addiction. The values held by most Manitobans, that we prize a compassionate society, strongly suggests the former approach.

The Official Opposition believes the best method to deal with the addictions crisis is a two-step solution: an aggressive plan to end poverty, coupled with investments in harm reduction strategies.

This method will:

1. Connect drug users to the treatment they need to overcome their addictions and avoid relapse; once they return to the community.
2. Prevent others from developing addictions by lifting them out of poverty, reducing the number of adverse childhood events and providing them with wrap-around supports; and
3. Reduce harm to drug users by lowering the risk of overdose-related deaths and stemming the spread of blood-borne infections associated with intravenous drug use.

Key to achieving this method is a recognition that the current meth crisis is merely an iteration of a larger addictions crisis, which in turn is a symptom of poverty and social challenges in Manitoba.

## A Plan to End Poverty

The first part of the recommended course of action is to combat the root causes of addiction, identified by experts as poverty, adverse childhood events and systemic inequality.

Experts interviewed in this report have identified the limitations of drug treatment on its own - namely that patients often relapse if they leave a drug treatment program and return to the community without supports (homelessness, social isolation, unemployment, unresolved trauma).

This option would include, but is not limited to:

- Investments in social housing;
- An enhanced mental health system in hospital and community;
- Job readiness programs for youth and the unemployed with wrap around transitional supports;
- Changes to Employment and Income Assistance (EIA) which may draw on the certain aspects of a basic income model; such as closing the welfare wall and increasing EIA rates.
- Investments in education about and access to high quality early childhood nutrition;
- Renewed effort to make post-secondary education affordable;
- Expansion of access to counselling services and psychological services;
- A focus on creating queer specific services, women specific services, and Indigenous culture safety training across mental health and health care systems.

Respondents agreed these approaches would be effective in reducing the risk factor for those vulnerable to developing addictions while creating a system that makes it easier and more likely for drug users to seek and succeed in treatment.

**"What I don't like is when addiction medicine and healthcare crisis become a battle of sound bites between government and media...We shouldn't be governing from our philosophical side of conservatism or socialism; we have to be governing from what the evidence says and I just hope that governments' will chose evidence based medicine approaches rather than ideological ones."**

**- Rural Physician**

## A Plan to Reduce Harm

The second course of action is to double-down on harm reduction initiatives and drug treatment programs.

Harm reduction strategies would focus on the following goals:

- Reducing the rate of blood-borne illnesses, overdoses and overdose-related deaths;
- Developing safe consumption services and launching research to better inform its role in the meth crisis;
- Increasing access to primary health care, drug treatment beds and improving drug treatment programs to reflect the needs of users;
- Ensuring mental health and health care services are approachable and safe with all cultures, genders and identities;
- Drawing on the lived experience of members of vulnerable communities to guide the ongoing provision of treatment.

Harm reduction has a strong evidence base to prove its efficacy and Manitoba should adopt these strategies.

# Recommendations to End Poverty

1. **Fighting Poverty & Creating Jobs**
   - **1.1.** Establish post rehabilitation treatment job training and readiness programs.
   - **1.2.** Launch a province-wide job creation program.
   - **1.3.** Study the prospect of basic income.
   - **1.4.** Change EIA to focus on the positive aspects of a basic income model, such as ending the welfare wall and increasing EIA rates.
2. **Family Services**
   - **2.1.** Immediately increase the number of social housing units in Manitoba.
   - **2.2.** Invest in early childhood nutrition.
   - **2.3.** Overhaul the Child and Family Services system to reduce the number of kids and improve family outcomes.
3. **Healthcare**
   - **3.1.** Expand mental health support services and establish an education campaign to de-stigmatize mental health treatment.
   - **3.2.** Increase availability of low-income counselling and psychological services.
   - **3.3.** Require that training for medical and non-medical staff in healthcare and community organizations include a gender lens, LGBTQ2S* and Indigenous cultural components to build more cultural competency.

# Recommendations to Reduce Harm

4. **Needle Distribution**
   - **4.1.** Immediately increase the RHAs' budgets for clean needles and clean supplies.
   - **4.2.** Expand the number of community organizations able to distribute needles and injection supplies.
   - **4.3.** Develop channels of information sharing between community organizations and regional health authorities for data collection.

5. **Health Hub**
   - **5.1.** Establish safe consumption site in Winnipeg.
   - **5.2.** Organize peer reviewed research to pioneer data collection around meth use in safe consumption sites.
   - **5.3.** Frame sites as one of many health hubs where people can access treatment information and healthcare services in a stigma-free and inclusive space.
6. **Education Campaign**
   - **6.1.** Move away from an abstinence based education model and instead focus on education as a harm reduction strategy.
   - **6.2.** Develop education modules around the problematic drug spectrum, how to identify crystal meth, safe drug consumption and drug alternatives, and recognizing signs of overdose.
   - **6.3.** Develop modules that specifically apply Indigenous, gender, and LGBTQS2* lenses to the issue of drug addiction and discuss issues around drug use specific to these communities.
7. **Treatment Centres**
   - **7.1.** Immediately add 50 long term treatment beds across the province.
   - **7.2.** Create group-specific treatment centres and programs that cater to the needs of particular communities, for example LGBTQ2S*, women, and Indigenous peoples.
   - **7.3.** Fund research for drug treatment programs. Differentiated programs for first time and repeat treatment seekers need to be established to provide more tailored and effective programs.
8. **Community Involvement**
   - **8.1.** Create local-advisory committees to guide the ongoing provision of health care and drug treatment services.
   - **8.2.** Extend and expand after-hours community programs in order to mitigate criminal activity and drug use that stems from social isolation.
   - **8.3.** Tailor treatment to northern, rural and Indigenous communities.

# Conclusion

The first and most striking insight gained from the development of this report is the consensus among respondents that the current meth crisis is just the latest iteration of an addictions problem that plagued our province for decades. The second takeaway is that the root cause of many addiction in our province is poverty, adverse childhood experiences and systemic issues.

Meth, as the current drug in an ongoing additions crisis, it has torn loved ones from Manitoba families and considerably increased the burden on our health and justice systems. Meth has diminished public health, increased violent crime and contributed to rising property crime rates.

Based on the expert advice of our respondents, the Official Opposition has proposes a two-pronged approach to eliminate the widespread addictions issues in our province. First, end poverty by implementing investments in housing, family services and healthcare while creating good jobs and increasing access to education and training. Second, ramp up harm reduction strategies to address the immediate impacts of crystal meth, other drugs and alcohol in our province.

Cost is often cited by the current government as the main deterrent to long-term policy implementation. However, the provincial government's report *Improving Access and Coordination of Mental Health and Addictions Services: A Provincial Strategy for all Manitobans* found that there is a strong business case for investing in the treatment and support of addictions and mental health. In the long-term, poverty alleviation and support for addictions will reduce the costs associated with justice, family services, and healthcare. Refusing to take action is not only socially irresponsible it is fiscally irresponsible as well, as it will result in higher long term costs in these areas.

The recommendations outlined in this report  are the most effective solution to the addictions crisis in Manitoba.

# References


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# Appendix I.

## Interview Script

1. What specific policy measures should be taken to respond to the meth crisis in Manitoba?

2. What should treatment look like for meth users?

3. What role does cultural competency have in the treatment of meth users and response to the crisis?

4. What would be an effective prevention program specifically in relation to meth?

5. How should strategies to address meth in Manitoba differ in Winnipeg versus Brandon or rural and northern areas?

6. What strategies should be used to address meth use in women versus men versus non-binary folks? Should they be the same?

7. There are currently outbreaks of HCV, HBV, and syphilis in relation to injection drug use (meth) - what are effective responses to address and stem these outbreaks?

8. How would a safe consumption site affect the meth crisis?

9. How could there be research into meth in a safe consumption site here?

10. What systemic changes need to be made to make addictions less prevalent in Manitoba?

11. Any other ideas to help respond to meth use in Manitoba?