Winnipeg Regional Health Authority
Caring for Health

Office régional de la santé de Winnipeg
À l'écoute de notre santé

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November 27, 2018

VIA MAIL

Stephen Spence
NDP Caucus
Room 234 – 450 Broadway
Winnipeg, MB R3C 0V8

Dear Mr. Spence:

Re: Your request for access to information under Part 2 of *The Freedom of Information and Protection of Privacy Act:*
(Our File No. 2018-294-202290)

On October 26, 2018, the Winnipeg Regional Health Authority received your request for access to the following records:

2018-294-202290
"Since January 1, 2018: all briefing and advisory notes regarding methamphetamine and all briefing and advisory notes regarding the methamphetamine crisis."

I am pleased to inform you that your request for access to these records has been granted in full.

As you requested a copy of these records, and as they can reasonably be reproduced, in accordance with clause 14(1)(a) of *The Freedom of Information and Protection of Privacy Act* a copy of the records is enclosed.

If you have any questions, please contact Christina Von Schindler, Access and Privacy Coordinator, at 4th Floor - 650 Main Street, Winnipeg MB R3B 1E2 (204) 926-7049.

Sincerely,

Réal Cloutier
President and Chief Executive Officer
and Access and Privacy Officer

RC/tdr

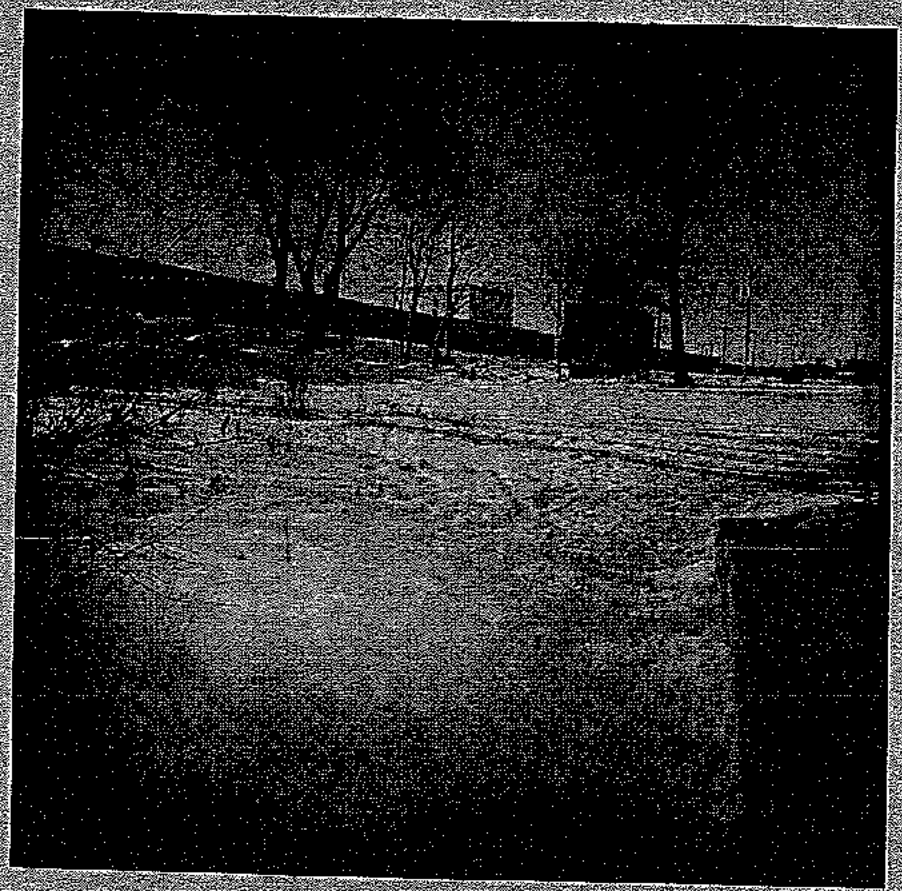
Encl.

Crystal Methamphetamine Use in Winnipeg

Prepared by

Shelley Marshall, RN PhD
Population and Public Health
WRHA

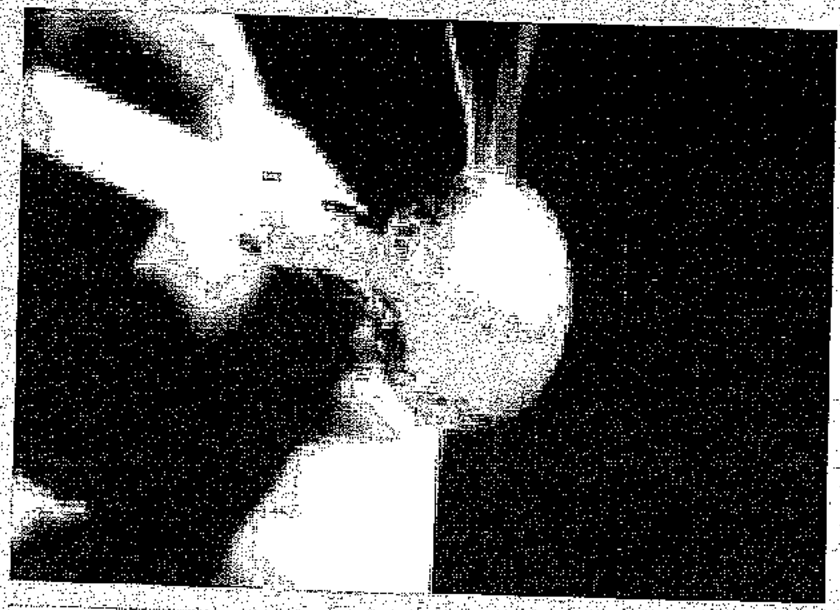
Dr. Joss Reimer, MD, FRCPC
Medical Officer of Health, WRHA

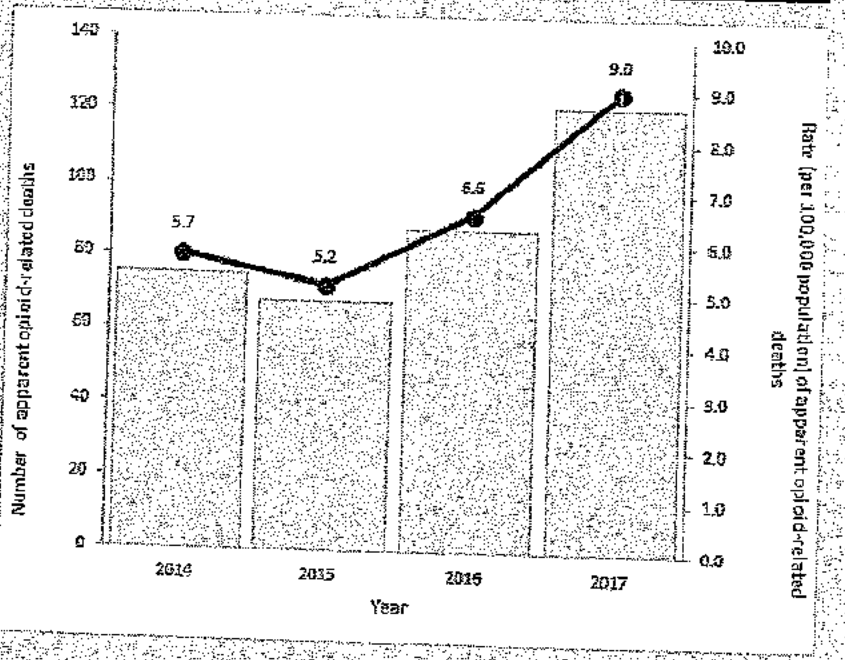


Drug, Consumption, and Context

Properties and Consumption of Meth

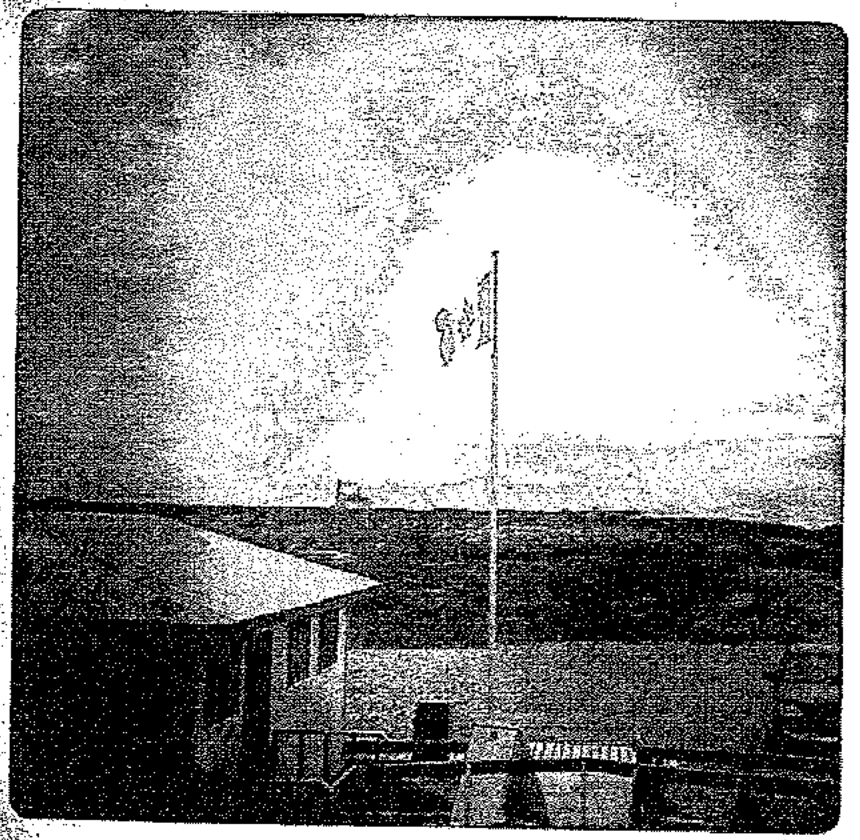
- Properties: long-acting stimulant
- Cheap: <$10/point and extremely easy to access (10 minutes average)
- Difficult to smoke, easy to inject. "shakers" are common. Assisted injection common, equipment sharing, rushed, non-sterile.
- Helps with concentration, productivity, energy, wakefulness, self-confidence, meaning making, trusted product in terms of quality.
- Polysubstance: 47% of people who died of fentanyl overdose had crystal meth in their systems





Meth Use Social Context

- Highly colonial context: family separation, trauma, lack of trust, systemic racism, lack of Indigenous-led services.
- Barriers to income, shelter and housing. Meth initiation or re-initiation associated with eviction
- Sleep deprivation -> psychosis. Violent spaces and experiences of trauma.
- Associated with illegal and stigmatized income generating practices
- High institutional contact: CJS, Child Protection, Health, Shelter/Housing, Income Assistance
- Local meth:80% produced in Mexico, 20% in North America.

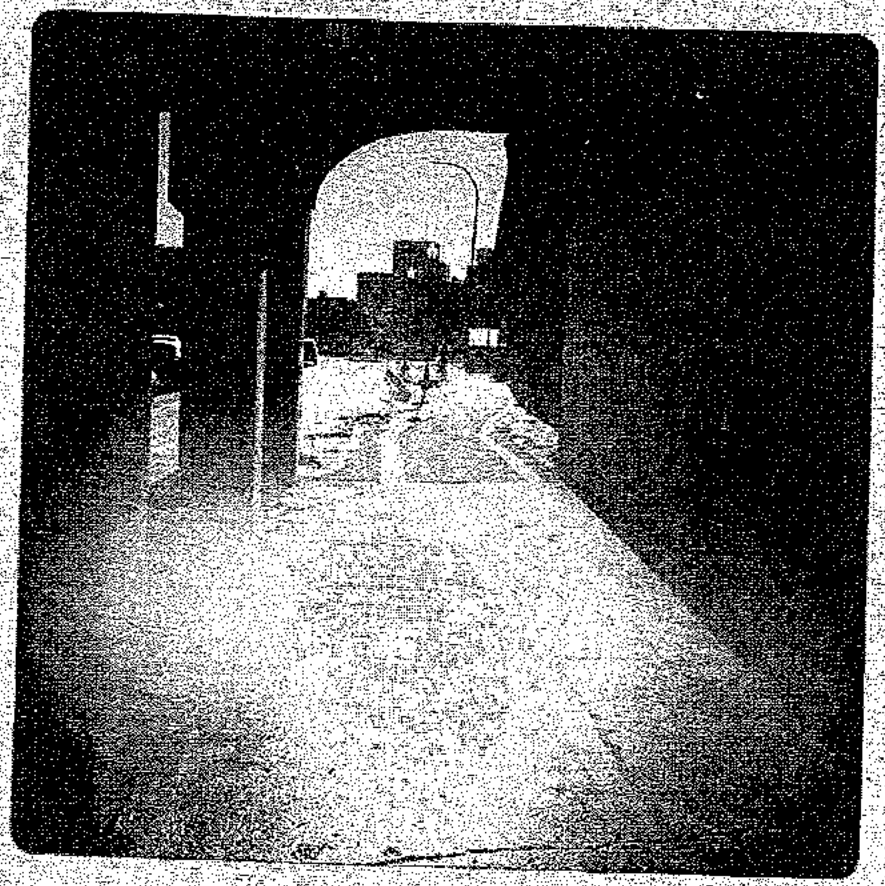


Harms Related to Crystal Meth Use

- Sleep deprivation
- Acute intoxication
- Meth induced psychosis
- Trauma – violence, self-harm environment (dehydration, frost bite)

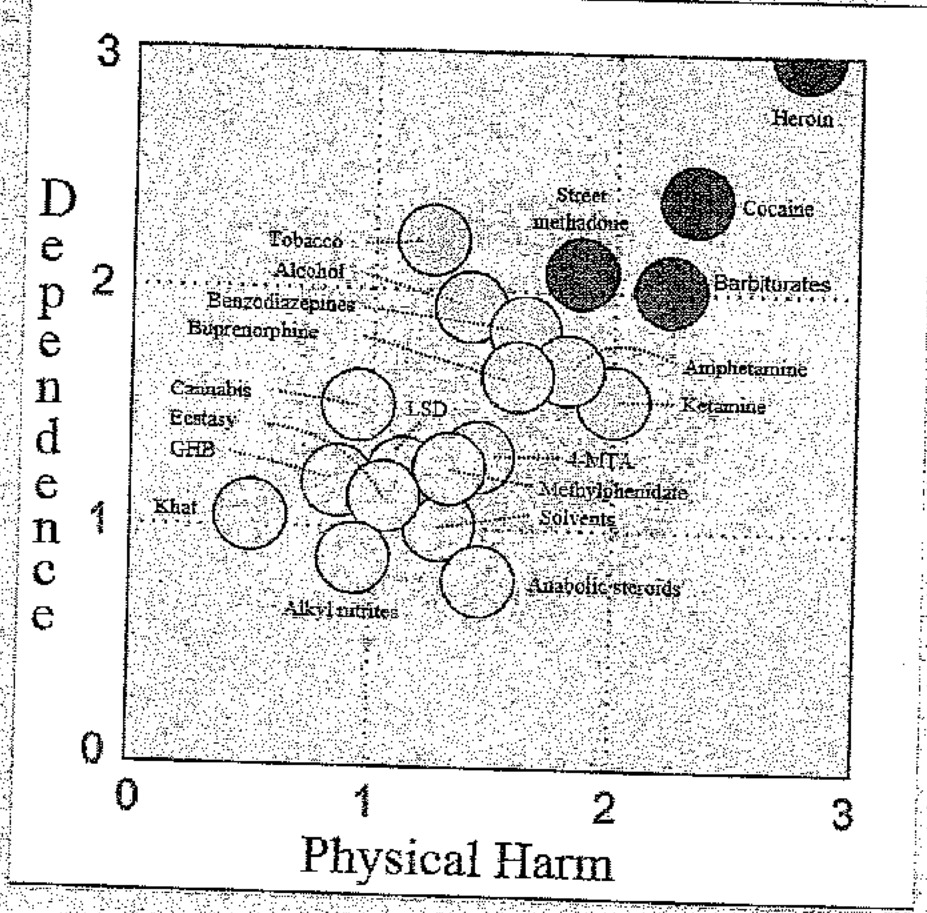
Injection drug use related harms

- Blood borne infections: HIV, hepatitis B,C
- Endocarditis, cardio-respiratory
- Sepsis, abscesses, cellulitis, localized infections, oral problems



Context that Exacerbates Harms

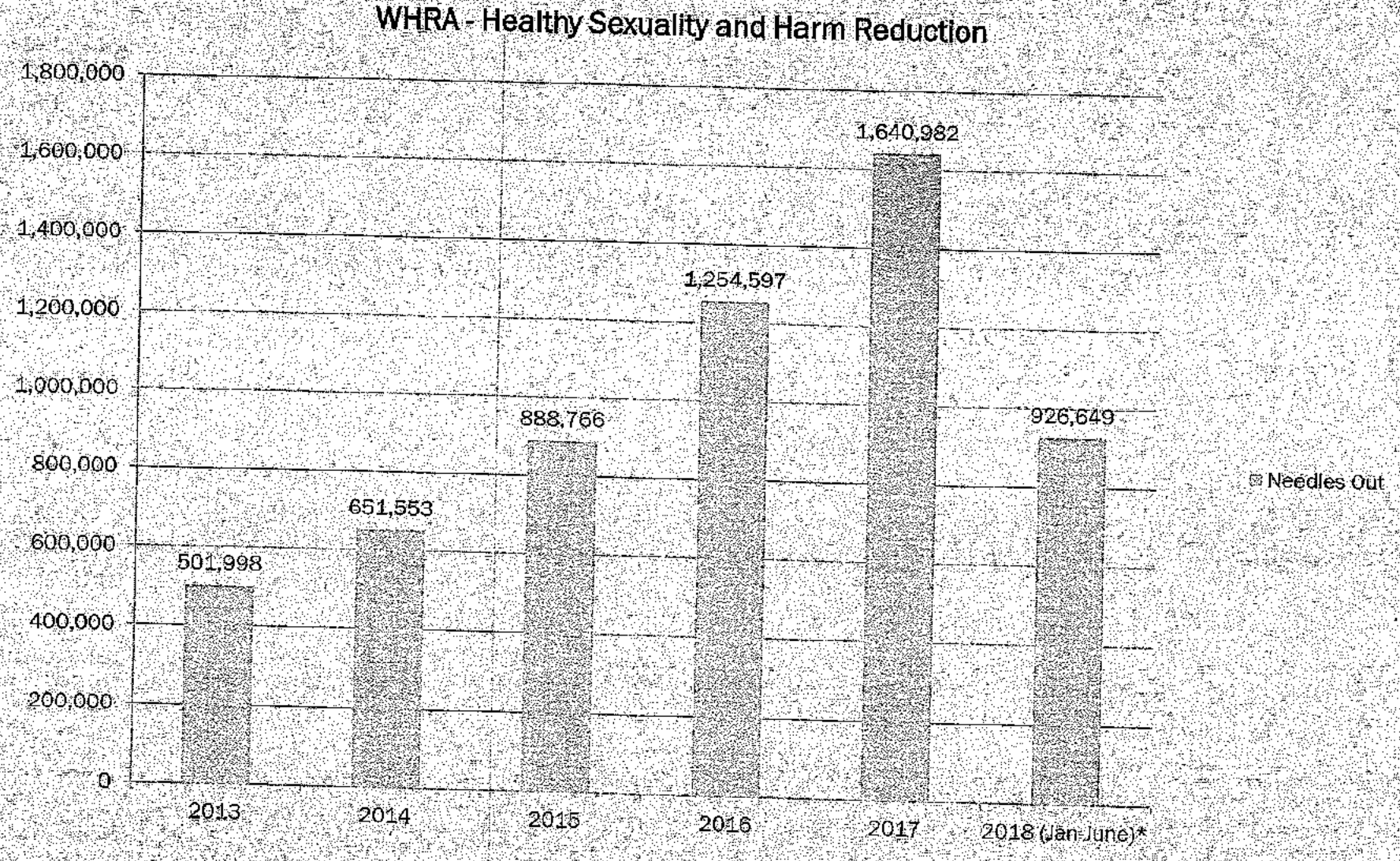
- Crisis of colonialism: root causes must be addressed https://www.cbc.ca/news/canada/manitoba/crystal-meth-colonial-crisis-opinion-1.4539133
- Stigma: Quiet psychosis is the norm – but there is a conflation of meth and violent psychosis by the media – creates barriers to service. Providers and public are afraid.
- Preponderance on additions treatment. Success approx. 17%, mandatory treatment success much lower.
- Blood borne infection outbreaks tend to be hidden until symptomatic (10 years). Discarded needles are key community concerns although not associated with harms.
- Housing and shelter access in Winnipeg problematic. Meth helps people cope with the conditions of homelessness
- Rational scale of drug harms (Nutt, King Salsbury 2007 – Lancet) CM is a relatively harmful drug taken up in a very harmful social context.



Issues Identified by WRHA program areas

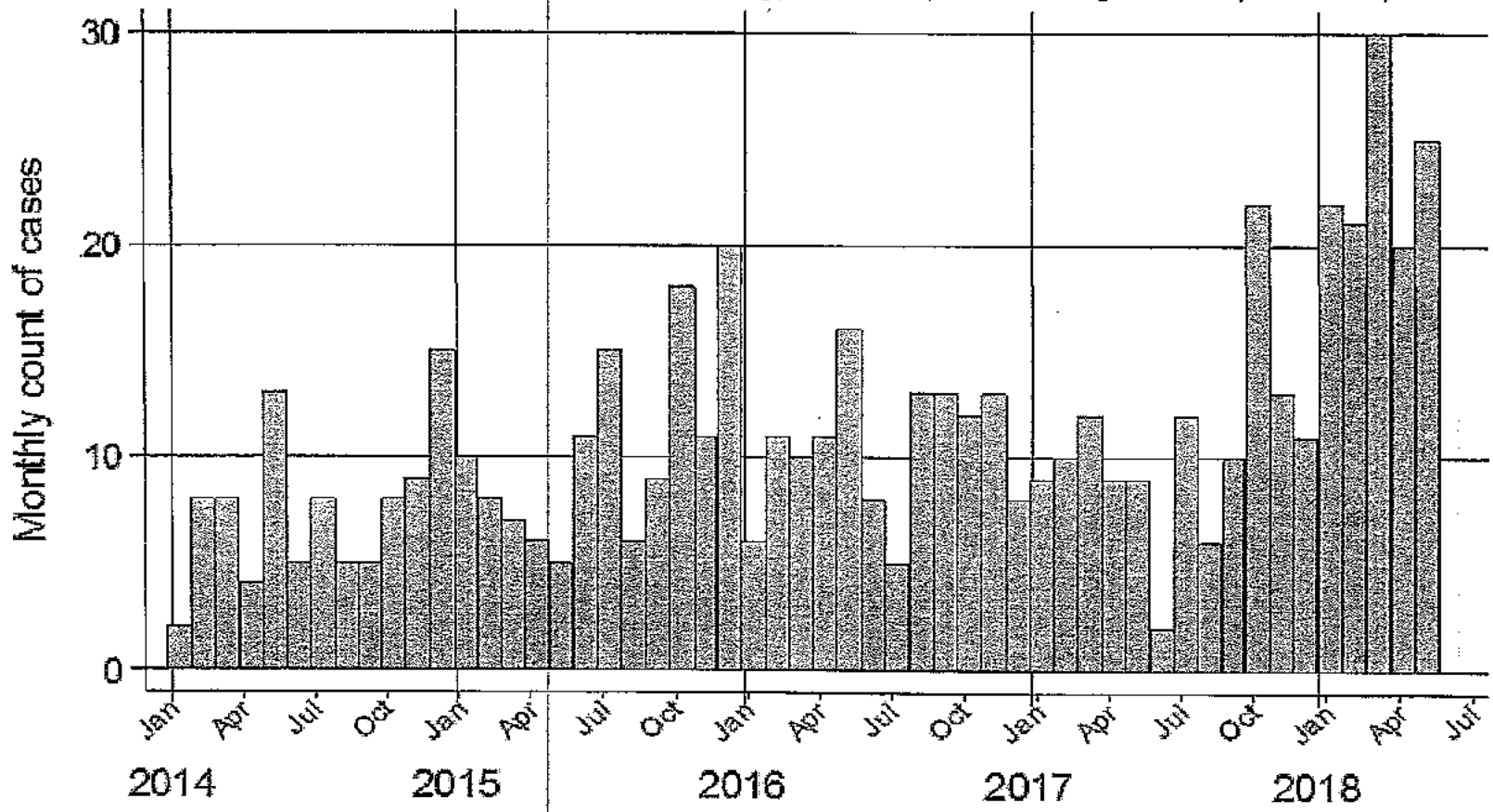
- New health conditions without clear clinical pathways for care and management (acute meth intoxication, meth induced psychosis)
- Meth related mental health and acute care admissions in numbers our system is not equipped for
- Outbreaks of communicable diseases related to injection drug use and excessive demands on harm reduction programs
- Higher acuity of issues presenting in acute care and community
- Significant rise in mental health related issues that can erupt aggressively – safety and security issues highlighted
- Long hospital stays for systemic or cardiac infections related to injection drug use– lack of community treatment options
- Difficulty adhering to health care plans – high re-admission rates
- Lack of community-based care and treatment pathways
- Lack of preventative resources in health and other sectors
- Addictions treatment not highly effective and difficult to access at the right time.
- High human resource demands

Annual Needle/syringe distribution to people who inject drugs



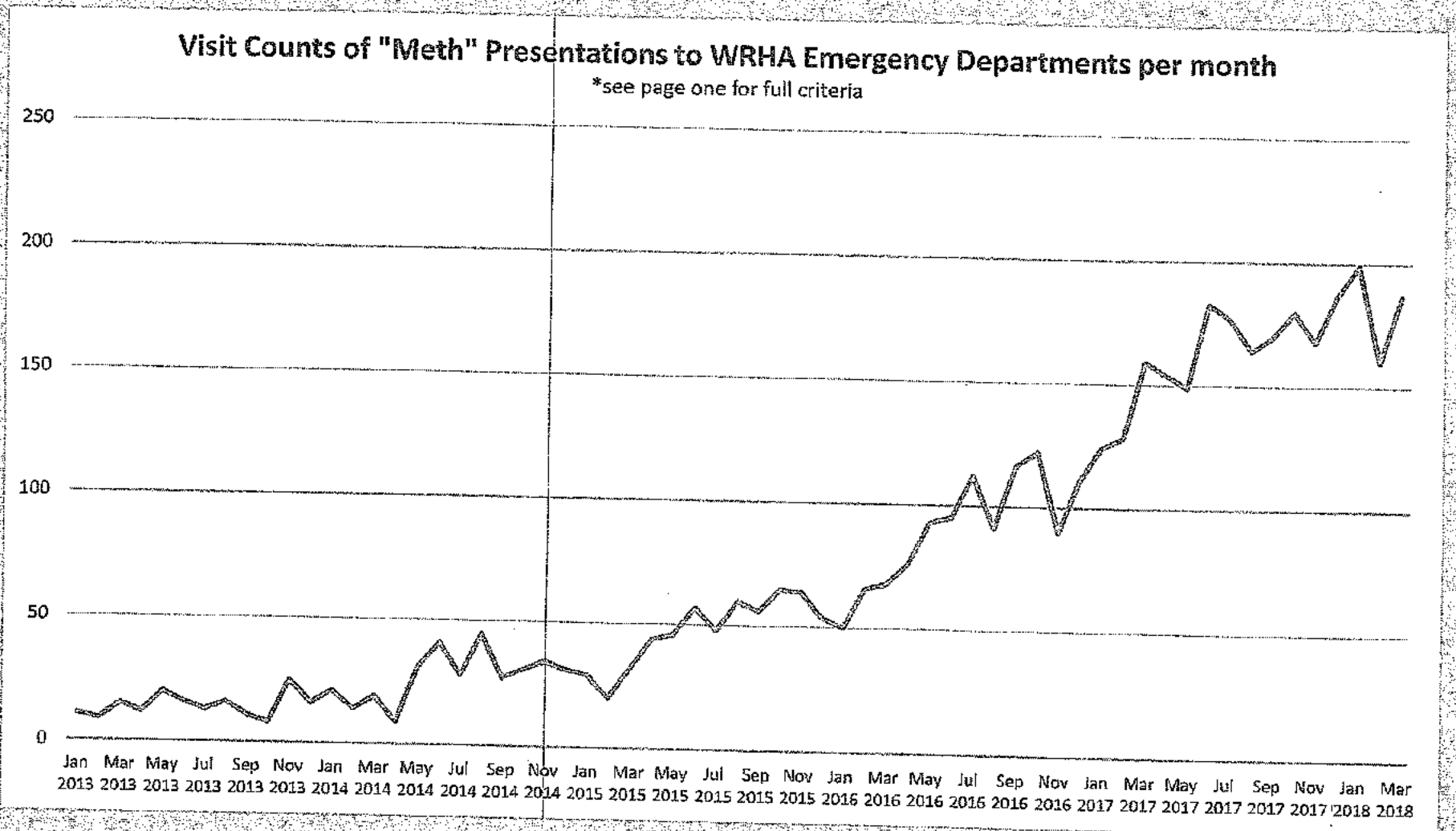
Blood borne infection outbreaks: hepatitis C, hepatitis B, infectious syphilis

Figure 2: Epicurve, count of infectious syphilis cases, WHR-managed cases (2014-2018)

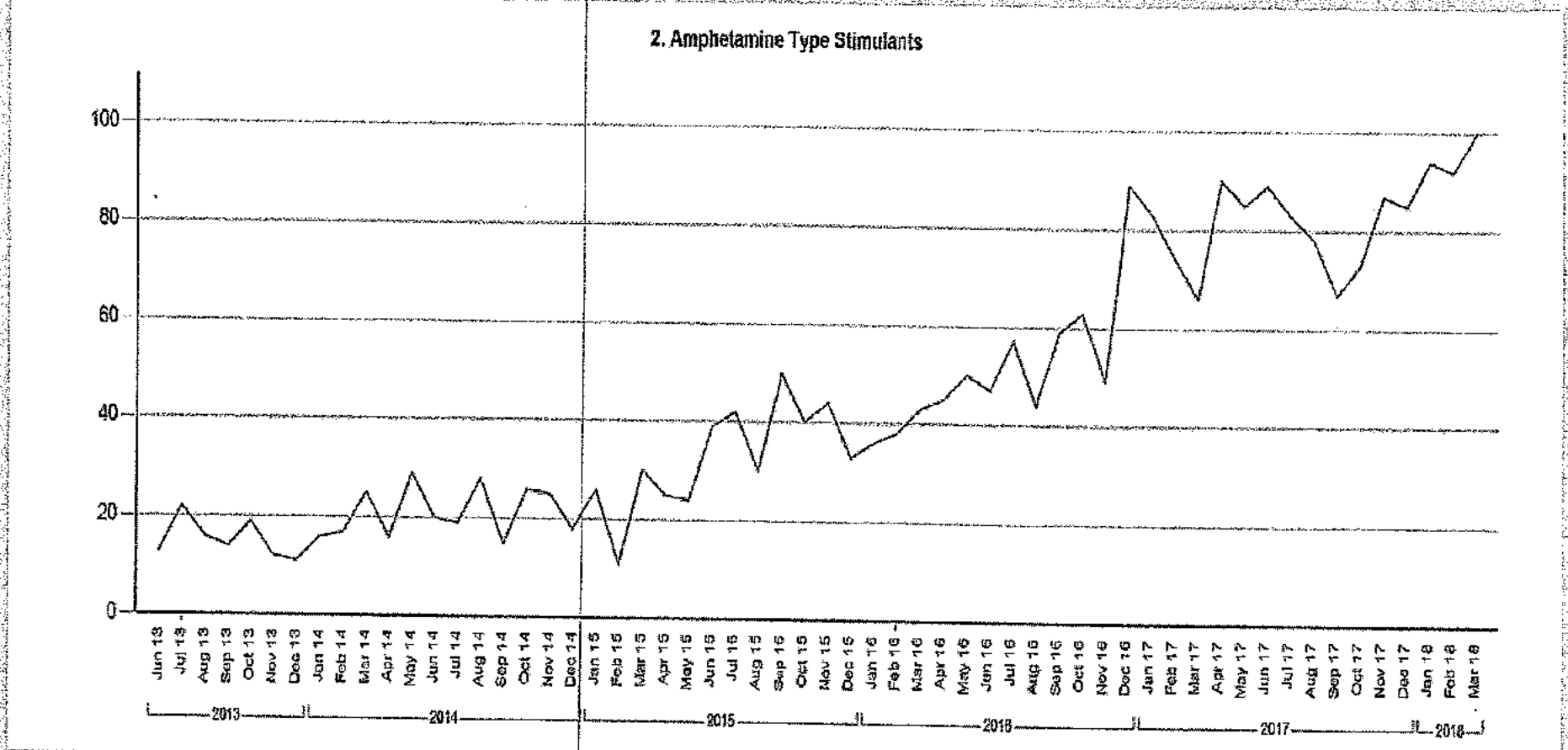


33% of female cases report meth injection, 26% report non injection meth

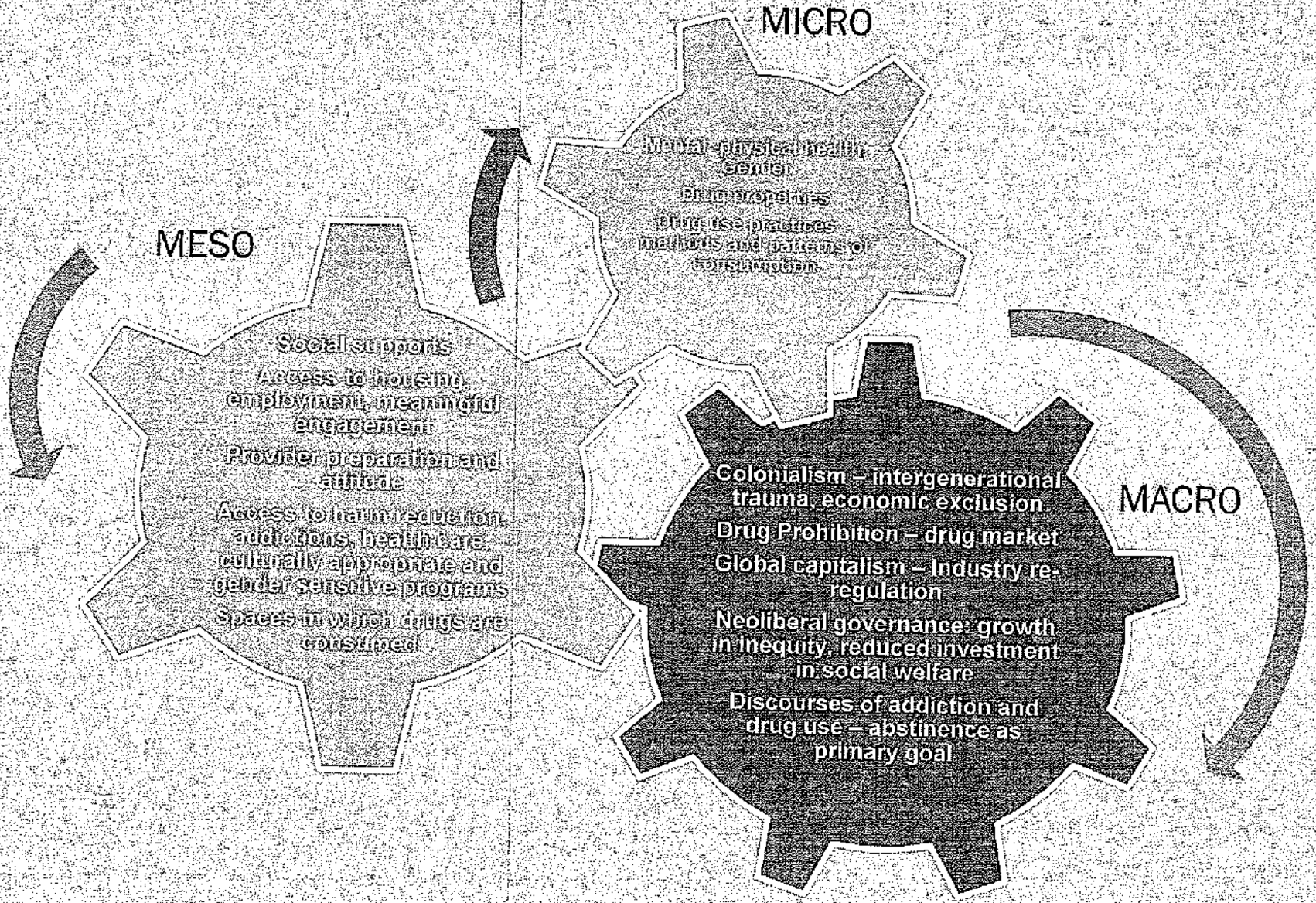
Emergency Departments



Mental Health Program
Presentations to WRHA Mental Health Crisis Response Centre



DRUG-RELATED HARMS ARISE FROM: DRUG, CONSUMPION PRACTICES, SOCIAL CONDITIONS



Ways Forward

See MHSAL Mental Health and Addictions Strategy/Virgo Report
https://www.gov.mb.ca/health/mha/strategy.html

WRHA Methamphetamine Action Plan Themes

Safety and Security: for staff and clients

Staff Education and Capacity: clinical and interpersonal knowledge

Protocols and Pathways: clinical management and client navigation

System capacity: Restructuring care delivery modes and setting

Public Awareness, Messaging and Media: destigmatizing, coordinated, transparent

Leveraging Partnerships: across sectors, within health system, with affected communities

Knowledge, Evidence, Prevention

Tiffany Dewan Reimer

Subject: Crystal Meth Regional Action Plan Launched Friday, October 26, 2018

From: Robin Shreiber
Sent: Friday, October 26, 2018 6:03 PM
Subject: Crystal Meth Regional Action Plan Launched Friday, October 26, 2018

Sent on behalf of Gina Trinidad, Chief Health Operations Officer, Continuing Care and Community, WRHA

CRYSTAL METH REGIONAL ACTION PLAN LAUNCHED FRIDAY, OCTOBER 26, 2018

We have officially launched our WRHA Crystal Meth Regional Action Plan! Thank you again for your active participation in developing our priorities. In terms of communication and distribution of the action plan, we ask that you share this with your Leadership Teams and staff. At this time, we ask that until we make further progress with the prioritized actions, we should keep this information as an internal document and not share externally.

Executive Leads will be pulling together their respective service leads to implement the strategies and you may be asked to help lead this depending on your service area expertise. Should you be interested in leading/ working on a strategy, we would welcome your interest and please contact the Executive Lead responsible for the area you are interested in directly.

Executive Leads will be providing weekly updates and we will share the progress we're making with this group on a regular basis. Should the need arise to validate some of the work, we will communicate with this group accordingly.

Please note that a SharePoint Site will be set up shortly and we will provide you a link to access the Action Plan and weekly progress updates.

Thank you.

***Gina Trinidad*, BA, RN, BN, MN**
Chief Health Operations Officer
Continuing Care and Community
Winnipeg Regional Health Authority
4th Floor, 650 Main Street
Winnipeg MB R3B 1E2
Office: 204-926-1384
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Briefing Note to the WRHA Board of Directors

Board Education
Presentation: Crystal Methamphetamine in Wpg: Consumption and Context
October 30, 2018

Summary

This briefing note provides a summary of the Board education related to the presentation, *Crystal Methamphetamine in Winnipeg: Consumption and Context*, as attached. The information presented summarizes some of the basic drug properties, modes of drug consumption, and social context that surrounds crystal meth use in Winnipeg, as well as some regional data that summarizes impacts on health programs.

Background

Crystal methamphetamine (also commonly known as 'meth', 'jib', 'crystal', 'ice', etc.) is a long-acting stimulant drug that can be smoked, ingested intranasally or orally, and is frequently injected. The 'high' from crystal meth can last 6-12 hours and ongoing use can result in sleep deprivation, acute methamphetamine intoxication, and methamphetamine induced psychosis. Injection related harms include the transmission of blood borne infections (e.g. HIV, hepatitis), localized and systemic infections, and cardiomyopathy. Finally, there are significant harms that arise from the social context that surrounds substance use, such as stigma, criminalization, family separation, lack of access to housing, employment, and other meaningful modes of engagement in the community.

Key Issues and Current State

Patient Care

- new health conditions without clear clinical pathways for care and management (acute meth intoxication, meth induced psychosis);
- meth related mental health and acute care admissions in numbers our system is not equipped for;
- outbreaks of communicable diseases related to injection drug use and excessive demands on harm reduction programs;
- higher acuity of issues presenting in acute care and community;
- significant rise in mental health related issues that can erupt aggressively - safety and security issues highlighted;

- long hospital stays for systemic or cardiac infections related to injection drug use - lack of community treatment options;
- difficulty adhering to health care plans - high re-admission rates;
- lack of community-based care and treatment pathways;
- lack of preventative resources in health and other sectors;
- addictions treatment not highly effective and difficult to access at the right time

Human Resources

There is greater strain on acute and mental health human resources, preparation of staff, incident management and debriefing. In community, clients who use crystal meth can be more difficult to reach for health services in community (lack of phone, stable residence, access to transportation) leading to greater outreach efforts, more safe visit plans initiated that require two person visits.

Analysis and Future Considerations

Brief data profile shared: Emergency and Mental Health presentations, Population and Public Health data indicators.

The Province is moving forward on a Mental Health and Addictions Strategy as informed by the Virgo Report:
https://www.gov.mb.ca/health/mha/strategy.html

A final slide is included to capture the areas and themes of action the WRHA is engaged in. Specific strategies are not covered in this presentation.

Risks and Mitigation Strategies

N/A to this BN

Communications

N/A to this BN - see strategy

Crystal methamphetamine in Winnipeg: Impact on public health and emergency response systems

Created by Shelley Marshall and Joanne Warkentin at the behest of Michelle Scott, WRHA Communications. August 1, 2018

Crystal methamphetamine (also commonly known as 'meth,' "jib' 'crystal,' 'ice,' etc.) is a long-acting stimulant drug that can be smoked, ingested intranasally or orally, and is frequently injected. Harms can arise from the route of crystal meth consumption (injection) as well as from the drug itself. Intoxication from crystal meth can last 6 – 12 hours and is associated with sleep deprivation and methamphetamine induced psychosis. Significant harms that arise from the social context that surrounds substance use, such as stigma, criminalization, family separation, lack of access to housing, employment, and other meaningful modes of engagement in the community.

Impact on Emergency Response and Mental Health Systems:

- Sharp increases in presentations of individuals with Methamphetamine intoxication are placing extreme pressures on emergency services, hospital and addictions resources.
- There has been a substantial increase in the number of methamphetamine related presentations within the Province impacting Police, EMS, the Mental Health Crisis Response Centre, hospitals and addiction facilities.
- Crystal meth related calls for service to the Winnipeg Fire and Paramedic Service (WFPS) in 2017 (n=635) were close in volume to WFPS calls for service in 2017 where opioid overdose was suspected and naloxone administered in response (n=736). This suggests that meth is now rivaling opioid overdose on the emergency response front in Winnipeg in terms of volume.
- The vast majority of meth related calls attended to by the WFPS in 2017 occurred in the Point Douglas and Downtown Community Areas (n=552) suggesting that any public health intervention programs must focus their efforts in these geographic areas, attending to the marginal social conditions endemic therein.
- Presentations to ED and the Crisis Response Centre by family members, paramedics and police officers for assessment and treatment of crystal meth intoxication present a risk to health care workers and other patients. s Individuals present with a high frequency of agitation and violence and in some cases psychosis. We have seen a marked increase in violent behavior within these settings resulting in patient and staff injury and requiring police response.
- Intoxication with methamphetamine can be associated with a variety of mood, anxiety and psychotic symptoms. Paranoia, agitation and violence have been noted in 20-40% of individuals. Subsets of users have been noted to exhibit "quiet" psychosis which includes paranoia and poses a risk to the individual and others.
- Psychotic symptoms can last for 12- 24 hours requiring individuals to remain in supervised environments such as the Emergency department. A substantial minority of people can have persistent psychotic symptoms for 7-10 days that require

inpatient mental health treatment. The volume of the demand for admissions for meth related psychosis is putting significant demand on the mental health system.

- WRHA has opened 6 inpatient mental health beds at HSC to address the demands of individuals with behavioural needs requiring admission. These beds are not limited to individuals with methamphetamine psychosis. These 6 beds will be reallocated as part of clinical consolidation as these were not new resources but interim use until consolidation planned for November. This will result in less capacity within the system to address the needs of this population.
- WRHA Mental Health Program and AFM are working together on the creation of a meth patient pathway to facilitate engagement of patients in addictions treatment prior to their discharge from inpatient mental health units.
- Individuals with co-occurring mental health and addictions issues who use crytal meth are experiencing at risk behaviors within the community and increasingly losing their housing. The drug use is placing their health and community stability at risk and requiring complex service plans to maintain them safely within the community. Community Mental Health services that provide housing and supports for this increasing population are at capacity.
- Recent closures of Residential Care Facilities and cancellation of housing agreements with providers related to escalation in risks associated with Crystal Meth has depleted community resources to provide housing and support services within Community Mental Health. New options are required to support patient flow from hospitals into community.
- Alternative approaches to addressing the risk present for patients and staff related to this drug are required. Evidence based guidelines recommend the use of oral, intramuscular antipsychotics and benzodiazepines in the treatment of methamphetamine intoxication. Early recognition and treatment of methamphetamine intoxication can save lives
- WRHA is working collaboratively with the Province, Winnipeg Police & Fire/Paramedic Services, addictions and community agency partners on treatment and management strategies as this is placing significant pressure across multiple system resources. A proposal was developed for MHSAL on early intervention for meth psychosis in community environments to minimize risk associated with Methamphetamine psychosis. We have not received feedback on this proposal.
- New Zealand has faced an epidemic of methamphetamine abuse and dependence and has developed Evidence-based Clinical practice guidelines (2006) that recommend early recognition and treatment of Crystal Meth intoxication. Clinical Practice Guidelines for Management of Methamphetamine intoxication, abuse and dependence do not currently exist in Manitoba.

Impact on Public Health: Injection Drug Use

The increased prevalence of meth in the local market is driving an increase in injection drug use. In 2004, methamphetamine was reported the most common drug injected by only 6% of the people surveyed in Winnipeg (PHAC, 2006, N=250)). A recent survey

(N=100) of people accessing drug injection supplies found approximately 50% reported crystal meth as their most commonly injected drug (Street Connections, 2017).

- Evidence of the rise in injection drug use is derived from Population and Public Health data on the distribution of needles/syringes to people who inject drugs in Winnipeg. Unlimited distribution as a best practice (Strike et al. 2013) remains the distribution practice of Street Connections, therefore a rise in distribution represents a rise in demand.

Year	# needle/syringes distributed to people who inject drugs in Winnipeg
2013	450, 541
2014	651, 553
2015	888, 766
2016	1 254, 597
2017	1 640, 982
2018	On track to distribute 2, 000, 000

- This rise in demand has caused significant strain on harm reduction supply distribution resources. The current demand exceeds the supply budget by approximately 4 times.
- Failing to meet the increased demand for sterile injection supplies will result in significant increased healthcare costs (One case of Hepatitis C costs over $40,000 and one case of HIV costs approximately 1 million dollars to the health care system). A single needle/syringe costs 9 cents. Meeting the provincial demand for needles and syringes would cost less than 1 million dollars.
- Shared needles/syringes is a significant means by which HIV and hepatitis C are transmitted among people who inject drugs, and evidence is emerging that there is a recent rise in blood-borne infections in Winnipeg.

- Population and Public Health has declared an outbreak of acute hepatitis B in the WHR, almost exclusively linked to injection drug use. As hepatitis B is one of the most infectious viruses, this may be an early warning sign of other blood-borne pathogen outbreaks to come in the wake of a new injection drug use dynamic. Since 2016 we have had 40 cases of acute hepatitis B in the WRHA, representing a nine fold increase over the last 10 years prior to 2016.
- Current data from investigation of Hepatitis C cases in the WHR appears to indicate that the recent increase in Hepatitis C is also linked to injection drug use. In the past year, 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 (meth). Over 120 cases were reported annually in 2015, 2016 and 2017, and already in 2018 over 250 cases are projected, the highest number ever recorded in the WHR. Almost half of these cases report the use of crystal meth and there is an increase in cases of young women under 20 years old. Congenital syphilis cases have been confirmed and about 15% of cases are HIV

positive. IDU was also identified as the primary risk exposure in a newborn recently diagnosed with HIV.

- Increased staffing resources related to outbreak response alone –exacerbated by new reporting processes at the province and lack of provincial leadership in CDC response.
- People who use meth are hit hard by STBBI outbreaks – outreach in community brings staff into less predicable environments – often two person visits in outreach to locate and notify cases and contacts – high human resource burden.
- The rates of HIV and hepatitis C among people who inject drugs in Winnipeg are largely unknown. However, the Public Health Agency of Canada funded project I-Track phase 4, coordinated by Population and Public Health in WRHA, will shed light on local injection drug use trends, behaviours associated with transmission, the prevalence of HIV and hepatitis C among people who inject drugs, and their use of health and preventative services. This project is scheduled to take place in Winnipeg in the fall of 2018.
- Winnipeg was an I-Track surveillance site during phase 1, 2003-2005. Data derived from this study remain the primary source of surveillance information on injection drug use trends and harms in Winnipeg, and for comparing trends across different urban centres. As this information is extremely outdated, applying the same methods through Phase 4 I-track will provide useful trend or longitudinal information, and provide current injection drug use trend information that can inform public health interventions at regional and provincial levels.

Overdose

- Among people who died of apparent fentanyl-related overdose in 2017, 47% were found to have crystal meth on board in their post-mortem toxicology screens. This finding suggests that poly substance use is normal among those involved in both crystal meth and fentanyl use, and interventions should consider addressing the harms of both substances concurrently.

Supervised consumption services

- Supervised consumption services (SCSs) provide hygienic and decriminalized environments in which people who use drugs can use consume (primarily inject) illegal drugs under the supervision of a health care professional, a trained allied service provider, or a peer (i.e., person who formerly used or currently uses illegal drugs), without the risk of arrest for drug possession.
- Evidence on the health benefits of supervised consumption services are almost exclusively derived from opioid drug markets, therefore how they operate or should be organized in stimulant markets remains largely unknown.
- There are a number of components to supervised consumption services that address different types of drug- harms, and it can be helpful to parse these out for discussion.

1. **A decriminalized space for drug use**. This helps people who use drugs avoid eviction, arrest and incarceration, being robbed of their drugs, or other harms arising from criminalization in the open market. Decriminalized spaces can also be a symbol of inclusion for people how use drugs, and help to decrease stigma. People generally report they will travel 10 minutes or 3 -5 blocks to access a SCS. As a neighbourhood level intervention, there may be some movement from outdoor injection drug use into supervised consumption sites.
2. **Access to sterile supplies for drug consumption.** The benefits are addressed earlier in this briefing. Obviously sterile injection equipment needs to be available everywhere that drugs are injected in order to have a preventative effect.
3. **Supervision by an attendant**: When a person overdoses on opioid drugs, their respiratory rate is immediately depressed, which can easily lead to asphyxiation and death. Thus, injecting opioid drugs under the supervision of an attendant offers the opportunity for immediate overdose reversal with naloxone. Stimulant drugs, such as crystal meth, do not depress the respiratory system. There is no medical antidote for a stimulant over-amp or overdose. Regardless, crystal meth use has been found to be high among people who overdose on opioids. Further, direction on safer drug preparation and injection technique is available by attendants and relevant to all drugs injected.
4. **Access to health services**. SCS can be a point of entry into the health care system for people who are otherwise excluded or underserved. The benefits of this aspect of SCS are dependent upon the availability and accessibility of these other services. For instance, in Vancouver, SCS are able to offer same-day opioid replacement therapy initiation. In Manitoba there is a significant wait list for these services.

- As SCS begin to emerge in different contexts across Canada, important lessons may be learned for Manitoba. Montreal operated 4 new SCS in June 2017. According to Bruemmer (2018) the 4 sites combined served a total of 876 individuals (83% were men) for total of 21,265 visits in 2017. The most commonly injected substances were cocaine (42 per cent), opioid medications (34 per cent) and heroin (14 per cent). Health workers at the sites had to react to emergency situations 39 times, including administering oxygen, or naloxone to combat a fentanyl overdose (10 times). This represents a 1:545 visits that required assistance from a health care provider, and 1 in 2,126 visits where an overdose was reversed. The high usage of the sites provides some indication that a decriminalized "safe" environment was valued by attendees. The low proportion of female attendees raises questions about the gender sensitivity of SCS as an intervention. The low proportion of injections requiring medical intervention also raises questions about the need for medical "supervision," one of the more costly components of a SCS. By contrast, the Manitoba take-home naloxone program in 2017 distributed 955 kits to people at risk of opioid overdose, with 112 reported

used in overdose events. 1 in 8 kits reached a person who was overdosing where they were overdosing.

- A ***Safer Consumption Spaces Working Group*** comprised of representatives from over 15 community organizations (including WRHA and MHSAL) formed in January 2018 in order to collectively discuss supervised consumption services, and inform a method for conducting a needs assessment and consultation of people who use drugs. The study is now underway to consult people who use drugs (including people who use crystal meth) and organizations who serve people who use drugs on their perceptions of supervised consumption services – and other spaces in which drugs are consumed. **The objectives:**

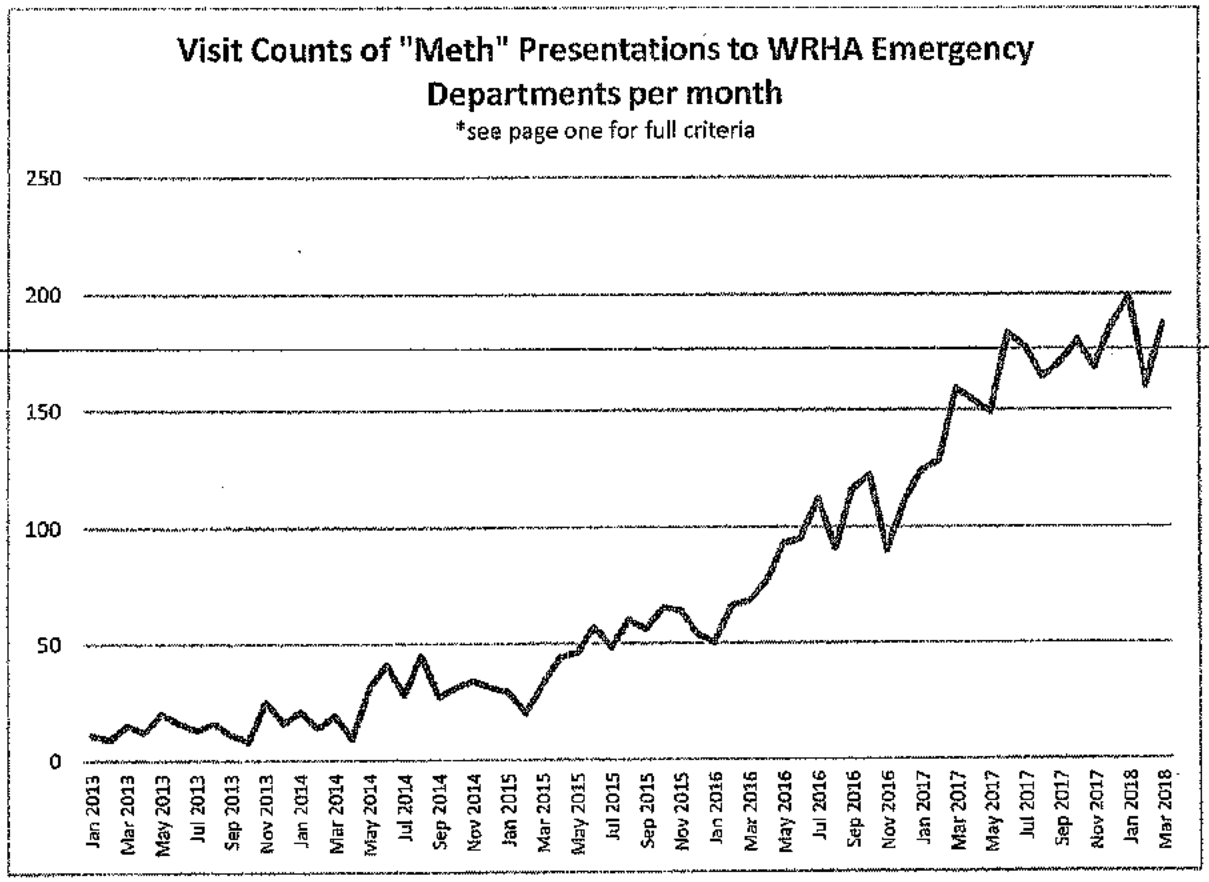
  - To explore the relationship between spaces of drug consumption, drug use practices, and drug-related harms
  - To assess the spatial needs of people who use drugs in order to inform harm reduction interventions in private, public, and professional spaces where people may come to consume drugs.
  - To inform current and emerging harm reduction services in Winnipeg that are acceptable, accessible, and appropriate for people who use drugs in the local context.

- Guided by the Safer Consumption Spaces (SCS) Working Group, a mixed-method (qualitative and quantitative) needs assessment is being deployed with a final report expected in the fall of 2018. See Appendix B for needs assessment framework

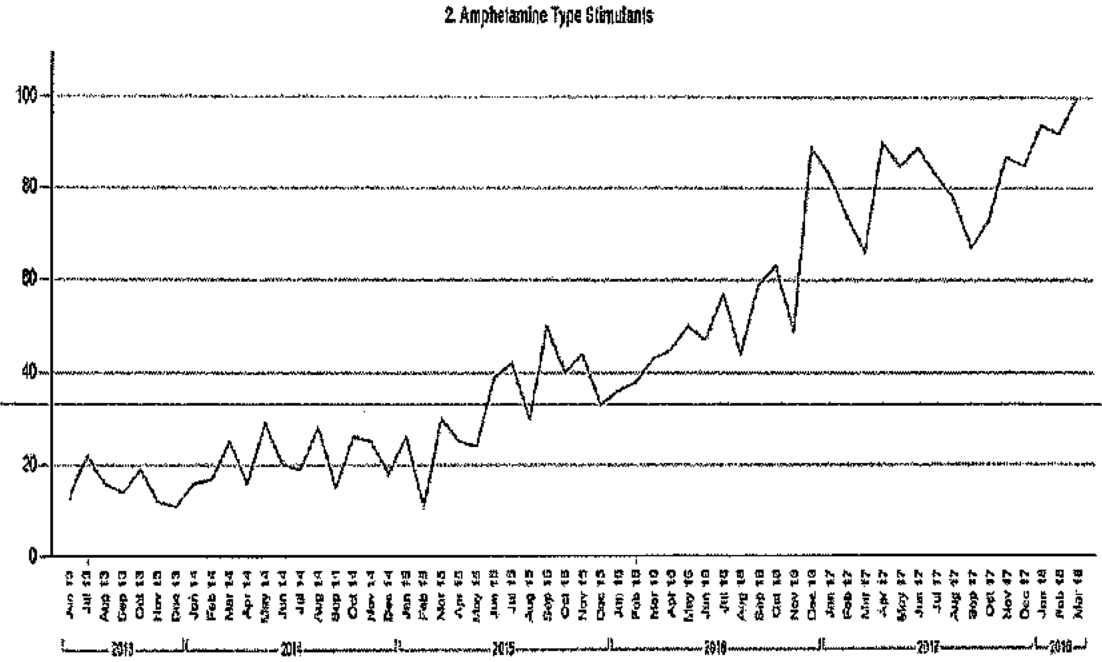
- **Note**: This briefing note is based on peer-reviewed and other authoritative evidence in the field. Reference list available.

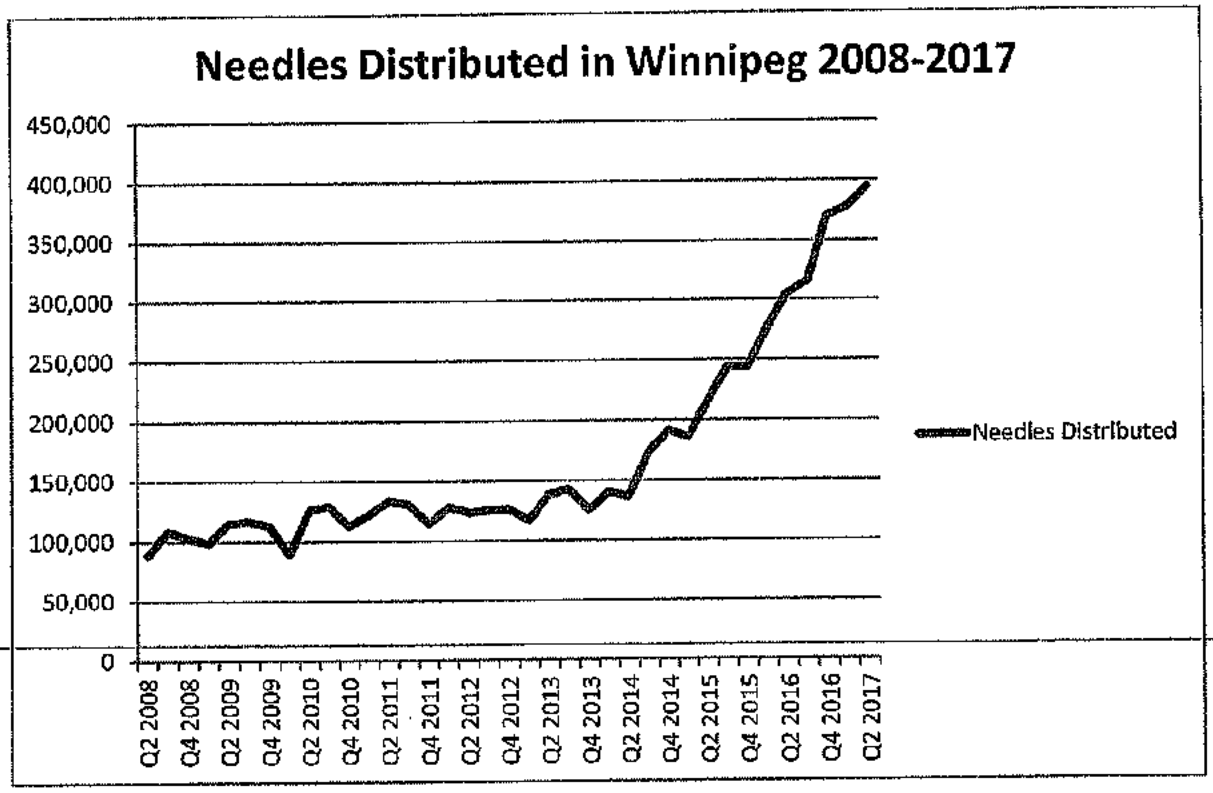
https://montreal.ctvnews.ca/visits-to-safe-injection-sites-doubled-since-last-summer-1.3981001

Appendix A
Methamphetamine Presentations to WRHA Emergency and Crisis Response Centre – up to March 2018



Presentations to WRHA Mental Health Crisis Response Centre




Needles Distributed in Winnipeg 2008-2017
450,000
400,000
350,000
300,000
250,000
200,000
150,000
100,000
50,000
0
Q2 2008
Q4 2008
Q2 2009
Q4 2009
Q2 2010
Q4 2010
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Q4 2011
Q2 2012
Q4 2012
Q2 2013
Q4 2013
Q2 2014
Q4 2014
Q2 2015
Q4 2015
Q2 2016
Q4 2016
Q2 2017
Needles Distributed

Appendix B
Consultation and Needs Assessment on Safer Drug Consumption Spaces in Winnipeg

The project has been funded in part by the *Canadian Research Initiative in Substance Misuse (CRISM), Prairie Node, a national project funded by the Canadian Institutes of Health Research (CIHR).*

The spaces in which drugs are consumed have a significant impact on drug use practices and the conditions for drug-related harms. While there is local interest in exploring the need for supervised consumption services (also called safe injection sites), a much larger proportion of drugs use occurs in private and public spaces, and little is known about the spatial needs of people who use drugs. Space is considered to have physical and socio-cultural dimensions that can potentiate drug-related harms and benefits.

The **objectives**

- To explore the relationship between spaces of drug consumption, drug use practices, and drug-related harms
- To assess the spatial needs of people who use drugs in order to inform harm reduction interventions in private, public, and professional spaces where people may come to consume drugs.
- To inform current and emerging harm reduction services in Winnipeg that are acceptable, accessible, and appropriate for people who use drugs in the local context.

Guided by the Safer Consumption Spaces (SCS) Working Group, a mixed-method (qualitative and quantitative) needs assessment is being deployed.

Qualitative Component:

Part 1: World café sessions will be held to discuss what "safe/r" drug use spaces and places look like, and desirable harm reduction services in Winnipeg. Groups of individuals who are: at risk of overdose (those seeking take-home naloxone kits); those who use crystal meth (any method of consumption); and those who inject drugs will be invited to these sessions. We will conduct a series of 3 world cafés of between 15-20 participants per session. The sessions will be facilitated in smaller groups of 4 or 5 people. Table discussions revolve around "what does a safe space for drug use look like" in the context of four different types of drug consumption spaces: private/residential; outdoor public spaces; public indoor (washrooms, stairwells); and supported or supervised consumption services. Participation will be anonymous, participants will be asked to use a pseudonym of their choice. Participants will be asked to complete a brief demographic questionnaire.

Part 2: We will conduct semi-structured interviews with services providers and organizational stakeholder who have expressed an interest in offering SCS to explore their perceptions on SCS and their needs at the organizational level to be able to offer such services.

Quantitative Component:

I-Track is a nationally-based sentinel behavioural surveillance system that monitors the prevalence of HIV and hepatitis C, practices associated with transmission, drug use trends, characteristics of people who inject drugs, and trends in the use of health and preventative services among people who inject drugs. Results provide information that are valuable for planning, developing, or evaluating prevention efforts for HIV and other STBBI.

In the fall of 2018 this project is expected commence in Winnipeg with a survey of 200 people who inject drugs. A question about whether or not respondents would use supervised consumption services was added:

I would like to ask you about supervised consumption services. A supervised consumption service is a legally operated indoor service where people come to inject their own drugs under safe and sterile conditions and under the supervision of medically trained workers (a health professional, a trained allied service provider, or a peer).

If supervised consumption services were available in Winnipeg, would you consider using these services?

☐ Yes ☐ Maybe ☐ No ☐ *Don't know* ☐ *Refused*

The question was derived from the British Columbia Supervised Consumption Services Operational Guidance (2017) http://www.bccsu.ca/wp-content/uploads/2017/07/BC-SCS-Operational-Guidance.pdf

The addition of this question will allow correlational analysis with the characteristics of people who inject drugs (PWID), the housing and shelter status, and neighbourhoods people live in, the drugs people use, people's experience with overdose, needle lending and borrowing, and rates of HIV, hepatitis C and syphilis among PWID.

Findings from other SCS needs assessments are likely generalizable to Winnipeg and may not need to be repeated locally. For instance, people who use drugs (PWUD) consulted about SCS tend to report they would not travel/walk more than 3-5 blocks or 10 minutes to access SCS (Fischer & Allard, 2007; Hyshka, Anderson, Wong & Wild, 2016).