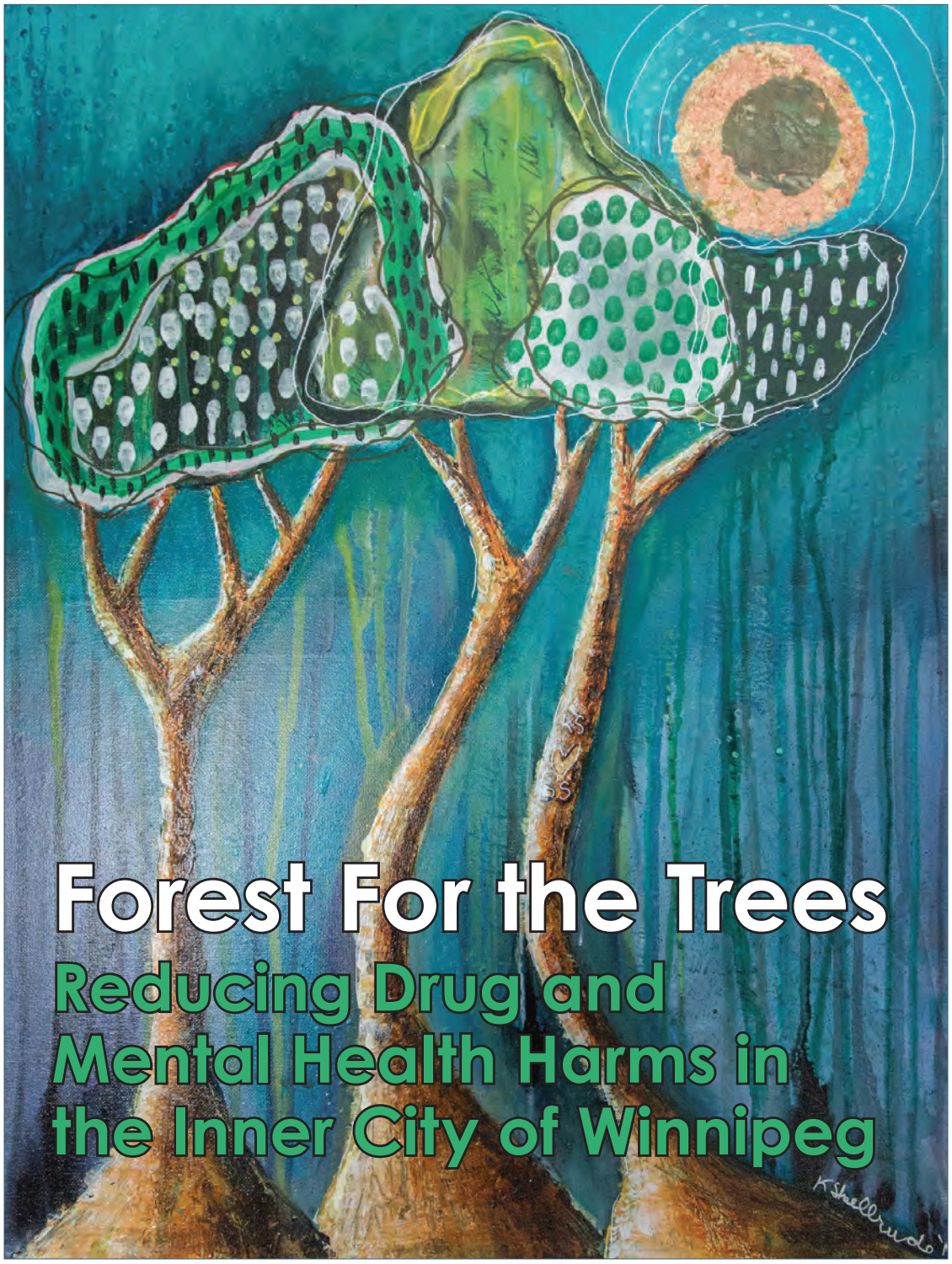
State of the INNER CITY



Forest For the Trees

Reducing Drug and Mental Health Harms in the Inner City of Winnipeg

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CANADIAN CENTRE FOR POLICY ALTERNATIVES
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Forest for the Trees: Reducing Drug and Mental Health Harms in the Inner City of Winnipeg
State of the Inner City Report 2019

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Artwork: Kathleen Shellrude

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Cover Artist

Kathleen Shellrude taught herself art during a lengthy hospitalization in 2015; filling dozens of art journals while working through homelessness, depression and addiction issues. Since then she's been prolific; painting mixed media, whimsical, and dreamlike landscapes and creatures. Find her at www.kshellrude.com <http://www.kshellrude.com/> or through www.instagram.com/kshellrude <http://www.instagram.com/kshellrude> and / kshellrudepottery

State of the Inner City Reports 2005–2018

Date	Reports	Topics
2005	The Promise of Investment in Community-Led Renewal	• Policy Considerations: *Describing inner city; Statistical overview; Housing, employment development and education* • A view from the neighbourhoods: *Comparative analysis of Spence, Centennial and Lord Selkirk Park*
2006	Inner City Voices: Community-Based Solutions	• *A portrait of West Broadway and North Point Douglas* • *Inner City Refugee Women: Lessons for Public Policy* • *Bridging the Community-Police Divide: Safety and Security in Winnipeg's Inner City*
2007	Step by Step: Stories of Change in Winnipeg's Inner City	• *Building a Community of Opportunity and Hope: Lord Selkirk Park Housing Developments* • *Costing an Ounce of Prevention: The Fiscal Benefits of Investing in Inner City Preventive Strategies* (cost to themselves and society of young women entering the street sex trade) • *Is Participation Having an Impact?* (how do we measure progress in Winnipeg's Inner City? A participatory approach to understanding outcomes)
2008	Putting Our Housing in Order	• *Policy, people and Winnipeg's inner city* • *Voicing housing experiences in inner city Winnipeg* • *From revitalization to revaluation in the Spence neighbourhood* • *Homeownership for low-income households: outcomes for families and communities*
2009	It Takes All Day to be Poor	• Seven individuals document their experiences living on a low income budget • *Tracking poverty in Winnipeg's inner city 1996–2006* (analysis of census data) • *Lord Selkirk Park: Rebuilding from Within* (how community and government can work together to make change for the better)
2010	We're in it for the Long Haul	• *Together we have CLOUT:* model of service delivery and analysis of "the Just City" • *Early Childhood Education and Care in the Inner City and Beyond: Addressing the Inequalities Facing Winnipeg's Aboriginal children* • *Squeezed Out: The impact of rising rents and condo conversions on inner city neighbourhoods*
2011	Neo-Liberalism: What a Difference a Theory Makes	• *Manitoba's Employment and Income Assistance Program: Exploring the Policy Impacts on Winnipeg's inner city* • *Housing for People, Not Markets: Neoliberalism and housing in Winnipeg's inner city* • *Policy and the Unique Needs of Aboriginal Second-Chance Learners*
2012	Breaking barriers, building bridges	• *Who's accountable to the community?* (two way accountability government to community-based organizations) • *Fixing our divided city:* Aboriginal and non-Aboriginal youth, inner city and non-inner city and Aboriginal Elders' dialogue on breaking down barriers
2013	A Youth Lens on Poverty	• *Literature of youth & poverty: safety, housing and education* • *Youth photovoice*
2014	Community, Research and Social Change	• *"Its more than a collection of stories", looking back on 10 years of State of the Inner City Reports and investment in inner city* • *Community-based supports and the child welfare system*
2015	Drawing on our Strengths	• *High and Rising Revisited: Changes in Poverty and Related Inner City Characteristics 1996–011* • *Indigenous and Newcomer Young People's Experiences of Employment and Unemployment* • *Beneath the Surface and Beyond the Present: Gains in Fighting Poverty in Winnipeg's Inner City*
2016	Reconciliation Lives Here	• *A Marathon Not a Sprint: Reconciliation and Organizations in Winnipeg's Inner City* • *Bringing Our Community Back: Grassroots and Reconciliation in Winnipeg's Inner City*
2017	Between a Rock and a Hard Place	• *Challenges in Measuring Value and Impact in Community-Based Programming* • *Winnipeg's Inner City Infographic Poster*
2018	Green Light Go	• *Improving Transportation Equity in Winnipeg's Inner City*

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Summary

Welcome to the 15th Annual State of the Inner City Report. Since 2005, the State of the Inner City research project has collaborated with Winnipeg community-based organizations (CBOs) working in the inner city. The project researches issues that matter to CBOs and the communities they serve. It connects the personal struggles of the people who live in the inner city with the 'big picture' — the structural and political realities that affect their lives. While socio-economic marginalization exists outside the boundaries of the inner city, the inner city is an area that has been historically divided by class and race. This demands dedicated attention. Attention to the unique challenges, but also the unique strengths.

This year's topic is not an easy one, but it is a necessary one. In 2016 we began to see increased attention to the startling number of opioid overdoses and deaths. That attention quickly shifted to the increased use of methamphetamine in Winnipeg. Community-based organizations (CBOs) working in the inner city told us that they are seeing many of their clients presenting with increasingly severe needs and in some cases behavioural challenges relating to meth use. People are arriving at their doors in states of emergency, but they have far fewer resources than already-stretched emergency rooms, and they are struggling to respond.

During the 2019 provincial election, the PC party's 'comprehensive strategy' to address methamphetamine, *Safer Streets Safer Lives* promised treatment, education and enforcement. Of the $20 million promised to mobilize this strategy, $8 million is directed to criminalizing responses. This strategy is informing the provincial government's current response. Alongside this, other governmental documents such as the *VIRGO Report* and the *Illicit Drug Task Force Report* are also informing drug policy responses. It remains unclear however which recommendations within these documents are being prioritized, which in turn raises concerns about strategy, accountability and transparency.

The framing of the situation by government and media as a 'meth crisis' is worrisome to many in the community because they see the presentation of meth as a symptom of a much larger social crisis, a crisis rooted in deep inequality, colonialism and a failure by the government to address the basic needs of people who experience the highest level of marginalization. In this year's State of the Inner City report, Chapter One, *The Inequality of Substance Use, Problematic Substance Use and Drug-Related Harms*, employs

census data to demonstrate the continuation of inequality between inner city neighbourhoods and Winnipeg more broadly. This research shows that people who experience socio-economic marginalization, including the effects of colonialism and inter-generational trauma, are more likely to develop problematic substance use and mental health issues and experience harms related to drug use that are more severe.

Chapter Two, *The Inequality of Responses to Drugs and Drug-Related Harms*, problematizes the Province's focus on individualizing responses such as treatment, education and policing which seeks to modify the psychology and behaviour of individuals with little attention or effort directed toward the larger environment in which individuals succeed or fail. This chapter shows that individually targeted responses are likely to be less effective for people who experience high levels of socio-economic marginalization. It draws on research which shows that for people with depleted family and community resources, individually- focused addiction treatment is often less effective. For those who lack protector factors against relapse, treatment may actually make people more vulnerable to relapse, overdose and death. In the case of increased policing, empirical evidence has shown little impact on reducing overall illicit drug use, yet people experiencing socio-economic marginalization are more likely to experience harms under a tough on crime approach, as the provincial government is advocating for.

In response to what many community members see as a lack of action on the part of government to meaningfully address the social crisis some communities are working to identify what a caring response could look like. Erica Charron's chapter *Community Response: The West Broadway Example* outlines an on-going collaborative project in West Broadway. The goals of this project include the development of a cohesive approach for CBOs to reduce the harms associated with meth use; develop a tool to guide community members to resources; and provide a systematic assessment to determine service and policy gaps. It demonstrates how one community is mobilizing in the face of ineffective government action.

A secondary topic of exploration in this report is one of discourse. After all, how we understand the problem informs how we respond to it. Katharina Maier's chapter *Meth, Media and Crisis: An Overview* explores how the media reports the story of meth and crisis and why the way we talk about drugs and drug use has important implications. Dr Maier's piece finds that the rhetoric of 'crisis' can magnify the focus on law, order, security and policy. In turn, the construction of a crisis discourse can result in a disproportionate focus on the people who use drugs and their 'failings'; in effect redirecting the public's attention away from broader structural issues such as poverty, inequality, marginalization, classism and racism. The peer project *How is Meth Depicted in the Media? Peer Working Group Perspectives* also explores and problematizes how the media portrays meth use through the voices of those who understand the reality. The Manitoba Harm Reduction Network Peer Working Group collaborated on this project.

The 'forest for the trees' is that we need to understand root causes if we are ever going to achieve big picture change. We will never eliminate all drug use. Nor are such efforts necessary, as we know that drug exposure alone does not cause problematic substance use. If it could, the problem would occur in every person who tries drugs or alcohol. Unfortunately, that 'old story' seems to be guiding policy action in the province, particularly relating to increased criminalization of drug use and people who use. This is not to make light of the problem, because as family members, community activists and CBOs have told us, there is indeed a problem. Responding with effective policy however demands that we fully understand what the problem is.

By now, many people know the story of 'Rat Park'. This was a research study which demon-

strated that changing and improving the living conditions of rats originally caged in solidary confinement drastically reduced the amount of drugs they consumed. Fewer perhaps are aware of a study, which examined soldiers returning from the Vietnam War. Nearly half of U.S. soldiers had tried heroin while overseas and of these, just under half qualified as 'addicted' at the end of the war. The U.S. Government was highly concerned about what would happen when these soldiers returned home. Upon returning home however, the majority of them quit on their own and without treatment. After speaking to the soldiers, researchers concluded that the main reason why the majority of Vietnam war veterans broke their addiction was less a result of willpower or change in attitude but rather a radical change in their environment.

This demands that we ask ourselves, what are the conditions that make some people feel as though they are living in Vietnam instead of Rat Park? This project demonstrates that at least some of these conditions originate from short-sighted government policy which creates and perpetuates inequality. Yet, that is not quite the full answer because many people who experience a high degree of socio-economic privilege also experience mental health issues, drug-related harms and problematic substance use. Regardless of social privilege, it is possible to feel like the rat in the cage.

This report presents responses that are rooted in evidence and compassion rather than fear and punishment. It presents suggestions, some of which already exist within the myriad of government policy reports on this issue, but for some reason are just not being prioritized. It identifies the need for a clear and comprehensive drug strategy that is rooted in principles of public health. Ideally this would occur at the provincial level, but many municipalities have their own drug strategies and encourage the City of Winnipeg to follow this lead. We also suggest that harm reduction be incorporated as an official principle of any developed strategy because evidence also shows, that by and large, the harms associated with drug use is a result of structural harms, rather than the substance itself. This includes prohibition, which is linked to increasingly dangerous illicit substances. Community partners told us that meth has deep roots in colonization and that self-determination alongside the decolonization of structures, policies, and programs is necessary. A common refrain we heard during community consultation was that there is a need for a shift around the idea of wellness, abstinence, sobriety and healing. Johann Hari (2015) encapsulates this sentiment well when he writes that 'the opposite of addiction isn't sobriety, it's connection'. CBOs can act as important connectors that develop and promote a sense of hope, meaning, belonging and purpose in their communities. But they must be properly funded and supported. Further, they cannot be expected to provide for people's basic needs. That is the role of government. Last but not least, is the recommendation to include the voices of those who experience mental health and substance use issues. They are the experts in their own lives and effective policy must meaningfully incorporate this knowledge and wisdom.

The Inequality of Substance Use, Problematic Use, and Drug-Related Harms

By Ellen Smirl

Methamphetamine and meth use in Winnipeg have captured our collective attention. It seems almost nightly that the local news is lit up with images and stories about meth use. Many stories focus on crime and punishment, some highlight the struggles of individuals and their families, most are punctuated by images of needles or other drug-use equipment lying about in the community. Alongside what has been termed by the media as the meth crisis are high rates of opioid use and overdose (Health Canada, 2019; Manitoba Health Seniors and Active Living, 2018).

Many community-based organizations (CBOs) working in the inner city however, see these so-called drug crises as a symptom of larger social crisis rooted in inequality and colonialism. CBOs are struggling to respond to what, in many ways is seen as a crisis of inaction by government to address these root causes.

CBOs in Winnipeg's inner city have been responding to social crises in its varied forms for many years. CBOs are place-based, employ area residents, offer programming reflective of community needs and have developed a sense of trust with neighbourhood residents. This means that CBOs are an ideal location for the people in their community who need help. In the present social crisis however, they have reported clients with an increasing severity of needs that in some cases are presenting with problematic behaviour-related issues.

Government documents currently guiding actions relating to problematic substance use, drug harms, and mental health include: the PC Party's Action Plan *Safer Streets Safer Lives Strategy* (2019); Improving Access and Coordination of Mental Health and Addiction Services: A Provincial Strategy for all Manitobans (VIRGO Consulting 2018, hereafter referred to as the VIRGO report); and Recommendations to Reduce the Use and Effects of Illicit Drugs within Manitoba's Communities (Illicit Drug Task Force 2019, hereafter referred to as the Illicit Drug Task Force report).[1] Contradictions exist within and between documents. Compounding the lack of effective action, or perhaps informing it, is the unwillingness by the governing provincial party to commit to harm reduction. These inconsistencies raise questions about which recommendations are being prioritized, as well as important questions about accountability and transparency when it comes to drug strategy in the province. These are discussed in greater detail in chapter 2 *The Inequality of Response*.

For many years, the State of the Inner City Report has drawn on Statistics Canada Census data to highlight and track economic inequality

between inner city neighbourhoods and the rest of Winnipeg. The most recent 2016 Census data shows a continuation of inequality between inner city neighbourhoods and Winnipeg at large. This is important because people who experience socio-economic marginalization not only experience higher rates of problematic substance use and mental health issues (VIRGO 2018), they also experience more severe harms associated with drug use (Treffers 2016).

Problematic substance use includes episodic use having negative health or social consequences (e.g. overdose, financial hardship) and chronic use that can lead to substance use disorders (e.g. dependence) or other health or social harms.

This is contrasted with beneficial use, which is defined as use that has positive health, social or spiritual effects. For example psychoactive drugs that improve functioning; stimulants to increase alertness and productivity; drug use that facilitates social connection; spiritual use of ayahuasca or peyote. While a common perception is that people immediately get 'hooked' simply by experimenting with substances, the substances alone do not cause dependence. For example, narcotics are routinely used to manage post-operative pain and many people do not become dependent on these substances. Problematic substance use develops as a complex interplay between a person's social location, lived experiences, coping and support resources, and patterns of use. (Public Health Agency of Canada 2018; Centre for Addictions Research of BC 2006).

It is important to note that definitions of problematic substance use tend to exclude harms that arise from society's response to drugs (e.g. arrest, incarceration, criminal records, eviction, exclusion from services and supports, stigma, child apprehension), which are often more harmful than the substances themselves. This report intentionally brings these harms under the purview of drug-related harms.

As Chapter 2 demonstrates, people who experience the greatest burden of drug-related harms are also less able to benefit from individually targeted responses such as treatment. In the case of increased policing, people who are racialized, marginally housed, or experiencing poverty are likely to experience greater interference from criminal justice. This can be understood as the inequality of drug-related harms.

> "What harms are we trying to reduce and for whom?" —*Inner city CBO director*

Substance use occurs across axes of race, gender, class, ability, sexual orientation, and other systems of privilege and oppression, however substances do not impact the lives of people equally.

Problematic substance use is less likely to hit people who have stable, structured lives and good employment or meaningful forms of opportunity, than it is by those who experience instability and lack of economic opportunity (Henkel 2011). The VIRGO report supports this, finding that both the prevalence of mood disorders and substance use disorders were strongly associated with income levels, with the lowest income levels having considerably higher rates for both (VIRGO 2018). When people with higher earnings and in a more stable environment do engage in problematic substance use, they are more likely to quit on their own and without treatment (Szalavitz 2016a). Indigenous scholars and knowledge keepers assert that self-determination, reclamation, sovereignty, cultural safety, hope, belonging, meaning, and purpose, are protective factors against problematic drug use for Indigenous peoples (Native Youth Sexual Health Network 2014; Thunderbird Partnership Foundation 2015).

On the other hand, the harms associated with drug use experienced by people in socio-economic disadvantage are more severe. (Treffers 2016: 10). Over half of the naloxone administration by Winnipeg Fire and Paramedic Service (WFPS) in 2016 occurred in the Downtown or Point Douglas areas (Province of Manitoba 2017), both located within the inner city. While this data did not track ethnic background, other research has shown that First

Nations are five times more likely to experience an overdose and three times more likely to die from an overdose than non-First Nations people (CAAN 2019). Similar findings were observed in the U.S., where states with higher rates of inequality had higher death rates due to drug overdoses (Wilkinson and Pickett 2009). Importantly, this research also shows that from top to bottom, almost everyone does worse in unequal societies compared to more equitable societies. Consumerism, isolation, alienation, social estrangement and anxiety all follow from inequality (Ibid).

Income Inequality

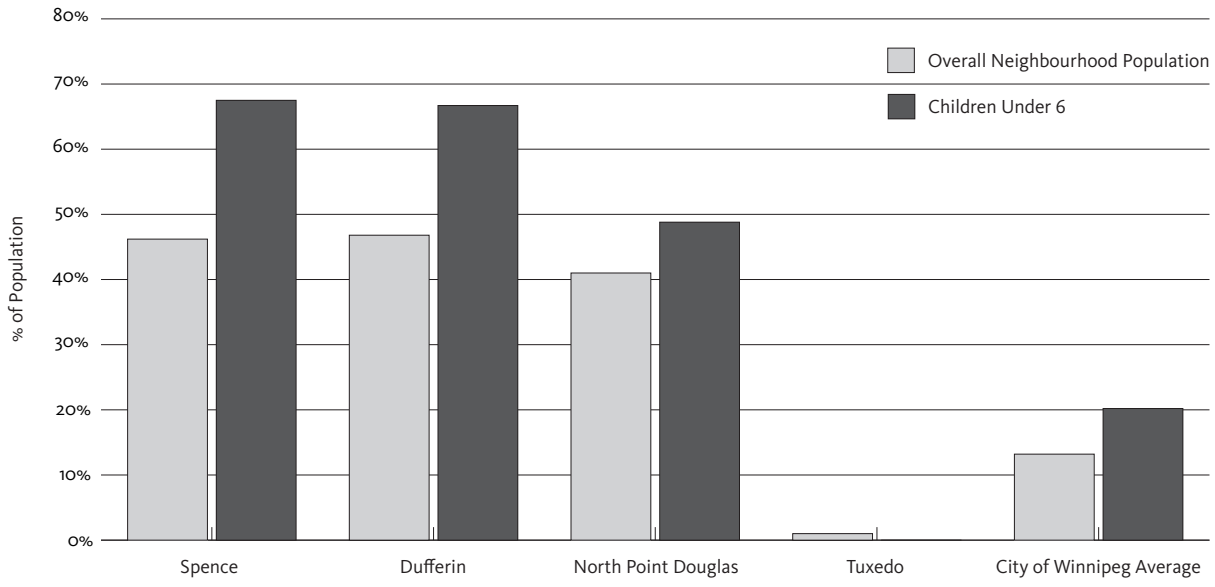
Community advocates have identified settler colonialism and poverty as a primary driver behind the increased use of meth in the inner city (Anderson and Champagne 2018; Silver 2018).

Inner city neighbourhoods struggle with significantly higher rates of poverty then the rest of Winnipeg. For example, three randomly selected inner city neighbourhoods (Spence, Dufferin and North Point Douglas) have a Low Income Cut Off After Tax rate of over 40 percent compared to the Winnipeg average of 13.2 percent. The child poverty rate for Tuxedo, (a neighbourhood of socio-economic privilege located outside the inner city boundaries) is 0 percent compared to a child poverty rate of 66.7 percent in Dufferin (Figure 1).

Hundreds of community groups have come together to urge the Province and City to develop and implement comprehensive poverty reduction plans with targets and timelines as outlined in the *View From Here: Manitobans Call for a Poverty Reduction Plan* (CCPA-MB and CCEDNet 2015) and *Winnipeg Without Poverty* (CCPA-MB and SPCW 2018) respectively. *Safer Streets Safer Lives Strategy* does not mention addressing poverty or other social determinants of health as recommended in the Province's own systematic review of mental health and addiction services (VIRGO 2018).

The most recent provincial Throne Speech (November 2019) did not mention poverty once. Instead, a primary focus of the provincial government remains on increased investment to

FIGURE 1 **In Low Income in 2015, Based on LICO-AT (Neighbourhoods: Spence, Dufferin, North Point Douglas, Tuxedo, and the City of Winnipeg Average)**



SOURCE: Statistics Canada, Neighbourhood Profiles City of Winnipeg, 2016.

TABLE 1 **Average Unemployment Rates (Neighbourhoods: Spence, Dufferin North Point Douglas, Tuxedo and the City of Winnipeg Average; 2006, 2011, 2016).**

Labour Activity	Spence	Dufferin	North Point Douglas	Tuxedo	City of Winnipeg Average
	% of Pop	% of Pop	% of Pop	% of Pop	% of Pop
2016 Census – 15 years and over					
Unemployment rate	12.0%	18.0%	12.0%	7.0%	7.0%
2011 NHS – 15 years and over					
Unemployment rate	9.2%	10.7%	19.2%	4.5%	5.9%
2006 Census – 15 years and over					
Unemployment rate	15.2%	15.0%	10.5%	5.5%	5.2%

SOURCE: Statistics Canada, Neighbourhood Profiles City of Winnipeg, various years.

crime prevention in the form of new cash rewards for tips on drug dealers and greater support for the Winnipeg police tactical team. Tax cuts to keep more money on the table of 'average Manitobans' was also promised, yet tax cuts tend to benefit primarily higher income earners (Ferry and MacKinnon 2019).

Employment and Education

Inner city neighbourhoods experience significantly higher rates of unemployment (Table 1) and lower levels of educational attainment (Table 2) than Winnipeg averages.

Decades of data show that among the unemployed, problematic substance use is around twice as high compared to those who have jobs (Szalavitz 2016a). While some of that job-loss may be related to drug use, a review of the literature seems to suggest that in many cases unemployment *precedes* problematic substance use and similarly, that unemployment *increases* the risk of relapse after alcohol and substance use treatment (Henkel 2011). A recent study by Statistics Canada found that young people who are not working, training or studying are more likely to have poorer mental and physical health, suicidal thoughts and lower levels of life satisfaction (Arim and Davidson 2019).

Most people who experience problematic substance use will naturally age out of it by the age of 30, unless they lack stable gainful employment or other meaningful activities that pull people out (Szalavitz 2016c). This demonstrates that employment is an important to prevention and intervention. Unfortunately, an important caveat to this data remains that due to the current potency of illicit drugs, and the higher rates of overdose and death associated, many people that are using are dying before they can 'mature out' of problematic substance use.

Education attainment is being increasingly recognized as an important social determinant of health. Not only does higher educational attainment play a significant role in shaping employment opportunities, but it has also been shown to increase the capacity for better decision making regarding one's own health as well as providing "scope for increasing social and personal resources that are vital for physical and mental health" (Shankar et al. 2013).

While the high school diploma or equivalent remain roughly comparable between Spence and the Winnipeg average, residents in Spence have double the rate of "no certificate, diploma or degree" and 17 percent less likely to have a postsecondary certificate, diploma or degree (Table 2).

TABLE 2 **Educational Attainment, Neighbourhood, City (2011, 2016).**

Education	Spence	City of Winnipeg Average
	% of Total	% of Total
2016 Census		
No certificate, diploma or degree	35.2%	17.0%
High school diploma or equivalent	28.5%	29.9%
Postsecondary certificate, diploma or degree	36.2%	53.2%
2011 Census		
No certificate, diploma or degree	26.1%	19.8%
High school diploma or equivalent	30.4%	28.6%
Postsecondary certificate, diploma or degree	43.4%	51.6%

SOURCE: Statistics Canada, Neighbourhood Profiles City of Winnipeg, various years. NB: 2006 was not included in this table because the census categories changed between 2006 and 2011.

Colonialism

Community partners have mentioned frequently that the present social crisis has deep roots in colonialism. Inner city neighbourhoods have a higher percentage of people that identify as Indigenous than Winnipeg as a whole (Table 3).

The concentrated and racialized character of poverty in Winnipeg's inner city is a result of historical social and economic policies. First Nations peoples were pushed off their land and onto reservations by European settlers, resulting in the destruction of their means of survival. On reservations First Nations peoples were, and continue to be, controlled by the Indian Act, which deny them economic and social opportunity to participate in the dominant European–based Canadian culture (Silver 2015). These efforts have damaging and long-lasting results, including increased migration by First Nations to urban centres to find economic opportunity.

Indigenous peoples disproportionately experience significant harms completely unrelated to drug use such as poorer outcomes in social determinants of health including individual health, educational attainment, employment, income, housing (Hart and Lavallée 2015). In Manitoba, Indigenous adults are incarcerated 18 times more often than non-Indigenous adults, leading to an inequitable distribution of health harms and an enormous burden of years of life lost attributable to incarceration (Singh, Prowse & Anderson, 2019).

When Indigenous peoples engage in drug use, they are more likely to experience more severe forms of harm associated with drug use including disproportionate rates of drug-related HIV infection, and elevated mortality rates due to overdose (Treffers 2016). In a representative sample of people using injection drugs in the Saskatoon Health Region, Indigenous peoples made up 88.1 percent of the study population despite representing only 9.2 percent of the general population (Lemstra et al. 2012). Death due to illicit drug use for Indigenous populations is estimated to be approximately three times the general population (CAAN 2019).

The disproportionate harms that Indigenous peoples experience (both drug and non-drug related) can only be fully understood when it is situated within the history of colonization, cultural oppression and dislocation that have shaped the experiences and material conditions of Indigenous peoples across Canada (Marshall 2015).

Colonization must be understood as a structure that includes many different, inter-related and compounding events "all created under the same, destructive logic" (MMIWG 2019: 17) which

TABLE 3 **Aboriginal Identity (Neighbourhoods: Spence, Dufferin, North Point Douglas, Tuxedo, and City of Winnipeg; 2016).**

Aboriginal Identity	Spence	Dufferin	North Point Douglas	Tuxedo	City of Winnipeg Average
	% of Pop	% of Pop	% of Pop	% of Pop	% of Pop
2016 Census					
Métis single identity	5.9%	14.2%	20.0%	2.4%	6.6%
First Nations (North American Indian) single identity	21.1%	27.3%	23.0%	1.1%	5.3%
Inuk (Inuit) single identity	0.0%	0.0%	0.0%	0.0%	0.0%
Multiple Aboriginal identities	0.5%	0.0%	0.5%	0.0%	0.2%
Aboriginal identities not included elsewhere	0.0%	0.0%	0.5%	0.0%	0.1%
Total	**27.4%**	**41.5%**	**44.0%**	**3.6%**	**12.2%**

SOURCE: Statistics Canada, Neighbourhood Profiles City of Winnipeg, 2016.

means that it cannot be dismissed as a process of the past. Responses must fully incorporate an understanding that for Indigenous populations, harms are not tethered to substances (CAAN 2019) but deeply rooted and complexly interconnected to colonialism.

Policing and Criminal Justice

Empirical evidence has shown increased policing to have little impact on overall illicit drug use yet minority and poor peoples are *more likely* to experience harms, especially criminalization, under a 'war on drugs' model (Hari 2013; Maynard 2017). Increased policing disproportionately impacts Black and Indigenous people because people of colour are more likely to be targeted for surveillance of illicit substance use (Marshall 2015; Maynard 2017).

In addition to the independent harms associated with increased contact between police and poor people and drug users, increased policing in Manitoba is correlated with increased jailing of people for low-level offenses often related to the violation of bail conditions (Weinrath 2009). Being jailed often and for short periods of time has incredibly damaging and destabilizing effects on people subject to it, and could be seen as both a contributor to problematic substance use, and an outcome of prioritizing police responses to drugs (John Howard 2019).

Rather than helping, criminalizing low-level drug offenses can have the opposite effect by excluding people from legitimate employment, denying opportunities for civic engagement, and stigmatization by being labelled a convicted criminal (Treffers 2016 13).

While many CBOs understand that there is a role for police to play under certain circumstances, concerns were also raised that increased investment in policing will not address the root causes and will result in decreases to funding for important social services that are required to address the root causes of the issues.

Child Welfare

The Truth and Reconciliation Commission of Canada report (2015), *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls* (2019), and *Legacy of Phoenix Sinclair: Achieving the Best for All Our Children Inquiry into the death of Phoenix Sinclair* (2014) have all detailed the damaging colonial structures of the child welfare system.

TABLE 4 **Census Families Spence, William White, Winnipeg (2016).**

Census Family Structure	Spence	William White	City of Winnipeg
	% of Total		% of Total
2016 Census			
One parent – female	36.7%	30.9%	14.6%
One parent – male	5.9%	7.7%	3.9%

SOURCE: Statistics Canada, Neighbourhood Profiles City of Winnipeg, 2016.

There are deep connections between poverty, colonialism and child apprehension. In Manitoba upwards of 90 percent of children in care are Indigenous (Province of Manitoba 2018). The proportion of children in care was almost thirty-four times as high in Winnipeg's lowest income quintile neighbourhoods, neighbourhoods roughly equivalent to the inner city, when compared to the highest income quintile neighbourhoods (Brownell et al. 2008). In addition to the trauma of family breakup, Indigenous children receiving services in the child welfare system experienced higher rates of abuse or neglect than non-Indigenous children (McKenzie and Shangreaux 2015).

Family structure on its own is not necessarily a predictor of problematic substance use, however poor single-parent families face greater economic burdens and often have fewer networks of support which means they are likely at a higher rate of being involved with the child welfare system. We see twice the number of female-led single parent households in the Spence and William White neighbourhoods compared to the city of Winnipeg average, and comparable discrepancies for male-led single parent families (Table 4).

The Centres for Disease Control (CDC) in the U.S. recently declared childhood trauma a public health issue. People who experienced four or more categories of childhood trauma had a 4 to 12-fold increased health risk for problematic alcohol and drug use, depression, and suicide attempt (Felitti et al 2019). The association between childhood trauma and problematic substance use is clear (Maté 2009). This means that an important location of intervention in reducing harms experienced by children and especially Indigenous children and their families can be found when families have 'moments of encounter' (MMIWG 2019) with the child welfare system.

Calls for changes of the child-welfare system have been on going for many years. While recent changes in Manitoba though the Aboriginal Justice Inquiry Child Welfare initiative (AJI-CWI) have been positive, these changes fall short of self-governance and the child welfare policy remains 'systemically racist' (MacKinnon forthcoming).

Child-welfare policy needs to be reformed yet there is also a need for child-welfare policy that extends beyond CFS including reducing child-hood poverty, ensuring adequate housing, addressing food insecurity, appropriate recreation and cultural activities, and subsidized child-care that goes beyond simple child-minding and works towards promoting healthy childhood development.

Housing Inequality

Consultations with CBOs working in the inner city for this report found that the meth crisis is a housing crisis. Demand for decent affordable housing in Winnipeg's inner city far outstrips supply (Silver 2016) and in some cases community partners have told us that people, especially women and LGBTQ2S are using methamphetamine as a way to stay awake to protect their bodies and their possessions when homeless or living in precarious housing situations. Homelessness can also exacerbate the harms experienced by

TABLE 5 **Dwelling in need of major repair. Spence, North Point Douglas, Winnipeg.**

Dwelling Condition	Spence	North Point Douglas	Winnipeg
2016 Census			
In need of major repairs	12.2%	20.2%	7.8%
2011 Census			
Major repairs needed	16.9%	16.2%	9.3%
2006 Census			
In need of major repairs	18.0%	20.4%	8.5%

SOURCE: Statistics Canada, Neighbourhood Profiles City of Winnipeg, various years.

TABLE 6 **Tenant-Occupied Households Spending 30% or More of Household Income on Shelter. Spence, North Point Douglas, Winnipeg (2016).**

Dwelling Costs	Spence	North Point Douglas	Winnipeg
2016 Census			
Tenant-occupied households spending 30% or more of household income on shelter	46.0%	46.0%	40.0%
Average Gross Rent	$672	$712	$938

SOURCE: Statistics Canada, Neighbourhood Profiles City of Winnipeg.

people using drugs, as they may not have safe places to use drugs, which in turn can increase the likelihood of overdose, infection, arrest, or being robbed for their drugs.

Housing is intimately linked to mental health (Durgan 2013) and can be understood as an important harm reduction strategy. The VIRGO report identified affordable housing as the most commonly identified area of concern for respondents relating to the social determinants of health and mental health and substance use issues (VIRGO 2018: 91).

Dwelling conditions are poorer in the inner city. In some cases dwellings in need of major repair are much higher than the Winnipeg average (Table 5). Research has found important relationships between housing type and the severity of mental illness (Durgan 2013). Harms associated with poor housing include poorer overall health outcomes, lowered educational attainment, increased likelihood of institutional involvement with justice and child welfare systems, and intergenerational poverty (Brandon 2015).

Housing affordability and available is also an issue for many inner city neighbourhoods. 46 percent of tenant occupied households in Spence and North Point Douglas are spending 30 percent or more of their income on housing versus 40 percent for all of Winnipeg (Table 6). One housing worker told us that much of the affordable housing in the inner city that is available is not safe, and in some cases entire blocks have been taken over by organized crime.

The Right to Housing Coalition has called for increased provincial government involvement in housing relating to increased investment of both the supply and quality of social housing; increased investment in affordable rental housing; and raising the Employment and Income Assistance rates (R2H website).

Enclosures of Public Spaces

CBOs noted a severe lack of truly accessible spaces for the people they serve. This includes people who use drugs as well as those who don't.

In theory, public spaces such as parks, libraries, streets, sidewalks, and squares are accessible to all. In practice however, bylaws are often used to regulate public space by restricting behaviours considered to be at odds with 'public order' (Chellew 2016). The Millennium Library put in screening processes at the downtown public library in response to activity relating to drug sale and use (CBC 2019c). In the spring of 2019, the City put out a request for proposals (RFP) to clean up homeless encampments and drug paraphernalia but later rescinded due to community concern (City of Winnipeg website N.D.). There was a community backlash against these inhumane responses that will likely increase harm while failing to address the roots of homelessness, dislocation and displacement.

Hostile architecture is a form of architecture oriented to exclude certain people from both public and private spaces. For example, under the Maryland Bridge, gates have been erected so that homeless people cannot sleep there. Public washrooms in private business have begun installing 'blue lights' to deter people from injecting in their washrooms. People who use drugs have stated that this does not deter them from using those spaces, however it does make using drugs in them more dangerous because it can be harder to see the vein, sometimes resulting in injection errors, injury, or infection.

There is a noteworthy CBO counter-movement in Winnipeg to hostile architecture in the establishment of 'safer washrooms' — a term used to describe public washrooms in which steps have been taken to prevent overdose or other drug-related harms. Safer washroom interventions are grounded in harm reduction, promoted on the assumption that people are already and inevitably using drugs in public washrooms and enhancing the safety features of these spaces is a responsibility and ethical imperative (Migliardi 2019).

CBOs stated that there is a desperate need for 24-hour safe space for people who use drugs with zero or very low barriers. There is currently no 24-hour safe space for people who use drugs in Winnipeg.

Austerity Agendas

Since a change in government at the Provincial level in 2016, a variety of austerity measures including the sale of public housing stock and cuts to Rent Assist and Employment and Income Assistance have occurred. Much like the commitment to abstinence and increased policing as drug policy, austerity as an economic policy is ideologically motivated rather than evidence-based.

The regressive nature of many of the service cuts will disproportionately impact low income Manitoban while the tax cuts will benefit primarily higher income earners (McCracken 2017; Ferry and MacKinnon 2019). The focus on debt reduction tends to negatively affect social and long-term economic benefits that come from government investments in people and communities (Hajer 2019). On the other hand, investments in public health, prevention, education and anti-recidivism have generated sufficient savings for these programs to effectively pay for themselves (Ibid).

Neoliberalism has also been associated with constrained budgeting when it comes to social programs, at the same time as increased spending on criminal justice responses to social problems. Prior to 2016, the New Democratic Party government in Manitoba invested heavily in increased police and jail capacity, which has contributed to the destabilization of the lives of poor people (Dobchuk-Land 2017; Woolford and Thomas 2011)

Conclusion

This chapter describes the inequality of drug-related harms. It shows that people who are poor and racialized are less likely to have access to protective factors, as well as experience more severe

harms related to drug use. It uses Census data to show how people who live in the inner city are more likely to experience harms from poverty, a lack of housing, child-apprehension, and racism and discrimination. It demonstrates that while drugs are often constructed as the problem, the social context is the primary factor that shapes the lives and opportunities for people who use drugs (Marshall 2015; WRHA 2016).

While this work focuses on the inner city because there are distinct and unique historical and current social and political factors, which shape the reality, it would be remiss to not acknowledge that severe harms related to mental health and drug related harms are being experienced across all demographics, geographies and backgrounds. The framing of this chapter seeks to change the conversation about why people use drugs by making it clear that problematic drug use and drug-related harms are symptoms of deeper issues. Unless we create communities where people can experience a sense of hope, belonging, meaning and purpose in their daily lives, we will be fighting an uphill battle.

The Inequality of Responses to Drugs and Drug-Related Harms

By Ellen Smirl

Comprehensive drug strategies rooted in evidence-based principles of public health and harm reduction principles including visions, goals, priorities and timelines are being implemented across Canada at all levels of government. The Province of Manitoba however is relying on at least three separate, and in many ways contradictory, documents to inform drug strategy. Government documents currently guiding actions relating to problematic substance use, drug harms, and mental health include:[2] the PC Party's Action Plan *Safer Streets Safer Lives Strategy* (2019); *Improving Access and Coordination of Mental Health and Addiction Services: A Provincial Strategy for all Manitobans* (VIRGO 2018, hereafter referred to as the VIRGO report); and *Recommendations to Reduce the Use and Effects of Illicit Drugs within Manitoba's Communities* (Illicit Drug Task Force 2019, hereafter referred to as the Illicit Drug Task Force report).

Contradictions exist within and between these documents as they relate to a public health approach and commitment to harm reduction, which will limit efficacy on actions relating to problematic substance use and mental health, particularly for populations that experience the highest burden of harms. These contradictions also raise questions about which vision is informing action; which recommendations will be prioritized; as well as important questions around accountability and transparency.

The VIRGO report is the document closest to a comprehensive drug strategy and it states that the response to Manitoba's mental health (MH) and problematic substance use (PSU) needs must be "informed by more provincial-level planning, *based on a population health perspective* that addresses the full range of needs among community members, and distributes resources across the province in a fair manner".

The VIRGO report also states that the system must be a harm reducing system:

"As part of its commitment to being a recovery-oriented system, Manitoba's Substance Use Addiction and Mental Health system will also be a harm reducing system" (VIRGO 2018: 212).

Harm reduction is a key aspect of a public health approach to drug policy (WRHA 2016). Yet in Manitoba, the strongest commitment to harm reduction in government policy documents was found to apply to subsets of the population only (CRISM 2017). Notably, descriptions of harm reduction between provincial policy documents vary widely and there does not seem to be any overarching provincial definition (Ibid).

While many people think of the harms associated with drug use as directly related to the

use of the drug itself, research shows that the majority of harms are intimately connected to the social conditions and structural factors (Marshall 2015). For example, socio-economic marginalization, criminalization, discrimination, stigma, and the dominance of abstinence-only services all shape the kinds of harms experienced by people who use drugs (International Harm Reduction Association 2010).

Public health and harm reduction responses are evidence-based (International Harm Reduction Association 2010) yet the PC's *Safer Streets Safer Lives Strategy* does not incorporate harm reduction as one of its key pillars. A resistance to harm reduction can also be witnessed in various statements made by elected officials including the Premier (see below).

As Chapter One shows, people who experience socio-economic marginalization are more likely to develop problematic substance use and mental health issues and experience harms related to drug use that is more severe (VIRGO 2019; Treffers 2016). What remains the most pertinent when understanding responses however is that people who experience multiple forms of systemic oppression are also less likely to be helped by treatment (White 2008) and more likely to experience the harms of criminalization (Maynard 2017). This means that responses that are focused primarily at the individual level, rather than as part of a broader effort to address the social determinants of health may *exacerbate* inequality and corresponding problematic drug use and drug-related harms instead of reducing it.

For example, empirical evidence has shown increased policing to have little impact on reducing overall illicit drug use yet minority and poor peoples are more likely to experience harms, especially criminalization, under a tough on crime model (Hari 2015). Education as a preventative tool has been shown to have little impact on drug use behaviour (Lynam 1999). People that have depleted family and community resources have been shown to gain little from individually focused problematic substance use treatment (White and Cloud 2008). Rather, long-term recovery outcomes tend to have more to do with family and community supports than individual characteristics or a particular treatment protocol (Ibid).

The Inequality of Responses

The Problem with Criminalization as Response

Safer Streets Safer Lives Strategy promises $8 million (out of the $20 million) towards police agencies over the next four years. This is a continuation in trend from the preceding government who invested heavily in more police and other areas of criminal justice (Dobchuk-Land 2017).

Winnipeg Police Chief Danny Smyth stated that "we cannot arrest our way out the drug problem" (Greenslade 2018), yet the Winnipeg Police Service continues to ask for more resources that could be redirected to evidence-based caring responses.

In November 2018, the American Public Health Association (APHA) released a policy statement that identified law enforcement and its associated violence as a serious public health issue (APHA 2019). This included both psychological and physical violence, citing evidence that the effects of 'normal policing' and surveillance can lead to significant psychological harms and stresses that disproportionately impact people of colour. In a comprehensive consolidation of decades of research, the APHA concluded that policing exacerbates social inequality, and results in deaths, injuries, trauma, and stress that disproportionately affect marginalized populations. They recommend decriminalization of behaviours rooted in social marginalization, and a reallocation of funds from policing to the social determinants of health.

Many of the people who enter the carceral system do so for drug offences, and many of those suffer from problematic substance use and mental health issues that go untreated in the correc-

tional system (Treffers 2016). In addition to the independent harms associated with increased contact between police and poor people and drug users, increased policing in Manitoba is correlated with increased incarceration for low-level offenses (Weinrath 2009). Rather than helping, criminalizing low-level drug offenses seems to have the opposite effect by excluding people from legitimate employment, denying opportunities for civic engagement, and stigmatization by being labelled a convicted criminal (Treffers 2016).

Not only are Indigenous people at greater risk for illicit substance involvement, they are more likely to experience surveillance of illicit substance use (Marshall 2015; Maynard 2017) demonstrating that increased policing will likely, once again, disproportionately impact Indigenous populations and people of colour. Significant inequality exists within the laws, systems and structures of the justice system because the Canadian justice system was and continues to be based on the values, beliefs, laws and policies of a settler-colonial society while failing to include Indigenous concepts of justices (MMIWG 2019).

The emergence of the increase in fentanyl and meth use directly following an unprecedented investment in carceral expansion in the province is worth further investigation. Some assert that the fentanyl and carfentanil crisis is a direct result of the attempt by police to choke the supply of other, less deadly opiates, as prohibition tends to create opportunity cost for more potent forms of substances (Crackdown 2019).

In contrast Portugal's drug policy is frequently applauded for being an example of drug policy rooted in practicality and evidence rather than assumptions about the morality of drug use. Decriminalization for simple drug possession was implemented in 2001, coupled with shifted investments from criminal justice to social and community supports. Empirical data has shown that drugs usage rates are the lowest in the EU-especially compared to states with stringent criminalization regimes (Greenwald 2009). The House of Commons Standing Committee on Health has recommended that the Government of Canada "work with provinces, territories, municipalities and Indigenous communities and law enforcement agencies to decriminalize the simple possession of small quantities of illicit substances" (Casey 2019: 6).

It is important to note that while decriminalization may reduce some of the harms associated with drug use (such as using in a dangerous way to avoid detection, being arrested, serving time, having a criminal record) it does nothing to address the dangerous potency of the current drug supply. The House of Commons Standing Committee on Health also recommended that the Public Health Agency of Canada and Health Canada establish a pilot project initiative focused on approaches to "provide an uncontaminated supply of pharmaceutical grade methamphetamines, drawing on similar approaches currently available for opiate users" (Casey 2019: 3). Safe supply programs are already operating in Vancouver and Ottawa. This demonstrates that the political aversion to the concept of safe supply may be diminishing although significant barriers remain.

The Problem with Education as Prevention

Drug prevention efforts have generally focused on changing behaviour by changing individual level risk factors such as knowledge, attitudes and skills (Spooner and Hetherington 2004). The most common setting is often school. These programs may be limited in their effectiveness because they tend to be based on a simplistic understanding, which attributes single-risk factors to drug use behaviour. Drug-use behaviours however are the result of a "complex interplay of individual and environmental factors that operate across the life span, at multiple levels of the environment (for example, situational, family, local community and national)" (Ibid).

Longitudinal research examining the effectiveness of the Project D.A.R.E. program — the

most widely used substance abuse prevention programs targeted at school-aged youths in the United States — have largely found the programming to be ineffective (West and O'Neal 2004). Simplistic approaches can also backfire, with some drug prevention efforts shown to increase drug use in young people (Spooner and Hetherington 2004).

For kids who are living a marginalized existence, initiation in gangs and other street economies not only provides a sense of belonging and identity, but may also present one of the few options to better their lives economically. In terms of prevention, if we are serious about preventing problematic substance use within communities that experience high levels of social and economic marginalization, we will receive better value for public funding by reducing the inequalities of the social determinants of health.

The Inequality of 'Treatment'

Mainstream drug policy tends to advocate for response to problematic substance use and mental health through the healthcare system. But the reality is that not everyone is treated the same within the healthcare system.

In an inquest following the death of Brian Sinclair, a 45 year old Indigenous man who was homeless and died waiting to see a doctor in an ER department, heath care workers stated that they assumed Sinclair was drunk or was 'sleeping it off'. This response was demonstrative of not only the racism imbued in our healthcare system, but similarly the classism and discrimination against those who struggle with substance use as well as homelessness. In our research with the Manitoba Harm Reduction Network many participants reported experiencing discrimination relating to their drug use by their doctors and other healthcare providers (see Chapter 5).

CBOs whose clients have used the healthcare system for problems relating to drug use and mental health expressed concerns that there are high barriers to accessing those services, particularly the fracturing of problematic substance use services from mental health services despite the fact that many people experience co-occurring disorders. This results in many clients being 'screened-out'. For those who do qualify for services, some reported being re-traumatized by their treatment by healthcare professionals or the treatment framework itself.

While a public health framework has helped shift the discourse away from moralizing drug use to some extent, it has also removed the agency for people who use problematically and placed the power in the realm of medical professionals. Needless to say, this can be a very disempowering experience for people and in some cases can increase harms. For example, in 2014, the formulation for methadone was changed to 'methadose'. Methadone/methadose are opioid replacement therapies (ORT) offered to those who experience opioid dependence. Methadone patients were not consulted in these changes. Anecdotal information from people who were on methadone indicated that people were going into withdrawal sooner with the new formulation however many doctors responded with dismissal stating that the pharmacological properties of methadose were identical to methadone (Crackdown 2019). A survey of patients following the change found that patients reported going withdrawal sooner than with methandone and were therefore supplementing with opioids (Greer et al. 2016). Given the present danger of fentanyl and carfentanil being mixed into the illicit drug supply, any relapse could prove deadly. The experiential knowledge of people who use drugs needs to inform the development of all policies and programming that affect them.

Should people choose to seek support through the medical system, there is a huge gap between demand, supply and accessibility of clinical mental health and problematic substance use services. The VIRGO report found that wait times for residential treatment are "lengthy" and significantly longer for women compared to men

(VIRGO 2018). Wait times for mental health supports were not noted.

In addition to the problems that exist within the healthcare system, there is also an inequality of mainstream treatment models.

Much of the current treatment offered is informed by the idea that drugs are so addictive that using them a few times causes people to lose all self-control and they then spend the remainder of their lives either craving it or pursuing it (Alexander 2009). New models of understanding problematic substance use as a complex interplay between self and environment are emerging (Maté 2009; Alexander 2009; Hari 2015; Szalavitz 2016a). The dominant models of treating mental health and problematic substance use however continue to seek to modify the physiology, thoughts, feelings, and behaviour of individuals while paying little attention to the broader environment within which people develop their substance use problems (White 2009).

Research has shown that long-term recovery outcomes for people with the most severe problematic substance use may have more to do with family and community resources than individual qualities or a particular treatment protocol (Bromet and Moos, 1977; Humphreys, Moos, and Cohen, 1997; Mankowski, Humphreys, and Moos, 2001). For communities that struggle with severely depleted familial and community resources, individualized treatment may be less effective at reducing problematic substance use or the associated harms.

Additionally, many of the people who need support the most are not accessing treatment. In a Vancouver-based study, Indigenous people were shown to experience the highest burden of HIV infection yet less likely to receive treatment for drug-related problems compared to non-Indigenous peoples (Treffers 2016).

The majority of research that measures the 'success' of treatment tends to focus on substance use outcomes rather than on a more holistic perspective of recovery (Laudet and White 2008). Measuring success as sobriety tells us little about whether or not that person has healed from their trauma, has found meaning and purpose in their life, or a sense of belonging within their community. Alternatives to abstinence-based treatment are now shaping recovery as improving and increasing a sense of identity, belonging, meaning and purpose (Alexander 2009; Hari 2015).

Recovery from problematic substance use for Indigenous people is most strongly supported though Indigenous-led culture-based programs that support cultural identity, self-determination, hope, belonging, meaning, and purpose (Rowan et al. 2014). These programs cannot be created without Indigenous leadership and adequate resources to establish and support their operation. Fostering an improved sense of identity, belonging, meaning and purpose however cannot happen solely at the individual level as much of the trauma that socially marginalized people, especially Indigenous peoples, are experiencing are rooted in structural and social forces beyond their control (Alexander 2009). This means that policies focused at the individual level will likely disproportionately benefit those who already benefit from existing strucutral arrangements.

Community partners have mentioned frequently that the present social crisis is shaped by ongoing colonial attempts to control Indigenous people and communities. The dealings of all levels of government with Indigenous peoples have been marked by coercion and fraud (TRC 2015). Political decisions about how to generate wealth in Manitoba — from hydro, mining, and deforestation, to private development in downtown Winnipeg — continue to sacrifice Indigenous communities in favour of generating profits. Manitoba's wealth has, and continues to come, from the displacement and dislocation of Indigenous peoples. Flooding of traditional territories for hydro-electric projects, deforestation from logging, toxification by the tailings from mining operations, intentional displacement have, and continue to, cause irreparable harm to the land

and its people for the disproportionate benefit of settler-descendants.

Indigenous communities and allies have repeatedly called on all levels of government to address the shameful inequalities that continue to plague Indigenous communities. The Truth and Reconciliation Commission (TRC) issued 94 Calls to Action to redress the legacy of residential schools and advance the process of Canadian reconciliation (TRC 2015). As of October 2019, only ten of 94 have been completed (Beyond 94 website).

Indigenous communities have identified self-governance, decolonization, adequate and sustainable funding, and community-informed, community-led and distinctions-based initiatives at multiple levels and across multiple sectors as key aspects to restoring the health and well being of Indigenous communities (CAAN 2019). Canadian and Manitoban laws, systems, and structures however continue to disproportionately benefit non-Indigenous peoples and contribute and facilitate a state of perennial dislocation and epidemic addiction for Indigenous groups, especially Manitoba's First Nations peoples.

The recent report on the Inquiry into Missing and Murdered Indigenous Women and Girls illustrates a clear causal link between the many ways Indigenous lives, lands, and sovereignties are undermined; and the violence that is disproportionately faced by Indigenous women, girls, and two spirit, trans, and queer people. In their recounting of stories of violence, addiction is rooted in the web of social structures that come together to undermine Indigenous women's agency — including forced relocations and evictions, child theft, and the total lack of care and response options run by and for Indigenous people. (MMIWG 2019).

An important question that we must ask ourselves when responding to problematic drug use with treatment, is what exactly are we trying to treat? If we are trying to treat the root cause of trauma, including socio-economic marginalization, and the on-going legacy of colonialism, simply responding at the individual level without significant and meaningful systems change directed by the communities affected and accompanied by support at the community level, we will likely see limited effect. In some instances and for some populations it may in fact increase harms and potential death, particularly relating to criminalization of drug users.

Harm Reduction, Stigma and Inequality

For people who use drugs, or have a history of using drugs, the impact of stigma can be spread across all areas of their lives including relationships, employers, and health care providers. While people who use drugs are expected to change their behaviours to reduce the harm they experience, rarely is similar attention paid to the ways that drug-related stigma can be harmful (Harm Reduction Coalition N.D.).

At the root of the stigma relating to client services is socially constructed moral objection to drug use. Additionally, common perception of problematic drug use locates the problem as one of choice. While it's true that individuals make choices, there are qualitative differences in the types of choices people have access to based on their socio-economic status. Problematic drug use is a complex interplay of the self and environment (White 2009), which is why understanding the structural harms, is necessary for a holistic response.

The Manitoba government does not have "high quality" provincial harm reduction policy and position statements or infrastructure that apply to all populations and regions (CRISM 2017) despite its own systematic review of mental health and addictions services stating:

"As part of its commitment to being a recovery-oriented system, Manitoba's Substance Use Addiction and Mental Health system will also be a harm reducing system" (VIRGO 2018: 212).

Despite both the VIRGO report and the Illicit Drug Task Force report call for a harm reduction

approach, *Safer Streets Safer Lives Strategy* does not include harm reduction as a pillar. The Illicit Drug Task Force report advocates for harm reduction principles yet fails to acknowledge that increased policing also increases harms for many marginalized communities.

Comments made by both the Premier and Ministers have demonstrated both an aversion to harm reduction policies as well as a fundamental misunderstanding of the evidence-base of harm reduction policies. The current Minister of Health has stated that the harm reduction policies presented within a report from the opposition government "tell[s] kids it's OK [sic] to do meth and other illicit drugs" (Billeck 2019). Research has shown that harm reduction practices are not linked to increased initiation or frequency of drug use (Jesseman and Payer 2018).

The resistance to harm reduction is perhaps most evident in the government's refusal to consider supporting the opening of a safe consumption site (SCS). The Premier has stated that SCS "can be a danger in attracting drug dealers to that area and encouraging use, additional use by others" (Turner and Thompson 2019). When presented with the results of a Winnipeg-based community consultation for SCS in which 80 percent of people who use drugs stated they would access SCS if shaped according to their recommendations (Marshall et al. 2019), the Premier refuted the expertise of people who use drugs (Tsicos 2019).

In fact, there is a large body of research on SCS demonstrating efficacy in achieving health and social objectives, especially when clients are offered access to integrated health and social services including primary care, treatment and housing alongside safe consumption sites (Gaddis, et al. 2017). SCS have not been shown to increase criminal activity beyond the use of illicit drugs (Government of Canada N.D.).

A 2017 evaluation of supervised consumption sites by the European Monitoring Centre for Drugs and Drug Addiction found many positive outcomes of SCS:

- Increased contact with health and social services, including substance use treatment services, among marginalized clientele;
- Decreased drug-related litter;
- Decreased high-risk injection practice;
- Decreased injection in public (European Monitoring Centre for Drugs and Drug Addiction 2017).

Harm reduction policies are supported by local, national, and international evidence, and are practical, feasible, safe and cost-effective (WRHA 2016). In a poll commissioned by the Winnipeg Free Press, two thirds of Winnipeggers were generally in favour of a safe consumption site. Manitoba remains the only Western province that does not have a safe consumption site.[3]

The House of Commons Standing Committee on Health supports the decriminalization of the simple possession of illicit drugs recommending that the Government of Canada "work with provinces, territories, municipalities and Indigenous communities and law enforcement agencies to decriminalize the simple possession of small quantities of illicit substances" (Casey 2019: 6). Recognizing that criminalization of small-scale possession has been linked to increased harm the Province and the City should call on the federal government to immediately decriminalize the personal possession of all drugs, as both the City of Vancouver and City of Toronto have (CBC News 2018; Lupick 2018). The Winnipeg Regional Health Authority Position Statement on Harm Reduction (2016) similarly calls for the decriminalization of drug use/simple possession as part of a comprehensive policy response to drug-related harms.

The City of Winnipeg and partnering organizations should also explore establishing a safe supply program. Programs in Ottawa and Vancouver are already operating safe supply projects (CBC 2019a; CBC 2019b). While the Province re-

mains resistant to establishing a safe consumption site (SCS), Health Canada accepts applications for capable organizations to operate a SCS for medical purposes with an exception under section 56.1 of the Controlled Drugs and Substances Act.[4]

Alongside an investment in building a minimum of 300 net new units of public, rent-geared to income housing annually for five years, special consideration should be given to creating harm reduction housing as recommended in the VIRGO report. Additionally, CBOs indicated that 24 hour barrier-free spaces for people who use drugs are desperately needed. Harm reduction supplies should be made available at RAAM clinics for those seeking them.

Existing Capacities

The State of the Inner City report is rooted in a strengths-based perspective. Significant capacity to reduce harms (both drug-related and non-drug related) exists in the inner city.

While inner city populations experience higher levels of socio-economic marginalization these communities have also built up networks and places of care and support in response to harm. The inner city's existing infrastructure and capacities, especially the CBOs, represent an important opportunity to respond to the current form of social crisis. The capacity to respond to the challenges of its residents are limited however in important ways for reasons that are political and rooted outside the inner city itself.

CBOs in Winnipeg's inner city have been responding to social crises in varied forms for many years. CBOs are place-based, employ area residents, offer programming reflective of community needs and through years of work have developed trusting relationships with neighbourhood residents. This means that CBOs are an ideal location for people in their communities to access help. In the present social crisis however, many CBOs have reported they are not equipped to deal with an increasing number of community members with severe unmet needs and behaviours. People arrive at their doors in states of emergency, but they have even less support and far fewer resources than already-stretched emergency rooms, and they are struggling to respond.

Public sector services and associated unionized/trained/relatively well supported staff, properly equipped/insured facilities, and highly developed policies and public accountability are being privatized through offloading services to CBOs. CBOs and other community groups should not be expected to provide services that fall under the purview of the public sector services. CBOs should not be expected to provide the basic needs of the people they serve. That is the role of government.

The role that CBOs can play however, is an important one. CBOs are a natural location for community-building efforts that act as protecting factors against mental health issues and the harms related to drug use. The inner city has many organizations and groups that are committed to creating a sense of hope, meaning, purpose and belonging in the lives of people in their communities. Manitoba Harm Reduction Network, 13 Moons, West Central Women's Resource Centre's Homes program, We 24 Space, Good Food Club, The Boldness Project and many other organizations are doing incredible work to support people to reduce the wide variety of harms that they experience.

The capacity of CBOs to deliver services and programming is an important existing capacity in the inner city. However their capacity to respond is limited by funding agreements with government partners. CBOs cannot be sustainable without government funding nor should they be expected to be. They are providing important public services that need to be publicly funded. CBOs have called for multi-year agreements including core funding rather than program-based funding which helps organizations to increase their flexibility and responsiveness to the issues in their communities (Smirl 2017).

The recent changes to Neighbourhood's Alive! (NA!) directly undermines the Province's own recommendation to prioritize enhanced collaboration and service capacity for community-based organizations (VIRGO report 3.16 and 4.1). NA! provided core, stable provincial funding to inner city organizations offering grants and programming in key areas such as housing and physical improvement, employment, training and education, recreation and safety and crime.

In April of 2019, the Provincial government replaced a number of programs including the Neighbourhood Renewal Fund (NRF) which was administered by NA! with Building Sustainable Communities (BSC). The program will offer the same funding ($7.9 million) however unlike NRF which targeted low-income communities, BSC will now be spread across the province (MacKinnon 2019). BSC will require programs to demonstrate that 50 percent of the project costs are funded from other sources, with a minimum of 10 percent from non-government sources. This will likely result in greater inequality because more affluent communities have greater capacity to leverage funds.

NA!'s multi-year agreements helped inner city CBOs achieve some sense of stability and predictability in their funding. Short-term funding tends to create insecure, low-paying jobs with inadequate benefits, which in turn makes it harder for CBOs to attract and retain qualified staff, leading to a loss of organizational capacity and stability. A major success of NA! was the core funding that it provided to CBOs. This means that CBOs don't have to tie every dollar to the movement of participants through specific programs in order to get funding allowing organizations to develop meaningful approaches to community development based on the needs of the community and to pilot and develop responses to emerging challenges. BSC retains core funding as part of the grant, which is positive.

In addition to the struggles relating to funding, CBOs have also struggled with how government funders measure outcomes and the 'value' of their work. CBOs have stated that they are happy to be accountable to their funders however the evaluation tools provided by government partners are often inadequate to capture the value that these organizations provide in their community. For a variety of reasons, this is especially true for Indigenous organizations (Smirl 2017; Rowe 2018).

Conclusion

Policy documents informing action on drugs and problematic drug use contain recommendations that are internally contradictory, and contradictory across reports. The most glaring example is that, as detailed above, in order for a drug strategy to meet the conditions of harm reduction principles, it must not contribute to increased power and resources for policing and criminal justice responses. In order to ensure compatibility and consistency across jurisdictions and with harm reduction principles, a provincial and city wide drug strategy must lead to divestment from criminal justice responses and investment in structural social supports and caring responses.

Secondly, policy regarding education, which tells kids to 'just say no' demonstrates a lack of awareness of the reasons why people engage in drug use, and particularly problematic drug use. Finally, we must ask ourselves, as one inner city director told us during consultation, 'what are we trying to treat?'. The way we define a problem shapes how we respond to it. Defining harm too narrowly often results in targeted behavioural interventions as we are now seeing being implemented by the Province, while leaving in place the systems that create the inequities and associated harms.

One Community's Response: The West Broadway Methamphetamine Strategy

By Erica Charron

The West Broadway Methamphetamine Strategy is just one example of a community that is working together to respond to what the media has termed the 'meth crisis' but what many communities are calling a social crisis. This project is still underway and expected to be released in 2020. Despite the fact that the project is still in the analysis stages and therefore unable to present findings here, it was identified as an important project to highlight in this year's State of the Inner City Report because it demonstrates that a caring approach to understanding and investigating the issue of drug use in the community is indeed possible.

There's something intrinsically special about West Broadway Neighbourhood. Its unique location in the heart of inner-city Winnipeg, coupled with a complicated urban history, has created a diverse, yet dichotomous-kind of community which includes gentrification and dilapidation. West Broadway is spilling with passionate people from all socio-economic classes. Tents are pitched by street folks near the riverside, just meters from the backyards of Neo-Georgian style homes. Quaint restaurants and pubs share neighbourly space with community service centres and specialized health resources specific to vulnerable populations. You can pick up clean needles and an artisan coffee in the same block. You can drink a craft pint on a trendy patio, kitty corner from your chiropractor, and a homeless youth will push their cart past your table visibly under the influence.

The Context

In 2017, the Winnipeg Regional Health Authority (WRHA) distributed over 1.6 million needles to people who inject drugs. In 2018, they distributed over 2 million needles.[5] While we are unable to identify exact needle distribution numbers geographically per neighbourhood, we can deduce from the tracking efforts of community resources such as Nine Circles Community Health Centre and Resource Assistance for Youth, Inc. that approximately 18,469 needles were distributed to users who reside in the West Broadway area from 2016 to September 2019.[6] This number is considered an underestimation. The neighbourhood, and greater city of Winnipeg, has been inundated by a public health emergency that has left the public, community services, systems, and government scrambling for a unique and impactful intervention that will reduce the harms and risks associated with meth use.

The West Broadway Methamphetamine Strategy was born from the collaborative efforts and communal concerns of members who sit on the West Broadway Directors Network (WBDN), a committee spearheaded by the West Broadway Community Organization. The committee's primary focus is on public safety and housing, using the crystal meth issue as a topical rallying point. In 2015, members of WBDN voiced concerns about the rising use of injectable drugs — most specifically concern for the folks using the drugs, and the associated issues such as the spike in property crimes, littered needles on the street, and the safety of resident businesses and organizations.

The Goals

Through extensive discussions within the WBDN, three goals were developed to guide the strategy. First, to ignite a cohesive approach between community organizations in addressing the risks and harms associated with meth use. Second, to serve as a tool that can guide community members to resources and best practice procedures when in contact with those who use meth. Lastly, the strategy aims to provide a systematic assessment to determine service and policy gaps that can be used as a tool for advocacy and reducing barriers for those who use meth.

Intention and Process

There is no one-size-fits-all solution to this issue. The presence of meth in any community is a beacon of more baleful causes. Meth capitalizes on poverty and trauma. It is cheap, accessible, long-lasting, and fills needs that are otherwise unmet by personal networks and general society.

It is imperative that we understand that the issue goes beyond the presence of the drug itself, and into the unique complexities of an individual's wounds. Thus impactful intervention will require many multi-system approaches coordinated in timely phases and backed by political will.

The West Broadway Strategy aims to present a framework specific to the needs of the community that involves the voices of those who have been omitted thus far — people who use drugs. The strategy intends to destigmatize those who use meth, provide a platform for their stories, and demonstrate that the "meth crisis" in Winnipeg is actually a poverty crisis, a trauma crisis, and a colonial crisis.

The process is rooted in community consultation, collaboration, and engaging the expertise of those actually living the experience. This will be actioned by:

1. Facilitating one-on-one interviews and surveys with 25 meth users, and 20 business owner and/or community service organizations, and aggregating their voices to find common trends, challenges, and suggested solutions.
2. Reviewing best practices from other jurisdictions experiencing similar issues.
3. Building upon previous community-based research and initiatives in Winnipeg.
4. Creating a community asset-map to identify the strengths and resources that already exist in the West Broadway Neighbourhood.
5. Presenting tangible government and system level recommendations that can be implemented with the existing resources available in the city.

Findings

All one-on-one interviews with West Broadway representatives and people who use meth are complete, and the project has moved into the analysis stages. Once concluded the findings will be presented back to the WBDN for review. Meanwhile, the province of Manitoba has continued to define itself by its inability to challenge its own archaic thinking and geriatric approaches to substance use and addiction,

despite overwhelming evidence that new measures and new mentalities are needed to entertain viable solutions. Many inner-city communities like West Broadway have been shouting from empty room for years and continue to be ignored. Innovative community based research continues to go unread, even tossed on the floor by the Premier.[7] It is interesting hypocrisy how we condemn a person who uses drugs for their habit, yet we refuse to look at our own patterns.

The full West Broadway Methamphetamine Strategy is expected in early 2020.

Media, Meth, and "Crisis": An Overview

By Katharina Maier

Over the past couple of years, meth has received an enormous amount of media attention in Manitoba, and especially in the city of Winnipeg. In this section, I provide some insight into how meth and people who use meth have been represented in local media. This examination is part of a larger study titled *Managing the "Crisis": Framings of and Responses to Meth and Meth-Related Crime in Winnipeg, MB*, and is led by Drs. Katharina Maier and Bronwyn Dobchuk-Land at the University of Winnipeg. This study looks at how the "meth "crisis" emerged and came to be defined as such, and how it is now structuring different front-line actors' perceptions, self-conceptions, and practices in ways that may, in turn, be reshaping the larger institutions of public health and policing. We are examining these issues by conducting media and policy analyses, as well as in-depth interviews with various actors and populations.

To date, research on media portrayals of meth has been overwhelmingly focused on the U.S.; we know comparatively little about how news media in Canada represent and talk about meth and those who use meth. More generally, research on media portrayals of drug use and users are relatively scarce in the Canadian context (but see e.g., Kennedy & Coelho 2019). In local reporting, meth is commonly linked to increased crime, violence, social disorder and decay, and risks to public safety. Agents of the penal apparatus, including Winnipeg's Chief of Police Danny Smyth, have drawn similar links by identifying meth as one of the main drivers of increased rates of property and violent crime in the city. According to police, meth is putting massive strain on local police and social welfare services to the extent that Winnipeg has become, as Smyth has said, "a community in crisis" (Petz 2018). The term "crisis" is used frequently in news media in the context of an uptick in meth use and meth-related crime, and even when the term "crisis" does not show up, other terms or headlines, like "Meth, madness and misery" (Bothelo-Urbanski, Marin & May 2018), strike a similar tone — one of disaster, catastrophe, and demise gripping our city.

Because the larger research project is interested in both the language and rhetoric of "crisis" as well as the ways in which carceral shifts may happen at times of perceived "crisis," in this section, I pay particular attention to the language of "crisis" in media portrayals of meth.

I begin this section with a brief overview of existing research on media portrayals of meth, and then proceed to highlighting some themes

salient in local news media. To date, we have collected 423 articles published across three different news outlets, namely Winnipeg Free Press, Winnipeg Sun, and CBC Manitoba. As mentioned above, our research is ongoing and in-progress and as such, this list and our discussion of media in this section is not comprehensive. Rather, we explore some of the most dominant themes across media outlets.

Why Media Representations Matter

Media representations of drugs, drug use and users matter because they inform and shape public opinion, as well as give certain institutions and people a space to voice their perceptions of the problem and proposed solutions. Media, thus, are not just about transmitting information and facts to the public; rather, they play a powerful role in the construction of social problems like drug use, crime and 'criminality' (see e.g., Surette 2015), and often contribute to creating or sustaining "moral panics" and heightened anxiety around drugs and crime (see e.g., Denham 2018), especially when drugs are framed as the latest "crisis," "scare," or "epidemic."

"Crisis" is a powerful word that is used frequently in different contexts — we hear about the housing crisis, financial crisis, environmental crises, the refugee crisis for example. "Crisis" appears to be the buzzword of our times. By definitions, "crisis" refers to both a critical situation *and* a crucial decision upon it. As Roberto Barrios (2017, 152), for example, has said, crisis denotes "an extraordinary condition when the customary flow of life is brought into question and when those state of affairs that were previously credited as normative come to be seen as no longer tenable." Looked at this way, drug and crime "crises" can be understood as critical moments when new narratives and practices can emerge. At times of purported "crisis," police and other actors, for example, may respond by making claims (e.g., demanding more resources), accepting or deflecting responsibility for certain problems, mobilizing the law, reconceptualizing their roles and identities, and redefining their relationships with other actors, institutions, and citizens. In terms of media representations, use of the term "crisis" alerts readers to the alleged urgency and danger of the situation (see e.g., Murakawa 2011). Media, in the context of naming a "meth crisis", treat meth as something new or "different." The rhetoric of "crisis," we suggest, can magnify the focus on law, order, security and policing.

Existing Studies of Media Portrayals of Meth

Existing research on media representations of meth has been set within the conceptual framework of "moral panics" (Ayres & Jewkes 2012; Cohen 1973; Goode & Ben-Yehuda 2009). In the context of a "moral panic," widespread and exaggerated public fears about drugs, crime and social vice are stoked by the media and subsequently mobilized by governments and other agents to chart new institutional responses, specifically increased police power and capacity (see e.g., Linneman, 2012). For example, U.S.-based scholar Linnemann (2012, 55) argues that in the mid-2000s, U.S. media created a "moral panic" about meth, facilitating the build-up of an expanding "security infrastructure" geared toward warning the public of the risks of meth. In this context, public insecurity around meth and people who use meth was fostered by portraying people who use drugs as the public's "enemy population." Existing research also shows that during so-called drug "crises," drugs and people who use drugs tend to be blamed for a wide variety of social problems, including crime, disorder, decreased public safety (Alexandrescu 2014). By centring on and moralizing the person who uses drugs and their "failings," the public's attention is redirected away from broader structural issues, such as poverty, inequality, marginalization, classism and racism (see also Boyd & Carter 2010).

Themes around Meth in Local Media

In Winnipeg, there has been an influx of coverage of meth, and the reported risks associated with meth, in news media over the last two years across different news outlet. This section touches on three inter-related themes. It is important to note that there are clear differences in how different news outlets frame and present information. We don't tease out these nuances here, but may attention to them in the context of the larger project.

Theme 1: Meth and Crime

In media accounts, meth is often talked about in the context of increased crime rates, and is established as one of the main factors driving rates of local property and violent crime. By linking meth and crime, meth is framed and established as a "crime" rather than a "public health" problem.

In this context, meth is also portrayed as a unique drug with unique risks,—as a substance that is particularly dangerous, risky, and thus is strongly linked to criminal activity. In a 2018 *Winnipeg Free Press* article titled "Meth crisis grips city: police chief," Thorpe (2018) writes that "meth is more easily available and readily consumed, its purity is up and prices down, and police resources are increasingly taxed by social welfare calls." Here, meth, crime, and the impact on city resources are framed as the outcome of meth alone, rather than the result of more complex structural issues that tend to be at the root of crime. In other words, the public is informed about the physical, psychological, and mental effects meth can have on individuals, and the kinds of problems caused as a result (i.e., strain on public systems). However, what is often left out is that the province of Manitoba has seen drastic cuts to front-line health and public social services, including social housing, health care, and community services. Rather than changes to the price or availability of meth alone, it is these kinds of disinvestments from public and welfare services that have contributed to creating what is now frequently referred to by media, public actors, and others as a "crisis" situation, as Theme 2 briefly outlines.

Theme 2: Community in "Crisis"

The language of "crisis" appears frequently in media accounts of meth. Here, increases in meth use and meth-related crime are established as the cause for the "crisis" situation. The message that is conveyed is that meth itself and by extension, those who use it are putting stress and strain on both the welfare and criminal justice systems and in doing so, are threatening the wellbeing, safety, and security of the larger community. In other words, meth is portrayed as the alleged "culprit" of the "crisis" situation. This particular framing is problematic for various reasons, including that it leaves out critical information about past drug crises in Manitoba and important shifts in carceral and welfare capacities that would help contextualize the issue as well as perhaps alleviate fear around meth and those who use meth among the public. In other words, attention is re-directed away from structural issues and disadvantage.

Theme 3: Dominant Voices

Perhaps one reason why meth use is so dominantly framed as a "crime" issue is because police narratives figure large in media accounts of meth. As previous research has shown, police communications influence what gets covered in news media and they play a central role in the agenda setting and framing functions of news media (see e.g., Gerrits 2019). Other actors, including grassroot organizations, peer support groups or other community-based organizations, tend to play a more minor role in news media. As a consequence, police framings of and proposed responses to a meth and crime can overshadow or crowd out those of other actors. Indeed, police are one of the most cited sources in news media accounts of meth, and have dominated public discussion and discourse on this issue, although other actors and groups have been

able to achieve media presence and have been able to voice their ideas and alternative ideas. Yet, the dominance of the police voice in media accounts of meth sends the message that meth is essentially a "crime problem," and that police should remain at the centre of response strategies to this issue. As a consequence, the public may be redirected away from thinking about and indeed imagining alternative responses to drug use that do not rely on criminalizing behavior, and relying on agents of the penal apparatus to deal with drug use and populations who use drugs.

In this context, thinking about how to "humanize" public and media discourses concerning drug use and people who use drugs is important and indeed central to framing drug use as a public health rather than crime issue. This may include paying closer attention to the experiences and needs of those who live in "crisis" and to think carefully about other ways to talk about drug use and people who use drugs that does not portray them as others or outsiders, but that recognizes the structural challenges that shape the everyday lives of many.

Peer Focus Group Engagement Project

By Ellen Smirl with the Manitoba Harm Reduction Network Peer Working Group

The State of the Inner City Report began as a project that celebrates the value of community-based development efforts to improve the lives of people who live in the inner city. Importantly, it develops policy alternatives by doing research with people who have lived experience as well as community-based organizations (CBOs) providing programming in the inner city. This chapter contrasts, through a peer-research project, lived experiences with the way that meth use is portrayed in the media. This project was conducted in partnership with the Manitoba Harm Reduction Network (MHRN) Peer Working Group (PWG).

The Manitoba Harm Reduction Network (MHRN), coordinates efforts and supports harm reduction within and across jurisdictions (MHRN website). MHRN works to create equitable access, systemic change, and reduce the transmission of Sexually Transmitted and Blood Borne Infections (STBBI) through advocacy, policy work, education, research and relationships (MHRN website).[8] The organization is peer informed, which ensures that people with lived experience have a voice in the creation of programs and policies designed to serve them. MHRN also supports peer-led projects, including community-based research projects. Because the values of the MHRN align so closely with the work of the State of the Inner City report, we approached them to design a research project that would give voice to those who use drugs as part of the State of the Inner City project.

Objectives of the project sought to

(1) Explore and analyze language and discourse regarding methamphetamine use in Winnipeg among mainstream/popular media (2) explore and describe stigmatizing representations of drugs and people who use them, and the possible outcomes/effects of those representations (3) compare and contrast media representations of drug and meth use with the knowledge derived from lived experiences and community-based knowledge of drug and meth use (4) engage the expertise of the MHRN Peer Working Group on the topic of methamphetamine use in Winnipeg's inner city.

To begin, the researcher met with the PWG, explained that CBOs had identified research on substance use and mental health in the inner city as a priority area and invited the group to develop a research project together. The PWG agreed that such a project would interest them and was in line with their values and goals. The researcher, in coordination with the Peer Group Coordinator (paid staff member of the MHRN) developed four possible research questions and

methods. In a follow-up meeting the PWG discussed the benefits and downsides to each question and method. Through a vote, the group decided that an analysis of the way that meth has been presented in the media would be the most interesting research topic for their purposes.

The benefit to doing a media analysis from a human/researcher perspective is that talking about using drugs can be a difficult and emotional topic. In choosing the topic and method, the peers agreed that it would be a way to discuss what can sometimes be a difficult subject in a less emotionally affective way.

A focus group was determined to be the most interesting and engaging way to do a media analysis. The research questions were constructed with the PWG Coordinator and presented back to the PWG who approved the questions. The University of Winnipeg's Human Ethics Research Board reviewed and approved this research project.

The focus groups took place over the period of three days for two hours each day. Twelve peers attended all three sessions. Each session began with a meal. A member of the group completed a smudging ceremony at the beginning of each session. The sessions began by watching two to three news clips of approximately two to four minutes in length. After watching the clips, peers were asked open-ended questions and held a discussion. The conversations were recorded and later analysed with the findings presented below. Each peer member gave informed consent and was paid an honorarium for their participation. The links to the news clips and the questions can be found in Appendix A. News clips were selected from a google search of "Winnipeg"; "news"; "meth"; "drugs"; and "crisis". Five of the most recent clips were randomly selected, two from APTN, two from CTV and one from CBC news outlets respectively.

Some Considerations and Limitations

Many peers have had personal experience with drug use as well as family and friends that use drugs. Some members have lost friends and family to drug use and therefore at times the conversation was emotionally difficult. Members were encouraged to take breaks and step out as needed.

It was very important to be reflective and reflexive about the research objectives and direction. Harms can arise from research, regardless of intentions, and it's necessary to be mindful about process, relationships, respect, transparency and accountability.

Given the resources and capacity of the research project, a limited number of media sources to explore were chosen. Due to time constraints only 5 sources were presented to the group during the research project.

Why a Media Analysis?

As detailed by Katharina Maier in Chapter 4, media, through texts, language, communication, and broadcasts, both shape and are informed by wider processes within society. This project arose from the assumption that media does not passively and objectively report upon the world of drugs. Rather is understands media as producing meaning through the construction of 'truth'. This in turn shapes public perceptions about drugs and the people who use them. The outcomes of these perspectives have real and material impacts on the lives of people who use drugs. The term discourse, refers to the system of meaning that arises from those texts. As discourse is understood to be a system of meaning, it is therefore a system of power that can privilege and oppress.

Discourse analysis assumes the social world is comprised of multiple truths. This project benefits from the ability to compare the truths produced in the media, with the truths that arises from the lived experience of the experts who engaged in the project.

While a significant amount of research has been dedicated to analysing media narratives surrounding drug use and the social construction of 'crisis', no background research was found that

actually engaged with the lived experiences of those who use substances to identify how media representations compare to experiential knowledge. Harm reduction as an ideology takes the position that people who use substances embody expert knowledge about drugs, society's response to drugs, and harm reduction.

When asked why the media story matters, one peer member succinctly stated:

> "Because the media influences what people think by what they are putting out there. There are a lot of assumptions and sometimes half-truths. It totally influences how the public thinks about drug use."

Another peer added:

> "the media creates a frenzy!" while another said "the media creates the truth".

When asked why it matters how the story is told, one person said:

> "The public thinks that everyone on meth is in psychosis and that they are going to shoot the police! … How does that affect the public as a whole?" Another noted: "they create fear and then people are afraid to come downtown".

Why Involve Peers?

In addition to the need to critically analyse the media story of meth use and drug use more broadly, this was also an opportunity to demonstrate the importance of collaborating with peers in research. Drawing on the concept of 'Nothing About Us Without Us' this research project worked to both support the PWG to share knowledge about health and wellness in their community (particularly relating to meth use) as well as uncover their perspectives of how the media is portraying what has become commonly referred to as the 'meth crisis'.

Historically, research has been done 'on' rather than 'with' people who use drugs. People who use drugs however, have demonstrated that they can effectively organize themselves and make valuable contributions to their communities including expanding the reach and effectiveness of HIV and Hepatitis C prevention and harm reduction services; provide care for each other; and advocate for their rights and recognition of dignity (CHALN 2006). This knowledge is critical and needs to be incorporated into policy decisions. Research has shown the benefits of greater involvement of people who use drugs in creating effective responses (CHALN 2006).

Findings

While each of the three sessions had specific questions that were explored, these questions were seen as starting points and frequently went in other directions that the group thought important and interesting to pursue. Rarely did the conversation stick only to the original question. After compiling the themes, these findings were presented back to the MHRN PWG and peers were given an opportunity to provide their feedback during the meeting and up to ten days following the meeting. The findings are organized and presented below as 'problematic conflations' that arose in media reporting on methamphetamine in Winnipeg. At times, the findings do not fall into strict categories and at times they diverge from what might be considered a media analysis in the strictest sense. The researcher chose to present it in this way, so that these voices could be heard.

Problematic conflation #1: Conflation of drug use with poverty and social dislocation – people who use drugs are unable to care for themselves

The peers noticed that many of the media stories about meth use tends to perpetuate the idea that only people who are 'down and out' are using drugs.[9] Yet, there are people of a wide variety of backgrounds and demographics that use drugs.

Despite the perhaps common assumption that people who use drugs are entirely focused

on meeting their own needs to the detriment of others, the peers spoke frequently about the ways that they care for each other when other systems don't. For example, some said they distribute naloxone:

> "I have friends and they are terrified that their kids are going to get into drugs. So I asked if they wanted a naloxone kit, and I gave them one."

Others noted that they care for each other when the medical system doesn't provide what they feel that they need. For example, some peers stated that people figure out a way to do their own healthcare when the health system can't or won't help them. Sometimes that means sharing drugs and sometimes that means sharing information:

> "We're most likely to learn things from our peers. We're the experts, so we listen to each other. Where to stay safe, who is ripping who off, where the best stuff is, we inform each on where to use safe, how to be safe, which cops you can talk to, which you can't, we learn from experience and from other's mistakes."

Sometimes it means sharing other basic needs:

> "We also help each other out with clean supplies, food, shelter, the street takes care of the street."

Congregating together was also identified as a source of peer support and care:

> "Homeless camps are a way that people take care of each other, there is more security there, a comfort zone…"

> "In the tent cities, they're peers. They watch out for the police and for this and that."

Peers also stated that they share information with each other about which healthcare professionals and clinics are respectful and non-judgemental:

> "When I did outreach, I would see people who had infections and I would say 'you need to get that taken care of.' And I would send them to Nine-Circles because they don't judge you, and they tell you how to prevent [infections], pick up some clean supplies and don't share."

Problematic conflation #2: Conflation of drug use with criminality (i.e. drugs are crime causing) and people who use drugs are a health threat to their communities

Media stories were found to often conflate drug use and crime:

> "They always mention theft and meth. According to the news, we're all criminals!"

The conflation of drug use with criminality in a sense, allows for the justification of police involvement. In the case of conflating violence with meth, this may lead police response, which escalates rather than de-escalates the problem.

The peers were also critical of how the media portrays police-involvement relating to drugs. They state that the media portrayal often starts from the assumption that the police responded appropriately. One peer noted that the news story we watched about a police officer shooting a suspect failed to ask questions about whether or not the level of response was in fact appropriate:

> "There were other means that they could have detained that person without shooting"

Another peer noted that Indigenous people often experience violence at the hands of police:

> "There are a lot of young Aboriginal people dying because of police overusing their authority."

One peer noted that criminalizing drugs fails to understand the root causes:

> "They are concentrating on how to criminalize the meth problem. That's just not going to work. You can't arrest your way out of this problem. There will always be another drug."

One peer noted that while a significant amount of attention is paid to the problem of used nee-

dles lying around the community, there has been a resistance to having sharps drop boxes located in high visible areas because of perceptions by neighbours. Peers noted however that if drop boxes aren't located in convenient locations no one is going to use them. This conversation captured how stigma can get in the way of effective public health response.

Problematic conflation #3: People who use drugs drain society's resources and are undeserving of support

Peers also noted how media reports stories in ways that assume that people who use drugs are a drain on society's resources:

> "The media makes it out to seem like we are all here because we deserve to be here, we're all poor, that we're using all the resources in the system and that we are just a menace to society".

This conversation strayed from our conversation about the media reporting, and does not fall into category of 'media analysis' however it is presented here as a way of understanding how narratives and discourses about people who use drugs affect their lives beyond the drugs themselves; in this case the stigmas and stereotypes they encountered within the healthcare system.

The peers' discussed their experiences within the healthcare system (in some cases related to drug treatment, opioid replacement therapies and also general healthcare services) and how they often felt that they were treated in ways that made them feel undeserving of services, or burdensome.

For example, when receiving opioid replacement therapy (ORT), some people reported being asked to sign 'contracts' to not seek narcotics from other doctors. The peers seemed uncertain what purpose this served other than making them feel 'less than'. One peer mentioned how it was only when another professional within the healthcare system advocated on their behalf did their doctor provide the treatment they required.

Others spoke about how the treatment offered didn't meet their needs. One participant received outpatient treatment but didn't feel that they could be successful unless they went into inpatient because friends and family using drugs at home. This person did not receive inpatient treatment. Others spoke about the lack of sufficient support for people who need significant mental health supports while in treatment. One peer spoke of someone they knew that was removed from treatment because counsellors confused schizophrenia symptoms with drug use.

Others mentioned narrow-minded thinking about the lack of support offered to people once they leave treatment:

> "I was in the chemical withdrawal unit at the Health Sciences Centre and for example if you are an opiate user they put you on methadone and you're in there for two weeks, and after two weeks they kick you out they expect you to live a normal life. For anyone using, whether it's meth or opiates, you have to stay away from the people you were hanging out with, you have to move, you have to change everything in your life."

Some peers noted that they felt demeaned by healthcare professionals and systems more broadly because of their drug use. One person spoke about their interaction having blood taken by a nurse:

> "She had my arm, and she twisted it and she said to the other nurse 'oh my god, look at these scars!' and she made me feel like such a piece of s***. And yes, some of them are from using drugs, but some of them are from receiving cancer treatment and some are from another treatment where I had to receive care everyday for months. I scar easily, and I shouldn't have to justify myself."

Colonization within the health care and policing systems was also a point of topic, with one peer noting:

> "Colonization is still going on and it is going on through the health system and it is going on through the police system."

Problematic conflation #4: Conflation of methamphetamine with violence and psychosis

The peers were concerned that media stories often conflate meth and violence without statistical support and often without context:

> "When they were talking about the crime…they assume it's meth, but it wasn't a statistic…their words are that it's 'likely' but that's not proof."

Another stated that violence is often assumed to arise from meth use without any critical attention paid to the individual's history. For example, that they may have been prone to violent behaviour before using meth and that the meth simply reduces inhibitions:

> "When they say that all these violent crimes are because of meth, well yeah, meth is a part of it but maybe it's the pre-existing condition that people had *before* people use meth that triggered this. The people that I know that I used meth with, they didn't go crazy. Not everyone using meth acts like that."

One peer also noted that the media tends to describe people who are using behaving or acting a certain way.

> "Not everyone who is using is psychotic… but of course people are going to jump to that assumption now". Another person said: "A lot of people have mental health problems and they might be acting up but that doesn't necessarily mean that they are on meth".

Problematic conflation #5. Drugs are the source of the problem, not the social world surrounding drugs

Peers noticed that media attention to the issue of meth tends to focus on the drugs themselves without paying enough attention to the root causes particularly how to meaningfully help people struggling with mental health and addiction:

> "They don't mention their [people who use drugs] needs…"

> "The media and the police, they are talking about how to deal with the people, they aren't talking about how to help the people!"

Another member pointed out that the conditions around drug use, such as homelessness, are important for context. For example, that staying up for long periods with no safe space to go to may influence people to act desperately. A better understanding of root causes, the peers agreed, will influence more appropriate policy.

Another peer said that a lot of the media stories tend to focus on the individual using drugs but does not highlight the inaction by government:

> "The problem is with government: they're not doing anything!"

Someone else spoke about how the focus of the story is often on more dramatic aspects of drug use but doesn't help spread the message about the importance of harm reduction strategies like getting and learning how to use a naloxone kit. This person thought the media could be helpful in spreading the word about this if they chose to.

Problematic conflation #6: Drugs are inherently harmful without recognizing the benefits of drugs

In contrast to stigmas and stereotypes, we discussed some of the complex reasons why people use drugs that rarely (or never) get mentioned in media stories. Some peers mentioned that meth use helps them get things done, especially during difficult periods. For example, when someone's partner was in the hospital, they spoke about how there was a lot of running around that needed doing, it was an emotionally difficult pe-

riod, and meth helped this person to complete the needed tasks.

Trauma was mentioned as a complex reason for using drugs that sometimes gets discussed in media reporting, although less frequently than the association with violence or other more sensational connections:

> "They don't show that person's story. What's happened to that person. Nobody says "I want to be a drug addict', but it happens. And they don't show that, they just make it seem like he's just a dirty junkie."

Anger, self-doubt, relationships and grief were also mentioned as complex reasons that rarely get discussed in media stories about drug use. Some peers discussed how relationships influenced their own use:

> "One of my family members is on it everyday and when I go visit, it's right there. And then I use. I try to stay away from certain people, but that's hard."

The peers noted that the media never discusses the benefits of drug use. Despite the common perception that drug use only has negative effects, the peers noted many different benefits of drug use. Productivity, improved energy and creativity were cited. Drugs can produce feelings of euphoria and pleasure, which also wasn't discussed. Some peers noted that drug use can be a way to reduce physical pain that is not being managed adequately through the medical system. It can also be a way to de-stress, relax or improve sociability. Peers also mentioned that meth use in particular can help people experience their own sexuality and can improve the experience of sex. Another benefit of meth noted was that it is cheap and readily available, which makes it easier to access than alcohol or cocaine.

Others mentioned that meth can be helpful for people who are homeless or in unsafe living conditions as it promote alertness and decreases tiredness allowing the person to stay warm and awake to protect themselves and their belongings. One peer noted that meth and other stimulants helps to take your mind off eating if you are food insecure or trying to manage weight.

The peers also spoke about the myths surrounding the danger of drugs to the public:

> "They said [in the news story] that you can overdose from touching fentanyl but that's not true!"

Fentanyl is indeed a very dangerous drug however the Position Statement from the College of Medical Toxicology found that "Incidental dermal absorption is unlikely to cause opioid toxicity" (ACMT, N.D.). Misinformation perpetuating inaccurate medical information may have the negative result of people being afraid to intervene in overdose situations. Similarly education around drug use needs to be rooted in factual information to avoid hysterical responses that can result in increased harms. Finally, acknowledging the benefits that people receive from using drugs, for example staying alert during periods of homelessness, can inform more effective policy response.

Concluding thoughts about the effects of media representations of crisis

The peers had many insights about problematic media representations of drug use in Winnipeg. They spoke frequently and passionately about the stigmas and stereotypes that these stories create and how it impacts their day-to-day lives. The peers noted that the media often heightens these stigmas and stereotypes into useful sound bites that lend well to sensationalism without the proper context. Interestingly, at times, we all caught ourselves perpetuated similar stigma and stereotypes about other people who use drugs demonstrating the power of discourse.

The debate about whether or not the meth crisis is in fact a crisis, and if it is, what does this mean, was roundly debated. On one hand, determining that something is a crisis can improve

access to resources. On the other hand, labelling something a crisis can have important impacts on what kinds of resources are deployed (for example police versus public health response).

Simply put, the media has the power to create 'the truth'. As the peers uncovered, when discussing meth use in Winnipeg, media often presents drug users in racial, geographic and economic terms, which stigmatizes the individual, and has a tendency to redirect the conversation away from the social origins. In short, a discourse of fear reduces the social and economic complexities of the modern methamphetamine problem to simple personal troubles.

Some peers agreed that the issue of meth is in fact a crisis, and many made mention to the fact that most of these stories are reported in Winnipeg but that rural and remote communities are also struggling with substance use issues, drug-related harms and problematic substance use, especially First Nations.

Others took issue with the framing of crisis, and noted that it's the media's job to sensationalize stories ('what bleeds leads'):

> "When they are showing these people on tv, they are only showing you the part that they want you to see… to make it look bad… because that's how they get paid."

The peers also spoke about how the story of 'crisis' affects themselves, their friends and families and their communities

> "I know friends of mine, they won't let their kids go out without supervision, and these kids have no freedom. Kids not being kids". Another noted: "I think it puts the community on alert"

> "When I go out I look at everybody and think, 'oh that person might be high, I better not get close to them'. And yeah, because the story they [the media] tell, I'm scared to go out".

Finally, a repeating observation raised by the group asked why it's always the police that are positioned as 'expert'. They stated that making the police the 'expert' on the issue is a problem which positions drugs and drug-related harm as primarily a crime issue rather than a public health issue.

This project was not intended to be the 'end of the conversation' but rather the beginning. We urge the reader to explore this project with curiosity, engagement and an open mind. In no way was this project an effort to diminish the seriousness of drug-related harms, but rather dig down to the roots and to challenge the discourse related to drug use; a discourse that too often is rooted in fear and punishing responses rather than caring and compassionate ones.

Recommendations

Compiled by Ellen Smirl

1. That both the City of Winnipeg and the Province of Manitoba establish official Drug Strategies, that are complimentary and compatible with each other and that are informed by public health and harm reduction principles

The VIRGO report is a focused review of the mental health and addictions systems and the recommendations provided focus primarily at actionable items within these systems. It refers to the need to have a 'whole of government' response however does not give comprehensive detail on how that might be achieved, nor does it provide concrete recommendations relating to reform needed within the justice system or how improvements to the social determinants of health might be achieved.

The Illicit Drug Task Force Report notes that the timeframe and scope of the Task Force did not allow for sufficient consultation across all age groups and populations. It recommends: "leaders from within Indigenous and newcomer communities be active participants in the planning and implementation of these recommendations." (8). While the sentiment sounds inclusive, meaningful consultation cannot come *after* the report has already been developed and is in the process of implementation.

Both of these reports contain positive movement relating to harm reduction principles and provide important understanding of the role of trauma, colonialism and inequality relating to mental health and problematic substance use. Comprehensive provincial and city drug strategies are needed however that clearly outline the vision, guiding principles, key priorities, pillars and collaborating partners. These strategies must include harm reduction as one of the pillars (see recommendation 3 below). It should be designed with meaningful consultation with citizens and communities. As Indigenous and low-income communities bear a disproportionate burden of this crisis, these communities should be prioritized for leadership and consultation. Targets and timelines for implementation should be established.

The Province should also establish a central reporting location where data on implementation of recommendations relating to the Virgo report and Illicit Drug Task Force report can be accessed. This would be helpful for tracking and accountability purposes.

2. That both the City of Winnipeg and the Province of Manitoba commit to action to address inequalities of in the social determinants of health of Winnipeggers and Manitobans

This recommendation is supported by two governmental documents.

The first recommendation from the VIRGO report recommends:

> "Ensure a 'whole-of-government' and 'whole of society' approach to the implementation of this Strategy for enhanced access and coordination of services, *including a complementary focus on the overall determinants of health in Manitoba* so as to reduce the need to access services as well improve the coordination and effectiveness of existing services" (VIRGO 2018: 218)

The Illicit Drug Task Force Report states:

> "[A]ny strategies for substance use cannot occur in isolation and must address co-existent problematic alcohol use, mental health challenges and *underlying social determinants of health-such as the need for safe and reliable housing*" (Illicit Drug Task Force Report 2019: 7 emphasis added).

The View From Here and *Winnipeg Without Poverty* are two documents endorsed by 95 different organizations and detail practical policy for both the City and the Province to meaningfully address the social determinants of health in Winnipeg and Manitoba.

Following Make Poverty History Manitoba immediate actions should include:

a. Creating a comprehensive and adequate poverty reduction strategy with targets and timelines for ending poverty and social exclusion in Manitoba based on current statistics;
b. Invest in building a minimum of 300 net new units of public, rent-geared to income housing annually for five years;
c. Add 17,000 new licensed, funded non-profit child care spaces with priority given to low socio-economic neighbourhoods and immediately provide a full fee subsidy for families living below the poverty line;
d. Incrementally increase the minimum wage per hour to $16.58 per hour and index annually to the LICO-BT;
e. Introduce a liveable basic needs benefit, set at a level to cover the actual cost of basic needs such as food, clothing, communications and transportation;
f. Double funding for community-based mental health services that serve low-income Manitobans.

Investing in the social determinants of health will require serious considerations for where government funds are invested. Currently, the call for more police is being rebuffed by community activists who instead are calling for divestment of police services and a redirection of funds to a more compassionate response rooted in the social determinants of health and harm reduction principles.

3. Establish an official harm reduction policy at the municipal and provincial levels and expand client services

This recommendation is supported by the government's own document, the VIRGO report which states that Manitoba's Addictions and Mental Health systems will be a harm reducing system (VIRGO 2018: 212).

This recommendation should be extended to apply to all government systems. In Manitoba there remain many inconsistencies and contradictions in the application of harm reduction principles to policy, which in turn interferes with the usefulness of existing efforts and future promises. The exclusion of an official harm reduction policy communicates to stakeholders a lack of support for key aspects of the approach, which in turn challenges efforts to

expand harm reduction services. Municipal and provincial harm reduction policies should be in line with internationally recognized standards. Currently only the WRHA's position statement (WRHA 2016) meets these standards and is not a directive policy to the Province. In addition to explicit commitment to harm reduction as a pillar of their drug strategy (including the commitment to address structural harms) the following key improvements to client services should be acted upon immediately:

a. Call on the federal government to immediately decriminalize the personal possession of all drugs
b. Call on the Winnipeg Police Service to stop policing drug use
c. Introduce safe supply pilot project in Winnipeg
d. Increased capacity for problematic substance use and mental health oriented supported housing options, including harm reduction housing (supported in the VIRGO report, recommendation 2.14)
e. Establish consumption sites in line with best practices established by Safer Consumption Spaces (Marshall et al. 2019)
f. Create 24 hour barrier-free spaces for people who use drugs
g. Free naloxone kit distributed to each patient and/or family member after every overdose response
h. Harm reduction supplies distributed at Rapid Access to Addiction Medicine Clinics (RAAM)

4. Meaningfully implement Indigenous harm reduction by decolonizing structures, policies and programs; support self-determination

Colonization must be understood as a structure that includes many different, inter-related and compounding events "all created under the same, destructive logic." (MMIWG 2019: 17). Understanding colonization as a structure means that it cannot be dismissed as a process of the past. Addressing root causes of social crises means understanding all systemic forms of violence including underlying social, economic, cultural, institutional and historical causes contributing to the on-going violence and particular vulnerabilities of Indigenous peoples in Canada (MMIWG 2019).

Meaningful implementation of Indigenous harm reduction requires decolonizing policies and programs to shift the balance of power and control to Indigenous communities in ways that support First Nations, Métis, and Inuit self-determination. This includes adequate and sustained funding for these community-identified and community-controlled initiatives (CAAN 2019). The major finding from the MMIWG report is not only that services should be culturally appropriate, but that they need to be delivered for Indigenous communities *by* Indigenous communities. Self-determination at the level of service provision requires self-determination at other scales as well, so that Indigenous communities have access to the means for their community survival, income generation, and political power to distribute self-generated resources to self-determined responses.

5. Provide sustained, multi-year, core funding for CBOs providing complimentary services to low income and high needs populations.

Non-profit organizations and groups should not be expected to provide public sector services. CBOs cannot be expected to provide the basic needs of the people they serve. That is the role of government. They should also not be expected to be responding to crisis.

The role that CBOs can play however, is an important one. CBOs are a natural location for community-building efforts that act as protecting factors against mental health issues and the harms related to drug use.

While CBOs are eager to step in and get things done, support for CBO programming must not justify further downsizing of the public sector. Simply put, if government addresses the social determinants of health, then CBOs can do what they do best which is community-building.

In addition to sustained funding to offer the *appropriate* services, CBOs have spoken about the need for different evaluation frameworks if they are to measure complex outcomes. Indigenous organizations have noted that the yard sticks provided by government funders often lack the cultural understanding required to meaningfully demonstrate the value of the work they do (Rowe 2017). This will be particularly true for funding evaluations for programs supporting mental health needs. Additionally, evaluations must be funded and embedded. Finally, the programming offered needs to be community-led, trauma-informed and culturally safe for participants.

6. 'Nothing About Us Without Us': Involve the experiential knowledge of people who use drugs, their families, in the development of all policies and programming that effect them

Systemic barriers for greater involvement of people who use drugs involve both the stigma surrounding use and the illegality of drugs. To decrease stigma, drug use needs to be understood primarily as a health issue, rather than a moral or criminal issue. People who use drugs can make unique contributions and play important roles in their communities such as advancing the rights of people who use drugs as well as preventing the spread of STTBBI among others (CHALN 2005). Great local examples of these efforts include the Manitoba Harm Reduction Network, and 13 Moons Harm Reduction Initiative. These groups need to be properly supported however. The provincial government and the City should recognize the unique value of organizations of people who use illegal drugs and fund and capacity build initiatives for existing and new groups of people who use drugs.

Community-based organizations also need to increase involvement of people who use drugs at all levels of the organization. This is especially true for, but not limited to, organizations whose clientele comprises a large number of people who use drugs. Cactus Montreal is a CBO in Montréal that provides needle exchange and other services for people who use drugs amended its by-laws to reserve two seats on its board for people from the community who use drugs (CHALN 2005).

7. Shifting paradigms around wellness, abstinence, sobriety and healing

Chapter 2 demonstrates the inequality of treatment as a drug strategy response. Different modalities relating to the paradigm of treatment needs to be explored, to expand the spectrum of treatment from abstinence to harm reduction and holistic healing that addresses the underlying trauma. CBOs have noted that many of their clients are often more in need of 'healing' than 'treatment'.

As recommended in the VIRGO report, it is important to "ensure that the new governance structure, including its leadership, supports and facilitates a broad bio-psychosocial, cultural/spiritual approach to substance use/addiction and mental health problems and illnesses (SUA/MH), so as to ensure the needs of all Manitobans can be met with a comprehensive approach, for example, not dominated by any one perspective" (Recommendation 7.8).

The majority of research that measures the 'success' of treatment tends to focus on substance use outcomes rather than on a more holistic perspective of recovery (Laudet, and White 2008). Measuring success as sobriety tells us little about whether or not that person has healed from their trauma, has found meaning and purpose in their life, or a sense of belonging within their community. Alternatives to abstinence-based treatment are now shaping recovery as improving and

increasing a sense of identity, belonging, meaning and purpose.

The Illicit Drug Task Force Review notes: "there is room for a wide range of programs and services in our province. The goal is recovery and each individual's recovery goal may differ. Among services, some of these will take a harm reduction approach and some will be abstinence-based programs and services" (Illicit Drug Task Force Report 2019: 7).

Finally, a holistic, systems approach is required. One that understands structural harms and works to reduce them by addressing roots causes such as poverty and colonialism, and provides opportunities for culturally relevant and client-directed healing opportunities.

References

The Inequality of Substance Use, Problematic Use, and Drug-Related Harms *and* The Inequality of Responses to Drugs and Drug-Related Harms

Alexander, B. 2009. *The Globalisation of Addiction: A Study in Poverty of the Spirit*. Oxford University Press: Oxford UK.

Anderson, M., and M. Champagne. 2018. "Crystal Meth is a colonial crisis and its root causes must be addressed". CBC News April 29 2019. Retrieved from https://www.cbc.ca/news/canada/manitoba/crystal-meth-colonial-crisis-opinion-1.4639133

Arim, R. and J. Davidson. 2019. "A Profile of Youth Not in Employment, Education or Training (NEET) in Canada, 2015 to 2017". Statistics Canada. Issue Number 2019020. Retrieved from https://www150.statcan.gc.ca/n1/en/catalogue/11F0019M2019020

American Public Health Association. 2019. "Addressing Law Enforcement Violence as a Public Health Issue". Policy Brief number 201811. Retrieved from https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/29/law-enforcement-violence

Bernas, K. 2019. "Millions in Federal Funding that Could Lift Manitobans out of Poverty, Homelessness Sitting on the Table". CBC news online March 1 2019. Retrieved from https://www.cbc.ca/news/canada/manitoba/opinion-manitoba-housing-agreement-1.5038185

Beyond 94 CBC news website. N.D. Retrieved from https://newsinteractives.cbc.ca/long-form-single/beyond-94?&cta=1

Billeck, S. 2019. "Start Here: NDP release plan to battle meth crisis, addictions in Manitoba." Winnipeg Sun online. January 10 2019. Retrieved from https://bit.ly/2kyWyR9

Brandon, J. 2015. Housing and Health in Manitoba. In *The Social Determinants of Health in Manitoba 2nd Edition*. Eds. L. Fernandez, S. MacKinnon and J. Silver. Canadian Centre for Policy Alternatives: Manitoba.

Brandon, J. and C. Maes Nino. 2018. "Winnipeg Street Census". Retrieved from http://streetcensuswpg.ca/wp-content/uploads/2018/10/2018_FinalReport_Web.pdf

Bromet, E., and R. Moos. 1977. Environmental Resources and the Post-treatment Functioning of Alcoholic Patients. *Journal of Health & Social Behavior,* 18, 326–338.

Brownell, M. C. De Coster, R. Penfold, S. Derkesen, W. Au, J. Schultz and M. Dahl. 2008. "Manitoba Child Health Atlas Update". Winnipeg: Manitoba Centre for Health Policy.

Canadian Aboriginal Aids Network and the Interagency Coalition on AIDS and Development. (CAAN). 2019. "Indigenous harm reduction= Reducing the harms of colonialism." Policy Brief. Retrieved from https://bit.ly/2m7wnyo

CCPA-MB and CCEDNet. 2015. "The View From Here 2015: Manitobans Call for a Renewed Poverty Reduction Plan." CCPA-MB and CCEDNet Manitoba.

CBC News. 2018. "City of Vancouver Calls for Decriminalization of Drug Possession". CBC News British Columbia Online Retrieved from https://www.cbc.ca/news/canada/british-columbia/city-of-vancouver-drug-possession-1.4570720

CBC News. 2019a. "Safe Supply Program Will Distribute Free Opioids to Entrenched Users". CBC News British Columbia online Retrieved from https://www.cbc.ca/news/canada/british-columbia/phs-injectable-dilaudid-program-launching-1.4965641

CBC News. 2019b. "OPH Asks to Take Part in Safe Opioid Program". CBC News Ottawa online Retrieved from https://www.cbc.ca/news/canada/ottawa/ottawa-public-health-safe-supply-opioid-1.5346985?fbclid=IwAR3Dom51005HmwulsDtWhVG2ltqDDcdgH2yJPlRzv30Zg31dou8MpuIqJbc

CBC News. 2019c."Armed fights, gang recruitment among incidents that prompted security screening: Winnipeg library." CBC News Winnipeg online May 23 2019. Retrieved from https://bit.ly/2jjxrb6

Casey, B. 2019. Impacts of Methamphetamine Abuse in Canada. Report of the Standing Committee on Health. House of Commons: Ottawa. Available at https://www.ourcommons.ca/Content/Committee/421/HESA/Reports/RP10533589/hesarp26/hesarp26-e.pdf

Chellew, C. 2016. Design Inequalities. *Spacing*. Fall 2016.

City of Winnipeg. Request for proposal. RFP No. 1113–2018. "Provision of collection and disposal of biohazardous waste and other debris." Retrieved from https://www.winnipeg.ca/matmgt/bidopp.asp

Centre for Addictions Research of BC. 2006. "Following the Evidence: Preventing Harms from Substance Use in B.C". Retrieved from http://www.health.gov.bc.ca/library/publications/year/2006/followingtheevidence.pdf

CRISM. 2017. "Manitoba Policy Analysis Case Report". Canadian Harm Reduction Policy Project (CHARPP). Retrieved from https://crismprairies.ca/wp-content/uploads/2018/06/Manitoba.pdf

Dobchuk-Land, B. 2017. "'Tough on Crime, Tough on the Causes of Crime': Liberal Carceral Logics and the Reproduction of Settler Colonial Violence in Winnipeg, MB, Canada." *CUNY Academic Works*. Retrieved from https://academicworks.cuny.edu/gc_etds/1917

Durgan, E. 2013. "Resistance and Complexity: Solutions to Urban Crises of Homelessness, Psychopathology through Psychiatry, Architecture and Philosophy". UBC: Doctoral Thesis Retrieved from https://open.library.ubc.ca/cIRcle/collections/ubctheses/24/items/1.0058467

European Monitoring Centre for Drugs and Drug Addiction. 2017. "Drug Consumption Rooms: An Overview of Provision and Evidence". Perspectives on Drugs. Retrieved from www.emcdda.europa.eu/publications/pods/drug-consumption-rooms_en

Felitti, VJ, R.F. Anda, D. Nordenberg, DF Williamson, AM Spitz, V. Edwards, M.P. Koss, J.S. Marks. 2019. Relationship of Childhood Abuse and Household Dysfunction to Many of Leading Causes of Death in Adults: The

Adult Childhood Experiences (ACE) Study. *American Journal of Preventative Medicine*, Jun; 56(6): 774–786.

Fernandez, L. and S. MacKinnon. 2019. "The Pallister government shifts into high gear". The Monitor. CCPA: Ottawa. Retrieved from https://www.policyalternatives.ca/publications/monitor/pallister-government-shifts-high-gear

Ferry, C. and S. MacKinnon 2019. "Poverty Percentages and the PST". Winnipeg Free Press. Opinion. June 10 2019. Retrieved from https://www.winnipegfreepress.com/opinion/analysis/poverty-percentages-and-the-pst-511059751.html

Greer, A., S. Hu, A. Amlani, S. Moreheart, O. Sampson and J. Buxton. 2016. Patient Perspectives on Methadone Formulation Change in British Columbia, Canada: Outcomes of a Provincial Survey. *Substance Abuse Treatment, Prevention, and Policy*, 11(3). Retrieved from https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-016-0048-3

Gaddis, A., Kennedy, M. C., Nosova, E., Milloy, M. J., Hayashi, K., Wood, E., & Kerr, T. 2017. Use of On-Site Detoxification Services Co-located with a Supervised Injection Facility. *Journal of Substance Abuse Treatment*, 82: 1–6.

Greenslade, B. 2018. "'We Can't Arrest our Way Out': Winnipeg Police Look to Locals to Help Control Meth Crisis". Global News. Retrieved from https://globalnews.ca/news/4338720/we-cant-arrest-our-way-out-winnipeg-police-look-to-communities-to-help-control-meth-crisis/

Greenwald, G. 2009. "Drug Decriminalization in Portugal: Lessons for Creating Fair and Successful Drug Policies". Washington D.C.: Cato Institute. Retrieved from https://www.cato.org/sites/cato.org/files/pubs/pdf/greenwald_whitepaper.pdf

Hart, M. A. and B. Lavallee. 2015. Colonization, Racism, Social Exclusion and Indigenous Health. In *The Social Determinants of Health in Manitoba 2nd Edition*. Eds. L. Fernandez, S. MacKinnon and J. Silver. Canadian Centre for Policy Alternatives: Manitoba.

Hajer, J. 2019. UNSPUN 2019: Taxes and Deficit in Manitoba. CCPA-Manitoba Commentary.

Hari, J. 2015. *Chasing the Scream: The First and Last Days of the War on Drugs*. New York NY: Bloomberg Press.

Harm Reduction Coalition. N.D. "Understanding Drug Related Stigma". Retrieved from https://harmreduction.org/issue-area/issue-drugs-drug-users/understanding-drug-related-stigma/

Health Canada. 2019. Suspected Opioid-Related Overdoses in Jurisdictions Across Canada Based on Emergency Medical Services Data. Retrieved from https://health-infobase.canada.ca/datalab/national-surveillance-opioid-harms.html

Henkel, D. 2011. Unemployment and substance use: A review of the literature. *Currents Drugs Abuse Review* March, 4(1): 4–27. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/21466502PHoye, B. 2018. Two-thirds of Winnipeggers support safe injection site. CBC news online. July 3 2018. Retrieved from https://bit.ly/2m3KM1C

Humphreys, K., R.J. Moos and C. Cohen. 1997. Social and Community Resources and Long-Term Recovery from Treated and Untreated Alcoholism. *Journal of Studies on Alcohol*, 58(3): 231–238.

Illicit Drug Task Force. 2019. "Recommendations to Reduce the Use and Effects of Illicit Drugs within Manitoba's Communities". Submitted to Winnipeg Mayor Brian Bowman, Health, Seniors and Active Living Minister Cameron Friesen and Robert-Falcon Ouellette, Member of Parliament for Winnipeg Centre. Retrieved from https://www.winnipeg.ca/cao/pdfs/2019-Illicit-Drug-Task-Force-Report.pdf

International Harm Reduction Association. 2010. "What is Harm Reduction? A Position Statement from the International Harm Reduction Association". International Harm Reduction Association : London. Retrieved from http://www.ihra.net/files/2010/08/10/Briefing_What_is_HR_English.pdf.

Jesseman, J. and D. Payer. 2018. "Decriminalization: Options and Evidence". *Canadian Centre on Substance Use and Addiction*. Retrieved from https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Decriminalization-Controlled-Substances-Policy-Brief-2018-en.pdf

Laudet, A. and W. White. 2008. Recovery Capital as Prospective Predictor of Sustained Recovery, Life Satisfication and Stress Among Former Poly-Substance Users. *Substance Use Misuse*, 43(1): 27–54.

Lemstra, M., M. Rogers, A. Thompson, J. Moraros, and R. Buckingham. 2012. "Risk Indicators Associated with Injection Drug Use in the Aboriginal Population". AIDS Care, 24(11): 1416–1424.

Lupick, T. 2018. "Toronto Joins Vancouver in Recommending Canada Decriminalize all Drugs". *Georgia Straight*, July 9 2018. Retrieved from https://www.straight.com/news/1100301/toronto-joins-vancouver-recommending-canada-decriminalization-all-drugs

Lynam D.R., R. Millich, R. Zimmerman, S.P. Novak, T.K. Logan, C. Martin, C. Leukefeld, R. Clayton. 1999. "Project DARE: No effects at 10 year follow up". *Journal of Consulting and Clinical Psychology*, 67(4): 590–593.

McKenzie, B. and C. Shangreaux. 2015. "Indigenous Child Welfare and Health Outcomes in Manitoba". In *The Social Determinants of Health in Manitoba 2nd Edition*. Eds. L. Fernandez, S. MacKinnon and J. Silver. Canadian Centre for Policy Alternatives: Manitoba.

McCracken, M. 2017. "Manitoba Tax Changes Need to Target Wealth to Reduce Poverty". *Policy Fix*. CCPA-Manitoba. Retrieved from https://policyfix.ca/2016/11/09/manitoba-tax-changes-need-to-target-wealthy-to-reduce-poverty/

Make Poverty History Manitoba website . N.D. "Mental Health." Retrieved from http://winnipegwithoutpoverty.com/campaigns/know-poverty-2/campaign-goals/double-funding-for-mental-health-services/

Make Poverty History Manitoba. 2018. "Winnipeg Without Poverty: Calling on the City to Lead." CCPA-MB and Social Planning Council of Winnipeg.

MacKinnon, S. *Forthcoming*. Alternative Provincial Budget. CCPA-Manitoba.

Manitoba Health, Seniors and Active Living. 2018. "Surveillance of Opioid and Overdose in Manitoba. Government of Manitoba". Retrieved from https://www.gov.mb.ca/health/publichealth/surveillance/docs/opioid/2018/q4_opioid.pdf

Mankowski, E.S., K. Humphreys and R. Moos. 2001. Individual and Contextual Predictors of Involvement in Twelve-step Self-Help Groups Following Substance Abuse Treatment. *American Journal of Community Psychology*, 29: 537–563.

Mate, G. 2009. *In the Realm of Hungry Ghosts.* Toronto ON: Vintage Canada.

Marshall, S. 2015. Canadian Drug Policy and the Reproduction of Indigenous Inequalities. *International Indigenous Policy Journal*, 6(1): 1–19.

Marshall, S.G., Migliardi, P., Jamal, A., Jalloh, C. & Ormond, M. 2019. "Winnipeg Safer Consumption Spaces Consultation and Needs Assessment". Winnipeg, MB: Safer Consumption Spaces Working Group. Retrieved from https://static.wixstatic.com/ugd/d8ced8_c6b3562078c44f4da112636ca60cbbbf.pdf

Maynard, R. 2017. *Policing Black Lives: State Violence in Canada from Slavery.* Fernwood Publishing: Halifax and Winnipeg.

National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG). 2019. "Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Volume 1a". Retrieved from https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final_Report_Vol_1a-1.pdf

Native Youth Sexual Health Network. 2014. "Indigenizing Harm Reduction". Retrieved from http://www.nativeyouthsexualhealth.com/indigenizingharmreduction.html

Progressive Conservative Website. 2019. "Safer Streets Safer Lives Action Plan". Retrieved from https://www.pcmanitoba.com/manitoba_pc_party_releases_safer_streets_safer_lives_action_plan

Province of Manitoba. 2017. "The Opioid Misuse and Overdose in Manitoba". Department of Manitoba Health, Senior and Active Living. Retrieved from https://www.gov.mb.ca/health/publichealth/surveillance/docs/opioid/baseline_opioid.pdf

Province of Manitoba. 2018. "Transforming Child Welfare Legislation: Opportunities to Improve Outcomes for Children and Youth: Report of the Legislative Review Committee". September 2018. Retrieved from https://www.gov.mb.ca/fs/child_welfare_reform/pubs/final_report.pdf

Province of Manitoba. 2019. "Speech from the Throne". Government of Manitoba Website. Retrieved from https://www.gov.mb.ca/asset_library/en/thronespeech/throne_speech_nov_2019.pdf

Public Health Agency of Canada. 2018. Chief Public Health Officer's Report on the State of Public Health in Canada 2018. Ottawa: Ministry of Health. Retrieved from https://www.canada.ca/content/ dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/2018-preventing-problematic-substance-use-youth/2018-preventing-problematic-substance-use-youth.pdf

R2H website. N.D. "Provincial Positions". Retrieved. http://righttohousing.ca/provincial-positions/

Rowe, G. 2018. Na-gah mo Waasbishkizi Ojijaak Bimise Keetwaatino: Singing White Crane Flying North: Gathering a Bundle for Indigenous Evaluation. CCPA-Manitoba. Retrieved from https://www.policyalternatives.ca/publications/reports/na-gah-mo-waasbishkizi-ojijaak-bimise-keetwaatino-singing-white-crane-flying

Rowan, M., N. Poole, B. Shea. 2014. Cultural interventions to treat addictions in Indigenous populations: findings from a scoping study". *Substance Abuse Treatment and Prevention Policy* 9, 34.

Shankar, J. E. Ip, E. Khalema, J. Couture, S. Tan, R. Zulla, G. Lam. 2013. "Education as a Social Determinant of Health: Issues Facing Indigenous and visible Minority Students in Post-secondary Education In Western Canada". *International Journal of Environmental Research and Public Health*, 10(9): 3098–3929.

Silver, J. 2015. Spatially Concentrated, Racialized Poverty as a Social Determinant of Health: The Case of Winnipeg's Inner City. In *The Social Determinants of Health in Manitoba 2nd Edition*. Eds. L. Fernandez, S. MacKinnon and J. Silver. Canadian Centre for Policy Alternatives: Manitoba.

Silver, J. 2016. *Solving Poverty*. Fernwood Press: Winnipeg MB.

Silver, J. 2018. "Meth Crisis has Roots in Socio-Economic Change". Winnipeg Free Press, posted online December 19 2019. Retrieved from https://www.winnipegfreepress.com/opinion/analysis/meth-crisis-has-roots-in-socio-economic-change-503102351.html

Singh, D., Prowse, S., and Anderson, M. 2019. "Over Incarceration of Indigenous People: A Health Crisis". *CMAJ* 191(18): E487–E488.

Smirl, E. 2017. Between a Rock and a Hard Place: Challenges in Measuring Value and Impact in Community-Based Programming. State of the Inner City Report 2017. CCPA Manitoba. Retrieved from https://www.policyalternatives.ca/publications/reports/state-inner-city-report-2017

Spooner, C and K. Heatherington. 2004. "Social Determinants of Drug Use". Technical report number 228. National Drug and Alcohol Research Centre. New South Wales, Sydney.

Statistics Canada. 2016. "Adult Correctional Statistics in Canada, 2014–2015". Retrieved from from http://www.statcan.gc.ca/pub/85-002-x/2016001/article/14318-eng.htm

Szalavitz, M. 2016a. *Unbroken Brain: A Revolutionary New Way of Understanding Addiction.* New York NY, Picador.

Szalavitz, M. 2016b. "We've Got the Heroin Epidemic All Wrong". The Dallas Morning News. March 2016. Retrieved from https://www.dallasnews.com/opinion/commentary/2016/03/18/maia-szalavitz-weve-got-the-heroin-epidemic-all-wrong/

Szalavitz, M. 2016c. "Addictions are Harder to Kick When You're Poor: Here's Why." The Guardian. June 2016. Retrieved from https://www.theguardian.com/commentisfree/2016/jun/01/drug-addiction-income-inequality-impacts-recovery

Thunderbird Partnership Foundation. 2015. Native Wellness Assessment. https://thunderbirdpf.org/about-tpf/scope-of-work/native-wellness-assessment/

Treffers, S. 2016. "The Role of Social Capital in Drug Use and Dependence in Four Canadian Provinces". University of Windsor, Theses, Dissertations. Retrieved from https://pdfs.semanticscholar.org/aae6/5476021840a7aa09508491cee2e3aed8e02a.pdf?_ga=2.78609556.1872599008.1570551414-2141749360.1570551414

Tsicos S. "Tossed Report on Safe Consumption Spaces Causes Stir in Manitoba". CTV news. April 2019. Retrieved from https://winnipeg.ctvnews.ca/tossed-report-on-safe-consumption-spaces-causes-stir-in-manitoba-legislature-1.4371338

Turner, A. and S. Thompson. 2018. "Manitoba's 'Significant' Plan to Battle Illicit Drugs is a Task Force." Global News. December 18 2018. Retrieved from https://globalnews.ca/news/4772566/announcement-to-be-made-about-illicit-drugs-in-winnipeg-today/

The John Howard Society of Canada. 2019. "The Many Harms of Remand". June 25 2019. Retrieved from http://johnhoward.ca/blog/many-harms-remand/

The Truth and Reconciliation Commission (TRC). 2015. "Truth and Reconciliation Commission of Canada: Calls to Action". The Truth and Reconciliation Commission of Canada. Retrieved from http://nctr.ca/reports.php

VIRGO. 2018. "Improving Access and Coordination of Mental Health and Addiction Services: A Provincial Strategy for all Manitobans". Virgo Planning and Evaluation Consultants INC.

West, S. and K. O'Neal. 2004. "Project D.A.R.E. Outcome Effectiveness Revisited". *American Journal of Public Health* 94(6): 1027–1029. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448384/

Wilkinson R.G. and K.E. Pickett. 2009. *The Spirit Level*. New York NY: Penguin.

White, W. and W. Cloud. 2008. Recovery Capital: A Primer for Addictions Professionals. *Counselor*, 9(5): 22–27.

White, W. 2009. The Mobilization of Community Resources to Support Long-Term Addiction Recovery. *Journal of Substance Abuse Treatment*, 36: 146–58.

Winnipeg Regional Health Authority (WRHA). 2016. "Position Statement on Harm Reduction". Retrieved from http://www.wrha.mb.ca/community/publichealth/files/position-statements/HarmReduction.pdf

Woolford, A. and J. Thomas. 2011. Exception and Deputization under Today's NDP: Neoliberalism, the Third Way, Crime Control in Manitoba. *Canadian Journal of Law and Society*, 26(1): 113–131.

Weinrath, M. 2009. Inmate Perspectives on the Remand Crisis in Canada. *Canadian Journal of Criminology and Criminal Justice*, 51(3): 355–379.

Media, Meth, and "Crisis": An Overview

Alexandrescu L (2014) Mephedrone, assassin of youth: The rhetoric of fear in contemporary drug scares. *Crime Media Culture* 10(1): 23–37.

Ayres TC and Jewkes Y (2012) The haunting spectacle of crystal meth: A media-created mythology? *Crime Media Culture* 8(3): 315–332.

Bothelo-Urbanski, J, Martin M and May K Meth, madness and misery: Cheap, easy-to-find, incredibly powerful and addictive crystal meth is holding Manitoba hostage. *Winnipeg Free Press*. December 14, 2018.

Boyd S and Carter C (2010) Methamphetamine discourse: Media, law, and policy. *Canadian Journal of Communications* 35(2): 219–237.

Linnemann, T. (2012) Governing through meth: Local politics, crime control and the drift toward securitization. *Crime Media Culture*, 9(1): 39–61.

Murakawa N (2011) TOOTHLESS: The methamphetamine "epidemic," "meth mouth," and the

racial construction of drug scares. *Du Bois Review* 8(1): 219–228.

Gerrits B. 'More police and prisons:' Explaining how Canadian police influence domestic violence news patterns. Public talk at University of Winnipeg. September 25, 2019.

Kennedy L and Coelho M (2019) "Absolutely the worst drug I've ever seen": Risk, governance, and the construction of the illicit fentanyl "crisis." *Theoretical Criminology*: 1–21.

Thorpe R (2018) Meth crisis grips city: police chief. *Winnipeg Free Press*. July 24, 2018.

Appendix A

Research Questions (Peer Working Group)

- How does media representation make you feel about yourself and your own substance use?
- How does it make you feel your value is to the community?
- How does this contrast with the ways peer take care of each other?
- How does the way the media talks about meth use contrast with the complex reasons why people use meth?
- What are the benefits of using meth that are never talked about in the media?
- How does the media push the narrative about treatment without highlighting the barriers to treatment and lack of treatment resources?
- How does the media represent or misrepresent the intersection of colonization/racism and drug use?
- Does this media talk to people currently using drugs or only people who have quit using/impacted family members?

News Clips

APTN News Network. *Police Stats Showcase the Impact of Winnipeg's Meth Problem*. July 22 2019. Retrieved from https://aptnnews.ca/2019/07/22/police-stats-showcase-the-impact-of-winnipegs-meth-problem/

APTN News Network. *It's Everywhere. One Family's Battle with Crystal Meth*. November 15 2018. Retrieved from https://aptnnews.ca/2018/11/15/its-everywhere-one-manitoba-familys-battle-with-crystal-meth/

CBC News. Demand for Injection Needles in Manitoba has Soared the Past 3 Years. Retrieved from https://www.cbc.ca/player/play/1389827139561

CTV News. *Politicians Learn about the Meth Crisis*. April 2 2019. Retrieved from https://winnipeg.ctvnews.ca/video?clipId=1651043

CTV News. *Bike Patrol Helping to Tackle Winnipeg's Meth Crisis*. July 3 2019. Retrieved from https://winnipeg.ctvnews.ca/video?clipId=1721885&cache=yes%3FclipId%3D104069%3FclipId%3D89563%3Fot%3DAjaxLayout%3FclipId%3D375756

Endnotes

1 Communication with the Province, the PC Caucus and the NDP Caucus has indicated that the VIRGO report, the Illicit Drug Task Force Review, and the PC Party's *Safer Streets Safer Lives Action Plan* are the documents currently guiding action.

2 Communication with the Province, the PC Caucus and the NDP Caucus has indicated that the VIRGO report, the Illicit Drug Task Force Review, and the PC Party's *Safer Streets Safer Lives Action Plan* are the documents currently guiding policy action relating to mental health and problematic substance use. Other policy documents may be guiding or shaping action however it remains beyond the scope of this research to investigate all policy documents.

3 See https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/status-application.html

4 See https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html

5 Marshall, Shelley BN, PhD. WRHA presentation. *Crystal Methamphetamine Use in Winnipeg: Drug, Consumption, and Context*. October 26th, 2018. https://wfpquantum.s3.amazonaws.com/pdf/2018/15714_NDP%20documents%20on%20WRHA%20tracking%20of%20meth-related%20infections.pdf

6 Resource Assistance for Youth (RaY, Inc) and Nine Circles Community Health Clinic. Distribution Statistics.

7 April 2019, Legislature Assembly. Premier Brian Pallister tossed a report on Safe Consumption Spaces written by Sunshine House on the floor.

8 Manitoba Harm Reduction Network Website. 'About Us'. Available at https://mhrn.ca/

9 Problematic substance use can be experienced by all demographics, although we do know that problematic substance use tends to be experienced in ways that perpetuates inequality (see chapters 1 and 2).

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