West Broadway Community Methamphetamine Strategy

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COVER ART

Two Bears Shaking Hands

COVER ARTIST

Melissa Stevenson (Stranger) is an Ojibway artist and crafts-maker from Peguis First Nation, Manitoba. Raised in a traditional way by her Grandmother, a talented Elder, crafts and regalia maker.

ABOUT THE AUTHORS

Erica Charron has been working in the social service field for several years, beginning her career with at-risk youth, and youth stabilizing from addictions. She is the former Director of Mentorship at West Central Women's Resource Centre, and the Lead Researcher for this report. Erica's focuses are advocating for public health initiatives and policy reform that reduce system barriers for populations who use substances. Erica holds a Bachelor of Arts in English Literature and a teaching diploma from the University of British Columbia.

Laura Canfield has been working in the social service field since 2015, primarily in the area of housing case management. She is currently a Housing First Case Manager at Resource Assistance for Youth (RaY) and sees the devastating effects of methamphetamine use on a daily basis. Laura holds a Bachelor of Social Work from the University of Manitoba and will begin her Master's of Marriage and Family Therapy at the University of Winnipeg in Fall 2020. She hopes to gain a more in-depth understanding of connections between the mind and body in the healing of trauma, and aims to open a private therapy practice with the completion of her MMFT.

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Introduction

"Why do you like to live/hang out in the West Broadway Neighbourhood?"

"Because it's the only place I know. It's my home. It's the centre of everything. I just walk and I can get what I need. I just feel lost in other areas."

— *West Broadway resident and person who uses methamphetamine, 2019*

WEST BROADWAY (WB) remains one of the more densely populated neighbourhoods in Winnipeg, with over 7,904 people per square kilometre, (City of Winnipeg 2016a) compared to the average for the city as a whole of 1396.5 people per square kilometre (City of Winnipeg 2016a). Its complex urban history coupled with its proximity to downtown and the Assiniboine River has yielded a neighbourhood profile that is unlike any other in the city of Winnipeg. It's one of the oldest neighbourhoods where Victorian and Neo-Georgian style homes and hand-masoned buildings still stand today as proud emblems of a rich past. Residents are diverse, sliding along wide scales of income, education, age, ethnicities, interests, and identities. Restorative efforts in the last fifteen years have attracted artisan restaurants and small businesses. Slow gentrification has artfully met dilapidation somewhere in the middle. Community-Based Organizations (CBOs) serving vulnerable populations have thrived next to these businesses, and have become important cross-stitches in the community quilt. According to the WB Housing Plan 2014–2019, the neighbourhood strives to become what urban planners call a "complete community — a place that meets the basic

needs of every resident, no matter their income, culture and/or political ideologies."

However, while the community is developing at great speed, unique and complex socio-economic problems have burdened the neighbourhood in a way that has poured the foundation for some of the highest rates of substance use and mental health struggles in the city. Old housing stock that has been poorly maintained and streamlined housing types such as single-family dwellings have left many either living in sub-par housing conditions or unable to afford any kind of housing at all. The West Broadway Community Plan 2016–2021 cited that "as of 2010, 46.8% of the total residents of West Broadway were low income, and it should be noted that low income status is not spread evenly across populations but in fact falls disproportionately on vulnerable people [like youth and the elderly]". Although substance abuse and addiction is found in all socio-economic groups, the risk factors that predispose people to addiction are higher among those living in poverty. As outlined in *Improving Access and Coordination of Mental Health and Addictions Services: A Provincial Strategy for all Manitobans Report* (known as the Virgo report), the prevalence of mood disorders and substance use are strongly associated with income levels, with the lowest income levels having considerably higher rates for both (Virgo Consulting 2018).

According to the 2016 Statistics Canada Census Tract for Social Deprivation measurement, deprivation takes two forms: material and social. While material deprivation reflects the lack of everyday goods and commodities, social deprivation refers to the fragility of an individual's social network, from the family to the community. The index measures six indicators (housing, income, employment, health and disability, education, geographical access to services) chosen for their known connection to health and one of the two forms of deprivation. On a measurement scale of one to five (one being the highest score reflects a community that is robust with material goods and social networks, and five being the lowest score, reflecting a community most deprived of material goods and social networks), West Broadway scored a three for material deprivation compared to other neighbourhoods in Winnipeg, and scored a five for social deprivation compared to other neighbourhoods in Winnipeg (INSPQ, 2016).

The implications of these statistics both within the West Broadway Community Plan and the Canadian Census Data show that the complex socio-economic issues experienced in West Broadway lay the groundwork for a community that struggles with substance use. In the current context, crystal methamphetamine has become a drug of choice for many.

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 (Marshall, 2018). 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. This number is considered a gross underestimation (RaY, Inc. and Nine Circles Community Health Centre, 2019). 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 methamphetamine 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 methamphetamine 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. For example, one area business owner said that,

> [She] sees used needles in her back alley everyday. More and more folks are coming in to use in our bathrooms. We ask them to leave because our staff are not equipped with the capacity or education to support [people who use meth], but would like to be in our own way, whatever that might look like (WB Business Owner, 2019).

This report, the West Broadway Community Methamphetamine Strategy, outlines the background, methodology and direction of the community strategy.

Methamphetamine: A History in Winnipeg

METHAMPHETAMINE HAS BEEN prevalent in Winnipeg for decades. But it is important to understand the evolution of methamphetamine from a prescribed and legal substance to a problematic street drug associated with violence, crime, poverty, and mental illness. Although much of the research around the history of methamphetamine use originates from the United States, a number of *Winnipeg Free Press* articles highlight the changing perceptions about methamphetamine throughout the late 1960's and early 1970's. Exploring its history, usage and public perceptions in Canada will serve to shed light on methamphetamine use specific to the West Broadway context.

Methamphetamine is a chemical stimulant that belongs to a larger class of stimulants called amphetamines. Amphetamines stimulate the central nervous system and produce states of increased alertness, concentration, elevated mood, and reduced appetite. Amphetamines have historically been prescribed by doctors to manage a number of physical and psychological conditions such as asthma, obesity, and attention deficit hyperactivity disorder (ADHD) in children (McCormick, Plecas, and Cohen, 2007). Ephedrine, the psychoactive ingredient in methamphetamine, was endorsed by the American Medical Association as a reliable treatment for asthma in the early 1900's, and the first amphetamine was available over-the-counter by 1932 in the form of a nasal inhaler called Benzedrine. Methamphetamine was also used among American, German, British and Japanese soldiers during World War

II to enhance concentration and enable prolonged states of alertness. Japan experienced high levels of methamphetamine abuse after WWII as stockpiles of the substance flooded the country. Use was also common among long-distance truck drivers and college students, as they were commonly referred to as "pep pills" (Freye, 2003). Reports of abuse began during the early 1940's. Doctors were beginning to acknowledge its addictive properties, however they continued to prescribe it in pill form into the 1950s (Parsons, 2003).

It is important to note that what was once touted by medical professionals as an acceptable treatment for various conditions, was later identified as contributing to a "growing public health concern" (Isikoff, 1989). Prior to the 20th century, pharmaceutical companies were not required to disclose the ingredients of their patented medications. A series of federal laws passed in America in the first half of the 20th century led to the separation of legal and illegal markets for amphetamines; the "legal market" of prescription amphetamines such as Desoxyn, Adderall and Ritalin, and the "illegal market" of street-produced methamphetamine. The 1960's saw a rise in illegal production of methamphetamine, commonly referred to at the time as "speed" or "crank". Interestingly, the chemical composition of illicitly manufactured methamphetamine is almost identical to that of widely prescribed amphetamines within the "legal market" (DeGrandpre, 2006).

Medical professionals and pharmaceutical companies play a large role in creating dichotomous concepts of "medicine" vs. "drugs" which serves to influence public perceptions of specific substances over time. Along with law enforcement, these primary claim-makers are portrayed as the most credible sources in the media, therefore they have a great deal of power in shaping public opinions around illicit substance use (Parsons, 2003).

A similar trajectory can be observed when examining the history of cocaine usage. At one point in time, cocaine was hailed the "wonder drug" and was used by many to relieve a wide range of ailments. Its most famous appearance in history was in the world's most popular drink, Coca-Cola. It wasn't until 1922 that cocaine became labelled as a "narcotic", yet its use remained popular among famous actors, philosophers, and athletes even into the late 20th century. It was, and continues to be promoted by many news outlets as the "champagne of drugs" and is highly glamourized by mainstream media and movies even though it had been classified as a Schedule II Controlled Substance since 1970 (Freye, 2009).

Alternatively, the "crack epidemic" of the late 1980's and early 1990's in the United States illustrates how moral panic can be created by associating a substance with particular socioeconomic classes and minority groups.

Many negative stereotypes of crack users were perpetuated by the media during this time. Crack is simply a cheaper and faster alternative to cocaine, not easily distinguishable from its original powder form (Brownstein, 2015).

Headlines that utilize the terms "epidemic" and "crisis" serve to redirect the public away from understanding the social and structural factors underlying the issue being reported. The use of government officials and law enforcement to relay these messages creates perceptions of insecurity among the public, as they are repeatedly being told that people who use drugs are responsible for increasing rates of violence and crime (Maier, 2019). Media coverage of the "meth crisis" in Winnipeg has been no different. This negative portrayal coupled with the lack of lived-experience representation in news reports, decreases the likelihood of meth being understood as a public health issue.

According to *The Winnipeg Free Press* Archives, the first mentions of methamphetamine as an illegal and problematic substance were in the 1980s. Articles primarily referenced outlaw motorcycle gangs in the United States who produced meth in their clandestine labs to traffic and distribute in the form of speed pills (Isikoff, 1989). The articles primarily focused on the police seizure of the labs and how many grams of the drug they kept off the streets. The columns themselves were small, and occupied inconspicuous sections of the paper. There were nine mentions of the word methamphetamine between 1980 and 1989 in the *Winnipeg Free Press* Archives.

On Sunday February 11th, 1990, the first mentions of methamphetamine and Manitoba were made in the Mike Riley Report. Mike Riley was once the head coach of the Winnipeg Football Club and honorary chairman of the "Know your Drugs Campaign." His column entitled "ICE in Manitoba!" was a warning to Winnipeg parents that there was a new and highly addictive drug in Canada called ICE, a street name for methamphetamine. The article states that the "RCMP have not discovered any ICE in [Manitoba]. The drug has appeared on the West Coast and may be headed our way" (Riley, 1990). Other references to meth in the 1990s were largely tagged to television shows, Hollywood stars, and more homemade labs busted in the US. Once again, the columns were small.

Between 2000 and 2009, there were 266 mentions of methamphetamine in *The Winnipeg Free Press* with the bulk of tags between the years of 2005 to 2007. On December 5th, 2000, the first methamphetamine lab that was discovered by police was in Griswold, Manitoba—a rural community 38 kilometres Southwest of Brandon. In April of 2001 Manitoba filed its first conviction for meth trafficking. The individual, who had no prior criminal record and/or history of violence was sentenced to 30 months. He had 96

grams in his possession (McIntyre, 2001). In 2004, there was a noticeable shift in the discourse around methamphetamine and how it could easily be made with products from the grocery store. This kind of discourse brought the drug in close proximity with the reader — a thought that meth is everywhere and near. A 2004 article titled, "New war on drugs fought in grocery stores" reports on how over the counter cold and flu medications which contained the substance pseudoephedrine were being stolen in bulk from pharmacies and local grocers by young children (O'Brian, 2004). As a response to this trend, Canada then banned products that contained the combination of pseudoephedrine, ephedrine, and caffeine. Federally, medications with pseudoephedrine can only be sold behind the counter of a pharmacy.

Until August 2005, methamphetamine was listed under Schedule III of the Controlled Drugs and Substances Act (CDSA), a Schedule that carries a lower level of maximum penalties for possession, trafficking, and production. As a result of increased concern about methamphetamine use on individuals and society, the federal Minister of Health Ujjal Dosanjh moved methamphetamine to Schedule I of the CDSA. Under this Schedule, the maximum penalty for possession is seven years, while life imprisonment could be sought for trafficking, producing, importing/exporting, or possession for the purpose of export (Department of Justice, 2019). This action, along with the media presentation, intimately intertwined methamphetamine with crime; methamphetamine users as *more* criminal than other drug users.

It was at this time that various studies and strategies began to emerge in Canada, albeit they were minimal. One of the first studies to address the harms associated with methamphetamine use locally was the Winnipeg Injection Drug Use Social Network Study in 2005. The Winnipeg Regional Health Authority (WRHA) interviewed 435 injection drug users (IDU) to examine how social networks may contribute to higher risks of infection, risk behaviours, and harm reduction activities. Although the study focused on injection drug use more broadly, it is a significant marker in history for when cocaine use dropped, and methamphetamine emerged as the preferred substance among Winnipeg drug users. The report briefly refers to the Winnipeg Injection Drug Epidemiology (WIDE) in 1998 as the last large-scale study on injection drug use in Winnipeg, however the results of this study are not accessible. The Winnipeg Injection Drug Use Social Network Study acknowledges the importance of lived-experience in addressing problematic substance use, however its objectives focus primarily on understanding the link between social networks of IDU's and the prevalence of sexually transmitted bloodborne infections (STBBI) (Wylie, 2005).

In 2006, the Addictions Foundation of Manitoba (AFM) conducted a study to address the needs of street-involved youth in Winnipeg, identifying this population as having significant substance-abuse issues. The study found that methamphetamine was the most preferred and most frequently injected drug among the youth who were interviewed. Participants identified it as being highly addictive, long-lasting, and inexpensive in comparison to cocaine and opiates.

Also in 2006, the first and only qualitative study to examine methamphetamine use in Canada, titled "Life with Jib", draws attention to the connections between drug-use and street-involvement among youth between 16 and 25 years of age in Vancouver, British Columbia. A Methamphetamine Response Committee (MARC) identified street-involved youth to be particularly high risk for methamphetamine use. Bungay and colleagues (2006) aimed to improve health and social services by examining personal accounts of the issues and harms associated with methamphetamine. Their findings demonstrated the ability of youth to self-manage their health issues and support one another in safe drug use practices, and also for the first time, drew attention to meth use as a coping mechanism for mental illness.

The problem of methamphetamine use in Canada was met with a range of responses between 2003 and 2005. Alberta, Saskatchewan, and British Columbia all developed inter-provincial strategies with primary focuses on increasing community capacity, providing education and awareness, expanding treatment and services, and intervening in meth supply and distribution, and in some cases, increasing the legal penalties for meth-related crimes. The Crystal Meth Society of British Columbia was a charity created to address the need for specific education, enforcement, and treatment related to meth use. In 2005, Manitoba created a public education campaign to raise awareness about the dangers of methamphetamine use. A number of methamphetamine-related protocols were developed for first responders, Child and Family Services, and other front-line service providers. Similar to other provinces, a Meth Task Force was created to reduce methamphetamine production and trafficking (McCormick, Plecas, and Cohen, 2007).

Very little research has been conducted since 2007. This either implies a phase in methamphetamine use that passed; whereby usage was actually reduced, provincial strategies were effective (although there was no evaluation implemented to assess efficacy), or there was a shift in what was the "hot issue" of that time. It was not until 2015 that discussion of methamphetamine resurfaced in Manitoba. These discussions most often focused on methamphetamine in relation to property crimes and increasingly visible, erratic,

and unpredictable behaviours. In Winnipeg, West Broadway began to see an increase in the use and abuse of methamphetamine in 2015.

It is only in the last two years that all levels of government across Canada have begun to specifically address methamphetamine use and associated harms. One WB CBO Director articulated that she believes,

> [The issue] wasn't addressed and forecasted the way it should have been. I think there could have been ways in which it was forecasted, given what we know of Canada and the way that we share information in Canada. We could have responded differently. And we didn't. I feel like there was a bunch of denial occurring in multiple systems about it. [People are saying] 'It's not my mandate, it's not my issue, it's not my problem" and now it's everybody's problem. It's such a big problem that people don't know how to tackle it.

As described above, the use and abuse of substances in Winnipeg, and more recently methamphetamine, is not new. What is relatively new is that communities are trying to respond to a public health issue in a fear driven, politically charged environment. Like other community groups seeking solutions, West Broadway recognizes the need for the state to intervene in a manner that tackles the issues, rather than demonizing and criminalizing users. But this network of organizations serving West Broadway also believes they have a role. Understanding what that role is, begins with speaking to those in the neighbourhood who are directly affected.

Developing a Strategy: Methodology

The Goals

THROUGH EXTENSIVE DISCUSSIONS within the WBDN, three goals were developed to guide the development of this community-based strategy. First, to ignite a cohesive approach between community organizations in addressing the risks and harms associated with methamphetamine use. Second, to serve as a tool that can guide community members to resources and best practice procedures when connecting with those who use methamphetamine. Lastly, this 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. A WBDN member articulated the following,

> West Broadway is in a really unique position, we have a community here that is a unique mix of very passionate folks who believe in community development, that believe in supporting each other…you have this citizenry of people who are employed and people who are not employed…I truly believe that this community has the opportunity to lead the way…it's always been about 'how do we work together' as opposed to 'how do we get them out' (CBO Director, Interview, October 27th, 2019).

This WBDN's community-centred approach describes well the participatory approach to seeking solutions. It is from this perspective that the WBDN

began the process of developing this strategy informed by lessons learned elsewhere but most important from the lived experiences of neighbourhood residents.

Intention, Process, and Methods

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 methamphetamine, provide a platform for their stories, and demonstrate that the "meth crisis" in Winnipeg is actually much more complicated than just a crisis of methamphetamine itself. As illustrated in the Findings section, the use of the word 'crisis' varies depending on the individual. The consensus of whether or not we are experiencing a crisis is also in debate within the communities of people who use methamphetamine. This strategy intends to paint these various perspectives, while bringing to life a deeper analysis of the issue that has been missing in mainstream discourse. The process was rooted in community consultation, collaboration, and engaging the expertise of those actually living the experience. The following was undertaken in this process:

1. Undertaking one-on-one interviews and surveys with 25 people who use methamphetamine, and 20 business owner and/or community service organizations, and aggregating their responses 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.

Research Design, Tools and Ethics Approval

It was decided collectively within the WBDN that applying a mixed-methods research design would serve the goals of this strategy best as it fosters interaction and centres the results on the voices of people rather than numbers. A quantitative survey and open-ended questionnaire were developed to conduct interviews with people who use methamphetamine, and a simple open-ended questionnaire was created to conduct interviews with businesses owners and representatives from community-based organizations (CBOs). The survey was created in order to capture a snapshot of the demographics of people who use methamphetamine in the West Broadway area, while the open-ended questionnaire was constructed to capture voices and stories and proposed solutions. The questionnaire for people who use methamphetamine and community representatives/businesses owners possessed many of the same questions in order to compare trends in language, needs, suggestions, and ideas. (A sample of the survey and questionnaires can be found in Appendix A). All interview instruments went through a rigorous review and editing process by not only the WBDN, but by CBO representatives who specialize in substance use education, specialized public health nurses, Indigenous representation, and three individuals who actively use methamphetamine. It was a top priority for this project to submit all instruments to a review process that was rooted in community consultation with diverse representatives offering diverse opinions. Folks with living experience were the final eyes on each document to ensure all language and content were non-judgemental, and fostered safe interaction that included respect and care for the individuals who would participate in this study. Our proposal and tools were further scrutinized and approved by the University of Winnipeg Human Research Ethics Board.

Recruitment, Selection, and Participation

This project team decided to approach participants who use methamphetamine through the community agencies that they most frequented. These agencies would also act as the interview sites for the investigators. These sites included Resource Assistance for Youth (RaY, Inc.), Nine Circles Community Health Centre, and Crossways/West Broadway Community Ministry. An agency representative who was identified to have trusting relationships with people who use methamphetamine was approached as a liaison to recruit individuals who they thought would be in a stable state

of mind to participate in a personal interview on their substance use. This factor was always determined the day of. The agency representatives were also responsible for disseminating the recruitment poster and providing preliminary information about the study.

The agencies hosted the investigators for up to four hours in a day in order to conduct as many interviews as possible at that site. A consent form was read by the participant or read to the participant which outlined the objectives of the study, the intention of involving voices of lived experience, potential risks and harms associated with their participation, and the strategies in place to mitigate these risks. Participants could skip any questions they did not want to answer, and were able to end the interview at any time while still receiving an honorarium. It was also discussed with the participants that the interviewer too possessed the authority to end the interview at any time should they witness a decline in the participants emotional or psychological state, or either individual began to feel unsafe.

Businesses and CBOs were contacted via email, phone, and in person. The interviewers offered a recruitment script which outlined the purpose of the study, and the consent form to all community representatives to look over before agreeing to participation. Interviews most often took place at the business or CBO of which they represented, while one was completed over the phone.

The study's quota of 25 interviews with people who use methamphetamine was reached, while the quota of 20 businesses and CBO's fell short at 13. All interviewees had the opportunity to look over a copy of the transcripts of their recorded interview, and to send back any edits or redactions of their answers to the investigators via email or phone. Because of the transient nature of folks who use methamphetamine, copies of their audio recordings and transcripts were saved on a memory stick and brought back to the community agency at which the interview was facilitated in a sealed envelope. Folks were given three weeks to respond to their transcript if they desired to make edits.

Once analysis of the findings was completed, the data was taken back to the WBDN to determine how an appropriate strategy could be constructed based on the resources and expertise in the area.

Challenges and Limitations

One recurring challenge during the interview phase of this study was the quality of answers gained from some participants who use methampheta-

mine. While it was determined that the individual was in a stable state of mind to participate in the interview, the long-term effects of heavy meth use were noticeably present. Some interviews took as long as 90 minutes because the participant appeared to lose track of where they were in terms of answering the questions. A number of participants appeared to experience in and out symptoms of psychosis throughout their interviews such as disordered thinking, delusions, and sporadic mood swings. Some had significant trouble finding the words they wanted to use. Sleep deprivation was common amongst participants. This had an effect on their ability to construct cohesive answers and they would opt to skip certain questions because of exhaustion. This challenge was mitigated by remaining flexible in terms of interview length and by analyzing participants' answers to the best of our abilities. Although the interviewers had extensive experience supporting folks who use meth, neither were mental health professionals. For this reason, we chose not to ask questions specifically linking meth use to mental illness, and could only draw on our non-clinical experience to gauge where folks were at mentally and psychologically.

Due to the transient nature of folks from this population, it was incredibly challenging to find participants during the review phase of recordings and transcripts. CBO representatives did their best to assist us in locating individuals throughout this process.

Another limitation of this study was the small sample size (n=25) and quantitative survey. Typically quantitative statistical analysis requires a much bigger sample size in order to increase the validity of the data. However, it is important to note that the purpose of the survey was to paint a quick snapshot of community members who use methamphetamine, and the challenges they experience. The data is still important as a baseline to demographic and drug use trends in the WB area. This data was not used to centralize demographic information as the meat of this report, rather the majority of analysis was facilitated through qualitative responses.

A final limitation of this study was the length of time each phase took to complete. This was due to a lengthy community and ethics review process that took several months over the summer of 2019. Connecting with CBOs and businesses was also difficult at times, while businesses were very hard to reach. The investigators reached out to 22 community representatives, receiving 17 responses, and completed 13 interviews — the bulk of which are CBO members of the WBDN. There were many instances of businesses responding to the initial reach out from the investigators where the owner or manager would express interest in participating in the consultation, but

would not respond to coordinating emails or phone calls about the study thereafter. Two businesses declined participation altogether, and many simply did not respond to the inquiry. This was unfortunately a rather limiting component of the process because the intention of the study was to involve as many community voices as possible. Considering that the majority of respondents were CBO representatives, many of their answers to questions were similar. This result led us to the questions: What does it take to engage community members from all sectors? Are some folks indifferent to the issues? Or perhaps, are some community members not impacted by the issue as the media and government has led us to believe?

Findings

DATA AND DEMOGRAPHICS of people who use methamphetamine in the West Broadway Neighbourhood: A snap shot.

As described in the previous section, a quantitative survey was created to better understand, if only at the point of data collection, the demographics of people we spoke with who use methamphetamine and reside in the West Broadway area. The following pages describe what we learned.

FIGURE 1 Would you describe yourself as dependent on meth?

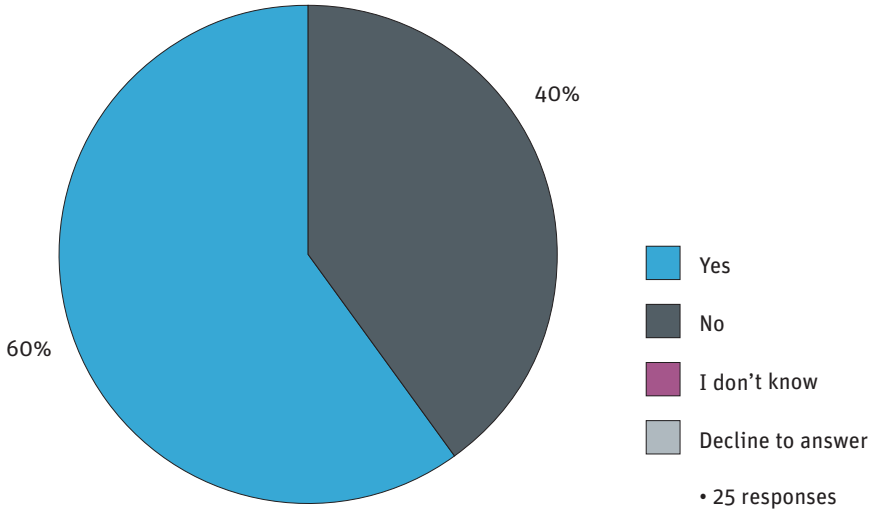


FIGURE 2 What is your primary route of consumption?

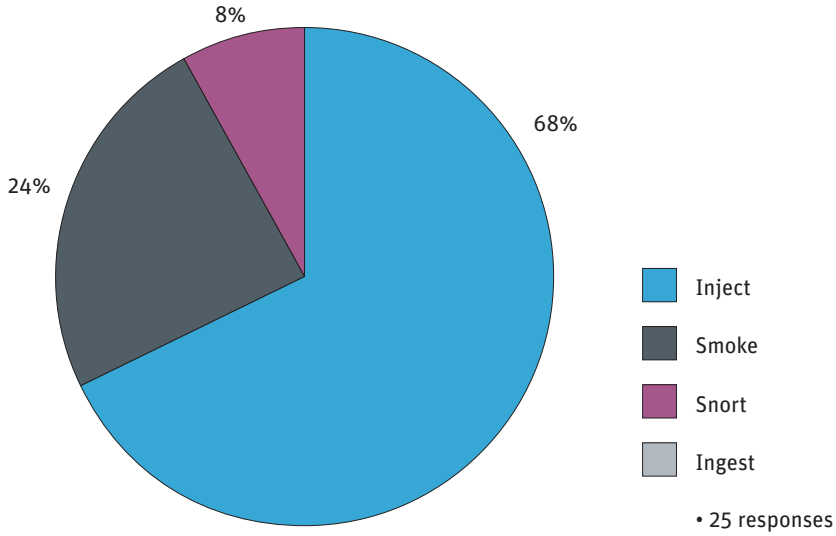


Figure 1 illustrates the percentage of respondents who describe themselves as dependent on meth — 60% of respondents said yes they are dependent, while 40% said they are not dependent.

We asked participants to disclose what their primary route of consuming methamphetamine was. 68% or respondents disclosed that they primarily inject the drug, while 24% smoke and 8% snort it.

FIGURE 3 How often do you use?

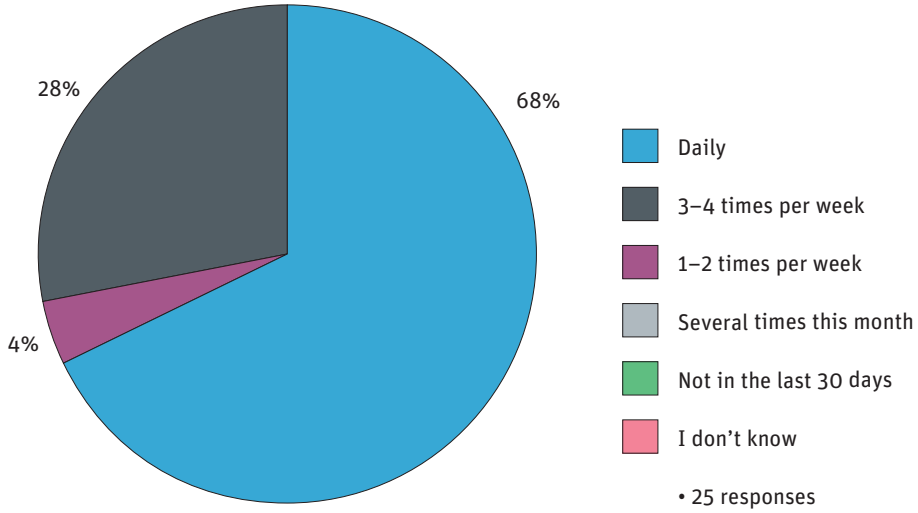


FIGURE 4 Age of respondents

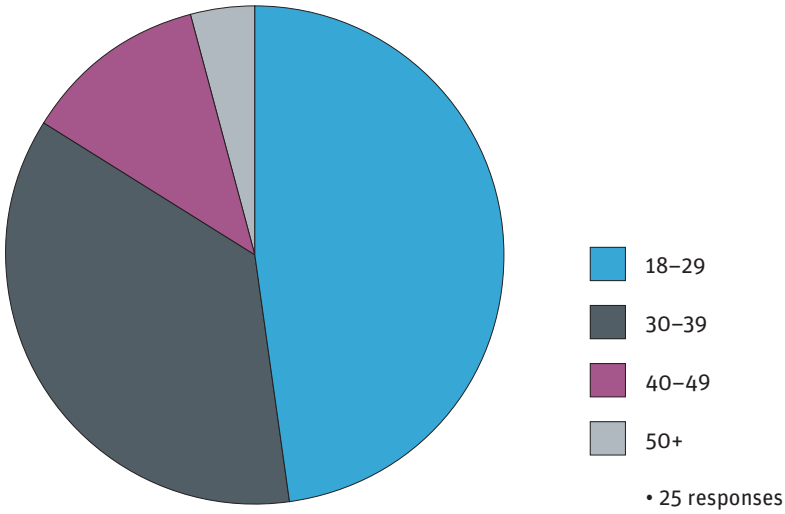


Figure 3 illustrates how often respondents of this study use methamphetamine. 68% said daily, 28% 3–4 times per week, and 4% said 1–2 times per week.

Most respondents only started using methamphetamine 3–4 years ago. As illustrated in *Figure 4*, the majority of those interviewed are under the age of 40 with an average age of 23.2 years.

FIGURE 5 How do you identify your gender?

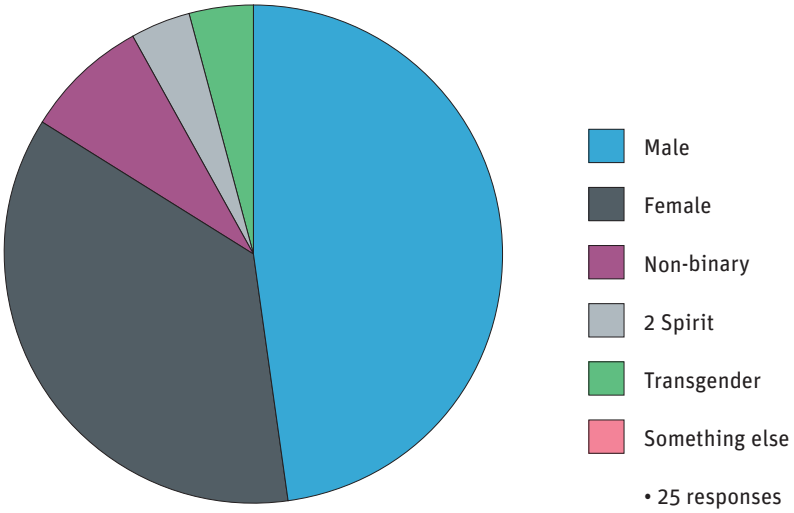
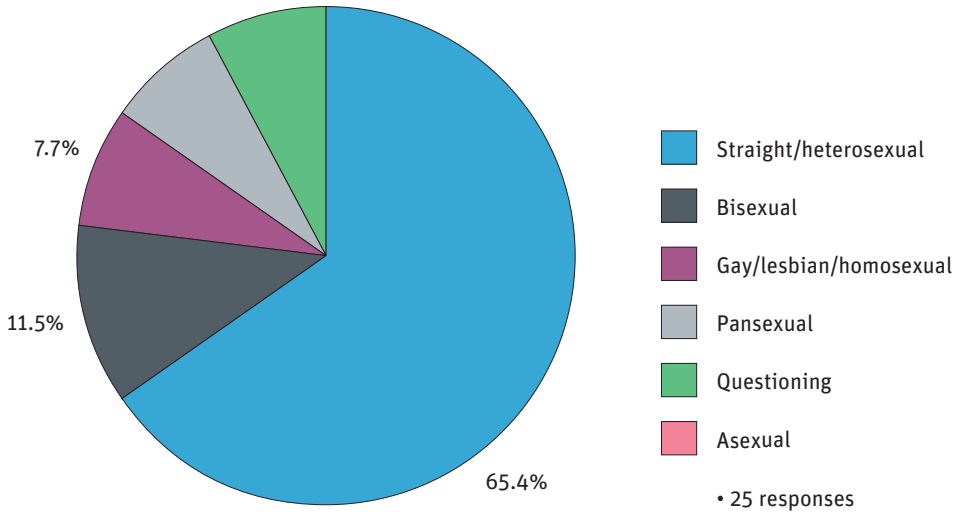


FIGURE 6 How do you identify your sexual orientation?



As shown in *Figure 5*, of the 25 respondents, 48% identified as male, 36 % identitified as female, 8% identified as non-binary, 4% identified as transgender, and 4% identified as two-spirit.

We also asked respondents how they identify their sexual orientation. As shown in *Figure 6*, 35.6% of participants identify as something other than straight/heterosexual. This is important to note due to the often hidden nature of folks who belong to the 2SLGBTQ community.

FIGURE 7 Do you identify as belonging to one of the following Indigenous ancestries?

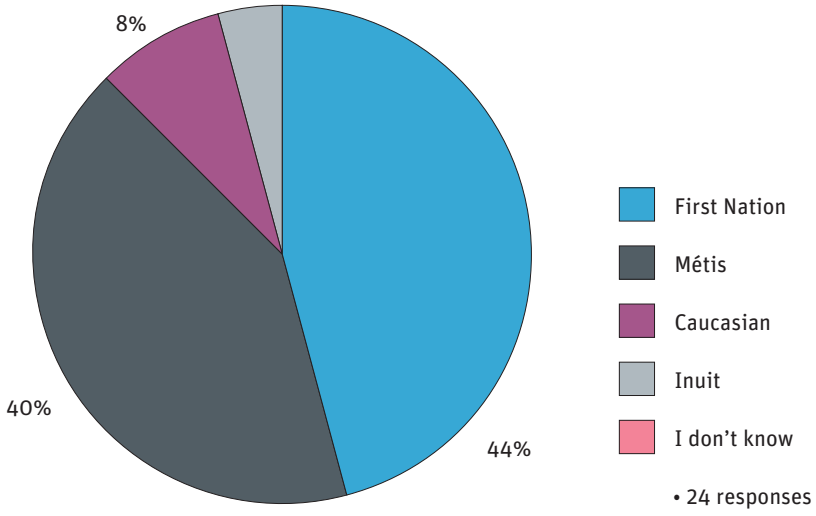
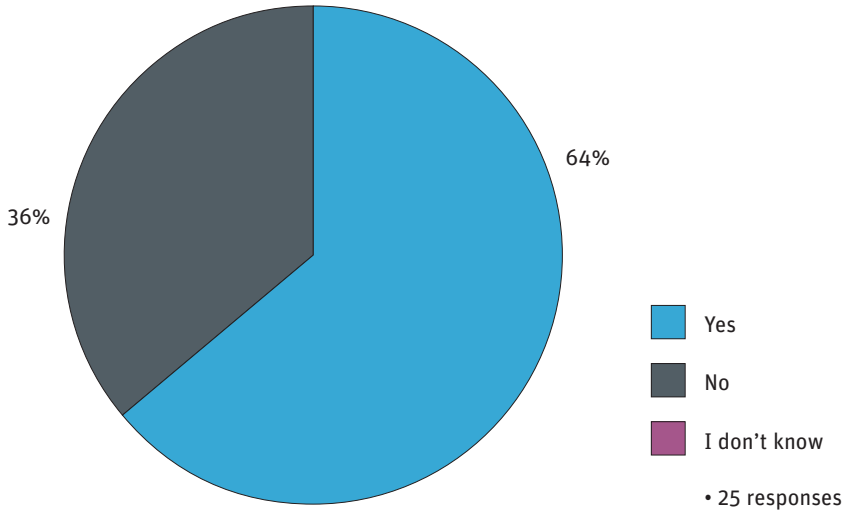


FIGURE 8 Do you have children?



As shown in *Figure 7*, an overwhelming number, more than 85%, of participants identified as Indigenous, with 44% identifying as First Nation, 40% as Metis, and 4% as Inuit. It is well-established that Indigenous people are over-represented in Winnipeg's homeless and other vulnerable populations (Street Health Survey, 2018). Studies have linked systemic racism, continued colonial systems and the trauma of colonial policies such as residential schools, the sixties scoop and the current child welfare

FIGURE 9 What is your highest level of education completed?

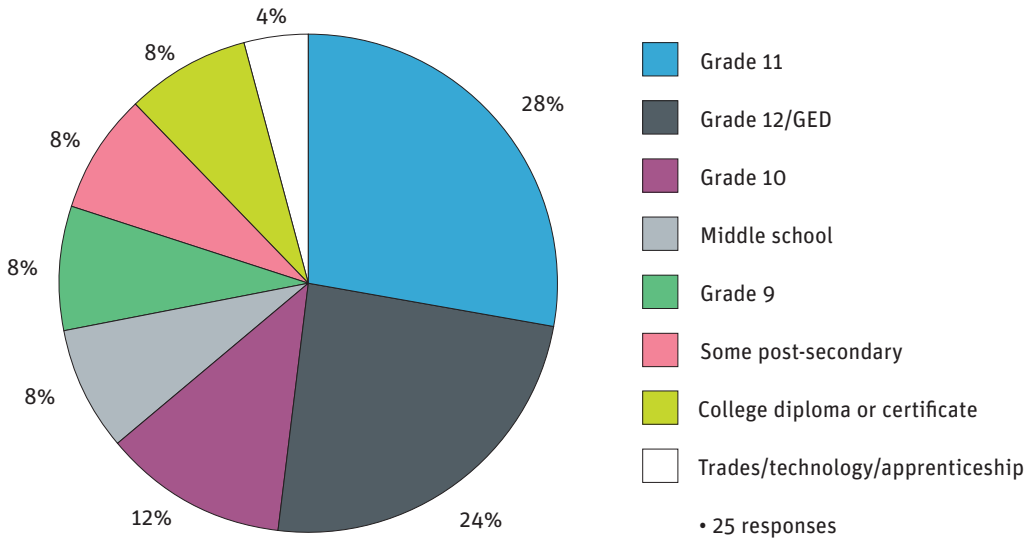
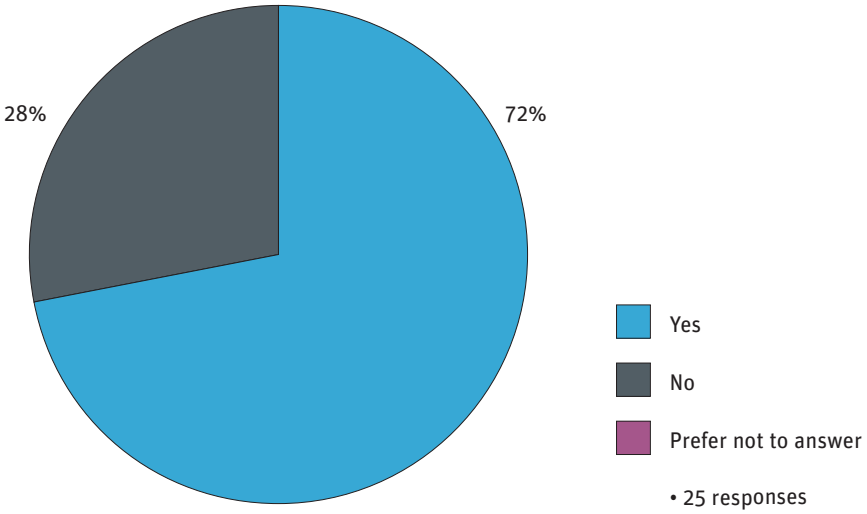


FIGURE 10 Do you identify as living with any disabilities (mental, physical, learning)?

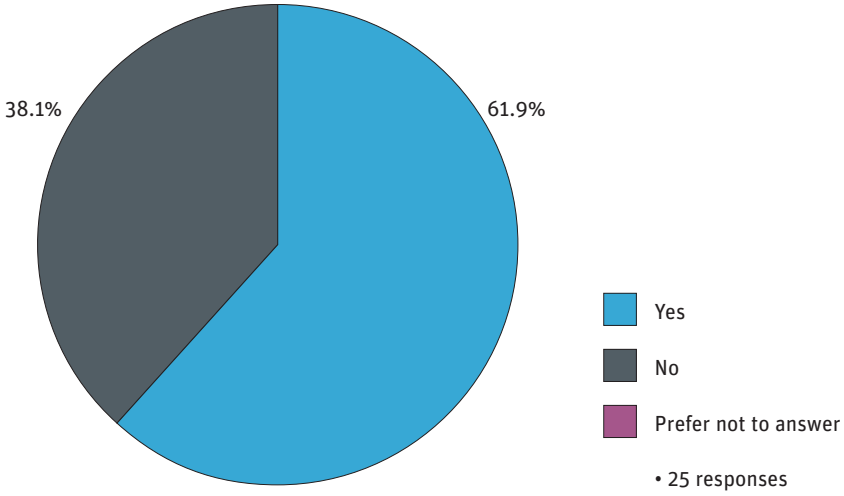


system as pathways to substance abuse and homelessness (Connecting the Circle, 2019).

Colonial policies continue to be systemic and deeply damaging, and solutions must be rooted in a spirit of decolonization.

It is also notable that a high number of participants reported having children. As shown in *Figure 8*, 64% of participants disclosed that they are parents. We asked those with children if their children are currently, or have

FIGURE 11 Have you ever been prescribed medication for these conditions?



formerly been involved with Child and Family Service (CFS). Evidence from previous studies such as the 2018 Street Health Survey and Connecting the Circle: A gender-based strategy to end homeless in Winnipeg (2019), have identified that CFS involvement is a direct pathway to homesslessness, while coping strategies such as substance abuse are prevalent within this population.

Figure 9 illustrates the diversity in education levels; the majority of respondents (approximately 56%) never acquired their high school diploma.

Figure 10 shows that 72% of participants identified that they have been diagnosed with either a physical, mental, or learning disability. Most participants disclosed that the lack of proper supports around their disability have exacerbated their substance use as means of coping through the day. One respondent described how methamphetamine acts as a pain reliever for her arthritis, another respondent with ADHD described how methamphetamine helps him concentrate and complete tasks. When asked if they have tried prescription medication for their conditions, 61.9% said that they had.

A follow up question to *Figure 10* was asked if participants have ever been prescribed medications for the conditions they disclosed. 61.9% described that they had been prescribed medications by a doctor, while 38.1% said they had not.

One individual asserted that methamphetamine worked better than any anti-depressant she has ever tried.

> No — I think it made things worse. I was prescribed it after using methamphetamine. Zoloft and methamphetamine are not a good combo. I self medicate with methamphetamine now.

Other participants described various experiences with prescription medication when asked if they were helpful,

- I did [take prescription medication] until they took me off my meds cold turkey. Then I had to suffer.
- No — most of the time I found it suppressing. I wasn't me.
- Yes it was helpful. But then they took me off them cause they thought I was getting addicted.
- No. It helps me sleep. That's about it.
- No. Dampened the effects. I prefer to use non-prescription drugs/ other coping mechanisms.
- Pills were not helpful, couldn't find the right combination
- Yes and no. It was helpful with everyday functioning, and no because if I were to forget it, I get really bad anxiety and panic attacks.
- No, it just seems like you're taking it for nothing.
- No, it just doesn't do anything for me. I've probably tried every antidepressant there is.

Finding and keeping safe, stable, decent housing can be challenging for people using methamphetamine. *Figure 9* shows that a mere 8% of those interviewed live in a house/apartment where "my name is on the lease".

The main sources of income disclosed:

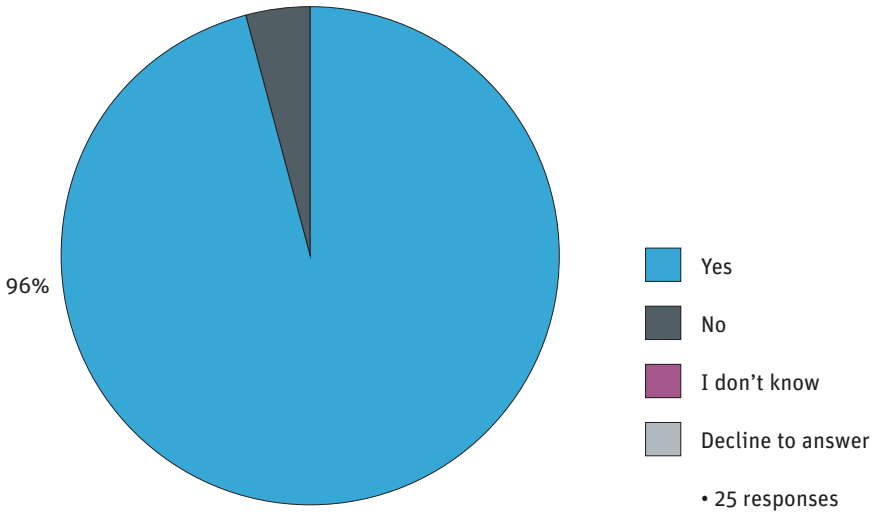
- Employment Income Assistance (EIA)
- EIA Disability
- Employment Insurance
- Workers Compensation
- Panhandling
- Bottle Collecting
- Sex Work
- Drug trade
- Pawning

- Binning (foraging bins for items of value)/Trading

What would you describe as the primary "good" effects you experience when using methamphetamine? We received 25 different responses to this question.

- Helps me stay focused, learn new things.
- Alertness, takes you away, numbs everything out.
- I complete tasks.
- It makes me brave.
- I don't like it. I do it cause I need to be me.
- Makes everything shiny, there's more glow.
- You get things done. It makes you active.
- It makes me more focused.
- I use my brain a lot more.
- Energy, euphoria, it's a good high.
- I was able to concentrate on my work.
- Lack of feeling.
- You don't give a shit about nothing. You just get your stuff done.
- Confidence, feel more social, belonging
- I'm happy or numb. When I'm not using, that's when I feel fucked up. But when I get high, I feel normal.
- Confidence, I'm more outgoing. I care a lot less what others think about me. Nothing can hurt me.
- I like the warm fuzzy feeling that goes through your whole body. It feels like an orgasm.
- Awake — I can concentrate on things better
- I can multitask, and still keep up with my kids routines.
- It regulates my thoughts. I feel more comfortable. Aches and pains go away.
- Fitting in, staying awake.

FIGURE 12 Have you ever been involved with the justice system?



- Productivity, physically enabled to be productive in learning, be more resourceful in homelessness.
- I feel more social.
- The weight off my shoulders.
- High sex drive.

Overwhelmingly, 96% of respondents have been involved with the justice system at some point in their life.

We asked participants if they have been, or are currently involved with CFS. 52% or respondents answered no, while 44% answered yes. A marginal number declined to answer the question.

Participants were asked to describe their current housing situation. Overwhelmingly, most respondents are currently homeless with 44% sleeping on the streets and 20% indicating they sleep in shelters.

Figure 15 illustrates that 96% of respondents have experience with homelessness or housing insecurity.

A follow up question asked respondents to identify how often in the past 5 years they have been homeless. *Figure 16* illustrates that 50% disclosed they have been homeless 5 or more times in the past five years, while 20.8 percent disclosed 3 to 4 times, and 29.2% disclosed fewer than 2 times.

We asked participants to identify if they have ever, or are currently experiencing a family violence situation. 20% of respondents disclosed that

FIGURE 13 Have you been, or are you presently involved with Child and Family Services (CFS)?

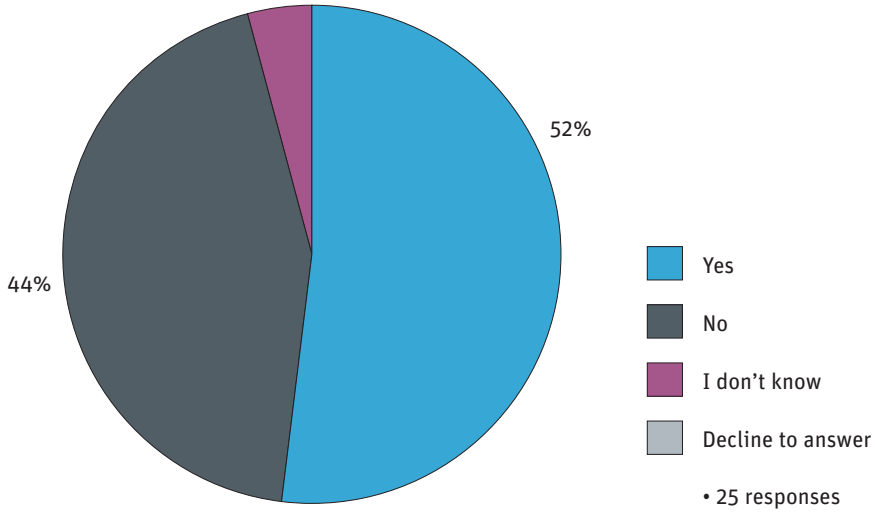
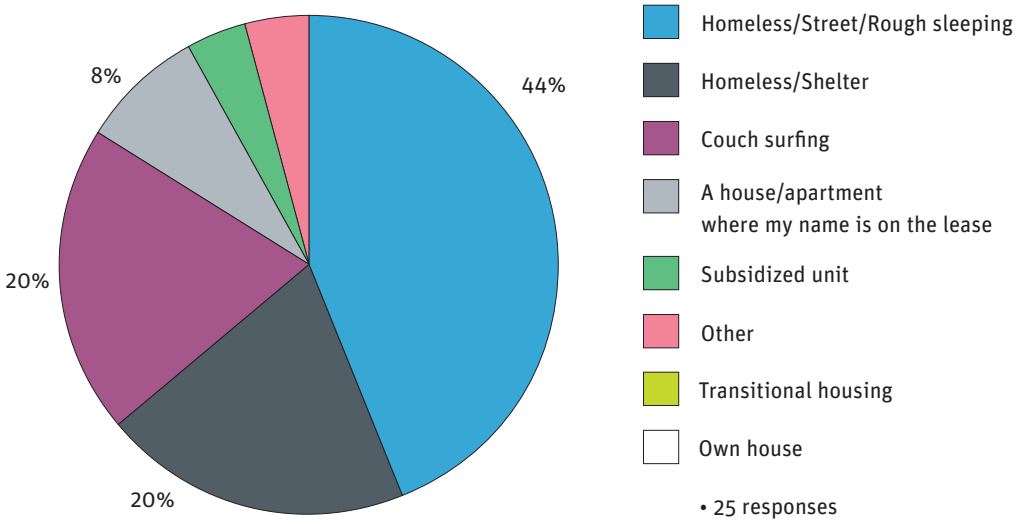


FIGURE 14 How would you describe your current housing?



they are currently experiencing family violence, 44% disclosed they have experienced family violence in the past, and 36% identified they have never experienced family violence. The combined total of participants who have experienced family violence is 64%.

We asked those interviewed to identify places they go in the neighbourhood that they consider positive assets to the community and in their life. Respondents identified RaY, Nine Circles Community Health Centre, Crossways,

FIGURE 15 Have you ever experienced homelessness or housing insecurity?

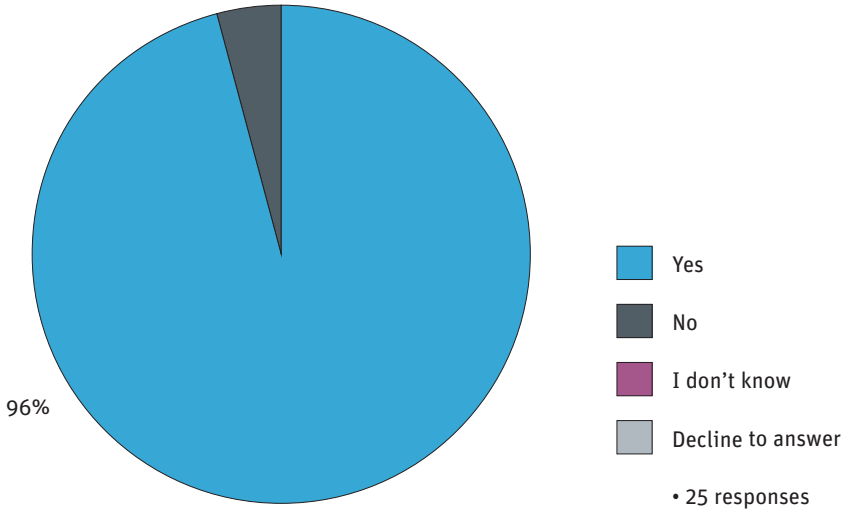
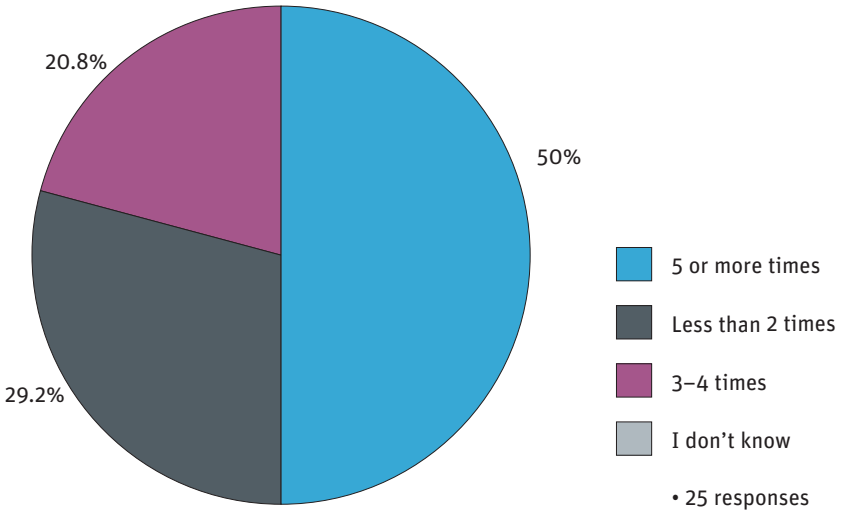
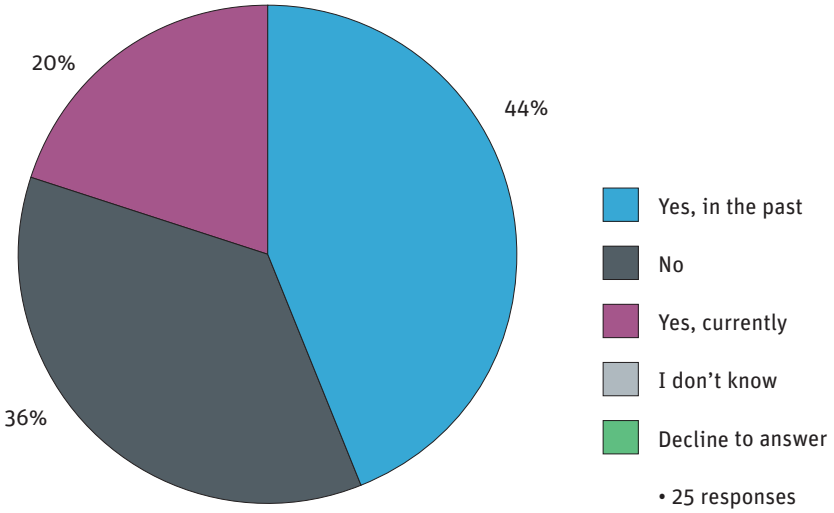


FIGURE 16 In the past 5 years, how often have you been homeless?



McDonalds, and the University of Winnipeg as the primary and preferred spots they frequent during the day because of their accessibility, proximy, and what they offer. They are places where people are able to meet their basic needs, receive support and resources from non-judgmental and educated social service and public health professionals, have a comfortable place for a cup of coffee, or simply because it is a place where they feel safe. The theme of human connection surfaced repeatedly in our conversations with people who

FIGURE 17 Are you currently or have you ever been in a family violence situation?

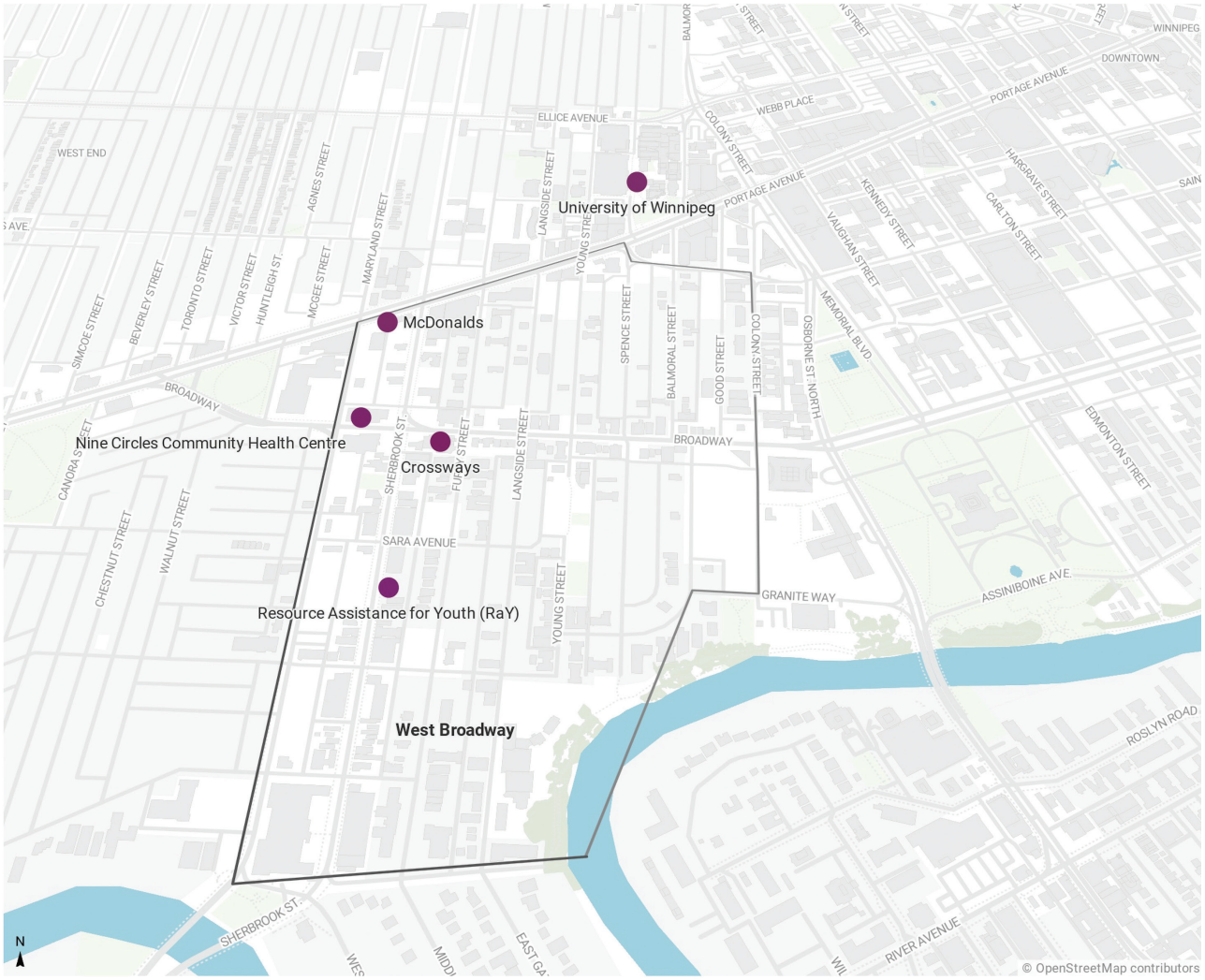


use methamphetamine. One participant in particular identified the University of Winnipeg as a favourite place to "just be" because he is "surrounded by intelligent people". While the U of W technically does not fall within the West Broadway boundary, its proximity to the neighbourhood is important. This brings into question the role that university campuses play not only for students, but for the general public. Their enigmatic representation of inspiration, growth, and learning could play an important role in accessing vulnerable populations from an intellectual approach. Too often substance users and more broadly folks experiencing poverty and homelessness are portrayed as unintelligent and uneducated. Our conversations with participants proved the contrary. Not only were participants highly resourceful, street savvy, and resilient, they were also articulate, politically aware, displayed strong traits of activism, and provided informed suggestions to policy gaps and problematic legislation that affect people who use drugs.

FIGURE 18 Community Asset Map

West Broadway Community Asset Map

These sites were identified as the most preferred and frequented locations by people who use meth in the WB neighbourhood.



Map: Erica Charron • Created with Datawrapper

Analysis: Identifying the Gaps

THE DEPTH OF awareness around the issues associated with methamphetamine use in the West Broadway neighborhood was clearly demonstrated during our conversations with all participant groups. The gaps that emerged shed light on the unique perspectives of people who use methamphetamine regarding how to address this issue they experience first-hand nearly every day. In order to involve the expertise of lived experience, the major themes that surfaced during interviews with people who use, in particular, will be the focus of this section. Meanwhile, these themes were strongly echoed among community agencies and businesses demonstrating an alignment of views, a desire to understand the complexity of the issue through education, and willingness to participate in solutions alongside those who use. Although there were some differences in opinion between groups, all participants emphasized a passionate commitment to fostering a welcoming and sustainable neighbourhood for all residents.

Gap One: Housing With Support

As illustrated in Figures 15 and 16, housing emerged as a critical concern for people using methamphetamine. The lack of appropriate housing has also been identified by service providers. When asked what they felt was missing from the West Broadway community, many users identified housing with sup-

ports. Transitional housing models similar to the Bell Hotel were identified as a desirable solution. Currently, the only supportive housing that exists in the West Broadway neighborhood specific to substance users is Two-Ten Recovery and satellite location Cole's House. These sites are small, abstinence based, and often have long wait times. One user in particular described housing with supports as an alternative to current residential addiction treatment programs:

> Whoever wants to go to it can go to it, but there has to be options and programs as well. Some people want education, some people want jobs, some people want to maybe get their kids back or work towards that. It would all have to be offered out of that program. (Person who uses methamphetamine, interview, October 28, 2019)

A number of participants identified that housing should be connected to, or provided in conjunction with treatment programs. This speaks to the ineffectiveness of standard 28-day residential treatment programs for methamphetamine addiction, and also to the discrimination often experienced by methamphetamine users when searching for housing. Participants also expressed their hope for more housing supports available to individuals living in tents in various parts of the neighborhood:

> Police tear down these people's homes, like these tents are their homes, so not to get rid of people living in those tents, but seeing them being helped and having housing and support (Person who uses methamphetamine, interview, September 27, 2019)

A model was suggested by one participant whereby individuals would be involved in the renovation of vacant apartment buildings, many of which exist in West Broadway currently. The building would be specifically for folks experiencing addictions, and therefore the needs and supports would be concentrated in a specific area. This concept differs from many current Housing First models whereby participants are placed in scattered-site housing within the private rental market with the intention of decreasing stigmatization and isolation. However, some Housing First programs support congregate housing models and have strong connections with social housing for individuals experiencing chronic homelessness (Homeless Hub, 2019). One such example that was identified by a number of participants we interviewed is the Bell Hotel, a housing project that provides a variety of services under one roof, demonstrating that securing housing first and providing appropriate supports is a crucial first step in addressing homelessness (Main Street Project, 2019).

Agency representatives echoed the need for more supports available to street-involved individuals:

> We need street-based presence. A lot of the folks who are using are transient, are living rough, and are sort of existing on the edge of the housing market. So we need more Housing First type models where we get people into affordable housing and support them there (CBO Director, Interview, September 24th, 2019)

The need for accessible, affordable housing for West Broadway residents was clearly identified by agencies as a gap in the services they provide:

> We need housing. We don't need more policies or more strategies. And we need [the government] to put money into rent-geared-to-income housing and social housing. To me, that's number one. It's sort of the Housing First model where you get housing and it can be supportive housing where we help you do your housework or whatever it is that you need to do" (CBO Director, Interview, October 11, 2019)

When asked why methamphetamine use is such an issue right now, one agency representative stated its correlation with the lack of housing in West Broadway:

> I also think that locally we're seeing a lack of housing in particular and we know that causes incredible stress on individual stability and on families and we haven't seen new builds that have offered much in the way of truly affordable housing in many years in this neighborhood (CBO Director, Interview, July 17th, 2019).

In 2011, many of the households in the West Broadway neighborhood spent more than 30 percent of their income on housing. Half of West Broadway residents were identified as living in "core housing need" which is identified by unsuitable conditions and prices that are unaffordable (Aasland, Hall, and Rempel, 2014). One agency representative pointed to the history of displacement experienced among West Broadway residents and the ongoing gentrification of the neighborhood (CBO Director, Interview, July 17th, 2019).

Gap Two: 24 Hour Safe Spaces

As the quantitative data illustrates, the majority of people who use meth interviewed were experiencing housing insecurity or homelessness. Many of them identified their lack of housing as a factor that influenced their use

of methamphetamine. Many individuals elaborated that it helps them to stay awake at night when they have nowhere to go:

> A lot of people are stuck on alcohol and amphetamines, and it's actually what saves them...I use it to survive. It keeps me alive when I need to stay warm in drastically cold weather (Person who uses methamphetamine, Interview, October 11, 2019).

> [We need] more places that are open throughout the day. There's a lot of homeless people and they need a place, especially when the weather [is bad] (Person who uses methamphetamine, Interview, September 27th, 2019).

Our conversations demonstrated an overwhelming need for a 24-hour safe space that offers support and services to individuals experiencing homelessness, substance abuse and mental health issues. Furthermore, agency representatives identified this as a major gap in services available to residents of the neighborhood, and Winnipeg at large. One agency shared their experience of trying to address this issue by allowing participants to sleep on mats in their drop-in space during the day:

> We made the mistake of taking the benches out at the back...We thought, oh that's not fair. People like to lie down on those benches every once in a while, so we put mats down. Well that was a mistake because then people all of a sudden had permission, you know...People were making nests back there...we got rid of those after a couple months. But now people are sleeping on the floor. I mean, they're exhausted right? Lots of them are taking methamphetamine so they can walk the streets all night...(CBO Director, Interview, October 11, 2019).

There are currently no overnight services available to individuals experiencing homelessness and substance use issues in the West Broadway neighborhood. The nearest 24-hour safe space, WE24, is located at 430 Langside Street in the Spence neighborhood; however, it only serves youth between the ages of 13 and 26. Many agencies admitted that they do not have the funding, resources or space to be able to provide 24-hour services. One agency addressed the link between methamphetamine use and homelessness:

> [The issue exists] because people who are street-involved are often also living with mental illness and/or already established addictive patterns, and then if you have a drug that is so accessible, so prolific, so cheap, and whose effects allow you to stay up for days at a time...Being worried about your things that you carry with you is a very real part of your daily existence

> and so being able to stay awake at night…I can see would be very helpful (CBO Director, interview, September 6, 2019).

Recent local reports such as the Illicit Drug Task Force Report and the Virgo Report both recommend 24 hour safe spaces using existing resources that are dispersed and accessible. With this evidence, it is integral that the city invest in a feasible and well-funded plan to bring these recommendations to life.

Gap Three: Lack of Mental Health Supports to Tackle Trauma

In our conversations with people who use, the reasons for choosing methamphetamine are very intentional. Participants across all groups touched on the lack of attention given to the underlying factors affecting the rise in methamphetamine use in Winnipeg; trauma and mental health issues being two prominent themes. The Standing Committee on Health's report on the impacts of methamphetamine use in Canada draws a direct link between social determinants of health and problematic substance use: "Prior or ongoing trauma is common in people who use methamphetamine at a high intensity. In many cases, methamphetamine use is a direct response to experiences of physical and sexual abuse and trauma" (Casey, 2019). Many users in our study identified their use of methamphetamine as a mechanism to cope with histories of trauma and abuse, as one participant explains:

> It's either two options, stay sober and experience it and take on every painful emotion and painful memory of what just happened to you sober, or to use drugs to help deal with it, and most of us choose drugs (Person who uses methamphetamine, Interview, October 11, 2019).

Another participant echoes this reality by saying,

> "realistically I do it to survive; to cope with what's happening" (Person who uses methamphetamine, Interview, October 11, 2019).

One CBO representative highlighted the lack of understanding around why people choose to use methamphetamine:

> There's underlying reasons why they're choosing to use…and so I think there's a lot more that's needed on the prevention end of things and also in terms of people's empathy of seeing people using substances…it's the lesser of several evils that they could be choosing. I think we jump to assuming

> that everything is related to methamphetamine now and it's not necessarily (CBO Director, interview, July 25, 2019).

CBO representatives often identified mental health supports as a significant gap in their services, admitting they do not have the expertise or funding to be able to provide the level of support required for many of their participants. The ineffectiveness of standard 28-day treatment programs was also addressed, suggesting that treatment for methamphetamine use will require more long-term programs and wrap-around mental health supports (Virgo Consulting, 2018). To fill this gap, one CBO described a new mobile withdrawal program aimed at bridging between ongoing use and accessing long-term treatment (CBO Director, Interview, September 24th)

A number of CBO representatives pointed to intergenerational trauma as a precursor of methamphetamine use, recognizing that substance use is deeply connected to the ongoing colonization of Indigenous people. Research has shown that historical factors such as residential schools, the Sixties Scoop, and forced relocation contribute to the disproportionate rates of substance abuse among Indigenous populations. Although users did not make this connection themselves, the majority of them identified as belonging to First Nations or Métis ancestries. One CBO director notes the prevalence of intergenerational trauma among Winnipeg's Indigenous populations:

> Winnipeg is a city with a high degree of trauma. We have a large urban Indigenous population that often has traumatic histories, that have come from poverty and aren't getting great social supports, lost their home communities, and so lost their sense of community" (CBO Director, Interview, September 24th).

Intergenerational trauma is another underlying factor that has been overlooked in the discourse of this issue. By failing to acknowledge the historical roots of substance use and continuing to increase police presence and methamphetamine-related incarceration, those in power are contributing to the ongoing colonization of Indigenous people. In terms of effective treatment, Smirl (2019) highlights the importance of Indigenous-led programs that reclaim cultural identity, self-determination, and a sense of belonging. Treatment that focuses on individual sobriety does not address the structural roots of intergenerational trauma.

> That's where I think we really have to, as a community, understand the impact of poverty and the impact of trauma in the lives of the folks we are working with because those are there, right? Colonization, residential schools, the

> impact of trauma on people's lives is so significant" (CBO Director, Interview, October 9th).

On the topic of treatment for substance use and mental health issues, another theme that emerged in our interviews with users was the use of meth as an alternative to prescribed medications. Participants had incredible insight into the effects of methamphetamine on their mental and physical functioning in comparison to medications that were prescribed to them in the past. When asked if they found prescription medication helpful, one answered,

> I prefer meth over my meds. It helps my arthritis and help my anxiety. When I'm anxious it calms me down." (Person who uses methamphetamine, Interview, October 11, 2019).

A number of participants spoke to the positive effects of methamphetamine on their self-esteem, focus, and ability to tolerate social settings that would normally contribute to feelings of anxiety:

> It makes me feel like I can do anything, like I can achieve anything I want. I have very low self-esteem…I'm more confident and outgoing. Nothing can hurt me…it helps me feel a lot better about myself. (Person who uses methamphetamine, Interview, September 27, 2019)

An interesting parallel emerges when going back to our discussion about dichotomous concepts of "medicine" and "drugs" and the chemical similarities between prescription amphetamines and illegally manufactured methamphetamine. Although street-level methamphetamine arguably has more detrimental physical and psychological effects on the body, these individuals are taking it upon themselves to identify what works for them and what doesn't. While abstinence is an effective treatment model for some, this insight speaks to the need for more diverse treatment models that incorporate principles of harm reduction. When asked about what ideal treatment would look like for them, one user suggested:

> Having intense therapy and dealing with those reasons why you use.The jib scene is super sketchy; a lot of trauma, you know? A lot of mental health support and helping us get on the *right* kind of antidepressants, cause I think we're all gonna need some after we use up all of our dopamine (User, interview, September 27, 2019).

Our intention behind including the voices of lived experience in this project was to provide a more accurate representation of methamphetamine use.

Although there are many structural and sociocultural factors that increase the likelihood of an individual choosing methamphetamine over other substances (licit or illicit), many individuals who struggle with addictions lack healthy relationships and genuine human connection. The theme of human connection was woven through our conversations (with users, businesses, and those providing support on the front lines). Participants spoke highly of the few supports and services that currently exist in the West Broadway neighborhood, describing many of them as safe, non-judgemental, and providing a sense of belonging.

> What I like most is it's where people come together, and they're from all walks of life, we're all seeking out the same thing, we're all seeking out help for the same things (Person who uses methamphetamine, Interview, October 28, 2019).

Gap Four: Fair Representation

> "I know people that are addicted to methamphetamine and have university degrees…some of them are lawyers…there's people out there who are teachers and social workers, they're from all different backgrounds."
>
> —WB resident and person who uses methamphetamine

We asked all interview participants what they feel the media gets wrong about this issue. Overwhelmingly, all community members expressed strong belief that the media has both historically and presently presented a very glib narrative of the problem. As illustrated in the *Winnipeg Free Press* articles dating back to the 1980s, methamphetamine has consistently been associated with crime, fear, violence, policing, and an underworld that will tantalize and consume unsuspecting youth. Most currently, headlines such as " Methamphetamine, Madness and Misery" and "Ice Storm: How Methamphetamine is Holding Manitoba Hostage" are only presenting one image, hyperbolizing a single story — a catastrophe; an epidemic of mindless violence and inebriating squalor. This messaging is not only pivotal in shaping public opinion; it "plays a powerful role in the construction of social problems…and often contribute to creating or sustaining moral panics and heightened anxieties around drugs and crime" (Maier, 2019). It is important to remember that there is a danger to a single story, it's not that the story is untrue, it's that it's incomplete (Adichie, 2009). People who use methamphetamine and community representatives who participated in interviews describe many faces of this

issue that are missing from media and mainstream discourse, primarily that there are many communities of people that span many income brackets who use crystal methamphetamine, the increases in violence and theft in the city can be attributed to more complicated reasons than just methamphetamine, and that the term 'crisis' is proliferated with superficial analysis.

According to sources such as The American Addiction Centre, crystal methamphetamine use has been a concerning issue in the LGBTQ community since the late 1990s (Kaliszewski, 2019). Primarily used by gay and bisexual men, crystal methamphetamine is used to enhance sexual encounters because of its ability to heighten sexual arousal, lower inhibitions, increase self-confidence, and prolong sexual performace (Nanin, 2006). In a 2018 *Globe and Mail* article titled, *Let's Talk about the New Gay Village Crisis: Methamphetamine*, a Toronto-based journalist illustrates how "methamphetamine is to the Gay Village today what crack cocaine was to racialized urban neighbourhoods in the nineties, and, just as that epidemic of addiction and its scourges was ignored because the people primarily affected were not considered important…" (Vaughan, 2018).

On the topic of violence, opinions from people who use methamphetamine and community representatives varied. While there was consensus that violence has increased in the city (and WB area) in recent years, most interviewees, specifically people who use methamphetamine, were quick to articulate that there are many contributing factors that are deliberately being overlooked. A few respondents from the community pointed out that beyond the drug trade, there is also a robust weapons trade that incites violence in our city; a bicycle trade; "people will jump you for your cell phone now because they are so expensive," "It's survival, I've got bills to pay" "[these] are all just symptoms of a bigger problem."

In regards to the label that the community (and city) is experiencing a 'Meth Crisis', most respondents articulate that the headline is an oversimplification. As one person who uses methamphetamine describes,

> It depends on what level you want to call [it] a crisis though…the public would look at it as a crisis cause they don't understand. We look at it as a crisis cause nothing is being done. It's totally two different opinions… but it's still a crisis, no matter which way you look at it (Person who uses methamphetamine, interview, October 28, 2019).

Alternatively, some interviewees reject the concept of 'crisis' altogether and spoke to the cyclical nature of drug spikes and states that we are currently riding out another phase much like the crack epidemic of the 80s,

and "reefer madness" of the 70s. "Years ago there was a coke crisis, there's a crack crisis, there's a weed crisis, and now weed is legal. Give it twenty years, and methamphetamine will be a thing of the past." This testament can be supported by the previous research and strategies that were briefly conducted in the mid-2000s and purportedly have never been followed up on until now, when the problem has inflamed once again. More about these previous strategies can be found starting on page 47 of this report.

It is essential not to dismiss the realities of folks who are actually in the grip of crisis in this community. The majority of the people who use methamphetamine that we interviewed were explicitly able to describe an event or sequence of events that have brought them to their current situation. These events are all traumatic, and have had ongoing intersectional effects throughout their lives that have created barriers to regaining stability, or finding it all together. These events range from physical and sexual abuse, exploitation, a death of a parent, experiences within the CFS system, experiences within the justice system, housing insecurity and homelessness, and/or familial rejection because of their sexual or gender identity. While the results of this study have yielded a general rejection of *how* the term 'crisis' has been used and amplified throughout this issue, it is important to acknowledge that by its very definition, "a time of intense difficulty, trouble, or danger" is irrefutably true for the individuals living this experience, and the service providers who are working themselves to the ground trying to support them. The implications of this point strongly to what CBOs and community advocates have been relabelling as an intersectional crisis of poverty, trauma, and colonialism.

Gap Five: Education for the Public

In the effort to combat misrepresentation and address the issues associated with methamphetamine use, all interviewees corroborated a need for balanced and intentional education for all community members.

People who use methamphetamine described sympathetically that the public is uneducated on the issue, and not to their own fault. Once again, the presentation of the issue through the media and police repeatedly linking crime and violence as *only* methamphetamine-related has had resounding effects in shaping public perception of people who use. People who use provided statements such as, "They just don't know. They probably have family members that are doing it." Or, "They don't understand cause they've

never done it." (Person who uses methamphetamine, Interview, September 27th, 2019). Another individual expressed,

> People look at us as if we [are] dirty, no good people, but they just don't understand…each person with addiction has a reason for that addiction.. some because it just makes them feel better, some because they're holding something down. In my career, I [was making] more money than most people who look down on me" (Person who uses methamphetamine, Interview, October 11th, 2019).

An area business representative endorsed these ideas by providing that,

> [We] need more education and resources… to accept that this is a part of our community right now…I think if there was more understanding and compassion, that maybe we'd be able to get somewhere (Business Owner, Interview).

Another added,

> I would love to be a part of the bigger picture. I would love to report to somebody or have somebody to call. At least we could be a part of the healing process, you know. And if we were given a bit of support and resources…maybe the impact would be greater if they could walk into a business knowing that they weren't going to be judged (business owner, Interview).

Conversations implied a desire of community members to learn more about the root causes and sociocultural context of methamphetamine use in West Broadway, along with a desire to increase their capacity in engaging with people who use in the community via training. Most businesses articulated that they don't feel they know where to go for training or who to consult on the issue, and suggested that the community create a Community Liaison type of role specific to this issue that would be available to businesses and residents to connect with should they require assistance or resources.

> [We would like] there to be one central agency that everybody could report back to….almost like having an ombudsman for [the community]…somebody external to keep the government on track and could allow businesses and the public to have one place [to go], one phone number (Business Owner, Interview).

A progressive example of a similar kind of community-involved approach can be seen in the Birmingham Model in Birmingham, England. Pioneered by Peter Sheath, a mental health nurse, counsellor and consultant, this model aims to help people experiencing substance abuse problems by providing them connections within their community. This model entails

training willing business owners and their staff with particular skills such as basic knowledge in addictions, brief intervention, CPR, and area resources. These businesses would place a "Recovery Friendly" flag in their window that would signal that their space is a safe and non-judgmental space for substance users should they require assistance (Lewis, 2015). In essence, your local bakery could provide you with a referral, the coffee shop could assist you with naloxone training, or the flower shop could provide you with an ear to chat if you are pre-contemplative of treatment options.

We asked CBOs and businesses if they have made any adaptations to their policies and procedures that have enabled them to work more effectively and/or safely with people who use methamphetamine, and if their knowledge is being exchanged with each other.

One CBO representative described a new 'team and code system' they implemented, whereby if a call for assistance was transmitted over the intercom, the call would be coded (i.e. code blue, red, black, white, etc). These codes would reflect a spectrum of needs such as a medical emergency such as an overdose, an individual who is escalated and presenting aggression, to a mental health emergency. Specific teams of people depending on their skill set would be assigned to specific codes and respond to the situation with confidence.

Another CBO representative articulated a list of trainings such as Non-Violent Crisis Intervention, ASIST, and Overdose Awareness, that were required for all her staff to take. In the event of any situation — methamphetamine-related or not — a new debriefing procedure was also implemented to review how the situation was handled, if intervention could have happened sooner, and most importantly, navigating any residual effects on staff.

Some CBOs talked about implementing quarterly drills where their staff practice navigating different situations through role play and discussion. Another described a safety mechanism they installed in their bathrooms to regulate the locks with a timer.

When asked if they felt these kinds of adaptations were helpful to them, all CBOs agreed.

> I think a part of it is two fold, one is having really prepared staff, and you can't take anything for granted, conversely we have really great staff that have really great relationships with [people] and our technique, [the] way we work with [people] in a non judgemental and harm reduction focused way has really paid off in the long run.

At Home and Abroad: Looking at Established Research

DESPITE WHAT FEELS to be an increasingly polarized world, we continue to be connected through common problems, practices, and approaches. Consulting other jurisdictions and established research — at home and abroad — is integral to building new solutions through lessons already learned.

In the last decade, Western Australia has also described "crisis" levels of methamphetamine use. For the first time, methamphetamine was cited by the Western Australian Government as the substance of most concern over alcohol (Mental Health Commission, 2019). Western Australia sanctioned a Methamphetamine Task Force in 2017 to develop a strategy to combat the risks and harms associated with methamphetamine use. In 2018, the task force released a report with 57 recommendations that primarily focus on "harm minimization" and "demand reduction." The government responded to this report in 2019 with its own report outlining a $42.5 million dollar strategy that would invest in a joint police and mental health response team, increase the number of withdrawal beds, harm minimization interventions, prevention education in schools, roadside drug testing, border patrol, and harsher legal penalties (Mental Health Commission, 2019). While the existence of this response is worth mentioning, and we can commend its responsiveness and creativity in places, the strategy does not foster many

parallels applicable in the West Broadway/Winnipeg context. What is more pertinent are the small collective of independent studies that have resulted from this government action.

In a 2019 qualitative study titled "Service providers' experience of methamphetamine and the portrayal of the 'ice epidemic' in remote Australia" from the National Drug Research Institute in Perth, Australia, the researchers' main objectives were to determine if service provider perceptions of the "ice epidemic" in rural Australia align with the messaging proliferated by media and government. The advent of this study is important because it suggests that there are discrepancies between what is actually happening, and the information communicated by government and media — much like in Winnipeg. The study discovered that despite self-reported reduction in usage from 2010 to 2016, public concern for crystal methamphetamine use has increased three-fold (Cartwright and Tait, 2019). More importantly, this study determined that the primary users of crystal methamphetamine in rural towns are high-wage earning trades people. The implications of this illuminate that in other countries as well, messaging that surrounds crystal methamphetamine in particular is powerful in impacting public perceptions around the issue. Moreover, stereotypes linking Indigenous people to drugs and crime are also very present in Australia (MaClean, Hegsen, Stephens, 2017). This directs us back to examining the associations of particular drugs with minority groups and crime and how the government and public perceive the issue as either a "crisis" or "epidemic" or not.

A contrasting example that often remains quiet are the statistics surrounding white collar workers and soaring levels of substance abuse. Substances like heroin are being used more and more by white collar populations in the United States. "Statistics show use by working professionals who make $50,000 or more per year has risen by more than 60% since 2002" (Centre of Disease Control, 2015). Clinician and interventionist Dr. Louise Stranger also writes that methamphetamine use has been discovered "in company tech giants like Facebook, Google, and Apple…methamphetamine has eclipsed cocaine in distribution and revenue" (Stranger, 2017). Despite these figures, reporting of drug use concerns continues to focus on marginalized groups and linkages to crime.

Another 2017 Australian study critically considers crystal methamphetamine use and responses specific to Indigenous communities. Themes such as lack of evidence around treatment and intervention outcomes, indicators that people who use methamphetamine need longer and more intensive treatment plans, historical trauma and contemporary disadvantage as

underlying factors in methamphetamine use, as well as the aura of fear and violence associated with people who use methamphetamine were uncannily parallel to the West Broadway/Winnipeg context. Conclusions from this study suggest, first and foremost, tackling the stigma and shame around methamphetamine use while creating tailored responses for the Indigenous community (MaClean, Hegsen, Stephens, 2017). These conclusions support research objectives here in the West Broadway Strategy.

At home, recent publications such as the 2019 State of the Inner City report "Forest for the Trees: Reducing Drug and Mental Harms in the Inner City of Winnipeg" examines the root causes for methamphetamine use in Winnipeg (Smirl 2019), while providing a spotlight on three guiding strategies in Manitoba such as the governing 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* by Virgo Consulting (2018), and *Recommendations to Reduce the Use and Effects of Illicit Drugs within Manitoba's Communities* (Illicit Drug Task Force 2019, a task force organized by all three levels of government). All three of these reports echo some approaches and research findings from other jurisdictions. However, Smirl illustrates a significant problem within these leading strategies: they are uncoordinated and siloed. For instance, while the Virgo Report and Illicit Drug Task Force Report both align with harm reduction policies as a pillar to intervention, the PC's Action Plan rejects harm reduction approaches altogether — advocating for increased investment of $8 million dollars towards police agencies. Meanwhile, The Illicit Drug Task Force Report fails to acknowledge the harms associated with increased policing, and all three reports omit the importance of involving voices of lived experience. "It is worth noting the lack of consideration to voices of lived experience prevents governments from creating realistic, sustainable solutions to address the needs of Winnipeg's most vulnerable individuals while raising questions about priorities and accountability." The implications of this "raise questions about which vision is informing action; which recommendations will be prioritized; as well as important questions around accountability and transparency" (Smirl 2019).

What have we learned from the above research? We know that rising methamphetamine use is not unique to Winnipeg, and that the issues we experience here are mirrored in other countries who experience similar social inequities. We have learned that disadvantaged groups are more at risk of experiencing the harms associated with methamphetamine use such as criminalization and stigmatization while methamphetamine use

has actually become pervasive across all socioeconomic classes. The public focus of crystal methamphetamine globally has been more about the drug, its distribution, and possession, rather than tackling the root causes of how a substance like methamphetamine becomes preferred over others. We also have concluded that research on methamphetamine use is lacking globally, while further inquiry on the experiences of other jurisdictions is greatly needed. At home, analysis has shown that the three guiding strategies do not demonstrate collaboration or alignment with one another. Additionally, all three reports omit the involvement of people who have lived or living experience. These pitfalls limit the credibility of the reports' priorities and recommendations and muddies authorities' accountability for implementing solutions. This highlights a sixth gap that will require consideration within the WB neighbourhood — coordination and accountability. Based on this information, we can inform the West Broadway Strategy.

West Broadway Community Strategy

THE PURPOSE OF the research described in the previous pages is to inform a strategy that can be used by the WBDN moving forward. The following strategy was guided by the collaborative efforts and expertise of the WBDN as a response to the needs communicated by people who use drugs in the WB area who were interviewed in this community study. These recommendations are intended to complement and build upon the research in this report as well previous research and to align with the important work being done by others to improve how we respond to the complex issues related to methamphetamine use in Winnipeg. The strategy focuses on 6 primary actions.

1. Forming a WB Community Strategy Team

a. Create a sub-committee within the WBDN to oversee the coordination of relevant parts of the West Broadway Methamphetamine Strategy with the new 5-Year Community Housing Plan. Participants of this study identified the lack of supportive housing options to be a both a driver of substance use, and barrier to combating use. It is essential that these two plans be utilized to find solutions to two of many root causes of methamphetamine use in WB — homelessness and housing insecurity.

b. Establish and maintain a balance of perspectives by including diverse members of the community such as landlords, business owners, people with lived experience of substance use, and Indigenous representatives. This group will be responsible for developing terms of reference, designing phases of implementation, and overseeing targets and timelines.

c. Prioritize and embed Indigenous leadership within the strategy team to carry out strategy goals with a culturally appropriate lens.

Gaps Targeted: Accountability, Clarity, Community Coordination, Lived Experience Involvement

2. Create a Community Capacity Building Hub Within the WBDN Membership

Evidence presented in the qualitative interviews with people who use methamphetamine and WB organizations and businesses suggested a strong need for increasing education and coordination of information between WB CBOs, businesses, and the general public. The WBDN will establish itself as a point of consultation and coordination of community resources and information exchange. Existing resources should be leveraged to avoid the duplication of existing services within the neighbourhood and greater city. The WBDN would become the access point for organizations, advocates, business, schools and residents seeking assistance in responding to methamphetamine use in their places of work, learning and/or service provision.

a. Facilitate a community audit to establish an inventory of services in the WB area, as well as a capacity assessment of resources.

b. Develop a communications strategy that tackles the misrepresentation of people who use methamphetamine with accurate facts and figures. (i.e. One-page releases, video collaborations, etc.)

c. Create a new interactive WBDN website page under the existing WBCO site where information about methamphetamine can be posted and updated. This could include a Q&A section, resource guide, particular messaging and facts about methamphetamine use in the area, and videos from partners like JustTV.

Gaps Targeted: Education for the Public, Misrepresentation, Community Coordination

3. Call Upon All Levels of Government to Take Responsibility for the Ongoing Methamphetamine Issue and Invest in Adequately Supported, Diverse, and Tailored Substance Use Support Options

Echoed in many preceding local reports, the current provincial government continues to offload responsibility for major systemic social issues onto community based organizations through streams of funding veiled as 'innovative community initiatives.' Meanwhile, community-based workers are paid a fraction of the wage that would be allocated to professionals in the government sector, while services within the community sector are repeatedly recycled and duplicated in order to fill gaps created by these systems. Both municipal and provincial governments must take responsibility for the methamphetamine issue by responding to community recommendations, adopting true harm reduction philosophies to guide their thinking, and diversifying support options to meet the needs of many vulnerable populations.

4. Investigate the Acquisition of Available Public Facilities and/or Privately Listed Buildings to Repurpose into a 24/7 Safe Space and Supported Housing Units for People Struggling with Substance Use

Local organizations and advocates have been calling upon municipal and provincial governments for years to invest in a 24/7 safe space for vulnerable people. Currently, there are two safe spaces in the city that are open through the night (WE24 and Tina's Haven), though they only serve youth 26 and under. Reports such as End Homelessness Winnipeg's (EHW) 2019 report *24/7 Safe Spaces Winnipeg: A Brief Review of Existing Reports & Services* outlines a history of existing research and recommendations calling for the City to invest in 24/7 spaces for vulnerable populations like people who use substances. The Sherbrook Inn for example, has been identified many times by CBOs who recognize the building as a potential opportunity of 'hope' for a community in desperate need of a place to go when all other doors and supports have closed. Data from this study demonstrated that most participants who use methamphetamine in the WB area are also experiencing housing insecurity and homelessness (see Chapter 4). Successful and similar models that have are the Bell Hotel in Winnipeg, and the Portland Hotel in Vancouver. This recommendation aligns with recommendations stated in the Virgo Report and Illicit Drug Task Force Report. Opportunities

may include the Broadway Neighbourhood Centre, Library, or Misericordia and the Sherbrook Inn.

Gaps Targeted: Housing with Supports, 24/7 Safe Space, Tackling Trauma, Community Coordination

5. Call on the City and Province to Establish a Comprehensive Harm Reduction Strategy with Clear Targets and Timelines

While the Manitoba government website vaguely mentions harm reduction as an effective and evidence-based approach to substance use and addictions, it does not have a comprehensive and clear strategy for how and where harm reduction philosophies and methodologies will be implemented. Governments must prioritize a shift in mentalities and practices towards evidence-based methods and involvement of people with lived experience in order to impactfully tackle Winnipeg's unique substance use issues. This recommendation aligns with existing recommendations established in the Illicit Drug Task Force Report and the Virgo Report.

Gaps Targeted: Accountability, Evidence-Based Approaches

6. Develop a Streamlined Partnership with Health Service Providers such as the WRHA, Nine Circles Community Health Centre, and Klinic Community Health Centre to Address Specific Mental Health Gaps Within the Neighbourhood

a. Integrate this strategy with components of Nine Circles *Meeting the Moment: Integrating Street Health, Addictions Medicine and Primary Care project,* such as peer-involved program development/ training (See recommendation 3), and sustaining interprofessional community of practice which include people with lived experience. (See recommendation 2)

b. Integrate Klinic's Community Navigator position as liaison between people who use methamphetamines, CBOs, businesses, schools, and the general public.

c. Using existing resources between WB CBOs and the WRHA, investigate the creation of a "Life Supports Team" of on-the-ground mental

health workers assisting people one-on-one in the community who struggle with methamphetamine use. (Similar models can be seen in Turning Leaf's Community Support Team.)

d. Integrate the increasing capacity of trauma therapy services at Klinic Community Health Centre and Nine Circles Community Health Centre.

Gaps Targeted: Tackling Trauma, Community Coordination

Final Notes

THIS STUDY WAS facilitated in the fall of 2019, while the bulk of this report was written in early 2020. In March 2020, the emergence of COVID-19 in Manitoba put a halt to all daily operations within the CBO sector — including community-based research — while businesses and schools were forced to abruptly close. Services in the WB neighbourhood and greater city were substantially recalibrated to only offer basic needs services and emergency supports to vulnerable residents from a distance, while discussions around previously dominating issues like methamphetamine were pushed to the backburner. The volume of COVID-19 news suffocated media and newswaves, while much mental and emotional energy were required from the healthcare system and CBO sector as workers tried to negotiate personal and professional safety with the safety and ongoing needs of vulnerable communities. The impacts of COVID-19 on people who use methamphetamine (and other substances) are extensive and concerning. Social distancing measures have further isolated individuals from care providers and the organizations who interact with them, while access to new drug-use equipment has decreased, forcing individuals to share equipment in close proximity to one another. The closure of national borders has disrupted and changed the supply of methamphetamine in Winnipeg, requiring people to seek out unfamiliar sources or use other substances they don't normally use. The health risks of people who use drugs have increased substantially — including the risk of death from COVID-19 and/or overdose.

It is important to note that this strategy was created in a pre-COVID era where the ubiquitous notion of closeness and access to people, resources, and places were the driving assets of what made the West Broadway community unique and special. These assets have been altered — although not erased — and we are forced to rethink how service providers connect with communities from a distance, while vulnerable populations have been pushed into an even more opaque margin. The juxtaposition of the response to the viral pandemic compared to the response to what has been dubbed Winnipeg's "social epidemic" has brought greater criticism upon the disregard of governments to invest in swift, sustainable, and dignified solutions to problems such as methamphetamine use, homelessness, and gender-based violence. Within days of the COVID-19 reaching Manitoba, the government repurposed available buildings in the inner-city into 142 isolation beds for homeless folks. Meanwhile advocates have been calling for actions like these for decades. It is clear more than ever that governments are adequately resourced and capable of swift and impactful action to crises, yet their interests and willpower remain purposefully selective.

In our conversations with all interviewees, a loud chord was struck for increasing human connection, acceptance, and empathy, and the need for balanced approaches reverberated through all ideas. Respondents asserted that if politicians, policy makers, and the public could begin to participate in a practice of anti-oppression, detach themselves from the hook of moral panic, and choose a process of fighting against stigma and resisting stereotypes, many of the gaps articulated through this study would naturally begin to narrow.

> "Is there anything else you would like to add?"
>
> "We still have gifts and we're still smart, and we still...we still have spirit and identity, we still have personalities. That's what I want people to know, when they look at somebody and say 'oh they're a meth head,' and 'oh look, they're binning again,' — we are so much more than that."
>
> —West Broadway resident and person who uses methamphetamine, 2019

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Appendix A

2019 West Broadway Survey for People Who Use Methamphetamine

Your responses are confidential, at any time during this survey you may decline to answer any question if you wish--just say "skip"

Section 1: Demographics

1.0 What is your birth year? _____
Year

1.2 Were you born in Winnipeg?

Yes ( ) No ( ) I don't know ( ) Decline to Answer ( )

1.3 Were you born in Canada?

Yes ( ) No ( ) I don't know ( ) Decline to Answer ( )

1.4 If you were born outside of Canada, where were you born?_____

1.5 How long have you been in Winnipeg? _____

In Canada? (if applicable)_____

1.6 Do you identify as belonging to one of the following Indigenous Ancestries?

First Nation ( ) Metis ( ) Inuit ( ) Other_____ I don't know ( )

1.7 How do you identify your Gender?_____ **What is your preferred Pronoun?**_____ (Record verbatim)

1.8 How do you identify your sexual orientation? (check all that apply?)

( )Straight/heterosexual
( ) Gay/lesbian/homosexual
( ) Bisexual
( ) Pansexual
( ) Asexual
( ) Queer
( ) Questioning
( ) Something else_____
( ) I don't know

1.9 Do you have children? If so, how many?

Yes ( ) _____ No ( ) I don't know ( )

1.10 What's your highest level of education completed?

( ) Completed middle school
( ) Completed grade 9
( ) Completed grade 10
( ) Completed grade 11
( ) Completed high school (grade 12) or GED
( ) Completed some post-secondary courses
( ) College diploma/certificate
( ) Trades/ technology/ apprenticeship
( ) Bachelor's degree
( ) Master's degree
( ) PhD

1.11 Do you identify as living with any disabilities? (Ex. Physical, Mental, Learning)

Yes ( ) No ( ) Prefer not to answer ( )
If yes, how do you define your disability? _____

1.12 Have you ever been prescribed medication for these conditions?

Yes ( ) No ( ) Prefer not to answer ( )

_____

1.13 Did you find these medications helpful for you? Why or why not?

_____
_____
_____

1.14 How would you describe your current housing?

( ) Own house
( ) A house/ apartment where my name is on the lease (Permanent)
( ) Subsidized unit
( ) Transitional housing
( ) Couch surfing
( ) Homeless/ Shelter
( ) Homeless/On the street/Rough sleeping
( ) Other _____

1.15 (If participant has housing) **On a scale of of 1 to 10 (1 being very unstable an 10 being very stable) how would you rate your current housing?_____**

1.16 Why do you choose to live/hang out in the West Broadway Neighbourhood?_____
_____

<u>Section 2: Drug Use</u>

2.0 How old were you when you started using meth?_____

2.1 Who introduced you to meth?

Family ( ) Friends ( ) Partner ( ) Other_____ I don't know ( )

Decline to answer ( )

2.2 Do you prefer meth over other Substances? Why or why not?

_____

_____

_____

2.3 Would you describe yourself as dependent on meth?

Yes ( ) No ( ) I don't know ( ) Decline to answer ( )

2.4 How often do you use?

( ) Daily
( ) 3 to 4 times per week
( ) 1 to 2 times per week
( ) Several times this month
( ) Not in the last 30 days
( ) I don't know
( ) Decline to answer

2.5 What is your primary route of consumption? Why do you prefer this route of consumption?

Ingest ( ) smoke ( ) snort ( ) Inject ( )

_____

_____

2.6 What would you describe as the primary "good" effects you experience when using meth? _____

2.7 Are there any specific reasons you seek out these good effects?_____

_____

2.8 What would you describe as the primary unwanted effects you experience as a result of using meth?_____

2.9 What kinds of things do you do for yourself to help you through these unwanted Effects?_____

_____

2.10 Do you know where to go for new supplies (pipes, needles) and Harm Reduction resources in your neighbourhood?

Yes ( ) No ( ) I don't know ( ) Decline to answer ( )

2.11 What are your main sources of income? *(Select all that apply)*

( ) EIA/Welfare
( ) EIA Disability benefit
( ) CPP/Pension
( ) EI
( ) Employed
( ) Workers Compensation
( ) Panhandling
( ) Sex Work
( ) Drug Trade
( ) Bottle Collecting
( ) Pawning
( ) Other_____
( ) None
( ) Decline to Answer

2.13 Do you possess a Naloxone kit?

Yes ( ) No ( ) I don't know ( ) Decline to answer ( )

2.14 Do you know where to obtain a Naloxone Kit?

Yes ( ) No ( ) I don't know ( ) Decline to answer ( )

2.15 Have you ever tried to access treatment options? (AFM, RAM Clinics)

Yes ( ) No ( ) I don't know ( ) Decline to answer ( )

2.16 Have you ever tried to access some type of treatment program and were not able to?

Yes ( ) No ( ) I don't know ( ) Decline to answer ( )

2.17 What was the reason(s) you were unable to access treatment?

_____
_____
_____

Section 3: Adverse Experiences

3.0 Have you been, or are you presently involved with Child and Family Services?

Yes ( ) No ( ) I don't know ( ) Decline to answer ( )

3.1 Do you currently have, or have you ever had children in care?

Yes ( ) No ( ) I don't know ( ) Decline to answer ( )

3.1 Have you ever been involved in the Justice System?

Yes ( ) No ( ) I don't know ( ) Decline to answer ( )

3.2 Have you ever experienced homelessness or housing insecurity?

Yes ( ) No ( ) I don't know ( ) Decline to answer ( )

3.3 In the past five years, how often have you been homeless?

5 or more times ( ) Less than 2 times ( )
3-4 times ( ) I don't know ( )

3.4 How old were you when you first became homeless? _____

3.3 Are you currently or have you ever been in a family violence situation?

Yes, currently ( ) Yes, in the past ( ) No ( ) I don't know ( )

Decline to answer ( )

3.5 If you are willing to disclose, are you able to identify what happened in your life, or a sequence of events that may have brought you to your current situation?

_____
_____
_____
_____

3.9 On a scale of 1 to 10 (1 being weak and 10 being strong), how would you rate your support network (friends, family, people you trust)?_____

3.10 How often do you feel lonely or isolated from other people?_____

3.11 Have you ever felt discriminated against because of your drug use?

Yes ( ) No ( ) Not sure ( ) Decline to Answer ( )

3.12 Are you able to describe a time in your life when you felt stable?

_____
_____

3.13 On a scale of 1 to 10, (1 never feeling safe to 10 feeling always safe) how would you rate how safe you feel on a day to day basis?

Section 4: Open Ended, Anecdotal *(Please record, and write verbatim)*

4.1 Where do you go (places or people) for resources, support, or just to hang out?

4.2 What do you like about these places and what they offer?

4.3 How could these places better support those who experience addiction from Meth?

4.4 What is missing in the community?

4.5 How could governments better support those who use meth?

4.6 What is our government doing currently that's working?

4.7 Do you believe that Safe Consumption Sites would be helpful to this issue? Please explain why or why not.

4.8 Do you agree or disagree with the statement that Winnipeg is currently experiencing a "Meth Crisis." Please explain.

4.9 What do you think the media is getting wrong about those who use meth?

4.9 Do you agree or disagree with correlation that much of the violence in the city is related to meth use? Please explain.

4.10 What does a solution to this issue look like in your opinion?

4.11 What would ideal treatment look like for someone who wishes to access treatment?

4.12 What do you hope this neighbourhood looks like in 10 years?

4.13 Is there anything else you want to add?

Interview Questions (Organizations/Businesses/Other)

1. Who does your business/org./school serve/what types of services do you offer?

2. How often do you see signs of methamphetamine use around your building (i.e. clients/customers/students who come in high, needles around your building) ?

3. How many incidents have you reported in your business/org./school related to meth?

4. What kinds of changes have you made to how you operate to address this issue?

5. Why do you think meth use is such an issue right now?

6. What kinds of support does your business/org/school offer for this population?

7. Do you feel that you are adequately meeting their needs? Why or why not?

8. What do you feel your business/org/school needs to better support those who use meth in this neighbourhood?

9. What would you describe as your business's/org's/school's strengths/assets?

10. What do you think we need from governments to address this issue?

11. What is our government currently doing that is working?

12. What do you think the media gets wrong about this issue?

13. What would you like this neighbourhood to look like in 10 years?

14. What do you think collaboration looks like between agencies, businesses, and government?

15. What do you think appropriate intervention/treatment looks like?

16. How do you think your business/org/school could be part of the solution? How would you like to be engaged in this issue?