

**A strategic and evidenced based approach to methamphetamine and opioid use disorders in Manitoba**

A briefing note based on the November 29, 2018 presentation to the  
House of Commons Standing Committee on Health



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Since the mid-2000s there has been a wave of devastating impacts caused by highly potent drugs in Manitoba. Within a relatively short period of time, there has been a dramatic rise in fentanyl and methamphetamine use - causing significant increases in morbidity and mortality among individuals using these drugs. As a result, families and communities have been afflicted and the province's health, social and justice systems have become overwhelmed in response to the impacts of these drugs. In terms of methamphetamine actual or potential indicators include dramatic increases in:

- Addictions Foundation of Manitoba (AFM) clients reporting use of amphetamine use within the past year [2014/15 to 2016/17: 47% increase (youth) and 104% increase (adults)]. In addition, between 2014/14 and 2018/19 there was a 206% increase in counsellors assessing amphetamines as the clients' primary drug of use.<sup>1</sup>
- Crime related to methamphetamine use. Winnipeg Police Services report (2017 vs. 2012)<sup>2,7</sup>
  - Possession - 890% increase
  - Possession/Trafficking - 539% increase
  - Traffic 267% - increase
  - 33% of Homicides (drug related)
- Amphetamine presentations at Winnipeg emergency departments: 1700% increase between 2013-2017<sup>3,6</sup>
- Detoxification admissions - in 2017/18, Main Street Project (Winnipeg - non medical withdrawal unit) - 40% of intakes were clients seeking services for methamphetamine<sup>4</sup>
- Injection Drug Use (IDU - all drugs) among youth and adult AFM clients (2011/12 to 2016/17).<sup>\*5</sup>
- 3-4 fold increase in demand for clean needles by people who inject drugs in Winnipeg (2008-2017) (all injectable drugs)<sup>6</sup>
- Morbidity and mortality caused or related to methamphetamine use<sup>6-9</sup>
- AFM female client use at significantly higher rates than males (e.g., 31% versus 16% for past year substance use) (2017)<sup>10</sup>

#### Other points:

- It is estimated that between 8 and 46% of regular amphetamine users experience drug-induced psychosis, causing potentially unpredictable and violent behaviour.<sup>11</sup>
- Currently a clear mode of treatment, including pharmacological, for regular methamphetamine use has not been established.<sup>11</sup>

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\* The level of IDU increases for adults vary depending on the type of AFM program. From 2014-2016 the percentage of youth stating they had injected drugs during their lifetime doubled from 3.6% to 6.8%.

While methamphetamine use has generated unique and high demands on Manitoba's public systems, services remain under funded and under resourced. According to a 2018 provincially funded review of the province's mental health and addictions systems, funding for these systems should be increased from **5.1% to 9.2%** (2016/17).<sup>\*12</sup> Currently AFM, which provides services to approximately **90%** of individuals seeking public programming and treatment for their substance use, receives approximately **.04%** of the provincial health budget.<sup>13</sup>

It is clearly evident that mental health and substances use disorders are major burdens to society. At the same time, there is strong evidence that advises that investing in treatment and supportive services provide a positive return in investment and improve the wellbeing of a population.<sup>14, 34</sup>

In 2017, as part of the Canada Health Transfer, the Federal government announced the allocation of **\$181.6 million** over 10 years to improve access to mental health and addiction services in Manitoba.<sup>15,16</sup> At the same time, AFM was recently directed to find efficiencies within its operations while working to minimize impacts of service delivery. In 2017/18 the agency was mandated to reach annual cost reduction targets of 1-4% with no indication of future increases to funding.<sup>17</sup>

While many gaps exist within Manitoba's addiction system, three examples of service gaps for individuals seeking treatment for their methamphetamine use include:

- **Rapid Access to Addiction Medicine (RAAM):** In the summer of 2018 the Province, AFM and four regional health authorities collaborated to create five RAAM clinics (i.e., low barrier access to addiction medicine). By mid-November, all of the clinics were operational. Initial RAAM data suggests that a significant number of those attending RAAM clinics are using methamphetamine. While the clinics are still in the early stages, anecdotally, they have been able to improve access for difficult to reach and vulnerable populations - expanding into the **greater need** that exists beyond the existing **demand** for services. As a result, systems that were already under resourced and underfunded have experienced a large and sudden wave of individuals seeking services - placing further strains on staff and resources. This dynamic is contributing to longer waitlists, residual services and eliminates or reduces the ability to provide evidenced based practices and policies.

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\* While the Canadian funding average of mental health and addictions is 7.2% of the total health care budget, 9.2% would "acknowledge the historical gap in funding and the significantly higher severity across the vast majority of indicators of need examined in this report"(p. 244)<sup>12</sup>

- **Longer and flexible treatment:** Research recommends that individuals recovering from substance use disorders often require long-term (up to a year or longer) and flexible care through various forms of residential and/or non-residential programming and support. Currently, the addiction system struggles to meet this need. Individuals recovering from methamphetamine addiction often require longer periods of treatment and support compared to non-methamphetamine addiction.<sup>18</sup> Providing adequate care continues to be a struggle and has become more difficult with increases in service demand.
- **Withdrawal Management Services (WMS):** Evidence advises that individuals recovering from methamphetamine often require a longer period of withdrawal and stabilization than non-methamphetamine users. Currently in Manitoba, there is dearth of these services in the province while hospitals usually do not have the capacity to provide WMS, particularly for those withdrawing from methamphetamine.<sup>18,19</sup>

The evidence provides a long list of opportunities to address methamphetamine use in the areas of treatment, harm reduction, prevention and early intervention.<sup>18</sup> In recent months there have been positive steps to begin to address these challenges. In December 2018, there was movement on creating a tri-governmental task force in Manitoba to address methamphetamine and other drugs.<sup>20</sup>

## **DRIVERS OF NON-MEDICAL DRUG USE**

While the words “crisis” and “epidemic” have commonly been used when referring to fentanyl and methamphetamine, it is well established that addiction is a symptom of deeper issues. Targeted initiatives on specific drugs can provide short term responses, but do not address the larger political, social and economic challenges.

There are overlapping analyses and realities about what is driving the dramatic rise of methamphetamine use and its effects. These include: <sup>1, 8, 21-34</sup>

### **Production & Distribution**

- Increased purity - making an already highly addictive drug more addictive
- Low cost
- Accessibility and marketing has increased

- Production and distribution has moved from independent local production to organized crime structures

### **Social Determinants of Health**

- The continuing ramifications of Colonization, including intergenerational trauma
- Impacts on women and families
- Political, social and economic trends that maintain growing inequality and austerity since the 1980s (e.g., homelessness, poverty, entrenchment of food banks, lack of social housing, wage stagnation, the rise of precarious employment)
- The weakening of the Social Determinants of Health and public systems

### **Considering the above information we recommend the following to address the current challenges of methamphetamine use in Manitoba:**

1. To collaborate with Manitoba and its jurisdictions to increase addictions and mental health funding to **9.2%** (2017/18) of the provincial health care budget, as per the Virgo report recommendations.
2. To expediently work with Manitoba and its health care systems to fund and apply sustainable evidence based practices and services that support and treat those experiencing substance use disorders. A primary focus is increasing access to services and improving clinical pathways, particularly for those addicted to methamphetamine.
3. To adhere to the Truth and Reconciliation Commission's "calls to action". This includes improving access to, and the quality of Indigenous health care.
4. To address SUDs through the broad framework of the Social Determinants of Health and economic policy (e.g., social housing, reducing poverty and inequality) - averting "economic growth at the cost of social recession".<sup>32</sup>

## Description of the Addictions Foundation of Manitoba (AFM):

AFM is a Crown agency that delivers substance use, problem gambling and addiction services across Manitoba in over 28 locations, including six residential facilities. The agency also provides on-site services in 47 schools in 20 school divisions.

AFM primarily receives funding from Manitoba Health, Seniors and Active Living, Manitoba Liquor and Lotteries Corporation. The agency is accredited through Accreditation Canada.

We provide a broad range of addictions treatment programming, public education and prevention services to Manitobans. In 2017/18 AFM had well over 18,000 admissions to our residential and community based programs. In addition, the agency provided prevention and education services to over 36,000 participants. We maintain strong partnerships with various sectors including mental health, child welfare, justice and indigenous communities.

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