Second Session – Forty-Third Legislature

of the

Legislative Assembly of Manitoba

Standing Committee on Social and Economic Development

Chairperson
Carla Compton
Constituency of Tuxedo

Vol. LXXIX No. 7 - 6 p.m., Thursday, October 16, 2025

ISSN 1708-6698

MANITOBA LEGISLATIVE ASSEMBLY
Forty-Third Legislature

Member	Constituency	Political Affiliation
ASAGWARA, Uzoma, Hon.	Union Station	NDP
BALCAEN, Wayne	Brandon West	PC
BEREZA, Jeff	Portage la Prairie	PC
BLASHKO, Tyler	Lagimodière	NDP
BRAR, Diljeet	Burrows	NDP
BUSHIE, Ian, Hon.	Keewatinook	NDP
BYRAM, Jodie	Agassiz	PC
CABLE, Renée, Hon.	Southdale	NDP
CHEN, Jennifer	Fort Richmond	NDP
COMPTON, Carla	Tuxedo	NDP
COOK, Kathleen	Roblin	PC
CORBETT, Shannon	Transcona	NDP
CROSS, Billie	Seine River	NDP
DELA CRUZ, Jelynn	Radisson	NDP
DEVGAN, JD	McPhillips	NDP
EWASKO, Wayne	Lac du Bonnet	PC
FONTAINE, Nahanni, Hon.	St. Johns	NDP
GOERTZEN, Kelvin	Steinbach	PC
GUENTER, Josh	Borderland	PC
HIEBERT, Carrie	Morden-Winkler	PC
JOHNSON, Derek	Interlake-Gimli	PC
KENNEDY, Nellie, Hon.	Assiniboia	NDP
KHAN, Obby	Fort Whyte	PC
KINEW, Wab, Hon.	Fort Rouge	NDP
KING, Trevor	Lakeside	PC
KOSTYSHYN, Ron, Hon.	Dauphin	NDP
LAGASSÉ, Bob	Dawson Trail	PC
LAMOUREUX, Cindy	Tyndall Park	Lib.
LATHLIN, Amanda	The Pas-Kameesak	NDP
LINDSEY, Tom, Hon.	Flin Flon	NDP
LOISELLE, Robert	St. Boniface	NDP
MALOWAY, Jim	Elmwood	NDP
MARCELINO, Malaya, Hon.	Notre Dame	NDP
MOROZ, Mike, Hon.	River Heights	NDP
MOSES, Jamie, Hon.	St. Vital	NDP
MOYES, Mike, Hon.	Riel	NDP
NARTH, Konrad	La Vérendrye	PC
NAYLOR, Lisa, Hon.	Wolseley	NDP
NESBITT, Greg	Riding Mountain	PC
OXENHAM, Logan	Kirkfield Park	NDP
PANKRATZ, David	Waverley	NDP
PERCHOTTE, Richard	Selkirk	PC
PIWNIUK, Doyle	Turtle Mountain	PC
REDHEAD, Eric	Thompson	NDP
ROBBINS, Colleen	Spruce Woods	PC
SALA, Adrien, Hon.	St. James	NDP
SANDHU, Mintu, Hon.	The Maples	NDP
SCHMIDT, Tracy, Hon.	Rossmere	NDP
SCHOTT, Rachelle	Kildonan-River East	NDP
SCHULER, Ron	Springfield-Ritchot	PC
SIMARD, Glen, Hon.	Brandon East	NDP
SMITH, Bernadette, Hon.	Point Douglas	NDP
STONE, Lauren	Midland	PC
WASYLIW, Mark	Fort Garry	Ind.
WHARTON, Jeff	Red River North	PC
WIEBE, Matt, Hon.	Concordia	NDP
WOWCHUK, Rick	Swan River	PC

LEGISLATIVE ASSEMBLY OF MANITOBA

THE STANDING COMMITTEE ON SOCIAL AND ECONOMIC DEVELOPMENT

Thursday, October 16, 2025

TIME – 6 p.m.

LOCATION – Winnipeg, Manitoba

CHAIRPERSON – MLA Carla Compton (Tuxedo)

VICE-CHAIRPERSON – Mrs. Rachelle Schott (Kildonan-River East)

ATTENDANCE – 6 QUORUM – 4

Members of the committee present:

Hon. Min. Moyes, Hon. Min. Smith

MLAs Bereza, Compton, Mrs. Schott, Mr. Wharton

APPEARING:

Carrie Hiebert, MLA for Morden-Winkler

PUBLIC PRESENTERS:

Christine Ronceray, private citizen
Walter Daudrich, private citizen
Jill Wilson, private citizen
Abram Janzen, private citizen
Karin Streu, private citizen
Christine Kirouac, private citizen
Alexander Major, private citizen
Joseph Fourre, private citizen
Patrick Allard, private citizen
Rena Kisfalvi on behalf of Amy Robinson, private citizens
Margaret Bryans, private citizen
Levi Foy, Sunshine House
Kate Sjoberg, Resource Assistance for Youth
Lorie English, West Central Women's Resource Centre
Nick Kasper, United Fire Fighters of Winnipeg
Mitch Bourbonniere, private citizen
Catherine Flynn, private citizen
Michael Dyck, Manitoba Bar Association
James Simm, private citizen
Darrell Warren, William Whyte Neighbourhood Association
Pamela Warren, private citizen
Sel Burrows, private citizen
Cynthia Drebot, North End Women's Centre
Karen Sharma, Manitoba Human Rights Commission

WRITTEN SUBMISSIONS:

Tanya Bashura, private citizen
Katherine Bitney, private citizen
Tammy Aime, private citizen
Howard Warren, private citizen
Hannah Cormie, private citizen
Trista Mieszczakowski, private citizen
Tanya Jackman, private citizen
William Dentry, private citizen
Shara Werestiuk, private citizen
Scott Gillingham, City of Winnipeg
Jitender Sareen, Shared Health
Monica Ballantyne, private citizen
Nina Vrsnik, private citizen
Gene Bowers, Winnipeg Police Service
Chris Scott, Amalgamated Transit Union Local 1505
Noah Schulz, Manitoba Health Coalition
Scot Halley, Manitoba Association of Chiefs of Police
Alain Beaudry, private citizen

MATTERS UNDER CONSIDERATION:

Bill 48–The Protective Detention and Care of Intoxicated Persons Act

* * *

Clerk Assistant (Ms. Katerina Tefft): Good evening. Will the Standing Committee on Social and Economic Development please come to order.

Before the committee can proceed with the business before it, it must elect a Chairperson.

Are there any nominations?

Hon. Mike Moyes (Minister of Environment and Climate Change): I'd like to nominate MLA Compton.

Clerk Assistant: MLA Compton has been nominated.

Are there any other nominations?

Hearing no other nominations, MLA Compton, will you please take the Chair.

The Chairperson: Our next item of business is the election of a Vice-Chairperson.

Are there any nominations?

MLA Moyes: I'd like to nominate Mrs. Schott.

The Chairperson: Mrs. Schott has been nominated for Vice-Chairperson.

Are there any other nominations?

Hearing no other nominations, Mrs. Schott is elected Vice-Chairperson.

This meeting has been called to consider the following bills: Bill 48, The Protective Detention and Care of Intoxicated Persons Act.

I would like to inform all in attendance of the provisions in our rules regarding the hour of adjournment. A standing committee meeting to consider a bill must not sit past midnight to hear public presentations or to consider clause by clause of a bill except by unanimous consent of the committee.

I would also like to inform all members of the public in the gallery of the rules of decorum for standing committees. Please note that any participation from the gallery is not allowed. Examples of specific actions that are not allowed include clapping, cheering or disrupting the presentations, taking video–or, taking photos or videos in this committee room is also not allowed. Finally, the use of props, signs or shirts with slogans is also not allowed. I thank everyone in advance for their co-operation.

Written submissions from the following persons have been received and distributed to committee members: So on Bill 48, Tanya Bashura, private citizen; Katherine Bitney, private citizen; Tammy Aime, private citizen; Howard Warren, private citizen; Hannah Cormie, private citizen; Trista–oh, I'm going to apologize if I mispronounce this name–Mieszczakowski, private citizen; Tanya Jackman, private citizen; William Dentor *[phonetic]*, private citizen; Shara Worschuk *[phonetic]*, private citizen; Scott Gillingham, City of Winnipeg; Jitender Sareen, Shared Health; Monica Ballantyne, private citizen.

I would just like to remind the public gallery, please be silent. Thank you.

Nina Vrsnik, private citizen; Gene Bowers, Winnipeg Police Service; Chris Scott, Amalgamated Transit Union Local 1505; Noah Schultz, Manitoba Health Coalition; Scot Halley, Manitoba Association of Chiefs of Police.

Does the committee agree to have these documents appear in the Hansard transcript of this meeting? *[Agreed]*

Public presentation guidelines: prior to proceeding with public presentations, I would like to advise members of the public regarding the process for speaking in a committee. In accordance with our rules, a time limit of 10 minutes has been allotted for presentations with another five minutes allowed for questions from committee members. Questions shall not exceed 45 seconds in length with no time limit for answers. Questions may be addressed to the–to presenters in the following rotation: first, the minister sponsoring the bill or another member of their caucus; second, a member of the official opposition; and third, an independent member.

If a presenter is not in attendance when their name is called, they will be dropped to the bottom of the list. If the presenter is not in attendance when their name is called a second time, they will be removed from the presenters list.

The proceedings of our meetings are recorded in order to provide a verbatim transcript. Each time someone wishes to speak, whether it be an MLA or a presenter, I first have to say the person's name. This is the signal for the Hansard recorder to turn the mics on and off.

Order of the presentations: on the topic of determining the order of public presentations, I will also note that we have in-person, out-of-town presenters in attendance, and they are marked with an asterisk on the list.

With these considerations in mind, then, in what order does the committee wish to hear the presentations?

Mrs. Rachelle Schott (Kildonan-River East): Out-of-town first. In-person first.

The Chairperson: So the committee agrees to hear out-of-town, in-person presenters first? *[Agreed]*

Thank you for your patience, and we will now proceed with public presentations.

Bill 48–The Protective Detention and Care of Intoxicated Persons Act

The Chairperson: I will now call on–oh, sorry. Got my right list here. Christine Ronceray.

So Christine Ronceray, please proceed with your presentation.

Christine Ronceray (Private Citizen): Good evening, members of the committee.

I cannot support Bill 48. There is no question that Manitoba needs better tools to respond to the crisis of drug and alcohol addiction. Our communities are being devastated by meth, fentanyl and other substances that cause psychosis, violence and tragedy.

The current law, written decades ago for alcohol intoxication, is no longer enough.

* (18:10)

But if this government is 'connitted' to–committed to evidence-based decision making, then please show the evidence that keeping intoxicated individuals involuntarily or without consent, against their will, potentially, for an extra two days, at taxpayers' expense, improves–that this would even improve outcomes for those individuals or their communities.

So, yes, updating the laws makes sense, but changing the law without a plan is not progress–it's recklessness.

Bill 48 gives sweeping powers to detain individuals for up to 72 hours–three full days–in protective-care centres that have not yet been defined, staffed or funded.

Where, exactly, will these facilities be located? Who will operate them? Hospitals? Health authorities? Or private contractors? And what happens in rural and northern Manitoba, where the nearest hospital is already struggling to keep its doors open? Even the best intentioned legislation fails when it collides with reality on the ground.

And that brings me to a deeper concern: Why does this government keep passing laws that sound compassionate but come up with no budget, no workforce plan and no clear oversight? Because whether the number–the money comes from provincial or local coffers, it's–ultimately comes from Manitobans, the same taxpayers already facing higher costs, fewer services and growing frustration.

Time and time again, new programs are launched with great fanfare, only for details and dollars to land on the shoulders of municipalities and local service providers. And somehow, the lion's share of these resources still flow back to Winnipeg while rural and northern communities are left to make do with less.

Compassion isn't about slogans; it's about priorities. And here's the practical reality: How will this government find the professional staff to operate these centres when our health-care system is already stretched to breaking point?

In rural Manitoba, families wait weeks, sometimes months, sometimes half a year, if not more, to see a doctor or a mental health-care professional. Emergency rooms are closing or running on skeleton crews. If we can't provide timely care for people who want help, how will we suddenly provide round-the-clock medical supervision for people being held under this bill?

With 72-hour detentions, the potential for withdrawal and detox complications increases, and that requires specialized care with–that we simply don't have.

So where will these professionals come from? Will they be pulled from existing hospitals and treatment centres, leaving other services even thinner? Because if that's the plan, that's not a solution; that's a shell game. And we don't need more promises; we need more workforce plans, and just legal framework doesn't cut it.

I also find this a bit ironic, maybe even darkly humorous, that another bill headed to the same committee is Bill 226, Debbie's law. That bill acknowledges that our health-care system is so backlogged that patients are not receiving life-saving care within medically recommended time frames, and it requires authorities to notify them if that happens.

Think about that for a moment. On one hand, we're debating a bill that would give government power to detain people for up to 72 hours in protective-care centres that don't even exist yet, while on the other hand, we're passing another bill that admits that we can't deliver basic timely medication or medical care to those already waiting for treatment.

If the system cannot meet its obligations to those seeking help voluntarily, how can we possibly handle an influx of people being detained involuntarily under Bill 48?

These two bills overlap in the most troubling way. They both expose the health-care system stretched beyond its limits. And now we also have Bill 224, a budget accountability act. The bill focuses on transparency and fiscal responsibility, which are important goals. But if we look at Bill 224, 226 and 48 together, there's a pattern that comes clear. This government needs legislative accountability, capacity and compassion. It's not just good on paper. Yet this also shows that they're not practising those things.

We've seen this story before. Other provinces have tried similar approaches, and the results were disastrous. Take Lethbridge, Alberta: they opened protective-holding facilities with good intentions, but without adequate follow-up, treatment or proper staffing, those centres quickly became overwhelmed. Police grew frustrated, health-care workers burned out and the facilities became revolving doors, holding people temporarily–against their will–then releasing

them back into the same conditions, the same addictions, the same danger.

In Alberta, with greater resources and a stronger health-care system, they couldn't make it work. How does Manitoba expect to succeed when our own system is already under strain? We don't need to copy failure; we need solutions that heal people and not just hold them.

Another major gap in Bill 48 is oversight. Expanding that detention period to 72 hours means that–sorry–expanding that detention period to 72 hours means allowing three times longer confinement than what's legally permitted for the criminal suspects, even though the detained person, under Bill 48, has not committed a crime. There is no established evidence that extending involuntary detention for intoxication improves outcomes, and its risks–it risks Charter challenges for arbitrary detention or unlawful confinement.

Who ensures that detentions are justified, that rights are respected and that people are released safely? And if an individual becomes difficult to manage, what protections are there that won't be–that they won't be medicated or restrained without proper consent? Why not? We've already scratched the Charter.

There's no mention of independent review, data reporting or a complaint process. Without oversight, we risk creating a system that can be abused, one where people are detained because it's convenient, not because it's necessary. True care should not contradict the Charter of Rights and Freedoms.

Manitobans are desperate for real action on addiction, crime and community safety. But real action means building capacity first, not writing laws that we don't have the resources to carry out. If this government is serious about addressing addictions and community safety, we need more properly staffed treatment beds, detox services and transitional housing. We need mobile crisis units and–*[interjection]*

The Chairperson: Pardon me. Sorry, Mrs. Ronceray.

I would like to remind the public gallery there is no participation to happen. That means what just happened does not happen again.

This is your warning. If this continues to happen, we will need to remove folks, okay? Thank you.

Mrs. Ronceray, please continue your presentation.

C. Ronceray: We need mobile crisis units and sobering centres that connect people to care, not just hold them in there unwillingly until their clock runs out. We need collaboration between police, health care and community organizations, not another layer of confusion and government spending. Most of all, we need to restore hope because no law can replace the human will to recover when real support exists.

I'll end with this: I only wish the same compassion and loyalty this government shows when defending its own ministers could be matched by its commitment to everyday Manitobans, especially those waiting for care, for treatment and simply for hope; because the true measure of leadership isn't how strongly we defend each other in this building, it's how faithfully we serve those outside of it.

Thank you for your time and for your service to Manitoba.

The Chairperson: Thank you for your presentation.

***** (18:20)

Do members of the committee have questions for the presenter?

MLA Jeff Bereza (Portage la Prairie): Thank you so much for your presentation, Ms. Ronceray. We really appreciate it. *[interjection]*

The Chairperson: I'm sorry, Mrs. Ronceray. I haven't recognized you. I recognized MLA Bereza so I'll let you finish your question. That was done? Okay. Mrs. Ronceray.

C. Ronceray: Sorry about that. Yes, thank you for having me here tonight.

I just don't understand how this government can expect to move 72 hours into place when we're paying for 24 hours as it is. That's 300 per cent more already, let alone the detox implications that will happen after medical situations occur after holding people for 72 hours when they're addicted. It's like this hasn't been thought through.

If we're having the itch to spend, there are other ways. In fact, we could even make things easier. We could get rid of porn 'beck' books out of libraries. We could–and schools. We could maybe not do the whole catch and release. That would save some money as well. Like, there is better ways–sorry, there are better ways.

Mr. Jeff Wharton (Red River North): Mrs. Ronceray, thank you so much for coming tonight. This is one advantage we have in Manitoba is in our democracy

as we want Manitobans to come, and we expect them to come and put on the record concerns that you're hearing from your constituents, your people, your folks, on the grassroots of where you live, and thank you for taking the time and travel today to come.

We agree with a lot of what you said. We agree that something needs to be done. However, there needs to be no–more transparency with respect to how this is going to roll out to protect not only the individual in question, but families and people around them too, as well. So again, on behalf of our caucus, thank you for coming.

The Chairperson: Would you like to respond, Mrs. Ronceray?

C. Ronceray: Yes, I would.

Thank you very much for that kind words. I find that this government is very good at spending and not good at making any money. I wish that there was some evidence that whatever you're going to throw down actually has some outcomes. There's very little evidence; in fact, Alberta is some great evidence. Let's start using some common sense.

Hon. Bernadette Smith (Minister of Housing, Addictions and Homelessness): I want to thank Mrs. Ronceray for coming and presenting, and I want to thank all of those doctors who have contributed to where we are at today and the evidence that they have brought forward that brings us to the work that we are doing and all of the folks that have lived experience that have, you know, contributed to where we are at. This bill expands the 24 hours, the 72 hours to respond to what we're seeing today in terms of, outside of alcohol, the substances that we are seeing, terms of safety in communities that Manitobans have asked for. People are at risk to themselves; they're at risk to others, and this is to provide supports and get people–

The Chairperson: Excuse me, the member's time for question is over.

Mrs. Ronceray, would you like to respond?

C. Ronceray: Yes, for sure. Just because there's a few doctors that say one thing, and evidence would show otherwise–Lethbridge is a perfect example; the US cannot extend because of their constitution, does not allow for overholding 24 hours–so I don't know where you're going to be finding this evidence that there–we're going to have enough doctors when we don't have enough doctors out in the country to take care of the people who want to go to the hospitals, who want help. It seems like Winnipeg wins again, and yet, is it a win?

If people are going to lead this into a safe injection site because I don't know how you're going to be able to detox somebody properly without it being–without consent, medicated people. Like, I don't know. Maybe people can show some logics in behind it. I'd love to see some evidence because there's definitely nothing so far.

Thank you.

The Chairperson: So just checking. No further questions? Okay.

Thank you for your presentation.

I will now call on Mr. Walter Daudrich.

And Walter Daudrich–or, Mr. Walter Daudrich, please proceed with your presentation.

Walter Daudrich (Private Citizen): All right. Thank you very much.

First, I'd like to thank the First Minister for the honourable mention in the Legislature this morning–or, this afternoon. A private citizen doing his duty of trying to inform our government.

I also want to thank my good friend, Obby Khan, for supporting me in this as well, and I appreciate that very much.

This is with regards to Bill 48. And I'm here for moms and dads. I'm here for my children–five of them. I'm here because government only grows and never shrinks in power. I'm here for the drug- and alcohol-addicted person. I'm here for those people who have their bodily autonomy violated every day by this government, by virtue of the lost freedom due to the crime wave hitting every part of this province.

Today, with this bill, this government wishes to increase the power of government yet one more time. There are significant amounts of laws already on the books which would put anybody in jail for wrongdoing, including drug- and alcohol-induced violence, vagrancy, illegal passage on private property or public property. There is also the Manitoba health act, which already contains mechanisms to help those with mental illness and drug addiction, used to be–used to force vulnerable people into rehab and safety. We have those in existence today.

This legislation, as worded, is not correct or appropriate, I believe. I'm not against the concept of helping drug-addicted people; let's make that very

clear. The problem is this government refuses to deal with the issue in a legal and just way. And that–and it is broke and has been wasting their time looking in the mirror and producing useless regulations.

It is admirable to care about those who are less fortunate, and that's why I've supported organizations like Adult and Teen Challenge and organizations around the world and more than one political party to fight against superfluous or redundant legislation.

But it seems like so many left-of-centre governments that are adverse to actually upholding the law–I'll repeat that: upholding the law–they seem to refuse to hold individuals responsible for their actions. The recent defund-the-police movement exposed what far-left parties everywhere do when reaching government and the levers of power, and that is they wish to control or manipulate behaviour rather than uphold existing laws already on the books which protect people.

As I mentioned in one of my campaign speeches last year, running as a candidate for the PC Party, that I was very proud of the leaders in my hometown of Churchill where there is no homelessness, as we see here in Winnipeg.

My commentary, after commending our political leaders in Churchill, was made fun of when I said–I jokingly said–releasing polar bears on the grounds of the Legislature to deal with corrupt politicians that do not do their job. And it is still as relevant today as I said it last year when the mainstream media purposely distorted my words.

Let's face it: this government has ignored the plight of drug-addicted souls living on the streets of Manitoba, where First Nations are calling out for help, trying to get drugs off the street, when this government is allowing crime and drug dealers free run to run rampant, ruining the lives of families and ruining the lives of individuals.

We are all broken people to some extent, to some degree. When a government lacks moral authority, being a do-gooder rather than upholding the law is an easy way out. But the purpose here is not to help people but for a good photo op.

This government, like so many, refused to enforce the laws that are on the books now: public vagrancy, disturbing the peace, trespassing, public drunkenness, drunk and disorderly and the list goes on. These are all laws on the books. In principle, they already exist.

***** (18:30)

This government likes to give the impression that they are doing something when they're doing nothing.

Adding another law on the books is not taking care and showing compassion for those taken over by drug addiction. What it might do is put the First Minister's smiling face on tomorrow's edition of the Winnipeg Free Press. I can say not all the government members in the Legislature is about lawlessness on the government side; there are two or three caucus members–solidarity aside–like Mr. Adrien Sala, Honourable Adrien Sala–who I don't believe holds an anti-police position. But I do believe there are several on the front bench, including the First Minister, who believe that manipulating public opinion is the goal and it's a replacement for good governance.

If somebody wants to drink or use illegal drugs, then so be it, as long as they are not breaking the laws of our land. When they do break those laws, they should be held accountable and pay a sorry price, a price that will cause them to think twice before they commit crimes again. For instance, if I was to attack a cab driver–a taxicab driver–late at night because I was drunk and acting with impunity, I would expect the law to come down on me so hard that I would never do it again. For instance, if I was to beat my wife, whom I love, or common law, I would expect the law to come down on me so hard that I would never do it again, and we've done that successfully in this country, in this province.

We maintain freedom in this country because that's how we maintain fairness. Freedom and fairness go together: you lose freedom, you lose fairness. I'm so glad that we have a God that sheds His grace on sinners like me–and I'm not claiming to be perfect here either–common grace, like rain, like sunshine, like good food, like a sound mind. We all do wrong from time to time; we have laws that punish wrongdoers.

Why doesn't this government budget for helping drug abuse through our legal system and our health-care system and grow the economy at the same time rather than trying to shut down small family businesses, so that we have citizens in this province who can help those who've made bad decisions such as drug addiction? I, for one, support several organizations each year that work to get people off the streets and to keep young people away from drugs and alcohol.

Let's not create just one more law so we can have another smiling face on tomorrow's paper. What kind of province are we trying to build? Is the First Minister

more concerned managing his reputation or about doing the hard stuff like enforcing existing laws–and I'm going to say three times: enforce existing laws, and enforce existing laws and do it in fairness.

Drug injection sites–bad idea. Trying to manipulate behaviour which is what typical left-wing governments do–bad idea. Enforcing the law that we've historically had–and that's common law, added to it legislative law–that's appropriate. I think it would be wise to lift up people, like the late Charlie Kirk who gave his life reaching out to people he disagreed with rather than have caucus members celebrate murder and vilify those that they disagree with.

Don't be a victim, be a victor.

Thank you.

The Chairperson: Thank you for your presentation.

Do members of the–oh, and before I move on, I just want to do a reminder to all folks in this space. When referring to MLAs, we only refer to them with their last name, not their first name. So just a–

Floor Comment: My apologies for that.

The Chairperson: –yes. So do any members of the committee have questions for the presenter?

Hon. Mike Moyes (Minister of Environment and Climate Change): Just want to thank you, Mr. Daudrich, for bringing your opinions to the Legislature today.

The Chairperson: And, Mr. Daudrich, would you like to reply?

W. Daudrich: Yes, I would just say thank you to everybody on both sides for your service to this province. I believe that you're doing the Lord's work, and Godspeed.

Thank you.

The Chairperson: Honourable Minister Schmidt–or, sorry, Smith.

Ms. Smith: Thank you, honourable Chair. And I'd just like to thank you for coming today, and say: may God bless you and open your heart and, you know, may you have forgiveness and open your heart to those who are–need support.

This bill is about, you know, supporting, expanding those supports and providing those resources for those folks who need it.

So thank you again for coming today. *[interjection]*

The Chairperson: So just a reminder, Mr. Diedrich *[phonetic]*, I need to acknowledge you before you speak just so our audio folk register it properly.

MLA Bereza: Thank you so much, Mr. Daudrich, for your presentation tonight. We appreciate you coming from a long ways to be here tonight, and we appreciate your words.

Thank you.

The Chairperson: Would you like to offer a reply to that, Mr. Daudrich?

W. Daudrich: Yes, I have come from a long ways, and my flight isn't until Monday, so I've got a few extra days here to enjoy life in the balmy south.

Thank you.

The Chairperson: Thank you.

I have a leave request for the committee. Amy Robinson, who is presenter No. 7 on the list, is unable to attend tonight.

Rena–and I–apologies if I'm mispronouncing, but Kisfalvi, who is No. 24 on the presenters' list has a copy of Ms. Robinson's presentation and has asked for the committee's permission to read it on her behalf.

Is there leave? *[Agreed]*

I will now call on Ms. Jill Wilson. Is she present?

So Ms. Wilson–*[interjection]* Yes, yes, we'll–we can call the next person, and we can come back to you if you just needed a few moments, okay?

Floor Comment: Can we have water? Can we have water at the podium?

The Chairperson: Yes, and perhaps we can maybe also get some water lined up for presenters as well. We'll get on it.

Apologies. I need to get the committee to agree.

Are we okay with coming back to Ms. Jill Wilson after the next presenter?

Some Honourable Members: Agreed.

The Chairperson: Committee agrees.

Mr. Wharton: To this point, could I put forward, not necessarily a motion but just a request that perhaps we could have the document that was going to be presented by Ms. Robinson tabled for the committee to go through at a later time.

The Chairperson: Okay, so as we already–as the committee has already granted leave for that presentation to be written, is the–or to be read aloud, is the committee agreeable to change that for it to be submitted as a written submission?

Some Honourable Members: Agreed.

An Honourable Member: No.

The Chairperson: Oh, I hear a no. So that request has been denied.

I will now call on Mr. Mike Thiessen, or Thiessen? Is he present?

Ms. Jill Wilson, I see you're back in. Are you up to presenting next?

Okay.

Floor Comment: Yes. I'm sorry. I kept coughing.

The Chairperson: No, that's okay. And so, Ms. Jill Wilson, please proceed with your presentation.

Jill Wilson (Private Citizen): Good evening, members of the committee. Can you hear me with this? Thank you for the opportunity to speak today in support of Bill 48.

***** (18:40)

My name is Jill Wilson, and I'm a helper in the community. I'm also part of OPK and Drag the Red. I'm here in support of some other helpers, families, parents and the young people that we walk alongside. I want to acknowledge that these issues we're discussing today impact vulnerable people, families, emergency workers and communities across Manitoba.

I speak today with respect to that complexity, but also with urgency. Under the current law, protective detention is limited to 24 hours, even when individuals remain dangerously intoxicated or in a drug-induced psychosis. This creates a public safety risk, not only to individuals but also to first responders, hospital staff and the broader community.

We've heard countless stories, especially related to methamphetamine use, where individuals are released prematurely, still disoriented and at risk of harming themselves and others.

Bill 48 doesn't criminalize addiction. It does not impose forced treatment. What it does is create time and space, up to 72 hours, to allow intoxicated persons to safely stabilize under medical supervision, to be obsess–to be assessed by trained professionals and to be connected to services that can help, including detox, mental health care and housing support.

Too often, families describe a loved one cycling in and out of ERs and holding cells without meaningful intervention. This bill gives us a chance to break that cycle and intervene when people are most vulnerable, not after it's too late.

Police officers, paramedics–and paramedics aren't addictions specialists. Hospitals are overwhelmed. Designated protective-care centres would relieve some of that pressure by offering a safe and appropriate setting.

I understand concerns around individual rights and due process. Those concerns are valid and must be part of implementation. And–but I would emphasize medical assessments are built into the process at 24, 48 and 72 hours. Individuals may be released earlier if there's–no longer impaired or a responsible adult is available. Please–the bill emphasizes care and connection, not punishment.

This legislation is not a silver bullet. It is not the end of the conversation, but is–it is a necessary tool in the broader public health and safety response. It reflects what front-line workers are asking for. It respects human dignity while recognizing the real risks that prolonged intoxication presents. And most importantly, it offers people a better chance of survival, recovery and stability.

Bill 48 reflects compassion paired with action. It is not about warehousing people; it's about intervening when it matters most.

Let's give families, first responders and vulnerable Manitobans the tools and time they need to turn crisis into care.

The Chairperson: So thank you for your presentation.

Do members of the committee have questions for the presenter?

Ms. Smith: I want to thank you, Ms. Wilson, for coming and the work that you do. I know that you work with a lot of vulnerable youth and you're doing a lot of front-line work and you understand the challenges because you're–you live them every day and you're working on the front-line crisis with–you know, whether it's adults or youth, and I want to thank you for coming and presenting today.

And it will be staffed by medical professionals. Again, you know, it's up–the max is 72 hours, so if

someone is deemed not a risk or–to themselves or others, they will be released on their own recognizance–

The Chairperson: Excuse me, Minister. Your time has expired.

Would you like to respond, Ms. Wilson?

J. Wilson: No, I'm okay. Thank you.

Sorry for the coughing.

MLA Bereza: Ms. Wilson, thank you so much for coming, and please take your time if you need water or anything like that.

Floor Comment: I apologize, and thanks.

MLA Bereza: No.

My question is the government has set an opening day of only a few weeks away.

Do you believe the rollout is being 'rished'–rushed, and what are the risks if this is being rushed? *[interjection]*

The Chairperson: Just a moment. I–

Floor Comment: I'm so sorry.

The Chairperson: No, that's okay. I know it can feel a little awkward. But I still need to re-recognize you.

So Ms. Jill Wilson.

J. Wilson: I trust that there's a plan in place, that it wouldn't be rushed. And if there was risks, then I would definitely think that Minister Smith would have a plan for those things that might possibly come up.

Risks that might come up are already in place, so I think that it would still be beneficial to the relatives and to the people that are struggling with it.

Mrs. Carrie Hiebert (Morden-Winkler): First of all, thank you for being here. Thank you for working with youth, and thank you for what you do for our loved ones that need the support. This is such an important bill, so we want to make sure that it gets done properly and–because we care about everybody that's–this will affect.

One of my questions for you would be: If you would want, like, extra supports for someone who's been in–you know, been incarcerated for the 72 hours–detained–what kind of supports would you hope that are in place so that when they leave after that 72 hours, what kind of supports would you suggest should be there ready to go? *[interjection]*

The Chairperson: Sorry, just–it's all good. I appreciate you're ready to answer a question. But, again, Ms. Jill Wilson. You can respond now.

J. Wilson: When I think about your question, I worked at YASU for quite some time, and some of the young people that came in there during that time, they didn't even want to be there at that moment, and they had all kinds of things that were going on for them. And they really struggled, and there was no plan, but after a couple days of–with getting them stabilized to a point where they wanted to go to detox, they wanted to go to treatment, there was a plan for housing; there was a plan for after care; there was a plan for support and therapy. Those were all things that were able to happen in that short little time.

And so, when I think about this plan and this bill, that's the first thing that comes to my mind is what I experienced in that short little time of when they came in and when they left, and it was a completely different person most of the time–being stabilized enough to be able to make those decisions and accepting help–that support and help.

Ms. Smith: Thanks, Ms. Wilson. And that's exactly the vision behind this protection care centre is to provide those supports and those pathways for folks to get the support, build those relationships and ensure that, you know, folks have the supports that they need.

Right now we're seeing people without any supports. Under the former government, there was no plan. In 2019, there was an illicit task force that was asking the former government for this type of protective care centre, and they didn't act. We're acting. We're listening to Manitobans. And we want to ensure that they're getting the support–

The Chairperson: The time for questions has expired.

So, thank you very much for your presentation.

I will now call on Mr. Clark Marcino. Is there a Mr. Clark Marcino present? Okay.

I will now call on Mr. Abraham *[phonetic]* Janzen.

So, Mr. Abraham *[phonetic]* Janzen, please proceed with your presentation.

Mr. Abram Janzen (Private Citizen): Good evening, and thank you so much, and I appreciate everyone's time and effort in being here.

First, I want to say, I second the first and second person's presentation. They did an amazing job, and I just wanted to thank them for that.

Also, I don't envy any of your positions here today. You have a great task in front of you. There is a crisis going on outside these walls, and we're kidding ourselves if it's not an absolute crisis.

I myself was victim to someone on drugs, and this bill would not have prevented that. Still struggling with it all this time later. I had to take my mother to an ER hospital, and to actually reach care took seemingly forever, all hours of the night. Eight hours later, finally being able to see someone. The health-care system is broken.

* (18:50)

What are we doing about it? I don't see of any more use of–or any other information that I can add, that can be of better use than what's already been said.

The Chairperson: Is that your presentation, sir?

Floor Comment: Yes.

The Chairperson: Okay. And I want to apologize, I think I missaid your first name. I think I said Abraham *[phonetic]*; it's Abram, so I apologize for missaying your name.

So thank you for your presentation.

Do members of the committee have questions for the presenter?

Mr. Wharton: Just a comment, if I may, Madam Chair.

Thank you so much for taking the time to come out, Mr. Janzen, and sharing what I could see, and I believe the committee would also agree, is a very tough moment for you to describe what happened during a very challenging time for you, and it sounds like your mother.

I guess, just on behalf of the committee, thank you for taking the time, thank you for coming out tonight and you can bet full well that everybody in this Legislature is doing the best we can to ensure that your mother and everybody will get the health care that they need and they deserve.

Thank you.

The Chairperson: Just a friendly reminder that, in this committee, we refer to the Chair as honourable Chair.

But–Mr. Janzen, would you like to respond?

A. Janzen: Thank you.

MLA Bereza: Mr. Janzen, thank you very much for coming out tonight. I can tell this is a very difficult situation for you.

Do you feel, as a private citizen, that you have been informed properly on Bill 48?

The Chairperson: Pardon me. Mr. Janzen, would you like to respond?

A. Janzen: No, I have not.

MLA Moyes: Mr. Janzen, I just want to thank you for sharing your perspectives and I'm sorry that you had a negative interaction with someone. And do know that our government is working diligently to reduce those interactions, which is, I think, what this bill is all about.

So thank you very much for your opinions and your perspective.

The Chairperson: Would you like to respond, Mr. Janzen?

A. Janzen: Thank you.

Ms. Smith: I want to thank you, Mr. Janzen, for coming out and sharing and–something so vulnerable and, you know, close to your heart and I'm sorry that happened to your mom and you're still going through that.

Just know, as Mr. Wharton said, that we are working as hard as we can in this building to improve services and community safety for all Manitobans. That's one tool that we're trying to do with this bill, is expand services so that folks can get the supports and help that they need.

Currently, under this legislation, it's only alcohol, and I'll continue my answer in the next–I'm going to get cut off right away.

The Chairperson: Mr. Janzen, would you like to reply?

A. Janzen: Thank you.

Ms. Smith: Yes, this bill expands beyond alcohol so that when people are under the influence of anything other than alcohol, so if they are a risk to themselves or others, that they can be detained and taken somewhere where they can get the help and support that they need, and hopefully on to a path of recovery. And, you know, we're expanding. We just announced 800 new treatment spaces, and we're going to be announcing another 400.

We're going to continue to work towards getting more people the help and supports that they need. We put 36 new police officers into the system since we took office, and we're going to continue to work on making our community safer.

The Chairperson: Thank you.

Mr. Janzen, would you like to respond?

A. Janzen: I don't have a response to that.

Ms. Smith: I just also wanted to respond about the medical side of things, because often what happens with our policing services, they have to take people to either the emergency room or they're tied up with folks at the emergency room for like 10, 12, 14, 16 hours, and they're not able to be on the streets doing their job.

So this bill is meant to help and support them so that it alleviates the pressure on the health-care system, but also on the policing side of things. So policing wrote in support right across the province, but also here in our city, as well as health-care professionals as well.

The Chairperson: Would you like to respond to that, Mr. Janzen?

A. Janzen: I have no response.

The Chairperson: The time for questions has expired, so thank you very much, Mr. Janzen.

And just a reminder to all the members that the purpose of the Q & A portion–five minutes after the presentation–is to ask questions of the presenter, as opposed to explaining the bill.

So I will now call on Karin Streu.

So Karin Streu, please proceed with your presentation.

Karin Streu (Private Citizen): Good evening. I'd like to begin by asking you–show of hands–how many of you currently live in or plan to move to Point Douglas?

I'm a long-term resident of North Point Douglas and a direct neighbour of the River Point Centre on Magnus Avenue. When the Manitoba government converted the former Sharon Home into a substance treatment facility in 2009-2010, residents' concerns and worries were assuaged by government representatives stating that would provide strong security and act as a good neighbour. I can still recall one particular government official saying: if there are any security concerns or issues that will arise out of this, they will be dealt with in short order.

Fifteen years later, those assurances have not been kept. Pritchard Point Park, located directly behind the facility, has become a centre of chronic disorder. Residents regularly witness public intoxication, drug use, vandalism, theft, graffiti, bizarre behaviour, loud disturbances and ongoing homeless encampments.

Despite repeated incidences, there have been no visible or effective on-site security presence, ever. We have witnessed, on multiple occasions, intoxicated individuals free of the worry of being hassled by any security, digging up and stealing the copper wire that services the very stadium lighting that was installed to ostensibly provide that security.

The government now proposes to expand River Point Centre by adding an addictions drunk tank to detain highly intoxicated individuals from across the province for up to 72 hours. While I support efforts to address the addictions crisis, I strongly oppose locating this facility anywhere in Point Douglas.

Who will be running these sites? What are the criteria for release? Right back into the same toxic-drug-and-crime-soaked environment that perpetuates this human misery? What are the safety and security plans? What are the government's plans to ensure that you are not adding yet more chaos, crime and dysfunction to a neighbourhood that has been stressed beyond what any other area would reasonably accept? And just like the proposed safe-consumption site, you provide little to no meaningful public consultations, safety plans or information of any kind–fool me once.

As I've learned, the River Point Centre is already saturated with folks seeking and receiving addiction treatments. Any new clients wishing to receive help are told that they must go on a waiting list. Where then are the people the state wishes to incarcerate for 72-hour periods of time meant to go? Will there have to be additional construction and renovations to facilitate this? What is the government doing?

Our neighbourhood already carries a disproportionate share of Winnipeg's social burdens: we lack essential services such as grocery stores, laundromats, cafes–and yet we host multiple treatment and detox centres, drinking establishments, pawn shops and scrap-metal businesses that sustain a local criminal economy, way more than average for what our meagre neighbourhood population should warrant.

* (19:00)

As a result of this government's obsession with transforming Point Douglas into East Hastings,

property values and safety have steadily declined throughout the years. Adding yet more high-risk facilities without a credible, enforceable security plan will further erode community safety and stability.

The government continually maintains that these services and agencies should be placed where the need is greatest. The fact of the matter is it is the government itself that creates these disproportionate areas of greatest need by continually bombarding marginalized, vulnerable neighbourhoods like ours with all these services.

If police are responsible for transporting individuals to these types of facilities, they could be located anywhere inside or outside Winnipeg. But just like the supervised consumption site plans, it's Point Douglas that is eternally at the top of the list.

As I speak to you this evening, we are awaiting the impending construction of yet another drug treatment facility some 400 short metres from the River Point Centre on the riverbank, at the site of the old Molson brewery. We have informed–we have been informed at an open house that the building will serve as an addiction treatment facility for rural Manitoba residents only.

What will be the criteria for voluntary treatment, for instance, if an individual arrives there but does not wish to participate or wishes to quit treatment? When asked this question, the future director of the facility answered: if a client does not wish to say–stay and retrieve–receive treatment, obviously, there's nothing we can do to prevent them from walking out the door.

Out the door to where? A short hop across Redwood Avenue to Point Douglas, the publicly overseen riverbanks, the continual criminal economies that we are constantly being asked to forgive and ignore and the very easy procurement of the same poisons that were sent to our neighbourhood to be treated for.

Can you not see or acknowledge the potential folly in oversaturating one region of our given city with these services? We, the taxpaying residents of Point Douglas, are not consulted or asked our thoughts about any of this, only that they are going to happen.

Point Douglas residents do not oppose treatment or compassion. However, we also oppose the disproportionate neglect and inequity shown to our neighbourhood via the constant oversaturation of drug-related services, at the same time losing feet-on-the-ground police patrols to the interests and safety of downtown and other city areas.

It is unjust to continually place facilities that other communities would reject in a neighbourhood already under immense strain. I urge the government to reconsider these locations and to meaningfully consult with residents about fair, city-wide approaches to treatment and public safety before any 'implemation' or further decisions are made.

If you wish to be looked upon as fair and an equitable government, one that holds justice, objectivity, honesty, good faith and integrity in high esteem, you might wish to start by actually consulting with and creating the conditions for meaningful dialogue with the very constituents you are elected to serve and maintain their best interests before ramming them down our throats.

Well, have I convinced any of you to consider moving you and your families to beautiful Point Douglas? We are definitely a community on the rise.

Thank you.

The Chairperson: So thank you for your presentation.

Do members of the committee have questions for the presenter?

Ms. Smith: Thank you, Ms. Kirouac. I want to thank you for coming and presenting–*[interjection]* Oh, Ms. Streu–sorry. I want to thank you for coming and presenting.

I wanted to just ask if you knew that we were also investing in Anne Oake centre, as well, and if you're aware that we had announced that we were investing in this sobering centre at N'Dinawemak, which is 190 Disraeli. In July of 2024, it was announced.

The Chairperson: Ms.–or Karin Streu, please respond.

K. Streu: No, I wasn't aware. I'm concerned that they're again within the Point Douglas neighbourhood and not being spread around the city. We're already overburdened with these facilities.

MLA Bereza: Ms. Streu, thank you so much for your presentation.

I have spent some time in Point Douglas. I helped with your community cleanup; it was very enlightening. And it's a beautiful community.

Your questions you asked tonight are the same questions that I asked during the bill briefing with the minister. Where are they going to be located? Who's going to staff them? Is there going to be more RCMP

officers in western–or in rural Manitoba? And, again, I didn't get any answers for those either.

So the minister has said that the system will be ready to open soon. From what you've heard–and, again, if you could talk about has there been any consultation in the last couple of–

The Chairperson: Sorry, the member's time for questions is expired.

Karin Streu, would you like to respond to what has been–?

K. Streu: So you're asking if the time frame was enough or it kind of–no, but the time frame is not the–what I'm asking is to not have it in Point Douglas. That's what I'm here to represent. I've–that's it.

Mr. Wharton: Thank you very much, Ms. Streu, for your presentation this evening.

I–as you are very aware, I'm sure, Gimli has the Aurora Recovery Centre. Of course, the Bruce Oake Recovery Centre, which we were quite involved in, in our government, is very successful. And, of course, the Anne Oake too, as well, will be opening up at the Victoria. Obviously, great centres. Unfortunately, more are needed.

I guess my question to you is: After 72 hours, regardless of where this proposed site goes, what do you envision after 72 hours? Do you envision these folks going to a place like Bruce Oake or the soon-to-be–

The Chairperson: The member's time for asking a question has expired.

Karin Streu, would you like to respond?

K. Streu: So your–I think your question was–is that what I envision these–after the 72 hours for them to go into treatment? I don't know because each person is individual.

I would hope, of course, that that would be something that they would choose; however, there aren't enough beds right now. So, regardless, the 72 hours, that's–I looked it up, and I'm–the psychological–and I think someone else would probably talk about this–it's not enough time, and I don't know that you can make those decisions. But maybe you can. I don't know. I don't know. I just–there's not enough treatment; that's the bottom line. And not in Point Douglas, please.

Mrs. Rachelle Schott (Kildonan-River East): Thank you so much for taking time out of your busy schedule to be here. I can tell that you're very passionate about your community and you care deeply about your community. Our government is trying to represent all Manitobans, and, you know, of course, folks would have hesitations about something that's new; change is hard for everyone. I want to know if you attended any of the multiple community consultations that the minister took part in, in Point Douglas.

The Chairperson: Karin Streu, proceed.

K. Streu: Okay. So you're–the community consultations for the supervised consumption site?

The Chairperson: I'm sorry. The time for questions and answers has expired.

An Honourable Member: Is there leave?

The Chairperson: Oh, is there leave for Karin Streu to complete her answer? *[Agreed]*

[interjection]

Sorry, Karin. I just have to re-recognize you.

K. Streu: Was it for the supervised consumption sites that you were addressing? If I attended?

The Chairperson: I'll allow you to clarify, Mrs. Schott.

Mrs. Schott: Just in general. And all of the multiple attempts for our government to consult with neighbours in Point Douglas, I'm just wondering if you attended any of those. *[interjection]*

The Chairperson: Karin Streu.

K. Streu: Sorry.

After we pushed for that, yes. It wasn't initially. There wasn't a community consultation. It was just contacting the residents' committee and just asking two people to talk for the entire community, which we felt was unfair. And so we held our own community meeting, and it was only after that that we got some other meetings. But it–we had to push for this. It wasn't volunteered.

***** (19:10)

The Chairperson: Thank you.

So we have received an additional Bill 48 written submission from Alain Beaudry, which has been distributed to members of the–to members on the MLA portal.

Does the committee agree to include this submission in Hansard? *[Agreed]*

I will now call on Ms. Christine Kirouac–or Kirouac. Apologies if I'm mispronouncing, and you can correct me.

So Ms. Christine–

Floor Comment: Kirouac.

The Chairperson: Kirouac, please proceed with your presentation.

Christine Kirouac (Private Citizen): I'd like to address something that's been churning in my gut as I've watched the disease of addiction and all its far-reaching consequences become a politicized and polarizing narrative. Over the last six years, I've lived, worked and connected with people and the river of North Point Douglas. I've been privileged to interact and be witness to the darkest places people can go and be fully present in moments of human excellence.

But the story I want to tell here is this: I had a friend with a troubled life and mind, but she taught me an invaluable lesson that I hope will sink in to you today. This friend is an addict and alcoholic that struggled back and forth with sobriety her entire adult life. She broke down a day in the life of for me in a way I will never forget.

I'm standing in a doorway, she says, of the detox here in North Point Douglas, clean, with a government cheque in my hand. I head to the nearest hotel to cash it because there's no banks in my neighbourhood. The ATM is in the local hotel bar, but I have no choice. So now I have a little money and I'm hungry, so I walk to the McDonald's on Regent or Main. There are no grocery stores to buy healthy food in my neighbourhood, so I do that a few days in a row until my money runs out. I have no choice, but I'm trying.

I walk around my neighbourhood, and there's so-and-so at so-and-so's house. Hungry?–he calls out. I know him, but I don't answer. I know, but I'm trying. You know what will take the edge off that hunger. It's not a question. I'm aware.

I walk until I'm tired, and there are other friends hanging out in Michaëlle Jean Park at a picnic table beside the playground. I sit with them and look at all my vices spread out on the table. My friends are drunk and high and loud, and I tell myself I want to forget too. I don't want to feel hungry.

So I use and spend the next weeks getting reacquainted with the familiar that I know is bad but feels normal. I have no moments of clarity for a long time, and it happens almost by accident that I'm back in detox and then standing in the doorway after a few days with my government cheque in my hand. It's like I'm being set up to fail despite I'm trying.

I'm going to begin with a caveat that should be obvious but I know from experience has become political ammunition. To help people survive is necessary. To give a hand without judgment is necessary. And myself and others in Point Douglas have been and are an integral part of the–of harm reduction ourselves.

But I'm going to speak in broad–in some broad strokes here. I'm challenging the overall enabling approach adopted by this government because it makes common sense.

We have 78 separate harm reduction organizations in the North End and downtown combined, and yet homelessness, untreated mental health and addiction have increased beyond COVID as a reason. If harm reduction as a strategy is the only way to go, why has this been the result? So I started to connect dots that have become impossible to ignore. I started to follow the money.

I've held my hand at the small of the back of a 10-year-old wanting to jump off the Disraeli bridge and die; I've run into a house of screaming people and kids to find a child having their first seizure and her family scared to death; I've listened to mothers tell me the loss of their child from an overdose is punishment for having done bad things in their past; I've heard young fathers tell me they want to go be with their dead relatives from–lost from addiction, listened to people living in inhumane conditions outside, convinced they are living their best lives. None of these became social media posts and videos, because that's my daily life. I've experienced the delusion that has become a mantra of those at the top. And some constituents they serve, I now recognize, have bought it hook, line and sinker.

This is what common sense tells me: the government–the Canadian government saw Indigenous people of Turtle Island as obstructions to be eliminated, but besides their best–but despite their best efforts, Indigenous, Métis and Inuit people remain–many broken, but here. So the government said: let's veil this strategy of enabling as compassion. But why has that help continuously come in the form of limited spurts that temporarily soothe and require little else from an addict or the organization?

I'm going to call a spade a spade here. It appears that this harm reduction approach flat out tells people: you don't deserve anything more, and nothing is

expected of you, so you don't need to expect it of yourself. It's as though a system originally set up to lift people has morphed into a disguise for keeping people in their place. And people have been brainwashed to believe a kit with a tent, a sandwich, a plastic bottle of water and a clean needle with a rubber band wrapped around it in a bow is just what they need. This says bluntly: we're allowing you just enough to stay alive today so you can continue to try and kill yourself tomorrow. This is a harsh statement, I know, but might it be true?

The harm reduction approach our NDP keeps bragging about has become a state of limbo that benefits the few near the top, as salaries of politicians and organizations are a matter of public record. There's a lot of money being made here on the fragile backs of vulnerable populations, and that greed is being dressed up as temporary help that assists people–but only up to a designated point, seemingly by design.

The Province refuses to consider plans outside the compressed and stressed geography of the core, that would take people temporarily away from lifestyles and influences that keep them entrenched in addiction so true healing could actually occur, self-awareness that could emerge supported and undistracted over time.

Minister Smith loves to say you have to meet people where they are, but when someone manages in a haze of dysfunction and brain fog to pursue help just to be told there's no bed or long-term program for you, could you come back later, you have to admit the intention appears to be to leave people exactly where you meant them to.

I've heard the rationale that you have to put harm reduction facilities in the core because that's where overdoses are occurring. This is a simplistic view that refuses to address not only the residents, stress on EMTs, workers and businesses in the core, but the depth of a history, the current manifestations of self-loathing and how the government is perpetuating yet another colonialist system to keep people down by teaching them to exchange personal responsibility–absolutely necessary for healing–for external anger and blame that is growing. This seems controlling by design, and to be indoctrinating many to invest in learned helplessness instead of themselves, stand in line on cheque day like cattle for feed to get whatever they can and no more–and to be happy with it.

We see in Point Douglas that help is often spent on drugs and alcohol, often at the expense of children, without accountability or oversight. This learned helplessness breeds victimhood; this present system designed by governments with a guilty conscience teaches people that remaining a victim and an addict is profitable, enough to maintain the lowest standard of living people have become accustomed to.

This mentality has taken hold, convincing people they don't deserve the heights that true self-worth and purpose can bring through focus, consolidated long-term treatment, education, maintaining healthy connections with family and the value of work. I see glimpses of self-forgiveness, getting connected back to elements, self-sufficiency, compassion for others, accountability for decisions, honesty, humility.

* (19:20)

But the government's spending so much money on the bare minimum–a bed for a few nights, a few days of detox, a meal, a tent–people have entrenched themselves in a belief that has told them that living in a filthy encampment is good enough for them. The distorted fights that have become about the right to stay there when the rights they should be fighting for are for safe, clean accommodations and connections to help people find their way back to the power within themselves.

We need to support people on the day they are in crisis. But we also need brave, bold ideas that rupture the complacency that has taken our people and community hostage. Based on this government's decisions and actions to date, the goal appears to be forcing the collapse of a community that is considered an inconvenience, to crush the very spirit that defines us, to stoke dangerous division and to keep people distracted with arguments and accusations stating the obvious as rebuttals to valid questions challenging the reality people are living in.

The easy and cheap response is–to this is to be outraged at this criticism, which I've heard before: you don't understand addiction. You don't care about people. Why don't you want them to have help? You must want them to die.

Make no mistake. That deliberately characterizing people–

The Chairperson: Excuse me. Presenter's time has expired. *[interjection]*

Some Honourable Members: Leave.

The Chairperson: Is there leave?

Some Honourable Members: No.

The Chairperson: I hear a no.

So thank you for your presentation.

We'll now move on to the Q & A.

Floor Comment: There was not a no there, but.

The Chairperson: The way the process works, there was a no, so leave is not granted.

So thank you for your presentation, and we'll now move on to the Q & A time.

So do members of the committee have questions for the presenter?

Mrs. Hiebert: I would just like to say thank you so much for everything that you said, and you're very passionate and you're very–you get your words out very well. So thank you for that.

Do you want to just–could you finish the rest of it for me so I could hear it? *[interjection]*

The Chairperson: Ms. Kirouac, would you like to respond?

C. Kirouac: I would like to finish, if that's all right. Thank you.

Make no mistake, the deliberately characterizing people who are asking logical questions as villains in the story is a calculated distraction from the fact that when looked at more closely as a whole, this system has a familiar colonialist smell that makes no common sense unless you are profiting financially. It's time to stop the piecemeal approach that's clearly not working and empower people with real treatment.

Since voting for this NDP government this last election, all I've seen is slick snake oil salesmen trying to best, dupe and distract the public, using social media, image optics and the most vulnerable people at their lowest point to bolster political careers.

Ms. Smith: Ms. Kirouac, are you aware that my own sister died of an overdose and that this is very personal for me and that this is something that I have made a mission? Like, this is not something that I take lightly. I consult with people. I consult with medical experts. I consult with people with lived experience. This is something that is coming from community. This is something from the 2019 Illicit Drug Task Force that was asked of the former government, who failed to respond.

These are people who need help and support. And I get where you're coming from. But people are asking for this kind of support. And where you're coming from is like–

The Chairperson: The minister's time to respond has–or to ask a question has expired.

Ms. Kirouac, would you–*[interjection]*

The Chairperson: Sorry, Ms. Kirouac, I'm going to call order right now. No one speaks when I'm speaking, please, okay. I understand people are very passionate about this issue, and I'm really thankful, this whole committee is thankful, for everyone who's here to present. But we need to make sure that we're following proper protocol, and let's channel our energy into getting the answers out in a respectful and meaningful way, okay.

So, Ms. Kirouac, would you like to respond to the question?

Okay, proceed.

C. Kirouac: Yes, I know that story. I've heard it many, many times, and you've brought it up many, many times, your personal story. And I find that, to use that, kind of manipulative, to be quite honest. And going back to your personal story as a way to address some of the things that I'm saying, I don't see what the–you know, a lot of people have had personal stories; a lot of people have had death; a lot of people have had trauma–many, many, many, many that are not just yourself.

So I am speaking not only not to offend anybody; what I'm saying is what I have noticed by personal experience. And I've had also personal experience that I could also tote out, but I don't want to do that here because I don't think this is the forum for it. You know, this is not about a personal attack. I'm talking about the government's response to–again, like my neighbour has said, a compressing of all of these harm reduction–78 of them in the core that is just stressing the structure of our community. That's my point. But to bring up your daughter I don't think is fair.

The Chairperson: Just a reminder that the Q & A period is not for the furthering of debate; it is for asking and answering of questions about Bill 48 and the presentation.

MLA Bereza: Thank you, Ms. Kirouac, for your presentation tonight.

One of the questions I want to ask you is: Were you consulted on anything that's going on in Point Douglas right now? Were you consulted on what a protective-care centre may look like?

C. Kirouac: Which protective-care centre? I mean, there's–this has been spread so thin, I'm not sure which one you're speaking of. This particular Bill 48, is that? This particular–is that what you're–?

The Chairperson: MLA Bereza, you can clarify.

MLA Bereza: On this Bill 48, they talk about protective-care units. Have you been consulted on what a protective-care unit is?

C. Kirouac: Negative.

The Chairperson: The time for question and answer has expired.

Thank you for your presentation.

I will now call on Mr. Alexander Major. Oh, he's on the Zoom. So it will be a virtual presentation.

So, Mr. Alexander Major, please proceed with your presentation.

Alexander Major (Private Citizen): Thank you.

The government of Manitoba's introduction of Bill 48 represents an acknowledgment of the profound public health and safety crisis driven by substance abuse in our province. This legislation seeks to extend the maximum involuntary protective-custody period for highly intoxicated individuals from 24 to 72 hours. This policy direction is rooted in noble intent: to provide necessary stabilization for individuals who are at risk to themselves or others while unable to make sound decisions.

The extension of the detention period is supported by compelling clinical evidence. Medical professionals have affirmed that the neurophysiological effects of modern illicit drugs, particularly crystal meth, often involve persistent psychotic symptoms and paranoia that routinely lasts belong–beyond the existing 24-hour limit, typically requiring 48 to 72 hours for stabilization.

Furthermore, law enforcement officials endorse the initiative, predicting that longer detention periods could significantly reduce the volume of high-resource check-the-wellbeing calls that currently strain police capabilities. The necessity of providing a safe place for destabilized persons is thus clearly justified by clinical need and public-safety requirements.

While the compassionate intent and clinical rationale behind the 72-hour period are sound, a responsible assessment demands that new legislation such as Bill 48 be effective, fiscally prudent and procedurally accountable to the communities it serves. The current plan, characterized by rushed implementation timeline and the centralized location at Disraeli, raises serious concerns that the administrative expediency is being prioritized over long-term clinical efficacy and community stability.

The data suggests that proven clinical requirements for longer stabilization is being exploited to justify a pre-determined, fiscally-convenient administrative decision rather than driving the development of a strategically optimized patient-centric continuum of care. The selection of a government-owned previous–this is shown through the selection of a government-owned, previously contentious site. And it minimizes the capital costs but sacrifices comprehensive planning and robust community vetting, ultimately compromising the quality and sustainability of the protective care offered.

***** (19:30)

The decision to set the maximum involuntarily protective-custody period at 72 hours is logical because it mirrors the established legal standards for involuntary civil confinement when an individual poses a risk due to acute symptoms such as psychosis.

Bill 48 mandates a procedural safeguard. If an individual remains intoxicated after 24 hours of detention, they must undergo an assessment by a health-care professional. This formal medical check is vital for due process and ensures continued clinical oversight during the extended detention period.

A critical evaluation of the policy must look beyond the immediate stabilization to long-term results. Research studying the effect of short-term coercion for substance abuse–substance use disorder treatment suggests that forced treatment, whether formal or informal, does not conclusively guarantee superior long-term outcomes compared to voluntary treatment or no treatment at all.

Substance use rates over extended periods were reported to be stable regardless of the method of treatment entry.

The profound implication for Bill 48 is that 72 hours of mandatory stabilization, while crucial for immediate public safety and de-escalation, functions merely as a temporary intervention. Without an explicit mandated structure for subsequent engagement with support services, the facility will not serve as an effective addiction treatment centre and/or lead to extended sustained sobriety, but rather as a short-term public holding measure.

The province's assumption of a 72-hour duty of care generates a significant legal and clinical responsibility, particularly concerning patients with opioid use disorder who are on maintenance medications like methadone and, you know, failure to provide immediate adequate clinical oversight, including medication continuity, transforms the protective-care centre into a place of healing into a potential source of harm. And I'd be curious to know if any sort of additional resources are going to be provided that would somewhat mirror that of a safe consumption site.

Best practices in detention settings, such as the US DEA 72-hour emergency rule, recognizes the imperative of continuing OUD medications without interruption to prevent medically dangerous withdrawal, relapse, overdose or death. Withdrawal symptoms from methadone, for instance, typically begin 24 to 48 hours and can peak severely at seven days.

The current discussions surrounding Bill 48 and the Disraeli facility is conspicuously silent on protocols for OUD medication continuity. If the facility defaults to a zero-tolerance drug policy similar to those maintained in correctional environments, it risks actively inducing medically dangerous withdrawal in patients.

This failure to maintain essential clinical care during involuntary detention violates the fundamental premise of protective care and exposes the government to significant litigation liability, compromising the ethical integrity in the entire legislative goal.

The selection of the Disraeli Freeway site as–is a centralized location for the 72-hour protective care. It's arguably the most significant administrative error undermining Bill 48.

The decision to utilize the location–sorry–the decision to utilize the Disraeli Freeway building was reportedly based on the fact that the property is already owned by the Manitoba government. This suggests that the primary determinant for the site selection was capital cost avoidance, not clinical suitability, strategic integration with community supports or neighbourhood impact assessment.

The centralization approach driven by immediate fiscal convenience creates a profound administrative conflict of interest. The province is attempting to resolve a complex public health crisis by using a simple real estate solution, which directly conflicts with effective rehabilitation and community safety principles.

The site is already contentious. Having previously been proposed as a supervised consumption site, it places a high-volume, high-acuity 72-hour facility in such an area, concentrates social problems and heightens community risk rather than mitigating it.

The process of implementing Bill 48 and selecting the Disraeli Freeway site has been marked by a critical failure in community governments. Local residents, particularly in the Point Douglas area, have expressed significant concerns about the location, fearing that their welfare is being dismissed by centralized government planning. This suggests that public consultation is merely procedural window dressing.

This hyper-accelerated timeline indicates that the decision was finalized via administrative fiat before the community input could genuinely influence the facility's location, design, security protocols or operational model.

The centralization of protective care at Disraeli heightens community deterioration risk. Residents and critics fear that concentrating a high volume of recently stabilized individuals in an area known for drug consumption and criminal activity will attract dug–drug dealers to the immediate vicinity, creating a drug-dealer magnet designed to target released patients. This phenomenon instantly nullifies the 72 hours of stabilization paid for by the taxpayer.

Furthermore, the concentration of released, potentially vulnerable or unstable individuals compromises the safety of neighbouring vulnerable populations, including children walking home from school and seniors who have been historically targeted for random acts of violence in such neighbourhoods.

A centralized approach, while potentially saving the initial capital costs, invariably increases long-term public expenditure on policing, community security, addressing chronic neighbourhood degradation.

The proposed model is just–it just exhibits significant weakness regarding clinical staffing and operational timelines, suggesting that the facility is functionally designed as a secure holding environment rather than a full-service protective-care centre.

The plan outlines significant coverage by qualified personnel, but clinical coverage is not specific. This staffing approach is wholly inadequate for managing high-acuity patients undergoing severe crystal meth withdrawal, which, as we've said before, involves intense paranoia, psychotic symptoms and potential aggression.

Manitoba faces a severe structural shortage of health-care providers. Sourcing the dedicated addictions specialists, psychiatrists, registered nurses, registered psychiatric nurses, LPNs required for a high-acuity 72-hour detention facility, a model unprecedented in Manitoba on such a rapid schedule, is practically unrealistic. The staffing crisis demonstrates that the facility risks becoming an expensive lock-up-and-observe unit, prioritizing the custody component over the care component.

The Disraeli plan fundamentally fails to factor in the time necessary for critical operational steps, hiring and retaining specialized medical staff in a severe shortage context, developing robust clinical protocols and implementing necessary community security infrastructure. Furthermore, staffing any new high-acuity facility in a climate of severe physician and nursing shortages necessitates drawing existing specialized resources away from other crucial services such as emergency rooms, existing 24-hour detox programs and mental health wards. This centralization initiative, therefore, does not add net capacity to the provincial health system. It merely shifts the burden of care, potentially destabilizing other critical service areas.

The most significant operational failure is the lack of a mandated comprehensive post-release strategy. While the bill allows detention for up to 72 hours for stabilization, it mandates release once the person is no longer intoxicated or is transferred to a reasonable adult. If stabilization is achieved after 72 hours only for the individual to be released directly onto the Disraeli Freeway, it's adjacent to areas known for high drug consumption. The entire investment of provincial resources–staffing, security and facility costs–is immediately compromised. This scenario guarantees the revolving door effect. Individuals will cycle rapidly back into public intoxication, requiring repeated and costly interventions.

The only pathway out of addiction is fundamental resocialization, which the Province will not mandate while being perfectly fine with holding people in the same non-negotiable context. The current plan lacks any explicit legislative requirement for professional case management. There is no provision mandating social workers or dedicated case managers to–

The Chairperson: Excuse me, Mr. Major.

Time for the presenter has expired.

Is there leave for him to–

Some Honourable Members: Leave.

An Honourable Member: No.

The Chairperson: I hear a no. So the time for the presentation has expired.

So we will move on to the Q & A time.

Mr. Wharton: Thank you, Mr. Fourre, for your presentation.

You know, the years that–*[interjection]*

Oh, I have Fourre here. Sorry.

Mr. Major, sorry for that. And thank you for taking the time to come out.

It never ceases to amaze me the amount of talent and the amount of information that Manitobans are able to provide, and that's why this night and the democracy that we are fortunate to live in here in Manitoba is so helpful. Have you–and this may be a two-part question–have you been consulted by the government, with the amount of knowledge that you presented here in the quick 10 minutes tonight? *[interjection]*

The Chairperson: Excuse me, Mr. Major. I just need to acknowledge you first to respond. So, Mr. Alexander Major, please respond.

A. Major: I have spoken with various MLAs and MPs, both Conservative, Liberal, NDP. But there has been no formal consultation. Everything I've looked at has been through my own research.

Ms. Smith: Thank you, Mr. Major, for coming and presenting.

I was just wondering–I hear you have spoken to MLAs and did your own research. Could you just provide where you got all that data from? You were talking about it's going to bring more crime and drug dealers are going to come to this site, and it's going to cycle people through the–so you can–can you just provide where you got this data from and?

***** (19:40)

A. Major: Yes, I'd be happy to. I do have a list of all my sources here. It's various public health information sites, and also just–here–I'll need to find it here.

So some public health data from across the country–again, as I mentioned, the US–the 72-hour holding in American facilities that would have a comparable effect. There's a laundry list here, and I'd be happy to submit it to committee, if they'd like to review.

Mr. Wharton: I would agree that a copy of that would be very helpful for the committee as we move forward through this very difficult time, obviously.

And thank you for the time you've put into acquiring this information. I'm sure the minister and the government will appreciate working with you a lot closer to ensure that this does get done right for the– not only for the community, but for Manitobans.

Thank you very much.

The Chairperson: Mr. Alexander Major, would you like to respond?

A. Major: Sure. I appreciate that this procedure exists. I appreciate the committee taking the time to hear all of our voices, regardless of differentiating opinions, and I hope that moving forward that gain of function will be the most seriously considered element of this and that there can be some sort of bipartisan effort reached to ensure that people suffering from addictions are not used as political fodder moving forward. It's quite a devastating situation we have going on in the province. I drive down Logan every day to get to work, and the degree of human suffering I'm seeing, and that we all have seen, is just inexcusable.

And although I do not believe that this solution is the right way forward, I would hope that we can unite over the fact that everyone knows someone who has struggled with addiction, and everyone knows someone who also likely made their way out of it. There's lots of good stories that come out of it too, and I think we should be modelling the policy off of that as opposed to what the politics of the day are.

Ms. Smith: I want to thank you again, Mr. Major, for coming and presenting.

And were you aware that we have been working with medical experts such as Dr. Jitender Sareen, who is the provincial specialty lead for Mental Health and Addictions; Dr. Erin Knight, who's the addictions medicine specialist; Dr. Robert–Rob Grierson, who is the medical director for Winnipeg Fire Paramedic Service; and then also Ben Fry, who is the chief operating officer for Mental Health and Addictions.

They've been helping to guide our work as well as folks with lived experience and, again, like lots of family members. And as you alluded to, driving down Logan Avenue, driving down Main Street and many other areas in our–you know, our province, people are suffering. They need supports, and they need to be led–

The Chairperson: The honourable minister's time has expired for a question.

Mr. Alexander Major, would you like to respond?

A. Major: Yes, thank you.

Every government that has ever existed, especially in the modern context, consults experts and physicians and–

The Chairperson: Sorry, Mr. Alexander Major, the time has expired for Q & A.

Is there leave from the committee for him to complete his response?

Some Honourable Members: Leave.

An Honourable Member: No.

The Chairperson: I hear a no.

So unfortunately, Mr. Major, thank you for your presentation. That's all the time you have for us.

Thank you.

Mrs. Schott–okay. I'd like to call order to the committee, please.

Point of Order

The Chairperson: Mrs. Schott, on a point of order.

Mrs. Schott: Yes, so it hadn't quite escalated before I requested the point of order, but I'd like the committee members, particularly MLA Bereza and Mr. Wharton, to pay the same respect to the Chair and the committee. When–we're asking them not to interact and have outbursts. We don't need any verbalizations or gesturing, whether it's encouraging or not. And just respect this process–so.

The Chairperson: Okay, so I would like to take this moment to just be a general caution to committee members that we're here to have respectful discourse, and let's keep moving forward together. Okay, folks? This is a table for us to work together. Thank you.

* * *

The Chairperson: I will now call on Mr. Joseph Fourre.

So, Mr. Joseph Fourre, please proceed with your presentation.

Joseph Fourre (Private Citizen): Just want to say thank you for this opportunity. There was a day in my life that I would never, ever think that I would be standing before a committee in the Manitoba Legislature.

I thought addiction had left my life six years ago when I made a decision that I had had enough. And when my daughter found me homeless, addicted to heroin, living my life around a consumption site, and wanted her dad to walk her down the aisle and bringing me home, and I got off the train and said, okay, I'm done. I don't know what that looks like. But I knew I was going to be terribly sick.

So we searched out detox centres, and we couldn't find one. There was no room. There was a waiting list. So I told my kids, I said, okay, we can do this at home. But now, here's what's going to happen, and here's what you should look for. And in the event of anything like this that happens, call 911 immediately.

My children didn't have to do this, but they did this. And it was 14 days of hell, excuse my language.

I looked at this bill, and I thought, is it going to help? Because at the end of the day–set aside partisan politics–this is a fight to save lives. And we need to understand that. But when I looked at this bill, and understanding my addiction with crystal meth, understanding my experience working in treatment centres as a support worker and watching clients come in, this bill falls short. This bill falls short in that it's not enough time.

And I know under the detention act that the maximum time allotted is 72 hours. But in the overview that I've set out to the committee members to consider looking at, and some experts that I've already spoken to, but my experience, crystal meth psychosis lasts five to 10 days. You know, even after the initial drug has left your body, you're still left in that state of psychosis. There is damage that's being done to the brain, there is rewiring being done to the brain. And I–my heart goes out to the families that have to deal with loved ones and that want this to work. But unfortunately, the way it's written, it won't work.

I've spoke to somebody that works in detox at Main Street Project, and they've–I've asked them about this, and they said, it's–in their opinion, it's going to be a disaster because they're not equipped, not equipped to deal with crystal meth psychosis. And we're talking about acute. If we're taking people off the street and using the detention act, then they're in acute psychosis. Is a 72-hour protective-care unit going to be equipped to deal with, what I hear, 20 beds in one unit? Twenty people in acute psychosis who can't sleep because the crystal meth will keep you up for days. That's my experience. I'm not a–I'm not–I've got lived experience; I'm not a psychiatrist. But I know what I've experienced.

So when I say I thought addiction left and that this whole drug business left when I got off that train six years ago–and I was well on my way to being a successful actor, filmmaker. And then three years ago, my son died. My son died from a fentanyl poisoning. And I found myself thrust back into this world again of drugs and addiction and trying to find solutions.

I'm all about saving lives. I'm all about trying to find those solutions. This bill can be better. This bill–as you know, you–may be a start, but how many–as we're trying to find and find the ways to fix things along the way, how many lives are we going to lose? How many lives are we going to affect until we get it right?

* (19:50)

I'm asking committee to seriously consider postponing this bill until we get it right because these lives are worth something. Yes, I understand the devastation that's on the street. I understand the pain of losing loved ones. I want to get this right.

You know, I–since my son died I started a foundation called the Singing Red Bear Foundation, and I deal with talking to kids about drugs. I talk about recreational drugs. I talk about recreational drugs and fentanyl poisoning because I want them to not cross that line into addiction and have to fall into that category where we as a government and a society are saying, okay, what do we have to do, trying to stop that generation?

You know, coming here today I was really, really nervous because I've never done this before. I've never stood above people. I've never said anything in regards to anything that really mattered. Somebody told me, a very special woman, my wife, said, you found your purpose. This is my purpose, is to make change and to be part of change.

You know, I thought I was going to be a successful actor and live the movie star life and–but the Creator had a different plan for me. I don't know where these words come from when I speak, but Creator gives them to me to speak them because somebody needs to hear them. And we're about to make a decision here on this bill that's going to affect a lot of lives. Now, whether that's in a good way or in a bad way, and you're going to hear people say, yes, it's going to be good, and you're also going to hear people saying, yes, it's going to be bad.

I'm not worried about the community; I'm not worried about where it's at; I'm worried about the individual that's going to be affected by this bill and the one that's going to be taken off the street against their will and will they be helped in the end. After that 72 hours, will that psychosis pass and will they be ready for treatment and will there be treatment ready for them?

We need the infrastructure. We need the backing of communities. You know, I've heard, well, we built this treatment centre; we're building Mary–Anne Oake, Bruce Oake, Aurora House. You know, I had to negotiate a treatment for my other son at Aurora House at $20,000 a month and negotiate for him to be there for three months because we couldn't afford that. You know, Bruce Oake, there is a lot of number of beds for the people that can afford it. Anne Oake is probably going to be the same thing. We have no–there is one place that I know of–and I worked there for three years–that takes people from jail, off the street, at no charge other than what social services will give them for room and board.

We need government-funded treatment centres. We need to make that investment in those lives, because here's what happens when you make investment in those lives: they get better. They become employable and they pay taxes and they contribute back into the coffers of society in which helped them in the first place. I am living proof of that. I suffered with addiction for 40 years in my life. I had suffered incredible trauma, but I had to deal with it in order to be able to stand here today and address you.

You know, when we're dealing with crystal meth it's a different demon. My mother was a victim last year, beaten very badly, spent six weeks in a hospital with multiple fractures to her pelvis because this individual had a demon to feed. It was crystal meth. And we've tried another experiment called Housing First project, built a house on–apartment building on Ross and Elgin right next to a seniors complex, 55+, where my mother lived. And I go there often and I see them smoking meth on the steps, you know, shooting up right next to–like they're putting lambs to the–like lions next to the lambs.

We need to get better as government, and it doesn't matter if you're NDP, PC or Liberal. This is not partisan. This is not he said, she said. This is coming together and this is about saving lives, fighting for lives, making the change that's necessary and making the investments that are necessary. I assure you if government makes the proper investments into this kind of strategy, you will have community behind you. You will have businesses behind you willing to take the people on that are coming out of treatment centres and they becoming employable again.

But as long as we piecemeal the efforts, we're going to get piecemeal results. I feel sorry for the individual that gets picked up on the 72-hour detainment and then left out, sick, hungry, still in a state of psychosis. Now, have we made things worse or have we made things better?

You know, you have some sections in here, involuntary assessments. Well, how about we go further and try compassionate intervention? We do it with people that suffer mental illnesses that can't–aren't–have the capacity to make decisions for themselves.

I know from my addictions, there was a point in my life where I couldn't make a decision for myself, and I wish somebody would've intervened and said: hey, you've got to stop this. I'm going to make that decision for you. How many parents would love to have an act like that where they can actually help their children and make that intervention but have the spaces?

That's why we need the infrastructure. We don't need bill after bill after bill. We need commitment, and on both sides of the floor, not just on one side and not this he said, she said.

And I thank you for your time. It's an honour to be here, privilege.

The Chairperson: So thank you for your presentation.

Do members of the committee have questions for the presenter?

Mr. Wharton: Thank you very much, Mr. Fourre, for your presentation. And congratulations on 40 years, I'm sure which has been a hell of a journey for you and your family. And the utmost respect for what you've gone through and what you shared with us today.

I do have a question for you. You–in your preamble, you had mentioned about offering up some ideas. If you had the opportunity to sit in the minister's office, what would that one or two idea look like in order to make this bill better, with your lived experience? *[interjection]*

The Chairperson: Oh, just a second–you're on it.

Mr. Joseph Fourre.

J. Fourre: With my experience, this bill would be effective as a first step, the first step of commitment, followed up by making sure that the detox was available. I mean, if we're going to just bring–and I don't like that word, detain, and then we kind of use that, protective care.

And if we're going to make that decision to make them–take them into a protective-care situation, then we have to have that follow-up with that detox, because detox is going to take about two to three weeks to get the drugs and get them into safety. And then follow up that–it's a progression.

You know, we have to have a starting point and an end point. We have to start becoming a recovery strategy model in our province as opposed to harm reduction. Because this bill, this is just all about harm reduction with the hopes of recovery if they so choose to.

Ms. Smith: I want to thank you, Mr. Fourre, for coming and presenting and sharing your story and the advocacy that you do in going and talking to youth. You know, I admire the work that you do and you and your wife do right across the province.

I would ask that, you know, in 2019, the Illicit Drug Task Force had asked the previous government to start working on this bill or something like it. Do you think if they had started working on something like this that we would have been further ahead and maybe into more of the treatment space that you're talking about? *[interjection]*

The Chairperson: Excuse me. Excuse me, Mr. Fourre. Just wait one moment, please.

Mr. Joseph Fourre.

J. Fourre: I think we can even go further back than that in 2004, when the federal government 'nashed' their–launched their national drug strategy on–based on four pillars. It was enforcement, treatment, education and awareness and harm reduction. Those were the four pillars of their strategy in 2004.

And that's when crystal meth was just first coming on the scene and where they were realizing that they were having a real issue with crystal meth and they had to come up with a strategy.

Fast forward to 2019, I wasn't in quite of a state of mind to actually know what that government did at that time. But had we taken what was coming seriously, you know, and we had a proactive approach to the whole thing. Now, you said something like this–not particularly this but something like this. Something like this is good if it's got a means to an end. It's an entry point. And if we have that entry point without a proper exit point, then we're going to do more harm than good.

Had the government of 2019 recognized that then and acted on it, you know, if people–we acted as government federally, provincially over the last 20 years in regards to the drug crisis this country's facing, maybe my son would be alive today. You know, maybe there would be other people that'd be alive today. Maybe your sister would be alive today.

You know, there are so many things that we can do as government. There are so many things that we can do as a community. But if we're not going to be all in, then we should, you know–it seems like we're all out and we just want it piecemeal.

***** (20:00)

MLA Bereza: Thank you, Mr. Fourre, for your presentation.

You've been through a lot. You've seen a lot. You've seen this bill in detail. Do we have the proper resources right now to implement this bill the way it currently sits?

The Chairperson: Mr. Fourre, would you like to respond?

J. Fourre: Not effectively, in my opinion. I think what we'll be doing is, it'll just, like I said, 20 beds of people who can't sleep with three people looking after them at this point.

You know, after 24 hours, are we going to have the psychiatric input to make those determinations, whether longer–I know, when I was in a bad way and I wanted to kill myself, I'd go to the hospital and I'd be under 72-hour surveillance, and after that 72 hours, if I was still to harm myself, then I'd be committed for treatment, psychiatric treatment, until I was no longer a threat to kill myself.

So how is this any different?

The Chairperson: The time for question and answer has expired.

Thank you very much for presenting.

I will now call on Mr. Patrick Allard.

So Mr. Patrick Allard, please proceed with your presentation.

Patrick Allard (Private Citizen): Thanks for having me. I heard my name called on the floor of the Leg. today, so I figured I should show up.

I seen the bill; it talks about protective care. Item 10, I think it is, remaining voluntarily at a protective-care centre. An operator may allow a person who is not longer intoxicated to voluntarily remain at the protective-care centre to achieve additional care or services.

I remember watching on the floor, some members of the opposition were asking, what kind of care would that be? Will it be–I think the question was would there be drugs administered at this site or whatever. And there was no answer. So it would be nice to know what this additional care and services will be. How long can the people stay? What are they going to get?

I heard that this is going to be pushed into Point Douglas again. I live in St. Johns, where I ran as an independent candidate in '23, came second. I'll win in '27. This Point Douglas area has a lot of drugs, a lot of crime. There's no politicians that live around here. So it's easy to shove these centres into these neighbourhoods.

The people came out loud and clear of Point Douglas against this unsafe injection site. Rightfully so, and I think this is kind of like a backdoor Trojan Horse if you will, into getting this safe-injection site into Point Douglas. I can guarantee you no one would want this site near where they live.

And that's a shame, because we need help. We need to help people. I don't think 72 hours helps anybody, and frankly I think you're facing a constitutional challenge on holding someone longer than 24 hours against their will. I know a thing or two about constitutional challenges and lawsuits.

I don't think it's compassionate, I don't think it's right, I don't think it's safe to just pick someone up off the street who's having some real-life severe problems, and everybody has these people in their lives. I've–growing up in the St. Johns neighbourhood, hanging out in the Point Douglas neighbourhood, working in the areas, I've had friends murdered. I've had friends go to jail. I went to St. John's High School, right in the middle. I've had friends overdose over the years of knowing many people.

So I know what this–I have a family member who's trying to get into care right now, a young 18-year-old man who aged out of care–of CFS care–and now has nowhere to go. There's no resources to actually help people get off drugs. We need messaging around not doing drugs. We all remember the war on drugs in the '80s and '90s, with the commercials of the frying egg in the pan: this is your brain on drugs. Why can't we have simple messaging like that? I think it was effective. It was–I think it was very effective. We didn't have the problems as much as we do today. We can put up some billboards. I think it would be easy.

But the same government that says they want to help people wants to open up injection sites. You can't have both. You're either for drugs or you're against them. I'm against them. Most of the people here–I think everybody here, I think everybody in that Chamber, is against drugs.

So let's help the people. Let's not just take them in and then release them back out to the wolves. And I can tell you, there was an earlier presenter who said–I think he said, at least this is what I understood–the drug dealers will line up right there. That's where the customers are. And that's very predatory. And I think we're allowing that to happen.

Let's get people in care for 30 days, 60 days, like an AFM type of deal. Thankfully, I've never had to go through anything like this personally, but hearing from the neighbourhood and the people that I grew up with going through it, we need beds, long-term care, messaging that talks about drugs being bad.

I'm just referring to my notes, sorry. I don't have a–I'm not as prepared as some of these wonderful presenters before me.

You know, I think a lot of people on the streets–homelessness, addictions, poverty, they're all tied together. People need homes after they get out, some affordable housing. This is what I do in my private life. Since the election of '23, I've brought 12 affordable suites to the market with private money, no public money. It's all my own. And I rent to people who have some issues in the past. And I've seen people flourish and grow and move on to be a better person.

We have hundreds of boarded-up vacant homes waiting for people to live in. These could be cleaned up; 1,000 homes could be cleaned up in just a couple months and give people somewhere to go to perhaps after they leave treatment. This is–there's just so many steps to getting someone help, and a clean home would do that. And truly affordable homes is these boarded-up homes, fixing them up. And I campaigned on that, and it was very positive. And we all don't want to see our neighbourhoods boarded up with white boards and buildings burning and–let's put people in

these homes. Let's give them something to look forward to when they get out.

And just to–back–touch on the lawsuit, there. I think it's important not to waste taxpayer dollars on these constitutional challenges. Keeping someone against their will for 72 hours is–I think is illegal and it would fail at a constitutional test. Get some treatment. Get some beds open. During COVID, we were keeping people for seven days in hotels. So we can get seven days. Still not enough, in my opinion.

I think I'll wrap it up there.

The Chairperson: So thank you for your presentation.

Do members of the committee have questions for the presenter?

Mrs. Schott: Thank you so much for being here today. As mentioned, this is a unique part of our democracy that isn't common practice in all parts of our country, even. So we appreciate you being here and sharing your views.

Do you have any specific ideas how to improve the bill or any feedback that we could take back with us?

P. Allard: Just a better plan. I mean, 72 hours is not enough to get people help. I think it's important where the facility is, but, however, I think even if you put these facilities–and I don't know if the spot has been, like, nailed down yet, but I think even if put it in Tuxedo, you're going to get rising crime rates because that's where I believe the dealers will show up. This–we see that outside the unsafe injection sites in different cities.

So I just–it sounds funny saying longer time is needed, but it needs to be voluntary as well. So if there's the ability to have someone stay basically as long as they want for future care, that's great. But that should be–I think we should be spending money on recovery beds and not just detox but actually giving people the chance; 72 hours is nothing. You just–they'll get a clean shower or something to eat, and then they're, you know, back out. It's very hard to kick an addiction. So let's put the resources, the money, on beds, I guess would be the word, you know. Maybe out beds–and 20 beds I heard someone say? That's going to get filled up in, like, 15 minutes.

***** (20:10)

So let's get a–let's put our resources and funds into helping people with publicly funded–and I don't speak about publicly funded things too much as a strong conservative–but with publicly funded funds in a facility that will house people for a long time until they're ready to be saved.

MLA Bereza: Thank you, Mr. Allard, for your presentation.

My question to you is: Do you believe the government has provided enough detail about things like staffing, levels of training, in order to make this program safe and sustainable?

P. Allard: Well, like most things government, no.

You're going to need increased police presence around here, right? People on–people doing hard drugs are not–you can't just have a couple nurses and a doctor control them. I think we have a nurse on the panel here who's probably dealt with people like this and had to call the police in the hospital. So we're going to put a burden on that force, which is already overburdened because of so many issues.

But no, there's not enough–they haven't–we don't even know what's going to happen, so I would–yes.

Ms. Smith: So, Mr. Allard, I just want to thank you for coming out tonight and presenting.

And we have put 800 treatment beds into the system. Are you aware that we are putting another 400 into the system? And under the former government, they were selling off social housing; they slashed the repair and maintenance budget by 87 per cent.

Do you believe that that put people further into addictions because it was–put them into survival mode?

P. Allard: I'd like to know whether these 800 and 400, these 1,200 beds–what are you doing there? Are we giving them drugs or are we trying to get them clean? I don't know that those were added. I'd have to know more as to what's happening in these–in this facility.

And I'm a strong opponent against drugs of all kind; not enabling people. Just some strong messaging: crack an egg, this is your brain on drugs.

The Chairperson: Thank you.

Mr. Wharton: Could I ask the committee if we could take a five-minute bio/stretch break?

The Chairperson: Is there leave for the committee for a 10-minute stretch break? *[Agreed]*

So we'll return in 10 minutes.

The committee recessed at 8:13 p.m.

The committee resumed at 8:26 p.m.

The Chairperson: Will the committee please come back to order.

So next on the list is Amy Robinson, and as previously agreed, I will now ask Rena Kisfalvi–please correct me if I'm mispronouncing your last name–to come forward and read Ms. Robinson's presentation.

So Ms. Kisfalvi, please proceed with the presentation.

Rena Kisfalvi, on behalf of Amy Robinson (Private Citizens): It is Ms. Kisfalvi. You got that correct, thank you very much.

In principle, I support legislation that allows time for an individual to be made safe from harm to themselves or to others. Many Winnipeg residents live with the daily stress of witnessing people in distress or at risk of harming themselves or others in public spaces.

We want a compassionate and effective response that protects both vulnerable individuals and the surrounding community in which we live.

Unfortunately, a poorly implemented plan can be as harmful as having no plan at all and sometimes worse. The major concern is that this bill is being advanced without clarity on how the protective-care centres will operate or what standards will govern their use.

We are being asked to trust a process in which the most important operational details will be decided after the legislation has passed. That approach undermines transparency and accountability and leaves communities like ours with no assurance about how these centres will function. A bill of this magnitude should not proceed without a clearly defined regulatory framework and meaningful public consultation beforehand. Once it becomes law, the ability for the public to shape these details is greatly reduced.

Beyond who will operate these facilities, we must ask where they will be located and why. Why would a holding or detox centre be placed in an area already crippled by open drug use, street-level trafficking and a high density of social services? When a person leaves such a centre, they are immediately confronted by the very substances and environments they were just separated from. Where is the evidence showing that this is an effective or ethical model for recovery?

Research into what is sometimes called service concentration theory or service-dependent ghetto formation shows that clustering multiple social service agencies in one neighbourhood often compounds the very challenges they are meant to solve. Oversaturation can erode community stability, increases crime and makes long-term recovery less likely; that is all evident in Point Douglas right now.

True recovery models integrate detox, treatment and reintegration supports in balanced community-connected settings, not within the same small area already struggling under the tremendous weight of addiction and poverty.

Point Douglas residents have experienced this pattern before. I'm a 55-year resident of Point Douglas; I just gave my age away. We raised strong concerns when a supervised consumption site was proposed across from a school, near daycares and in a community already saturated with services. Those voices were clearly not adequately heard as now almost the exact same location is again being pushed for this new facility.

***** (20:30)

As a resident, I have also been actively seeking transparency on this matter. I have submitted FIPPA requests to the Province of Manitoba, asking whether any new applications have been made for additional urgent public health need sites, temporary supervised consumption locations for example, but have yet to receive a response despite the timeline set out under access to information legislation.

Health Canada has likewise decline to provide answers. This lack of openness surrounding supervised consumption applications only deepens the public's mistrust. When governments and agencies withhold information, it creates the perception that important decisions are being made behind closed doors without accountability or genuine community input. Residents deserve to know the full intent of these initiatives, including whether supervised consumption of any sort, be it alcohol or drug, will occur at any proposed facilities.

The way this bill is unfolding, or has unfolded, leaves many wondering whether it serves as a back-door attempt to advance a previous agenda without proper consultation. It is deeply discouraging to see a repeat of the same planning mistakes under a different title, because that's the way the Point Douglas residents see this, as a different title.

Placing yet another facility serving a similar demographic without long-term recovery or rehabilitation beds attached feels like setting the system up for failure rather than success. It also reinforces the perception that government decisions are being made to our community, not with it.

Residents have also expressed concern about how the philosophy of certain service models aligns with community expectations of accountability, safety and public order. When policies or practices minimize the impact of recurring disorder, theft or vandalism, it's merely looked at as a survival behaviour. It erodes our trust and undermines confidence that the facility will be managed in a way that protects both clients and surrounding residents.

A facility designed to hold and stabilize intoxicated individuals for up to 72 hours should be operated under the leadership of health-care professionals and agencies accountable to medical regulatory bodies, not as an extension of unregulated or loosely supervised social service delivery.

The nature of care, medical oversight and patient safety requires a framework consistent with health legislation, clinical standards and independent review. With three of the proposed sites surrounding Point Douglas, the decisions made under Bill 48 will have real and lasting impacts on neighbourhood safety, recovery outcomes and the overall liveability of our community.

Here are our recommendations: (1) delay final passage of Bill 48 under clear operational standards, oversight structures and citing criteria are publicly released and reviewed; (2) develop regulations concurrently with the bill and subject them to the same level of public and legislative scrutiny; (3) require genuine local consultation for every proposed site, including impact assessments and clear mitigation plans; (4) ensure every facility links directly to long-term recovery supports including treatment, housing and mental health care; (5) implement independent oversight and public reporting of outcomes, including safety incidents, community feedback and recovery matrix.

In conclusion, I support the intent of Bill 48 to protect people in crisis and provide alternatives to incarceration. But intent is not enough here. Without transparency, consultation and evidence-based implementation, the bill will almost certainly deepen the very crises it seeks to solve.

We do thank you for your time as residents, as a proud 55-year Point Douglas resident. We do thank you for your time and for considering the perspective of all of our Point Douglas residents who live daily with the consequences of policy decisions made without our input.

Respectfully.

The Chairperson: So thank you for your presentation. And since Ms. Robinson is not here to answer the questions, we'll thank you for reading her presentation and we will now move on to the next presentation.

Thank you.

So I will now call on Mr. Braydon–and I'm apologizing for pronunciation, please correct me–Mazurkiewich. Did I do okay?

We are just checking if he's on Zoom. If not, again, Mr. Braydon Mazurkiewich?

Okay. So we will put his name at the bottom of the list.

I will now call on Darren Penner. We're just checking Zoom.

Okay. We will drop his name to the bottom of the list as well.

I will now call on Ms. Margaret Bryans, who is on Zoom.

Okay, so, Ms. Margaret Bryans, please proceed with your presentation.

Margaret Bryans (Private Citizen): Good afternoon, I guess. My name is–or good evening, I guess. My name is Margaret Bryans. I'm a nurse and I've worked in the field of harm reduction, substance use and sexual wellness for the last 25 years, and I am here today to speak against the proposed legislation to increase the detention time under–from 24 to 72 hours. I'm very worried that this legislation further criminalizes substance use in the absence of humane and just policy, as well of services that have demonstrated success in other jurisdictions.

I believe that the goals identified by the province will not be met by this change in the legislation and that there are several unintended risks associated with it. I'm certain that existing clinical support for this legislation is dependent on the details around the medical management of people detained under IPDA.

Unfortunately, the detail required is absent in the legislation at–as it's currently presented, and I worry that this leaves it open to misuse and potential harms down the road. Without the explicit clarity in this legislation around how people's rights will be upheld and how they will be assessed, cared for, held and released safely after a 72-hour period of forced abstinence, there's just too much room for harm for it to be supported as it's currently written.

I understand that there's a desire to support people who are experiencing a mental health crisis that may be related to their substance use, but I'm very unclear about why this has–this support needs to happen under detention. Police and designated officers should not be able to decide to hold people for up to three days. They should not be the ones determining sobriety, especially in the complex context of co-occurring disorders, and this legislation kind of feels like a way to bypass the checks and balances created by The Mental Health Act that aims to protect people from potential abuse of power in detention when they have committed no crime.

I'm concerned about the way that the ethical principle of autonomy may be compromised under this legislation, and I'm worried that these concerns are seen as something that will be rolled out in practice. But without explicitly describing that in this legislation, it feels very open to interpretation, and with that, a high risk of harm and rights violations.

The legislation as it's currently written does not appear, at least to me, to provide absolute clarity around who is responsible to determine whether a person can be released or not. I'm concerned that this legislation as written is not clear enough to 'ensume' that there will be comprehensive medical management. Most of what is described here relates to determining inebriation and potentially requiring involuntary assessments.

And I also don't understand why this legislation is required when physicians can use the existing Mental Health Act to support things like the involuntary assessment. It feels like this legislation is attempting to create a care pathway that already exists, although perhaps not practically given the underresourcing of community resources, in particular those that are Indigenous-led.

And just to be clear, like many of my colleagues, I also find The Mental Health Act to be challenging to my ethics as a clinician and citizen. Finding the balance between autonomy and beneficence is a complex ethical development, and as you may know, there are ongoing and existing ethical debates about 'involuntaried' admission under mental health acts all over the place. It should be and typically is considered an absolute last resort to impose care on someone who does not want it, and for non-medical people, it typically requires significant evidence and the approval of the magistrate, for sure here, for a Form 1.

Bypassing even these few checks and balances so that police or whoever the state identifies as a designated officer can potentially detain people for a period of 24 to 72 hours without clarity on how people will be monitored for intoxication, withdrawal symptoms, mental health crises–as mentioned in the news today–and physical health, but also fundamentally for their rights. It feels irresponsible.

* (20:40)

And the questions that I have in the short time I've had to consider this legislation are centred in part around my concern about detaining people who have committed no crime. Questions include: How is this legislation consider the rights of a person who has a mental illness and declines additional care while in detention under IPDA? Both the Canadian centre for substance use and addiction and the Centre for Addiction and Mental Health state that a methamphetamine high typically only lasts for up to 12 hours.

So when people are sober after 12 hours, are they allowed to decline care? Does that mean they can be discharged at the 12-hour mark, the 24-hour mark if they're sober? Is it legal to hold them an additional two days if somebody at the protection centre thinks they also have a mental illness?

To be clear, as far as I can know, mental illness and declining health care alone is not typically enough to form someone under The Mental Health Act. And so knowing that, I'm concerned about where we're going with this legislation.

And then aside from the ethical and rights-based concerns I've talked about a little bit here, there are several additional issues that I feel have not been fully considered in this change to the legislation. This idea around the length of time people are typically high on meth is interesting because according to CAMH and CCSA, meth highs usually last up to 12 hours, and anecdotally, the people that I work with who use meth tell me that it is much less time, and that's actually been my experience as well, working in community with people who use drugs.

A 24-hour hold should be long enough in that context for folks who are using chronically and who are more likely to experience binge and crash cycles, potentially psychosis or hallucinations. It's unclear to me how an additional 48 hours of forced detention and abstinence would support recovery, rather than having those people taken care of under The Mental Health Act or under our health-care system.

How will a three-day hold provide for these folks? How will it transition them into a system that currently

has far longer waits for care for people who do not want–who do want treatment and support voluntarily?

Given the historical and current underresourcing of addiction services, this increase in detention time feels far more punitive than supportive.

When this government took office, they mandated the opening of a safer consumption site that is yet to materialize, but now there's a belief that additional detention is the root to address this crisis. I'm feeling confused.

Given what I assume you folks know from talking to the clinicians that you've spoken to, that absolute outset of 12 hours to sober up from meth, people who are in crisis in detention beyond 12 hours are probably people who are experiencing withdrawal or potentially a mental health crisis, and given the large amounts of benzodiazepines found in much of the meth being drug-checked these days, I'm also worried about withdrawal risks associated with those drugs in particular. These folks may require health-care intervention, not detention under IPDA.

People who use drugs do have a right to refuse care, and people in crisis also have the right to refuse care if they're not at risk of harming themselves and others. What does that mean in this context? I worry that some of the provincial thinking around this legislation is borne out of a false understanding of how long a drug high typically lasts and the rights of people to make choices that we may not agree with.

People with and without mental health–or mental illness–have the right to make choices that others may not like. That's sort of part of the world that we live in. We don't all have to agree with the choices that people are making unless there's a risk to other folks or themselves or a public health concern.

Fundamentally, I'm confused about why the province would not look to using existing mechanisms to provide this care and fund them. Like, a voluntary pathway where you're fed and medically supported to withdraw for 72 hours and then you get access to clinical recovery service seems magical and wonderful and would be used for certain and probably doesn't need involuntary service.

Instead we're creating a scenario that entrenches detainment over intervention. We don't have timely access to care for those who are voluntarily seeking it, never mind using IPDA to try to force a pathway.

Second, I understand that part of the concern is around public safety, but people detained under IPDA have typically not committed a crime beyond, perhaps, public intoxication, and people who use drugs should not have to experience forced detention because the health-care system is burdened and police don't like waiting long hours in emergency for medical clearance.

IPDA should never be seen as a solution to this. Forced detention is not the route to better access to–to create better access to health care and support.

Keeping people who are no longer high in detention against their will when they've not committed a crime does not consider the potential impact on work, ability to provide care to children, other dependents. I am left with so many questions and a hope that there is time to pause this legislation and reflect.

I have lots of questions but I see that I am coming down to the one-minute mark, so I just want to say that fundamentally, I believe that this government wants to see the best for the people that they serve, and I understand that this legislation is an attempt to make positive change.

Unfortunately, it has a lot of risks, including the risk of drug poisoning. When people come out and have reduced their tolerance to substances is something that I'm thinking about a lot. Even right now, when people come out of detention, they're at higher risk for a drug poisoning because they have not been using for a certain amount of time.

So it's a thing to consider really clearly: what is going to happen when people are discharged after 72 hours of forced abstinence.

I really hope we can slow this down and rethink it so that the people who it is meant to help aren't harmed in the process. Criminalizing substance use harms people who use drugs, and it doesn't really help them get better. And I'm really hoping that there's a way to shift the thinking a little bit, or take another look at the legislation to figure out how it can be changed to be more in alignment with the, sort of, values around supporting people who use drugs.

So thanks for your time today. I appreciate it very much.

The Chairperson: So thank you for your presentation.

Do members of the committee have questions for the presenter?

I am seeing no questions. Oh.

MLA Bereza: Ms. Bryans, thank you so much for taking the–

The Chairperson: Oh. Or sorry, no, go ahead. That was me.

MLA Bereza: Thank you, honourable Chair.

Thank you very much, Ms. Bryans, for talking to us as a nurse about what's missing here today. And I really appreciate your comments. Thank you so much.

The Chairperson: Ms. Margaret Bryans, would you like to respond?

M. Bryans: Yes, thank you. To be really clear, I am just someone who really wants to make sure that we're talking to people who use drugs about things that will impact them, and I have spoken to lots of people in the community that I work with who have talked about opportunities and solutions and ideas around how to shift things and what will and will not work, and in particular, how we can think about this legislation, understanding the dynamics of substance use in the community, because I think that's a thing that we're missing a little bit here as well.

Ms. Smith: I want to thank you, Ms. Bryans, for coming and presenting and taking the time out of your day to come and present.

Miigwech.

The Chairperson: Ms. Bryans, you–opportunity to respond.

Okay. Thank you.

All right, seeing no further questions, we will move on to the next presenter.

Thank you very much, Ms. Bryans.

I will now call on Mr. Robert Russel–*[interjection]*–okay, so we will drop his name to the bottom.

I will now call on–I believe is it Mx. Levi Foy?

So Mx. Levi Foy, please proceed with your presentation.

Levi Foy (Sunshine House): Hello. Thank you very much for this time. Good evening, everyone.

And, you know, I don't envy any of the positions that any of you are in. This is remarkably–I think tonight has really showed us, like, the complexities and the impact that, you know, even discussions around substance use can have in this province.

On that note, my name is Levi Foy. I'm the executive director of Sunshine House, and for those of you who are unfamiliar with Sunshine House, we operate a broad range of programs that focus on harm reduction and social inclusion. We provide drop-in programming, comprehensive 2SLGBTQIA+ housing, supports, cultural programming and, of course, mobile overdose prevention services.

We are–we do our best every day to meet people where they're at, from a person-centred approach, and the people who choose Sunshine House are beautiful, they're brilliant and they're extremely resourceful.

One of the central tenets of the organization is safety. As an organization we take our relationship with this word very seriously. Our commitment to safety requires us to consider the multitudes of meaning and nuance in this word.

Safety is contextual; it is relative, and it is thus conflictual. For us, the work–our work, safety means the ability to provide people and the space to be themselves free of judgment, free of persecution, free of harm and free of violence. In order to achieve safety we must embody care and be a good relation to everyone who walks through our doors or comes to our windows.

Safety in our spaces must co-exist with peace and have a healthy relationship with risk and danger. Safety is often presented as diametrically opposed to danger. We do not have to–we do not, at Sunshine House, always hold to this definition because framing that immediately makes an individual a threat and absolves us of our responsibility and commitment to try and create safety.

***** (20:50)

My primary concern today is the absence of definitions of safety and danger and the insistence on safety as opposed to danger in this bill. Public discourse around this bill presents people who use drugs as inherent–as an inherent threat to someone else's safety. People who use drugs, and particularly methamphetamines, are not unsafe to be around. At Sunshine House, we know this.

In this calendar year, we have had 111,539 visits to our programs and services. With that number, 6,500 people have used consumption services at mobile overdose–at our mobile overdose prevention site. In all of these points of contact with community members who may or may not be intoxicated, we have had to intervene in 17 overdose–oh, sorry, in 97 overdose or toxic drug events. And in our over 111,000 visits, there were only 11 reported incidences of violence on the part of community members towards our staff and towards–and with staff towards community members.

For today's conversation, I would like everyone on this committee to reflect on those numbers. Of all of our interactions with community members, 0.001 per cent involved violence. I am aware that sometimes in the work, we do require additional interventions to support community, but this bill does not prioritize safety for the communities that we work with.

This bill, in its introduction at this time, increases stigma towards people who use drugs and empower– may empower a system that treats our communities as dangers and an inherent threat to safety.

I have spent many hours contemplating the merits and the future challenges that Bill 48 presents. It is difficult not to draw a line to the daily unfolding of fascism one hour south of the border of us. In the steamrolling of rights and freedoms around the world, 2SLGBTQIA+ people and those experiencing houselessness are the first to be targeted under poor definitions of safety and manufactured ideas of danger.

I worry that rushed legislation will create a precedent that will be used against us, and me, in the future. I worry that that 2025 version of vagrancy laws present in the discussion–in this discussion in Winnipeg's encampment ban will further embolden those who wish to create harm to the people that I love.

I am concerned that the government's first response to housing and drug crises is to lock people up with less oversight and fewer rights. I believe that there are a lot of options and more room for creativity and collaboration–thank you so much. I believe that there are a lot of options and more room for creativity and collaboration to develop something unique and responsive to challenges being faced, real or imagined, by individuals, by neighbourhoods and by organizations.

Before jumping to increasing detention powers and capacity, we could also–we could and should expand mobile crisis outreach, providing person-centred, culturally affirming care. We can and should expand supervised consumption services in the form of overdose prevention services and brick-and-mortar supervised consumption sites. We should continue to expand detox and treatment options for individuals.

In preparation for this speech, I spoke with several of the staff and people who choose Sunshine House to get their thoughts on this act–on this bill. One community described their experience in IPDA as being humiliating. They didn't want to use the washroom; they didn't want to shower. They just wanted a shower and they just wanted to go home and go to bed. I asked in that–if in that moment, would you have been open to conversations about further detoxing treatment? And their response was: Hell, no. I just wanted to get out of there as fast as possible.

I am hopeful that the first proposed site considers this and considers all of the implications, particularly for gender-diverse and trans individuals who might be detained in these spaces. Community members tell us that in the process of detention, they are often separated from their belongings, meaning they come out of detention missing shoes, socks, warm clothing, their bags that may or may not have their IDs, any access to their income through their debit cards; all of these things–many of these things go missing in the detention process.

MOPS–the–our staff have said that when they see individuals come out of IPDA, that they try to monitor them more carefully because their tolerance for substances or the risks of them having to catch up to their friends are increased.

And so as a result, this increases their risk of overdose. Longer holds will pose more real risks for community members and our teams who might be detained for longer times and have longer catch-up times and who are also experiencing acute withdrawal.

It is very important for us to be designing policy that reflects the simple reality that it is impossible to legislate drug use out of our existence. We all need to rethink our relationship with substance use, particularly in the face of climate anxieties, economic realities and imminent social change.

In–I will close this story–with a story about a photograph. It was sent to me a few weeks ago, and it showed two Sunshine House staff on the ground, administering CPR and naloxone to an individual who was overdosing. Surrounding these two staff members were eight members of Winnipeg Police Service, six uniformed cadets and two uniformed police officers.

The community member in the photo was revived and got up. Through–though they reserve–refused additional medical care, we did see them again later that day, alive, thanks to the efforts of MOPS staff and community members who alerted us.

The WPS employees on the scene did not impede and they did not intervene, nor did they follow up or provide any additional support in that moment. They were there to witness, I suppose. Perhaps if things went awry, maybe they would have been able to call in extra resources. But like most days at Sunshine House, none of that is necessary.

The photo tells many stories. One immediate take-away was frustration about the availability and the allocation of resources. We need to look at other ways of interventions first, and then having involuntary detainment as a possible last resort option.

I hope that my presence here today and the words that I have shared help our legislators consider the immense and–the immense potential to envision and to create a framework for a system of humane, person-centred care. That is almost impossible in a jail cell.

I do not envy the immense challenge ahead of you, for all of you, to take into–all of the perspectives that have been brought here tonight. It is incredible, and I'm very, very fortunate to hear all of the stories that were shared this evening.

Miigwech.

The Chairperson: So thank you for your presentation.

Do members of the committee have questions for the presenter?

Mrs. Hiebert: Thank you very much for coming today, and I see that a lot of the good work that your organization does, and so thank you for taking care of our loved ones and our–those that need the extra help.

You had just made a comment about how you would like to see recovery and treatment. Could you expand on that? What would you–if you could have, or if it could be what you want, what would it look like?

L. Foy: I think that's a very good question.

For me personally, one of the biggest challenges that we face when we're referring the folks that we work with into the current available options is that there's still a lot of stigma around people who might be living with HIV, and there's still a lot of–there's not a lot of facilities that are appropriate for people who are trans, non-binary or who are 2SLGBTQIA+. And so having more dedicated facilities and support services available for that.

We recently just started a program that works in tandem with all of our programs, that helps support people–2SLGBTQIA+ people–who are entering into detox, and help them get through that process, and we've seen that the success rate of having–somebody having an outside source in the current system has really, really improved, and having that–and being able to do that.

So providing more–different types of approaches to what the continuum of care can look like is really, really important.

Ms. Smith: Thanks, Mx. Levi Foy, for coming and presenting, and all of your work that all of the staff does at Sunshine House, with MOPS and all of the life-saving work that you do.

You know, you're making an impact right across Winnipeg, and, you know, we're very thankful for the partnerships that we have with you, with Your Way Home, with MOPS, and we certainly look forward to our continued partnership in the work that we do in terms of expanding that and getting people supports that they need, in terms of HIV and trans and LGBTQIA folks.

The Chairperson: Mx. Levi Foy, would you like to respond?

L. Foy: Thank you. That–we appreciate the opportunity to enter into conversation, and the willingness for people to kind of listen to the difficulties that sometimes we face.

But at the end of the day, it's all–I get to go to work and I get to smile every day. And I get to work with people, and I get to see people kind of migrate through the myriad of challenges that living in this contemporary world poses. So thank you for your support.

***** (21:00)

Mr. Wharton: Thank you, Mr. Foy, for your presentation and the work that you do. As my colleague alluded to, it's important work, and we really appreciate what you're doing.

I guess my question is, you had made a couple of comments about–does not include certain safety provisions, and you felt that the legislation was rushed. With the work you've done, you have ample experience to, obviously, work with the government on developing a plan that would fit all issues that are–concerns that come forward with respect to drug addiction.

Were you consulted by the government?

L. Foy: Thank you.

Yes. Yes, we were. Yes.

Was–I'm–I think one–but one of the things–again, we all can–I think we all can recognize that the timelines on this particular bill have been pretty tight. And so we haven't actually had the opportunity to sit down and kind of do the follow-up on all those

conversations, which is why I felt that it was really important to come here and explicitly state these concerns on the record.

Yes. So we were consulted, and these were kind of the lingering questions that we had.

Ms. Smith: So again, Mx. Levi Foy, I just want to say that pronouns are very important. I just want to make that–stress that point to our members on the other side, because, you know, stigma and people coming forward to access services–that's one of the reasons people don't come forward–and making sure that people are using the proper pronouns.

But, again, I just want to stress how important it is that we have access to those services and that we have people that are providing those services and that there's people on the front lines that understand and that come from, you know, those perspectives and that can relate.

And, you know, I want to thank everyone that works in–at Sunshine House for the work that you do, because it's life-changing, live-saving. And we can't thank you enough, because without your work–

The Chairperson: Minister's time has expired for the question.

Is there leave for Mx. Foy to provide a response? *[Agreed]*

L. Foy: Thank you very much for the opportunity again.

I will say I thank you for that recognition of pronouns. But I will say something in Mr. Wharton's defence: We do know each other from a previous life, and so Mr. Wharton only knew me as, you know, Mr. Levi Foy–so.

The Chairperson: So thank you very much.

The time for question and answer has expired.

So I will now call on executive director, Kate Sjoberg, who is on Zoom.

So executive director Kate Sjoberg, please proceed with your presentation.

Kate Sjoberg (Resource Assistance for Youth): Thank you.

And hello, Minister Smith, and I just want to offer–I've regretted some of the comments that have been personal and, in my opinion, abusive towards you as a person, and I just want to thank you for your grace and continuing to operate in the meeting so professionally.

To everyone today, I want to start my comments by referring to the VIRGO report, Improving Access and Coordination of Mental Health and Addiction Services: A Provincial Strategy for all Manitobans, and its direction.

You'll recall that, at the time of publishing, the previous government was criticized by members of the current government for a leak of a version of the report that included mention of a safe consumption site.

I share the concerns of other speakers today who are speaking to the need to uphold access to health care, like safe consumption sites, before extending current measures that detain or remove choice.

To respect time, my reference to the report will be far from exhaustive but instead reference a few sections and then offer concerns about today's proposal linked to these highlights.

The VIRGO report lists 10 core characteristics for a high-performing substance use and mental health system. Included in the 10 are: appropriateness, anti-stigma, continuity of services, equity, effectiveness and safety.

As many of you are aware, the report also includes feedback from stakeholders, which is compiled into themes related to specific needs. Some of the themes mentioned include significant challenges with respect to intergenerational trauma of colonization and residential schools experience, and the parallel lack of supports for trauma, including PTSD. The report identifies that this is a concern for reserve communities; however, we observe this lack in Winnipeg as well.

Common reports of extremely high opioid addiction in Indigenous communities, compounding problems with alcohol and other drugs, such as crystal meth and cocaine. Challenges were identified in accessing withdrawal management services, as well as ORT, due to a lack of such resources within a reasonable distance.

Racism and discrimination experienced at many levels, but most frequently expressed in terms of long and unsupportive waits in the province's emergency departments and other health services.

In my final references to the report, I want to highlight some of the recommendations. This section identifies preferred principles, including that services be welcoming and respectful, person and family-centred, culturally relevant, harm-reduction focused, evidence-informed, trauma-informed, high quality and innovative

and accountable. The recommendations also point strongly to the need to reduced disparity in the existing care when it comes to socio-economic background.

So I'll shift now to my own reflections on the proposal being discussed today. I don't find in my review of the referral report that this particular measure would be high on the list of recommendations, if recommended at all.

We've not heard that the decision is based on evidence and the description of the proposed service does not meet expectations for care that is trauma-informed, nor grounded in harm reduction. We've not heard that those who have experienced IPDA or YASU, nor their families, were consulted.

We've not seen an appropriate effort to ensure that barriers to care identified in VIRGO and elsewhere have been accomplished. This is a critical point. It's no secret that racialized Manitobans continue to report a differential experience when accessing care, and this ongoing experience influences the extent to which many seek care at all during times of need.

Throughout my time serving people experiencing homelessness, previously at MSP and now at RaY, I've encountered Manitobans who continually self-discharge from hospital care; for example, when they were palliative or in the middle of cancer treatment and rely instead on the care of community and shelter workers or are self-managed in an encampment.

I remember an elder who had a toe amputated with inadequate pain management, who refused to seek support from medical professionals. For these Manitobans, this was the best available choice given their historic and ongoing treatment experience inside of hospitals, clinics and with paramedics. Self-medication that can lead to psychosis would be unnecessary for these Manitobans if the health system made the changes necessary to rebuild the trust needed for them to seek and comply with professional care.

The VIRGO report also advocates anti-stigma. We are in a moment of heavy stigmatization of people experiencing homelessness. Members will recall a recent story regarding an encounter between Collège Jeanne-Sauvé students and someone living in an encampment. Media reports on the event left out commentary from neighbours who had observed ongoing harassment of this 'indidividual' by students and had reported their concerns to the school.

It also left out their concerns that this individual had been unfairly characterized as dangerous in the media, when in their ongoing observation, the school had multiple opportunities to intervene in the students' dangerous and threatening behaviour and prevent escalation, and had not adequately responded.

Winnipeggers are currently receiving ongoing messaging from officials regarding restrictions on encampments, available police and police-adjacent responses to the conserves–concerns of housed Winnipeggers, as well as messaging regarding events like the above that too often omit key information, including comment from the people involved, by which I mean homeless individuals.

This unduly cues the public to seek carceral responses like today's proposal instead of measures that align with trauma-informed and harm-reduction practice: also measures that are more appropriate and, by the way, cheaper.

On the matter of 'stigima,' we need to consider who's currently referred to protective care and who's not. Overwhelmingly, those admitted to IPDA are racialized and poor and also tend to be homeless. This is true even though we observe public 'untoxication' from people across socio-economic backgrounds throughout the city. And due to the oversubscription of treatment for programs throughout the province, many admitted to IPDA may very well have sought treatment but were denied access.

As mentioned to the assistant deputy minister in a meeting with community earlier this week, we are concerned about the life safety–about life safety with this proposal. Indeed, people admitted to IPDA have died in the past. In one example, a community member experienced recent head trauma that was not observed by those admitting them nor the medical staff conducting the assessment.

***** (21:10)

Due to the under-resourced assessment of the injury, the combination of lack of evidence-based medical knowledge in this proposed expansion of the act, combined with ongoing evident public stigma, leads to credible concerns that we are set up for similar tragedy.

I need to also share my experience with at least one IPDA participant who was admitted during a weekend when they were visiting Winnipeg with friends. The separation from their group meant that they were unable to get a ride back to their community and therefore were stranded and homeless over multiple days, a situation made more difficult by the individual's overall lack of funds and access to a phone.

We need to clock unintended consequences that can result from policy measures and apply, for example, an MMIWG lens in our analysis. In my discussions with my colleagues at RaY, a repeated observation on this policy expansion and other recent policy decisions has come forward that they seem to be made with a view to attend to public perception of what is happening rather than ensure appropriate care for those suffering the most.

It is uncomfortable to observe people who are suffering; however, we need to make sure that remedies serve the actual needs of the people in question rather than the discomfort of the observers. I urge that steps going forward revisit the former.

Thanks so much for your attention.

The Chairperson: So thank you for your presentation.

Do members of the committee have questions for the presenter?

Okay, I'm–honourable Ms. Smith.

Ms. Smith: Ms. Sjoberg, I just wanted to thank you for coming and taking the time to come and present to committee and sharing your presentation and the work that you do at RaY and the work that you've done at MSP and, you know, your years that you've done in community and advocacy that you've done. So thank you for all of your work.

Miigwech.

The Chairperson: Executive Director Sjoberg, would you like to respond?

K. Sjoberg: Thanks so much for hearing us today. I appreciate it.

MLA Bereza: Executive Director Sjoberg, thank you so much for your input tonight on this.

You had mentioned–and correct me if I'm wrong–that you had some conversations with a deputy minister, I believe it was. One of the questions I have, because we've been looking for answers to questions, and I'm hoping maybe you can help me out with it, is a protective-care unit: Was it discussed what a protective-care unit is?

K. Sjoberg: I'm not sure that we got into that detail in that conversation.

MLA Bereza: Thank you, Executive Director Sjoberg, for your coming tonight, for your presentation, and thank you for your insight.

The Chairperson: Executive Director Sjoberg, would you like to respond?

K. Sjoberg: No, thanks so much. Good night.

The Chairperson: All right, seeing no further questions, we'll move on to the next presentation. Thank you.

I will now call on Lorie English, who is on Zoom.

Lorie English, please proceed with your presentation.

Lorie English (West Central Women's Resource Centre): Good evening, committee. I want to introduce myself. My name is Lorie English, and I'm the executive director at the West Central Women's Resource Centre.

As an organization, we support women and gender-diverse folks who, in many ways, are pushed into the margins of society. We do housing and outreach work, gender-based violence work and we work every day to support the basic needs and human dignity of the people who come through our doors. We also work every day with people who use drugs.

One of the fundamental guiding principles of the work that we do to support community is to work with a deep commitment to the principles of harm reduction. We believe in autonomy. We believe in choice. And we believe in protecting people's human rights.

This bill proposes to extend the reach of The Intoxicated Persons Detention Act to allow individuals to be detained for up to 72 hours if they are deemed to be a danger to themselves or others. The stated intention behind this bill is that it will increase safety and provide an avenue for people who use drugs to connect to detox and treatment services.

For many reasons, I do not believe that this bill will achieve these outcomes. I do believe that this government is–genuinely wants to provide increased supports for people who use drugs, who are unsheltered and who are struggling with their mental health.

In particular, I want to acknowledge Minister Smith for whom I know this is a deeply personal issue. I have been horrified to hear some of the comments shared tonight, particularly those directed at you, Minister, and I extend my sincere care and concern for you having to be subjected to these abusive statements.

It is with this belief that government has good intentions, but I implore you to please listen tonight with open hearts to the feedback that many of us in the non-profit sector are providing on this bill.

I'm grateful to my many colleagues who will speak to this issue tonight more eloquently than I will. But I believe we share a common goal to increase safety for all Manitobans, including people who use drugs. I would ask the committee to reconsider the approach that is being presented.

I have to say that at first I was surprised and disheartened to see Bill 48 when it was presented. I was disappointed to learn that it had moved forward with limited consultation with agencies who hold expertise in this work, and most importantly, without adequate consultation with people who use drugs.

As you are aware, legislation can have significant impacts on how people live their lives, and when we implement legislation that has the potential to cause tremendous harm, it is in everyone's interests to ensure that all stakeholders, especially those who will be most deeply impacted, are consulted.

The change raises many concerns for us as an organization. Detaining people against their will for 72 hours constitutes a violation of fundamental human rights, including the right to autonomy and freedom from arbitrary detention. It perpetuates stigma against people who use drugs, actually risks discouraging people from seeking help, and diverts resources away from evidence-based interventions.

Detaining individuals for substance use involuntarily is a harmful and ineffective response and actually increases the risk of fatal overdose, as we've already heard.

Evidence shows that forced withdrawal and treatment does not lead to sustained recovery, and in many cases increases the likelihood of overdose after release due to people having reduced drug tolerance upon release after the withdrawal period.

We firmly believe that the proposed changes to this legislation will result in the deaths of Manitobans.

While we recognize that greater supports are needed in community to assist those who wish to seek treatment, we do not currently have a sufficient number of detox beds or sufficient treatment beds for people who are voluntarily seeking treatment.

Often, once a community member reaches out to us for support, we have to tell them to wait days or weeks for a detox bed, and even worse, there is often a gap between detox and treatment that does not support successful recovery.

It feels somewhat counter-intuitive to force people into withdrawal before we even have options available to offer for their support should they want that.

It is also important that we apply gender lens to this legislation. Meth is a common drug of choice for women who are unsheltered and who are precariously housed. It keeps them awake, which reduces the chances of them being assaulted; it keeps them warm, and it staves off hunger. Women and gender-diverse folks are less likely to access spaces like shelters because of the perceived and real risks of violence that they may face there. This often means that they will be in public spaces where they feel safer. This puts them at high risk of being detained against their will. We also know that women face unique and compounded harms and are more likely to experience trauma in these settings.

It also remains unclear to me how this bill will address things like sexual violence at the hands of intoxicated men after sporting events, which is a well-known risk to women and gender-diverse people. Should we expect to see enforcement officers outside sporting venues? It is imperative that we consider how women and gender-diverse people will be differently impacted by this bill.

It was surprising to me that this kind of space could be mobilized in the rapid time frame that it is, despite the fact that we are still waiting for movement on a supervised consumption site two years after the mandate was issued.

* (21:20)

Supervised consumption sites are a critical part of compassionate evidence-based response. They provide a safe, non-judgmental environment where individuals can use substances under medical supervision, access health services and connect with supports without fear of arrest or stigma. And supervised consumption sites would better serve to reduce safety risks to people who use drugs and the wider community than a detention site will.

I want to reference a comment that was made earlier about the success of the war on drugs campaign. In 2024, the United Nations human rights chief called on countries to radically rethink global drug policy, calling the war on drugs an approach that destroyed countless lives and damaged entire communities.

He states that, and I quote, the evidence is clear. The so-called war on drugs has failed, completely and utterly, and prioritizing people over punishment means less lives–sorry, prioritizing people over punishment

means more lives will be saved. I would note further that the deepest impacts of the harm felt by the war on drugs were Black and Indigenous communities.

Instead, he notes that instead of punitive measures we need gender-sensitive and evidence-based drug policies grounded in public health. He goes on to note that inclusive access to voluntary medical care and social services, with an emphasis on harm reduction, should be essential parts of any policy moving forward.

I think we can agree that what we are seeing in Manitoba is a crisis, but it is not a meth or a drug crisis. It is a trauma crisis; it is a housing crisis; it is a public health crisis. We must respond in ways that meet the underlying causes of the challenges we are facing, not with more punitive or carceral measures. We cannot police or punish our way out of this. We must invest in voluntary, community-based, Indigenous-led and peer-led supports that prioritize health, human rights and social inclusion.

Harm reduction is not only humane, it is evidence-based, compassionate and effective in saving lives. I believe strongly that we can work together to find solutions to support our relatives who use drugs in a person-centred way, and I implore the committee to reconsider moving this legislation forward.

Thank you for giving me some time to speak tonight.

The Chairperson: Thank you for your presentation.

Do members of the committee have questions for the presenter?

Okay, I am not seeing any questions. So thank you very much–oh, MLA Bereza.

MLA Bereza: Thank you so much, Lorie, for your presentation and your words tonight and, again, your insight and your expertise that you've brought here tonight; you've given us lots of information here. And again, it's 9:30 at night and I appreciate you taking the time and spending your evening here with us.

Thank you very much.

The Chairperson: Lorie English, would you like to respond?

L. English: I'll just say thank you again for the opportunity.

Ms. Smith: Lorie, I just–it's Ms. English–I just want to thank you for coming and presenting. I want to thank you for all of the work that you do around, you know, housing folks, around making sure that gender diverse have access to housing, to supports, to the wrap-around supports that you are providing to the outreach services that you provide. We are really thankful for the partnerships that we have with your organization.

I do have one question, though, around housing and the impacts that the former government had on the selling off, the de-investments in social housing and what that created in terms of, like, people being unhoused and women having to go into survival mode–

The Chairperson: Sorry, the minister's time has expired for asking a question.

Ms. Lorie English, would you like to respond?

L. English: Yes, thanks so much, Minister, for the question.

I think we have seen the effects of a de-investment in social housing. And one of the biggest things that we're pushing for as an organization, and have been for two decades, is for greater investments in social housing.

We know that women and gender-diverse folks are disproportionately affected by a lack of social housing being available to them, and that is when we see folks at greater risk of falling into substance use, into becoming victims of violence, into going missing and being murdered.

We know that the–that there's a direct line to be drawn to a–between a lack of housing and this kind of violence that we see against women and gender-diverse folks.

So we're very grateful to see a shift in policy. We're very grateful to see a commitment on the part of this government to invest in those resources again, and we know that it will take time to get us out of the hole that we are currently in.

The Chairperson: Okay, I don't see any further questions, so thank you very much, Ms. Lorie English–oh, Minister Moyes.

MLA Moyes: Can you ask for leave if we could reprioritize a list to those folks that are with us in the room?

The Chairperson: So is there leave to reprioritize the presenter list to the folks who are present with us in person? *[Agreed]*

Mr. Wharton: Can I have a little bit more clarity on that leave ask, please? Because we have a list in front

of us. Are we adding people to the list or–can I get a little bit more clarity, please, honourable Chair?

The Chairperson: I believe the–I mean, please correct me if I'm wrong, but I think we have some folks who are here in person, in the building, in the room, and the request is that we prioritize the folks on this list. We're not adding people, but the ones who are already on the list that are physically here, that we see them, their presentations, before we go to the folks that are on Zoom.

Does that make–

An Honourable Member: In the same order.

The Chairperson: But in the same order.

Some Honourable Members: Agreed.

The Chairperson: Okay, that's agreed.

I will now call on Mr. Nick Kasper.

Mr. Nick Kasper, please proceed with your presentation.

Nick Kasper (United Fire Fighters of Winnipeg): Good evening, Madam Chair, and members of the standing committee. My name is Nick Kasper, president of the United Fire Fighters of Winnipeg. I'm here today representing over 1,600 active and retired firefighters and firefighter paramedics who protect our city 24 hours a day, 365 days a year.

I'm proud to appear before you to join leadership in law enforcement and health care in support of Bill 48. I want to thank the honourable Minister Smith for her courage in bringing forward this overdue legislation. I'd like to acknowledge the personal impact addiction has had on your own family. Also want to thank all the members of the Legislature for your thoughtful consideration and your commitment to public service for all Manitobans.

I'd like to recognize my colleagues in health care–physicians, nurses and allied health professionals–who continue to rely on evidence, data and compassion to drive change.

Finally, I'd like to thank members of the public and representatives in the gallery today for taking the time to attend and share your thoughtful and passionate submissions.

I've served the city of Winnipeg as a firefighter paramedic for 18 years. We're Canada's busiest emergency service, responding to approximately three times the calls per capita, with half the resources of other major cities like Vancouver, Calgary and Toronto.

The majority of my career has been served in Winnipeg's downtown and North End neighbourhoods, responding on our busiest apparatus. To put that into perspective, the busiest emergency vehicle in Vancouver's downtown east side, the Hastings community we heard about earlier today, would rank eighth in Winnipeg. That means they respond to thousands fewer calls than half a dozen of our apparatus. That's the overwhelming scale of the demand we're facing today here in our community.

One side of my fire service role, for nearly two decades I worked as an advanced-care paramedic on ground ambulance as well as fixed and rotary-wing flight paramedic on medevac aircraft across Manitoba. Over the course of my career, I have responded to tens of thousands of calls for help, witnessing first hand the loss and devastation caused by addiction on unparalleled proportions. These first-hand experiences have motivated me to commit my career to doing everything I could for the patients that I serve.

Became the first Winnipeg firefighter to be registered as an advanced-care paramedic, later earning a health sciences degree, focused on how traditional emergency response systems can evolve into preventative upstream community paramedicine models now deployed across Canada. There is no question: community paramedicine improves patient outcomes while reducing health-care costs.

I've led projects for the WFPS service quality and patient safety branch, completed the National Association of EMS Physicians quality improvement and safety–patient safety program, obtained certification through the Institute for Healthcare Improvement.

Five years ago, I was appointed to the College of Paramedics council, serving as vice-chair, chair of governments and appointments and appeals committee. A mix of front-line experience, academic study and regulatory oversight gives me clear, evidence-based understanding of what's working and what's not.

***** (21:30)

Addiction knows no boundaries. It affects every neighbourhood, every income level, every family. It's touched my own family, and I speak today not only as a firefighter, paramedic, health-care regulator and labour leader, but as someone who loves a family member living with addiction.

When our crews respond to an overdose, we aren't treating strangers. We're caring for someone's son, daughter, parent or partner and sometimes one of our own.

Bill 48 recognizes the humanity of these patients while giving health-care providers the tools and time we need to keep them alive long enough to receive treatment and support. This is not new ground. It's a long–update long overdue.

When I began my career almost 20 years ago, The Intoxicated Persons's Detention Act had already existed for two decades. It was designed for a different time when intoxicants meant alcohol or solvents. Its purpose was to let police hold someone safely until they sobered up. Those were the days of the drunk tank.

Back then opioid overdoses were rare, Narcan was a word in a textbook, not a tool on every truck, and today our reality is unrecognizable. Synthetic opiates, methamphetamine, polysubstance use drive call volumes. It's now common for a single crew to administer Narcan in excess of half a dozen times in one shift, often to the same patient twice.

These changes have not occurred overnight, and those on the front lines welcome changes, are far from rushed and instead long overdue. We now encounter drug-induced psychosis, delirium, violent agitation, extreme behaviour crisis every shift. The law guiding our response simply hasn't evolved, leaving responders, clinicians, and patients exposed to risk and uncertainty.

In my time I've personally used The Intoxicated Persons Detention Act in its current form to ensure thousands of patients under my direct care receive the most appropriate and timely access to continued monitoring, ongoing treatment and follow-up care.

And I have to tell you there is one guiding principle when selecting this transport destination and clinical outcome, and that's patient safety. Let me be clear: this is not our only destination option. It's a case-by-case clinical decision made based on an objective assessment, patient condition and the lack of capacity to refuse care.

What does that mean to me? It means if I watch somebody walk away and they die after I've assessed them and determined them to be a risk to themselves, I have to live with that, and that's no acceptable or reasonable expectation to put on anyone in the medical industry.

Today's approach is medical; it's regulated; it is not punitive. Regulated health-care professionals follow strict clinical guidelines. On-scene assessment and monitoring precede any transfer to detoxification centres.

Upon arrival, an on-site community paramedic reassesses each patient prior to admission, monitors them continuously, and initiates emergency transfer if they deteriorate. These are health-care facilities, not holding cells. They're staffed by regulated professionals providing structured medical care. Yet, despite these improvements the current legal detention timeframe no longer fits medical reality.

We acknowledge many patients require longer observation for withdrawal, stabilization or mental health assessments. The existing limits force premature release, sometimes with fatal consequences. If we fail to act, we will continue to see avoidable loss of life.

I've heard many concerns and criticisms surrounding the proposed location. While I empathize with and respect the position of community activists concerned over the challenges facing some neighbourhoods, I want to be clear: the principle behind all successful community paramedic models is simple: it's mobile health-care providers trained and equipped to deliver the right care at the right time in the right place. This was the rationale for and continues to be critical to the improvements in patient outcomes that have been demonstrated for years by community-care providers currently located at 75 Martha.

Extending detention is not about power; it's about patient outcomes, community safety and system clarity. Clinical evidence shows that some individuals need hours of stabilization. Bill 48 provides the legal authority for clinicians to keep them in care, if necessary, until they are safe to discharge.

Too often, police must take custody of medically fragile people, not because it's right, because it's the only option. This amendment supports a health-care-led, not police-led, response.

First responders regularly face violent or unstable behaviour without clear legal cover. Bill 48 allows them to act decisively and lawfully. And the additional time enables proper referral to addiction treatment, social services and recovery supports, breaking the cycle of repeat 911 calls. I have to tell you, it's incredibly frustrating to see the same person overdosing twice in a shift.

As Minister Smith stated, this bill ensures that the people who are at risk to themselves or to others are brought somewhere where they can get the supports they need. Bill 48 accomplishes exactly that. Patient advocacy, rights, consent, informed refusal: these are cornerstones of clinical care, supported by robust

clinical governance, physician oversight, mandatory reassessment and transparent reporting.

Protective detention, appropriately extended means–remains temporary, proportionate and medically supervised. It's not punitive; the focus is protection, recovery and compassionate care.

Bill 48 is a common-sense modernization. It updates a 40-year-old law to reflect the public health crisis on our streets and in our homes. It protects citizens, relieves police of inappropriate burdens and supports the paramedics, nurses and physicians working daily on addictions front lines.

So on behalf of the United Fire Fighters of Winnipeg, I do urge this committee to pass Bill 48, close the dangerous gap between outdated legislation and the reality faced by Manitobans every day.

Thank you for the opportunity to appear before you, and I welcome your questions.

The Chairperson: So thank you for your presentation.

Do members of the committee have questions for the presenter?

MLA Moyes: Thank you, Mr. Kasper, for your presentation, for taking the time to speak with us tonight and for sharing your insight. And thank you to all first responders for the good work that you do each and every day, keeping Manitobans safe.

Can you elaborate on what Bill 48 will do for first responders specifically? *[interjection]*

The Chairperson: Just let me acknowledge you first.

Mr. Kasper.

N. Kasper: Sorry. By now I should have learned–were listening in the back.

Yes, absolutely. I mean, under our current constraints, when patients lack the capacity to safely refuse care, I'm not interested in detaining people against their will who have other places to go–other options. This is my least preferred outcome, and I can share that's the same context for all responders.

When there is no other safe outcome, when there is no other option and when it is clinically appropriate, and they need to be looked after for their own safety or the safety of others, this will extend that time frame to an appropriate time. We're no longer forced by law to discharge people into a community, into a neighbourhood where they're not safe–they're not in a safe space yet, right.

The evidence tells us that we need more than 24 hours to reach sobriety. The evidence tells us that we need more than 24 hours to ensure those discharged patients are safe. And nobody's interested in keeping anybody longer than necessary. I don't think we're required to keep patients for 72 hours. There's ongoing reassessment throughout those periods. And as soon as the patient's clinically appropriate to be discharged, trust me–they'll be discharged. We–they don't want to keep people longer than necessary; that has been my experience.

So yes–much needed. And you know, it will prevent me from having to go to the same person twice in a shift and see a preventable loss, which really is a tragedy.

Mrs. Hiebert: Thank you very much, Mr. Kasper, for being here today. You are one of my heroes. You know, firefighters are–you've got–you are my heroes. So thank you so much. I have a close friend who's also a firefighter in downtown Winnipeg. And I agree with you; you guys are–you need more help, first of all.

Like, you said that–I think in the last 19 years, there has–you know: in 2006, 90,000 calls; 2025, 170,000 calls. And you're still working with the same amount of firefighters helping you. So I think that's a call for all of us to pay attention and get you some help for that. So thank you for bringing that to our attention.

And we're all on the same page. We want to make sure that we are there to help you help those–

The Chairperson: The member's time for asking a question has expired.

But, Mr. Kasper, if you'd like to respond to–?

N. Kasper: Thank you for the kind words. I appreciate that.

***** (21:40)

I mean, I'm incredibly proud of our entire membership. As you know, they are–you know, they're humble folks. They want to help people; that's what they're–that's what they've committed their career to. They make significant sacrifices to do that, and really, we just need to be afforded the tools and the resources that we rely on to be able to be there for our community. And sometimes, yes, that means appropriate staffing, appropriate trucks and sometimes it means appropriate legislation for the difficult, challenging calls that we face.

So, yes, I mean, you mentioned those statistics, and it's, you know, it's stunning. In 1975, we had more firefighters and fire trucks on duty than we have today, and we have nearly the same total call volume as the city of Toronto, with 2.8 million residents.

So, appreciate that acknowledgement.

Ms. Smith: Thank you, Mr. Kasper, for coming and presenting tonight, and thank you for your help and support, you know, in creating this bill.

We certainly appreciate all of the work that you're doing on the front lines, all of the firefighters, the advanced paramedics. You know, we know that you're working incredibly hard and that–it's difficult work that you're doing. You know, you're on the front lines, you're supporting and you're doing it from a humanistic lens, with compassion, with care and treating these folks as if they're your relatives, that they're someone's brother, someone's mother, someone's aunt. And you see them as human beings.

So I want to thank all of you for the work that you do each and every day, because it does matter. It is making a difference, and certainly, you know, this bill is going to make a difference and save lives, and support people, meet them where they're at and provide the resources that they need.

N. Kasper: Thank you, honourable Minister, and, you know, I just want to touch on something you mentioned. It's a hard job. It's challenging. It takes pieces of you over time–

The Chairperson: Sorry to interrupt, Mr. Kasper.

Is there leave for Mr. Kasper to complete his response? *[Agreed]*

N. Kasper: I appreciate that.

Yes, you know, you build a wall. You build a shield. And something that I've stood by my entire career, and I try to impart on new people when they're hired, and people when they work with me, you know, if you approach every interaction with every patient as though you were treating them as you'd want your family member treated, right? And that's how you knew if you were onside or offside.

And, you know, people slip. We're all human. You know–oh, I'm sorry–frustrations, but we're always there, holding each other to that standard, and if the level of care or the treatment or the dignity that individual is receiving would not satisfy me for my grandmother to be receiving, then it's not good enough.

And, you know, we're not perfect all the time, but we certainly do our best, and with that guiding principle. So thank you.

The Chairperson: So thank you, Mr. Kasper.

So I will now call on–if Mitch Bourbonniere is in the room.

Mitch Bourbonniere, please proceed with your presentation.

Mitch Bourbonniere (Private Citizen): My name is Mitch Bourbonniere. I'm a founding member of the Bear Clan, Mama Bear Clan, OPK Manitoba and N'Dinawemak-Our Relatives home.

Over the last 35 years, I've helped create many community patrols, including in St. Boniface, St. Vital, Point Douglas, North Point Douglas, the North End, Main Street and Portage Avenue.

I'm also a father of a 40-year-old son who has lived with brutal, ongoing psychosis for the last 25 years, beginning when he was 15 years old. When his psychosis began, all of those years ago, I was begging systems to hold him and keep him safe.

Eventually, in the throes of a horrid psychosis, he butchered his neck and throat, was rushed for life-saving surgery and ended up on life support. He believed demons were going to capture him, harm him, torture him and dismember him. He was trying to escape that eventuality by butchering his neck.

Since that incident 18 years ago, my son has been afforded a 72-hour protective detainment under The Mental Health Act on occasion to keep himself and those around him safe. It has saved his life.

The reason I walk the streets of Winnipeg daily and at all hours with my helpers is to also protect those on our streets who suffer from psychosis and do not have a parent advocating for them and protecting them. I do my best to protect our vulnerable relatives, and I keep all those around them in the public safe.

Meth is a poison that creates psychosis and eventual irreversible brain damage to the point that people will never recover. Our society already detains people for 72 hours who have psychosis due to mental illness. Why would we not afford the same protection to those who have psychosis because of meth use?

It is inhumane that we allow people with meth psychosis to battle imaginary demons on our streets, suffering with haunted, tormented and tortured minds. We must intervene. We must protect them and others. We must give them three times the amount of time

they currently have to detox, stabilize and give our wonderful health practitioners a chance to work with them.

We do this for children in this province. We have a Youth Addiction Stabilization Unit that will detain those under 18 battling life-threatening addictions with 72-hour detainment. Why can't we do this for our adults?

I'm here to represent so many parents that I work with, that I know, that I love who have adult children lost to the streets, high on meth, who are begging our government to hold them and look after them with our wonderful health-care professionals.

I dedicate this submission to all of those parents who have a child experiencing meth psychosis.

I have immense respect for my brother Joseph, who presented tonight. I cannot imagine losing my son, and his opinion as a former user of meth makes him one of the most credible presenters tonight.

I also have great respect for Levi who presented tonight, and the incredible work of Sunshine House. I see the love and care they display every day. Nobody puts in more work at the absolute street level.

I am not in favour of apprehending folks for consuming drugs. I am in favour of holding people in the throes of psychosis, no matter how that psychosis was created, when that psychosis creates dangerous behaviour for themselves and others–the 0.001 per cent Levi talks about. I don't believe we will fill those 20 beds in 15 minutes.

Also, my name wasn't said in the Legislature today, but it has been, for going into the river and bringing a young woman home.

I would also like to finish by congratulating my other son, Justin, who works for the Downtown Community Safety Partnership and brings people back to life every day.

I will now take questions.

The Chairperson: So thank you for your presentation.

Do members of the committee have questions for the presenter?

MLA Moyes: Thank you, Mr. Bourbonniere, for your ongoing work with so many incredible community organizations that some of which you started and others that you have just contributed an immense amount. We know the incredible and important work that you do on a daily basis.

Can you provide your opinion–we've heard some community-minded folks that are worried about what this would look like in community and why it might not be a good idea–can you provide your opinion on how this could actually help communities? *[interjection]*

The Chairperson: Just one moment there, sir.

Mitch Bourbonniere.

***** (21:50)

M. Bourbonniere: To me, folks–the 0.001 per cent that really, really need us to hold them are out there, so we're going to hold them and we're going to take care of them and we're going to–give us a chance, give them a chance.

So that's my answer.

Ms. Smith: Mitch Bourbonniere, I just want to say you're my hero. You know, the work you do in our community is, like, life-changing for so many people. You mentored so many people that have, you know, created so much capacity in our community.

Jill was here earlier presenting. You know, you mentored that young woman. She was a former kid in care. You've mentored so many kids in care and created life-changing, transformative spaces and places for so many, so I just want to acknowledge you and the work that you do each and every day. And, you know, I just love you, and you're a hero, so I just want to acknowledge that.

Miigwech for coming tonight.

M. Bourbonniere: I honour Claudette tonight too. She's in my heart.

Mrs. Hiebert: I just want to say thank you so much for coming today and sitting through this long night. I know it's been a long night for a lot of us, and thank you for coming and presenting and sharing your heart. It's very important and so good for us to hear all of that, and thanks for what you do in our city. I see a lot when I–like, in my apartment, when I look down and I can see the people walking in the–with the shirts, and it's just an amazing thing for me to see that. So just the safety groups and different people that do different things in the community, and you're part of a team of people in our community that just help keep everybody safe and work together.

My question was just: After the 72 hours, what would you suggest? What would you like to see happen after that holding of 72 hours?

M. Bourbonniere: Yes, there's already a blueprint, and it's on Provencher at the youth stabilization unit. They'll get someone in, 72 hours. They might come back for another 72, another–and at some point–at some point–relationship is established, and it's only through relationship that people will have the will–the will–to go into treatment.

The Chairperson: Okay, I don't see any further questions, so thank you very much–

Floor Comment: Oh, I've got another part to answer on that.

The Chairperson: Okay, so Mitch Bourbonniere.

M. Bourbonniere: Yes, many years ago I developed something called action therapy where every at-risk child has one person–one person–an uncle, an auntie, someone who's system-literate, someone who can advocate and be there for them. If every person was offered–if every person using meth coming out of the 72-hour detention was offered that support, it would go a long way. Yes, and that's practical, yes.

The Chairperson: Okay, thank you very much.

Oh–Honourable Ms. Smith.

Ms. Smith: Can I request a 10-minute break?

The Chairperson: It's requested leave for a 10-minute break. Is that agreed? *[Agreed]*

So 10-minute break.

The committee recessed at 9:54 p.m.

The committee resumed at 10:06 p.m.

The Chairperson: Will the committee please come back to order.

So I will now call on Mr. David Vrel, if he's in the room. Mr. David Vrel in the room?

All right. So he will be dropping down to the bottom of the list.

I will now call on Ms. Catherine Flynn, if she is in the room. Right on.

So, Ms. Catherine Flynn, please proceed with your presentation.

Catherine Flynn (Private Citizen): I really appreciate the time this evening, and I know that it's taking a long time, so thank you very much.

First of all, I'd like to say that this bill is a step in the right direction but that I have serious concerns regarding the details and the location of the proposed facility itself. I'd like to speak as a resident of Point Douglas. I've lived in Point Douglas for over a decade, and during that time, I've watched a significant rise in both petty and violent crime. While I support the need to provide addiction services and treatment in principle, our community and the areas nearby already have a surfeit of such services.

Crime statistics bear out the fact that the more of these that are located nearby, the more we see an increase in theft, assaults, break-ins, open-air drug use, home invasions, garbage and dangerous discarded sharps, which I found a pile of in our playground the other day. Children, seniors and our parents, all our residents, deserve better.

We'd like to say we genuinely understand that people with addictions are not always responsible for their actions; that addictions require treatment and not punishment; and that such people are deserving of compassion, not condemnation. However, we are a residential community that also consists of–oh, sorry, lost my place–marginalized people who deserve to feel safe in their homes and on their streets. People should be able to walk their dogs in peace, use their parks without fear, but the reality is if more such services located in close proximity to residential areas, the less safe we become.

Services for people suffering from addictions need to be located away from residential areas, away from schools, daycares and senior centres. Yet, as usual, we see plans for services for–of–services for those with addictions but no plan for people once they've been discharged from this temporary holding facility. People who've entered a detox facility should be discharged into treatment, not into a small residential community with no supports in place. As usual, we see no plan whatsoever to improve the safety of the surrounding communities. Permanent residents have been treated as acceptable casualties in a plan that privileges a transient population.

You may or may not be aware that Point Douglas lacks almost all basic services: grocery stores, banks, laundromats, cafes, bakeries are all notably absent from our streets. What we do have is a plethora of bars, dodgy pharmacies, pawn shops and places that sell pizza by the slice. This is not what our community needs, and it's certainly not what people who've been through the painful process of detox require to support them. They need counselling, a social worker, a doctor; real care. Rather, they're being released into the exact same environment that helped put them on the wrong path in the first place.

***** (22:10)

Where we should provide love, support, fresh healthy food, warm clothes, a safe place to sleep, they are instead delivered to an environment filled with bars and drug dealers, fed cheap slices of pizza, asked to pay extortionate rents, socialize with intoxicant–intoxicated friends and offered a quick return to the cycle that brought them to detox in the first place.

Moreover, every time one of these facilities is established to treat the needs of marginalized, transient populations, it becomes exponentially less likely that our community will receive any of the basic services it requires to allow our residents to live their lives with a modicum of dignity and convenience.

You may have forgotten that many downtown core residents are seniors, people without cars, single women, parents with multiple children–all of whom are also marginalized with special needs of their own.

The residents of Point Douglas have been publicly accused and shamed of being rampant gentrifiers for fighting this supervised consumption site. This has been cited as the reasons our residents opposed the idea of more services for the unhoused and addicted. If rampant gentrification consists of communities that lack every basic amenity within a reasonable walking distance, then we have a very strange notion of what rampant gentrification actually means.

What we have here is a difficult situation in which the rights of two marginalized populations have come into conflict. Those of us who are fortunate enough to have a roof over our heads, however hard-won, have been sacrificed on the altar of misdirected political correctness. The residents of Point Douglas are also vulnerable, traumatized, racially and economically marginalized and have special needs, but have been treated as expendable by all levels of government.

Somehow those with less than every single other neighbourhood in Winnipeg have earned the privilege of having those things that no one else wants dumped upon them. We are constantly told what we're getting, but never asked what we need. We are accused of being intolerant and lacking compassion for expecting the merest hint of compassion and dignity, ourselves. We are a shining example of economic and environmental racism.

What we have gained is filthy industries, backwards-racist governmental policies which have resulted in contaminated soil, intolerable noise, a lack of basic services and essential facilities that would not be–and a lack of essential facilities that would not be tolerated or even considered for any other area of the city. Anything the rest of Winnipeg deems uncomfortable, unsafe or unpleasant is pushed into our community and we are expected to put up with it. We are not your dumping ground.

We are people who need infrastructure repairs, safe homes, quiet streets, recreational facilities, groceries, trees, clean soil, uncontaminated water and breathable air; we don't have any of those. We deserve these things as much as the rest of the city and are weary of being called NIMBYs for expecting equal treatment and reasonable access to those things that any resident of Winnipeg would consider the bare minimum.

Having said that, it's apparent that this bill does not consider the safety and well-being of the very people it purports to serve: those without homes and those with addictions. Getting people into detox is a great first step, but genuine consideration of their best interests suggests that these facilities need to be located outside the core, away from the very lifestyle and hazards that created the homelessness and addiction in the first place.

If you are making the effort to spend money on detox, make it a meaningful and consequential change by placing such services within immediate proximity of treatment beds located outside the downtown core. This is a reasonable and compassionate approach that offers addicted persons greater hope for recovery, as opposed to releasing them into the environment that caused the very issues we're attempting to address.

The continued concatenation of services for a transient population within the downtown has contributed to the overall decline of the entire centre of our city without providing any measurable improvements in anyone's quality of life. This concentration of services for the transient population has created misery, violence, crime, fires, addiction and considerable danger to everyone within a 20-block radius–and believe me, I counted.

Cities that have ceased concentrating services in one area and distributed them more widely have seen significant improvements in their downtowns, as well as reductions in crime rates, litter and overall safety; even their downtowns have begun to recover. People suffering from mental health issues and addictions cannot recover when they are surrounded by garbage, decay, traffic, concrete, incessant noise and misery.

We all have questions about the implementation of wrap-around services. It's become very apparent that the organizations tasked with looking after people in transitional housing have consistently shown them-

selves entirely unable to manage the chaos and conflict that accompany addictions and homelessness. There have been endless complaints about the transitional housing facility in the West End, and they don't seem able to control violence, theft, drug use, garbage and general noise and disorder in the surrounding area.

We also have direct experience with similar levels of disorganization and disorder within Manitoba Housing, where there never seems anyone to answer calls, provide security or address serious issues that come with moving people into homes in which they're unaccustomed to living.

Our experience with River Point facility has been equally frustrating, where promises of security, support and direct phone line have never been honoured. It would seem that that these organizations, however well-intentioned, are incapable of supporting their clients.

I think it's arguable that this visible lack of support directly arises from a funding system that turns addictions and homelessness into a business model predicated on the exploitation of human misery. When funding is calculated on the number of clients served, rather than the number of people delivered from homelessness and addiction, then clearly there is profit to be made by keeping people on the streets.

Allocate this funding in such a way that benefits everyone and assists all of us in collectively recovering from the trauma of homelessness and addiction. This includes the collateral damage done to surrounding communities in the exchange, Downtown, Point Douglas, Elmwood, the North End.

And I just wanted to mention that one of my friends sent me a text during this evening, and she's not here because someone set themselves on fire in a block housing over 100 people. This was a recovering addict who had supports and a job, and this is the kind of collateral damage we're looking at.

Every single one of us deserves compassion, safety and a peaceful road to recovery. So what we'd like is for you to learn from past mistakes and engage the community in meaningful and comprehensive consultation to establish the best location for this facility. Locate the facility one kilometre from schools, daycare, senior citizens' centres and private residences. Locate the service outside the Downtown away from dealers and the chaos and the core so people can recover in peace.

Develop a detailed plan for the security of any surrounding area within–surrounding the detox facility–sorry. Release people into the custody of a physician or nurse practitioner who can oversee their treatment and recovery, and assist those who have gone through detox to see them to lasting sobriety.

Provide genuine wrap-around services including transitional housing, ongoing support, frequent wellness checks, counselling, access to healthy food, and ensuring that your clients have the necessary identification and a bank account as well as the financial supports they need once they leave treatment.

Thank you.

The Chairperson: Thank you for your presentation.

Do member of the committee have questions for the presenter?

Mrs. Schott: I just want to thank you so much for being here tonight and for your patience waiting for us to get through a number of folks. I hope you can appreciate that we tried to reorganize the schedule once we realized there were so many of you waiting here in person.

We're grateful for this opportunity in our democracy to have various viewpoints shared, so thank you for sharing about your personal experience. And thanks for being here.

C. Flynn: I would just like to say that meaningful community consultation includes something organized by people who are trying to pass this bill. I think that what's transpired tonight shows that there's a lot of support in principle, and the devil's in the details. And I think the details need to be hashed out in a consultative democratic way where the residents don't have to go and organize their own meetings at their own expense in order to be heard.

The Chairperson: All right.

MLA Bereza: Ms. Flynn, thank you so much for what you've said tonight. Thank you for helping me show what Point Douglas is, because I didn't know–from Portage la Prairie. I apologize for eating my weight in hot dogs when I was there.

But thank you for saying what you said, because it is so true. The consultative is so important, and I just want to thank you so much for your kind words and for waiting here so long tonight.

The Chairperson: Ms. Flynn, would you like to respond?

C. Flynn: Just thank you for showing up for a community cleanup. I really would like people to understand that Point Douglas is not what's often portrayed in the news, that we are vibrant, interesting, beautiful, and we struggle each and every day to provide a safe community for our residents, and we'd like to continue that. And please, don't put this in Point Douglas and across from a school, please.

Ms. Smith: I just want to thank you, Ms. Catherine Flynn, for coming and presenting tonight. We appreciate your time and the effort you put into your presentation.

Miigwech.

The Chairperson: Ms. Flynn, would you like to respond?

C. Flynn: We've all been here a long time. Thank you for your time. Thank you.

The Chairperson: Thank you.

I will now call on Mr. Michael Dyck if he's in the room.

***** (22:20)

So Mr. Dyck, please–pardon me–I'm getting a little tongue-tied at this time of night. Please proceed with your presentation.

Michael Dyck (Manitoba Bar Association): So first I'm going to say thank you, everyone. We've all been here for quite a few hours, and I've been paying attention. You've been listening very carefully, so I'm very thankful that we're all putting in the work to listen at people's opinions. So I think that's a very cool part of our democracy.

My name's Michael Dyck. I'm a lawyer with Rees Dyck Rogala Law Offices. I'm on council with the Manitoba Bar Association and I am in the criminal justice section.

The Manitoba Bar Association's branch of the Canadian Bar Association represents over 1,600 lawyers, judges, notaries, law professors and law students here in Manitoba. We're an essential ally and advocate for members of the legal profession. Our mandate is to promote fair justice systems, facilitate effective law reform, and uphold equality in the legal profession, and we are devoted to eliminating discrimination.

The Manitoba Bar Association supports a holistic approach to helping our citizens who are suffering from the scourge of drug addiction. No doubt the legislation needs updating, as the data is clear the most potent drug commonly being used in our streets is methamphetamine.

It can go without saying this is a drug that causes unpredictable behaviour and untold harms on the person who is addicted to it. The concern from the perspective of the bar association is the subjective nature of the decision behind releasing a person who's been detained under section 8(1)(b) of the proposed legislation.

What criteria is this assessment being based on? Will it take into account a person's Charter-protected right to not be arbitrarily detained? Are we assuming that is being considered when the original officer or designate detains a person? Will the protective-care centre have a space where detainees can exercise their Charter-protected right to obtain and instruct counsel in private and without delay?

If a person is released after the maximum 72 hours, there's no mechanism or protection in place to stop an immediate subsequent 72-hour detention. Further to this, there's no specificity in section 7 where the person detained at a protective-care centre is assessed at reasonable intervals and assessed as soon as reasonably possible.

Leaving this language open to interpretation is concerning and could lead to inequitable treatment of detainees or to arbitrary detentions.

Subsection 2 and 3 mention a qualified health professional. Is this going to be a registered nurse, a licensed practical nurse, a registered psychiatric nurse, a physician assistant, a clinical assistant or a physician, like a psychiatrist? Is this a 24-hour staffed position?

What safeguards are in place to ensure only people suffering from a drug-induced psychosis are being detained instead of individuals who are experiencing a psychosis that would require medical intervention and not simply a period of sobriety?

In this province, institutions that have a duty of care include Winnipeg Remand Centre, RCMP detachments, provincial correctional institutions. If you review the inquest reports found on the Manitoba courts' website, you'll find that people aren't always being kept safe while they're in these facilities that are monitored and have a legal obligation to keep them safe.

An inquest report released by Judge Doreen Redhead in August of this year has made some excellent recommendations. The only consideration and acknowledgement of possible problems that can

arise can be found in the legislation in section 11, which offers protection from liability.

Overall, there's a lack of details that have been made available, and the details that we have been provided lack finer points related to a detained person's Charter rights, as well as an outline on how to keep them medically safe.

Thank you.

The Chairperson: So thank you for your presentation.

Do members of the committee have questions for the presenter?

Mrs. Hiebert: I just want to say thank you for coming tonight and for sitting through this, but also for giving us a whole different perspective on the bill. So thank you very much. Appreciate it.

The Chairperson: Mr. Dyck, would you like to respond?

M. Dyck: No response is necessary from me.

Ms. Smith: I just want to thank you for coming tonight and sharing and staying, you know, well into the night. We appreciate you and your presentation.

The Chairperson: Mr. Dyck, would you like–?

M. Dyck: Thank you kindly.

Mr. Wharton: Thank you again, Mr. Dyck, for coming out tonight, and thank you for giving kind of a legal overview of this bill. It's very helpful for the committee tonight to hear the legal opinion. We know that government and legal advice is taken here when writing bills; we understand that.

I guess the concern that we've heard tonight–as you mentioned, there's a lot of folks with concerns–it sounds like the devil will be in the details and that comes down the way of regulation.

So what would be one of your wishes for government as–representing the legal community, when the regulations are being drawn up? Would you prefer to be involved in that particular area?

M. Dyck: Yes, my understanding–and I tried to do my best to dig it up, and I was able, obviously, to find a copy of the bill in its current form–from my understanding, and I don't think that we have any regulations yet. If I'm wrong about that, I'm happy to stand corrected.

And so the regulations are an important aspect of this, partly because it's defining some of the terms that are going to be used in the legislation. And so I think some input from, obviously, all of the key players, and I think some input as well as from perhaps a legal perspective, is going to be helpful at that point.

And so I–it's about being, I think, careful in the way that we're moving forward. And the regulations sometimes are as important as the legislation itself, because they dovetail together and interact in so many different ways.

So I think just a little bit of consultation, and maybe not going too fast with things, would be things that I would say are going to be important here.

Mr. Wharton: With that being said, Mr. Dyck, and obviously you're touching on a number of stakeholders that have spoke tonight, do you think that those goals are achievable in the coming weeks, months? What would be a timeline that you feel that community could actually be involved in those regulations to make sure that we get it right?

Because let's face it: I believe everybody in this room wants to do the right thing, and to get that done, we need input from the public and community at large.

M. Dyck: It's a balancing act, and it's tough because we want to take action soon. We don't want to just sit on our hands. But that's always tempered against: well, we need to make sure we're doing it right.

And so, from my perspective, I am not familiar with the legislative process, and so I'm not going to sit here and speculate about the correct amount of time that might be necessary. The only information that I kind of have was from a media story yesterday, indicating that the hope was this legislation may be passed and the centre may be opened by November 1, which is some two weeks away.

I am cautious to say that that would be sufficient time for meaningful input in terms of regulations from any of the, kind of, interested parties, a lot of who we've heard from tonight.

MLA Bereza: Thank you, Mr. Dyck, for your presentation tonight. I'll be quick with this.

Again, to what Mr. Wharton said here, we're all looking to do the right thing. The issue is to get this right, because we don't want to see people out there suffering. Victims will suffer from this. So, again, I appreciate you coming forward tonight with the legal opinion on this, because it opened up, I hope, a lot of eyes here tonight.

Thank you so much.

M. Dyck: Thank you kindly.

The Chairperson: All right. I don't see any further questions, so thank you very much.

I will now call on James, or Jim, Simm if he's in the room. Okay.

So, Mr. Simm, please proceed with your presentation.

James Simm (Private Citizen): I'm quite honoured to be here in front of the committee. When I got here, I saw I'm No. 22 on the list; I'm going to be here all night. But frankly, hearing all the stories, I feel blessed and kind of humbled, hearing all the passion and the wisdom and the stories of folks.

I'm the former chief psychiatrist of Manitoba. I'm a psychiatrist that's worked in–specialized in the area of addictions and psychosis for the past 25 years. And when I first read about the bill, I was kind of a bit befuddled by some of the comments and some of the plans that were in it. I really have concerns.

* (22:30)

From my point of view, the act shows kind of a lack of understanding of what options are available now for the detainment and assessment of citizens intoxicated on substances other than alcohol and some of the important differences between alcohol intoxication and methamphetamine intoxication.

With all due respect, Minister Smith stated–at least, it was quoted in the paper–of saying the legislation allows for a 24-hour involuntary hold for people intoxicated by alcohol, but for those intoxicated by other substances the choice was either criminalize them or take them to a hospital where they're often waiting 10 hours-plus with police. I think there's some error in these statements or they represent worst-case scenarios.

The present Intoxicated Persons Detention Act that was passed in 1987 doesn't specify alcohol. It just says police can take into custody a person in a public place who's intoxicated and bring them to a detox centre where they can be held up to 24 hours. While the act was primarily used for alcohol-intoxicated persons, it's not limited in the Legislature but to alcohol intoxication.

From a peace officer's point of view, alcohol intoxication's relatively easy to assess. Alcohol's got a rather distinctive odour on the breath, and intoxication with alcohol has characteristic physical signs such as slurred speech, a stumbling gait, an impaired memory, and most officers are trained in what's called field sobriety tests, which is a rather objective test for alcohol intoxication.

Alcohol is metabolized kind of consistently across the population; you metabolize about one drink every hour, and in almost all cases sobriety and a return to normal happens within 24 hours. And people under the present IPDA, after 24 hours, they're sometimes offered a chance to stay longer voluntarily or they're given a list of community services, but they're not forced to have any sort of follow-up.

Methamphetamine intoxication has a much more unpredictable course than alcohol intoxication. People intoxicated on meth come to the attention of the public or the police when they're causing disturbances and screaming and shadow boxing with invisible people, and they're disturbing local citizens and shopkeepers.

And, admittedly their actions and behaviours might be due to stimulants such as meth, but it also could be a primary psychotic disorder or bipolar disorder or maybe a combination of both. Even for a veteran emergency physician or peace officer, you can't really tell if somebody's intoxicated on meth or they got a primary psychotic disorder. Even if you do testing, with saliva testing or urine testing for meth, it shows the presence of methamphetamine, but it doesn't say how much they've been using and how much the symptoms are directly due to methamphetamine.

So you can't really prove that this is methamphetamine, this disturbed behaviour.

And if somebody's so intoxicated by methamphetamine they alert the public and the police have to be called and paramedics have to be called, they're probably at risk for serious medical complications, including seizures, arrythmias, cardiac arrest and they require assessment by a trained physician in an emergency room. Bill 48 permits a police officer or peace officer to take a person suspected of being high on meth directly to a protective-care centre or detention, which is basically–is jail for 24 hours.

There's no requirement in the act that a medical or psychiatric assessment be done for at least 24 hours after the initial detainment. And if you bypass these assessments, the intoxicated individual's at risk of serious medical complications, including death. And the detention that–the decision that the intoxicated person is–behaviour is solely due to substances kind of misses the opportunity to have them assessed by a psychiatrist.

There was a statement in the paper that–by the police chief and by the minister that people can wait up to 10 hours for an assessment in an emergency ward or handcuffed to a chair or bed. I agree. I'd rather have the police, you know, taking care of our neighbourhoods and not sitting in a hospital looking after

people, but under the act, The Mental Health Act as it stands, police can transfer the custody to an institutional safety officer or another qualified person, and that's in the act.

And handcuffed to a bed–that's really kind of a rare occurrence. We have proper restraints in a hospital, and we have the ability to administer medication. So I don't think people are going to be handcuffed to a bed or a chair for 20–or, 10 hours.

You know, being brought to a hospital emergency room–Health Sciences Centre emergency ward on a Friday night–that's a pretty chaotic environment. And I agree; it isn't great. But the proposed detox centre or the protective-care unit–that's going to be pretty busy and pretty loud and a lot of banging if people are intoxicated on meth; they're being brought there against their will. So it's not going to be much of an improvement. I would like it to be nice and calming and the walls painted in lovely murals and soft music being played and couches; it ain't going to be like that. It's going to be a very chaotic and noisy place.

One advantage of Bill 48 that's being forwarded is that it will allow time for the meth psychosis to clear. I don't see how that's an improvement over the present Mental Health Act which was proclaimed in 1998. If a psychiatrist assesses you in the emergency ward, whether the symptoms are substance induced or not, if they're a danger to themselves or others or at risk for substantial deterioration, they can fill out form 4s under The Mental Health Act. The fact that they're not doing it and discharging people might be a reflection on some of my colleagues. I can't comment on an individual case, but they do have the ability to hold people.

In practice, what often happens is the police will bring in somebody who is quite disturbed and agitated; they'll be assessed by the emergency room physician, and necessary tests–blood tests, X-rays–will be done. They'll be given some sedating medication, sometimes against their wishes, and if they continue to be psychotic after 12 hours, psychiatry gets consulted.

And if we find them–they're still a risk to themselves or others as psychotic, we still don't know if it's primary or if it's methamphetamine induced, doctors kind of have an obligation to fill out forms under The Mental Health Act and have them brought into the hospital.

Sorry, I lost my–my phone isn't recognizing me anymore. Here we go.

So at any rate, I–the hour is late. I guess my–I have worries that bringing people to the protective-care centre without a proper psychiatric and medical assessment being done really puts the most vulnerable citizens at risk, and if we really need additional services–which I think we do. I live in the North End too. I drive down there every day. I worked in the inner city. I know what's going on out there, and it ain't pretty.

The beautiful Thunderbird House that was built is now surrounded by tarps and tents.

So I'd really love to see increased funding for psychiatric beds and increased funding for–and availability for longer term treatment centres, but I don't think Bill 48, as it stands right now, serves our most vulnerable citizens and the members of the community as well as other measures might.

Thanks very much.

The Chairperson: So thank you for your presentation.

And do members of the committee have questions for the presenter?

Mrs. Schott: Hi. You mentioned that you were grateful for the opportunity to sit through and listen to a number of the other presenters.

I'm just wondering what your take is on the first responder's perspective and how their lived experience every day in the field and their strong support of this and what you have to say about that. *[interjection]*

The Chairperson: Oh, just one moment. And I just wanted to clarify, you said you're a psychiatrist. Should I be referring to you as Dr. Simm?

Floor Comment: You can call me Jim. You can call me Dr. Simm.

The Chairperson: Okay. Dr. Simm, please respond.

***** (22:40)

J. Simm: I really wouldn't mind meeting with Mr. Kasper, and I think the medical supervisor of the paramedics is Dr. Robert Grierson. I don't know precisely what assessments they do.

When I said I was–felt blessed and kind of humbled hearing some of the wisdom, Mr. Kasper's presentation was one that really caught my ear.

It doesn't say in the act, though, that they have to be cleared by a trained, advanced-care paramedic beforehand–before they go to the care centre, so often the devil's in the details. I–perhaps with that sort of

revision, I would change my mind about the 72-hour detention.

But–hope that answers your question.

MLA Bereza: Thank you so much, Dr. Simm. I appreciate your presentation that you gave to us there.

I'm going to ask you for your professional opinion on this because we're having trouble finding–as what you commented, the devil's in the details. If we had a 20-bed protective-care centre–and I'm not sure what that looks like–at full capacity, what type of workers would we need in there to look after these people, and how many would we need? *[interjection]*

The Chairperson: Oh, just one moment, sorry.

Dr. Simm.

J. Simm: Yes, obviously, you'd need a lot of folks.

You'd need people able to handle physical situations. You'd need health-care professionals. You'd need somebody–a doctor to assess somebody every day, or a nurse practitioner. And you'd have to have social workers because 72 hours goes by pretty quick.

So after 72 hours, saying, well, you can go out the door, well, there's all sorts of things like where are they going to live and what's their housing going to be and what sort of follow-up care are they going to have. It would have to be heavily staffed.

And I don't know if the proposed protective-care centre is in addition to the 75 Martha beds for intoxicated persons, or are they going to amalgamate it? You'd need a lot of people and a lot of planning.

MLA Bereza: A follow-up question, Dr. Simm: When we're talking a lot of people, are we talking, like, one per person, two per person? *[interjection]*

The Chairperson: Oh, just a moment again, sorry. I know we're getting late; you're doing really well.

Dr. Simm.

J. Simm: PY3 South, which is the intensive-care unit at the PsycHealth Centre, which would have patients sort of similarly disturbed–for 11 beds, they have four nurses during the day, three in the evening, two at night.

And they have nurses' aides or assistants, and sometimes additional security. And they have doctors there every day, like a psychiatrist and a general practitioner or a hospitalist. That's–so that's–be sort of comparable.

Ms. Smith: I want to thank you, Dr. Simm, for coming and presenting tonight and, you know, staying 'til the end and listening to everyone's perspective. It's certainly, you know, your democratic right to come and we're–I think we're the only province that has this committee and you're able to come and bring your perspective.

And, you know, certainly we've been working with doctors, psychiatrists, and they've been guiding this bill. And certainly you heard from, you know, the fire paramedics. We've been working with the police as well. We've been working with front-line organizations, and they've told us that this is the right direction to go in supporting people.

The Chairperson: So seeing as time is expired, is there leave from the committee for Dr. Simm to respond if he would like?

Some Honourable Members: Agreed.

An Honourable Member: No.

The Chairperson: Oh, I hear a no, so I'm sorry. Thank you for your presentation.

All right, I will now call on Ms. Rena Kisfalvi if she is in the room.

Okay, so we will drop her name to the bottom.

And we will move on to–I will now call on–oh, okay.

Just to get everyone on the same page here, the next few–the next couple presenters are on Zoom.

So Ms. Cynthia Drebot and Ms. Karen Sharma, we will come back to them, because we're going to move on to folks who are in the room. So just acknowledging that we haven't forgotten about them; we're just–we're moving down to Darrell Warren.

So I will now call on Darrell Warren if he's in the room, which he is.

So, Darrell Warren, please proceed with your presentation.

Darrell Warren (William Whyte Neighbourhood Association): Good evening. Thank you for having me here, honourable committee members.

I'm proud to speak here because I'm very passionate about people, and I'm very passionate about the North End. I've lived there for–I'm 65 next month. I've lived in the North End my whole life, and I've devoted 35 years to volunteering in the North End of the city of Winnipeg. So I've made a career of it.

Now, this is a very touchy, touchy issue, and I understand that. But it's common sense. What you're proposing here is just another tool in the toolbox, okay. There's a lot of organizations, which I heard speak here, that are doing good work out there, but this is just another tool to go ahead and help these people along that can't help themselves.

I go ahead and I talk to people in my community. A lot of people I talk to are on the drugs and their life is totally, totally destroyed. And they use the drug as an escape. They don't want to deal with the reality that they've lost their kids, they've lost their houses, they've lost their marriages. They don't want to deal with it, so it's easier to take to drugs and forget about it.

And then they get into the trouble life, I call it. And I've talked to numerous people in my area on Selkirk Avenue, on Main Street that are doing these drugs. You got young women, 30, 40 years old, that are doing this drug and prostituting themselves–the kind of danger they're putting themselves in for these drugs. When I walk down Main Street in the evening or drive down Selkirk Avenue in the nighttime, I see these people on the drugs; they can't even stand up. They're easy prey.

We talk about handicapped people in wheelchairs and–that are being targeted and being robbed and beat up and everything else in this society because they're easy prey. These people can't even stand up. Some of them fall to the ground and they can't even get–help themselves up off the ground.

I'm not saying what they're doing is right, but we all fall on hard times. We all deal with it differently. Some of us are stronger than others. And there's others that have been put really through hell and back, and this is their way of dealing with it. I think it's a great idea to hold these people for 72 hours. And who cares? Like, I'm the first one to say, well, you know what? Maybe we're jumping the gun because we've got to think about the people.

These people need help; they're dying on the streets because they're incapable of making a decision. We–this 72 hours could change their lives. It may not, but let's try it. What can it hurt to try it? I've heard the mention of money, how many nurses, how many doctors–everything else. I always believe if we save one of those people, it's well worth the money.

***** (22:50)

And believe me, I've done numerous things in my neighbourhood. I had a patrol group where I combatted prostitution in my area. I actually–six months after I chased this 17-year-old prostitute off the street, she came into a gas station I was at. She recognized me and she says, I want to thank you. Because your persistence of hassling me, making me change my life, I went, I got help. And I changed my life. I have a baby now; I have a fiancé now. Life is looking so much better.

And for these people here, we need to give them the chance because I don't think these are bad people. I think they're–they've been taken along a path that we all don't understand. We don't follow that same path because we make, maybe, better judgments. Or we never had half the shit happen to us as they did in their lives.

We need to go ahead and if it takes 72 hours to–

The Chairperson: Sorry, Mr. Warren. I just do want to caution you on your language. There was a curse word in there, so–

Floor Comment: Sorry, I get very passionate. I'm from the North End, it's–

The Chairperson: Yes, I very much appreciate that. So anyways, just giving you a caution on your language. Darrell–

Floor Comment: Sorry. I apologize for that. I sometimes forget where I am.

The Chairperson: Yes. Please continue with your presentation, Mr. Warren.

D. Warren: I'm telling you, committee members. If you don't believe this is happening, come down to my neighbourhood. I don't make this stuff up. I've lived there 65 years. I've seen the big, big changes in the neighbourhoods of the North End. And it's not a good picture to paint now.

I remember shopping on Selkirk Avenue and going to Kelekis and going to the Windmill restaurant for a burger. Some of you may remember going down Selkirk Avenue. I have business people that lock their doors and have lost customers because customers from St. James, St. Vital, Sage Creek won't come there anymore because they don't feel safe, because of the kind of people that are on the streets.

And I emphasize–I encourage you, take a drive. Take a drive. You talk about driving to the areas. Take a drive through the North End. There's a good part of North End–I always say the other side of Inkster, it changes from Dufferin to Inkster, is–you know, the people are great. The North End, that's why I've stayed 65 years: the people. The babas that used to sit out on

their stoop and they can't anymore because it's too unsafe.

We need to go ahead and be responsible people and say to the residents of these neighbourhoods: we're going to be one tool in the toolbox and let the organizations do their things and let's help these people. Even if–even out of the 20 beds that you say you have, if we help two people out of the 20, isn't it worth it?

Because chances are they're going to be viable again and they're going to be part of the community and not part of the problem. So I encourage you to go ahead and do this. Personally, I believe it's a first step. And that's all it is; it's a first step. We can't claim to know everything that's going to come down the pipe, okay? Because if we could predict that, well, then we would either say yes or no, clear cut. We can't predict that.

Let's try this. Let's give it a chance. Put them in the detox for 72 hours. Give them supports that they can–after their three days, they can maybe seek one of these organizations or they can, you know, maybe get a bed in a detox centre for a few months. And–but it's a start. Three days could turn their lives around.

One day, you know, I don't think so. Because you're going to sit there and you're going to wait your one day and chances are you'll be right back out on the drugs. Not to say that after three days you're not going be. But at least if they make the connection with the people and give them some counselling, maybe these people–all they need is for somebody to care and to talk to them and say, hey, listen. What you're doing with your life; you're wrong. It's not good.

And just for example, I spoke to this one girl on Selkirk Avenue. She's prostituting for drugs; she's been brought back to life four times because of the drugs. My reaction was: What is wrong with you? If I died once, I'd learn from that. She has clinically died four times on the street, trying to just do her thing. Is she wrong? Is she right? I don't care. But if we can save her and make a difference, at least we can say we tried. Right now, there's nothing out there and it's critical.

Thank you.

The Chairperson: So thank you for your presentation.

Do members of the committee have questions for the presenter?

Ms. Smith: I want to thank you, Darrell, for coming and, you know, sharing.

I do have a question about the impact that this bill will have on the area of Point Douglas, North End and what you're seeing–the crisis in the community. *[interjection]*

The Chairperson: Just a quick moment there.

Mr. Warren.

D. Warren: Yes, I think it's going to be a big impact. Is it going to be the answer? I don't know, but it's one tool, okay? And at least we'll have one more tool in the box for these people to go ahead and maybe seek help and get help.

Mrs. Hiebert: Thank you so much for–Darrell, for being here today, for sitting through this whole evening and for the work that you're doing, and that–helping that one young girl is worth everything. I agree with you. It's such an important work that you're doing. So thank you.

So you were mentioning the tool in the tool box and I agree with you. We need to do something. We need to do something now; it's urgent; it's an urgent crisis we have in our province and in the city of Winnipeg.

My question for you would be: If we could take and just even give it more time–the bill–make it so that it's actually going to help 10 or 15 people rather than just the two, is that something that you'd think would be worth that extra month or two months or whatever it would look like? Would that be something–? *[interjection]*

The Chairperson: Mr. Warren.

D. Warren: No, I think we need to do this now because, like I say, you're going to have people that go ahead and agree with it, don't agree with it.

Like, it's funny, because one thing I did forget to mention before I summed up was I live in the North End and I've been experiencing a lot of fires in the North End, as you probably know. And in my particular neighbourhood where I'm president, there's 200 properties that are now burnt-out shells of nothing in my area alone, which is nine blocks by seven blocks.

So I was talking to the firefighter gentleman because–what do you call it–because it used to be every time I heard a siren, it was a fire truck going to a fire. Now, just for your information, when I hear the fire trucks now, they're going to these people that have overdosed on the drugs.

So, you know, I think we need to act as quick as possible because it'll be another tool to help these people and maybe get them off this stuff. We're not going to save everybody, but, like I say, if we save one, two, it makes a difference. And I'm not a dollar guy; I don't put a dollar on human life so, you know, I think we all have something to offer to society. What it is, we find out in life as we go along, and I'd like to give them that opportunity to do that.

Ms. Smith: I want to thank you, Darrell, for the work that you do with the William Whyte Neighbourhood Association. I know you're really passionate about the community, and can you just talk a bit about the work that you do and all of the work you do to make your community safe and bringing community together, you know, whether it's homeowners or renters and just some of the work that you do. *[interjection]*

The Chairperson: Oh, just one moment. No, all good.

Mr. Warren.

* (23:00)

D. Warren: We do everything; William Whyte does everything–what do you call it–regarding a neighbourhood. Whatever makes up a neighbourhood, we do it, whether it be programming for the kids. Like, for example, I just had a meeting with the people at Camp Manitou, the executive director, and they charge a subsidized fee for a kid to go to a week-long camp, $400. Well, I'm hoping my kids will be able to go to camp, which they never would do, so I have to raise some money, but the camp has agreed to let these kids come for $80 a week. So this is the kind of work I do personally and the organization does.

I'm working with the City of Winnipeg and the Province of Manitoba on housing in the William Whyte area, which will hopefully pass a lot of different bylaws, and stuff like that, to go ahead and get rid of the problem in all the city of Winnipeg.

I'm also sitting–myself I sit–I've been appointed to the Bloomberg Harvard–

The Chairperson: Thank you, Mr. Warren.

Some Honourable Members: Leave.

The Chairperson: Okay, there you go. They already beat me to it. I was going to say, is there leave for Mr. Warren to complete his answer, and leave has been granted, so, Mr. Warren.

D. Warren: Okay, so I'm also part of the Harvard Bloomberg project, which is–Mayor Gillingham has seven of us. I've actually gone to Harvard University. I even have a certificate from Harvard, and we're working on this housing crisis, and we're working on it for the whole city of Winnipeg. Whatever we adopt in the William Whyte area will be city-wide and hopefully, province-wide, with the work of the minister and the great people, her assistant minister.

So we do all kinds of stuff. We have paint classes for seniors on a monthly basis because our seniors started Winnipeg as we know it, and I always like to reward my seniors and say thank you to my seniors, so–and again the kids. We have a skate program where the kids can't afford skates; they can come to our facility at 295 Pritchard Ave. and strap on a pair of skates, which is loaned to them and what do you call it–we have up to 150 pairs of skates for these kids. We have a basketball program in the summertime that these kids can come. Instead of joining gangs, we can get them to join a basketball team.

The Chairperson: Thank you, Mr. Warren.

Floor Comment: I'm done?

The Chairperson: Yes.

So pursuant to our rules, a standing committee meeting to consider a bill must not sit past midnight to hear public presentations or to consider clause by clause of a bill except by unanimous consent of the committee.

We currently have two more presenters in the room and two online. Therefore, does the committee agree to sit past midnight to conclude public presentations and clause by clause of the bill? *[Agreed]*

All right, back to presentations. So I will now call on Ms. Pamela Warren.

And, Ms. Pamela Warren, please proceed with your presentation.

Pamela Warren (Private Citizen): First of all, I'd like to thank you all, this standing committee here, for your willingness to listen to the community, all the professionals, and try to get this right. That's a huge deal even though maybe a lot of people don't think it is. I personally really applaud you all and for even agreeing to stay past midnight.

Now, I've been cautioned here that I can't go past my 10 minutes because some people that do know me here know I am very long-winded, have lots to say.

I am here as an individual that lives in the North End. I have lived there almost all my life, except for different parts; maybe I moved away, but I kept coming

back, because it is a really wonderful neighbourhood to live in.

The people are very genuine. In most areas of the city, the new developments and that, I have friends, and I say, oh, what are your neighbours like? Oh, well, I don't really know them. Oh, I know they drive, you know, a black SUV, or they have a dog that barks at night, and I go, but you've been there for five years, what do you mean you don't know your neighbours?

On my block, I probably know 50 per cent of my neighbours. I know people on the next block, the next block, the next block, because, like everybody, we come out, we walk our dogs, kids play in parks, but it's not a safe place. So now we've all had to watch everybody's backs. So you get to know everybody.

You have newcomers coming, opening up businesses in our area. They're taking a chance. They give back to the North End. But the problem is, this bill, C-48, that you've asked us all to come and give our view on it, it is a very great idea. Our 24-hour intoxication hold is not working. It hasn't been working since, what? Prior COVID; we all know that.

And the reason that it doesn't work because we've never really paid attention. We don't have all the proper supports. We don't have everything–you've heard from all the professionals, from the people that are against it, but it's true: you have to have the detailed plan.

Hold them for 72 hours is great. That's wonderful; you've heard it. Great first step. I mean, the reason–it may provide short-term intervention to prevent immediate harm. I see that every day. I see them dancing in traffic on Main Street, and I see people texting, slamming on their brakes. I see people smoking up in their car, drinking their coffee, slamming on their brakes. We hear on the news how many people are hit all the time, whether they're on bikes, whether they're walking, whether in wheelchairs. It's not necessarily just because of the people that are on the meth or whatever other drugs they might be taking. It's also the people behind the wheel. They're also intoxicated.

Our police are overrun. They can't be everywhere. Our community organizations can't help everybody; we're stretched to the limit, but this is a very good step. It allows individual safety to recover from immediate effects of intoxicated drugs, preventing self-harm and overdose during a crisis. It'll help ease pressure on the emergency medical services that you've heard, whereas they just come and see somebody, and two hours, three hours later, they're back at the same person. This way, if they're detained for 72 hours, that'll help our medical emergency teams, which'll eventually, of course, hopefully, put some more dollars back into the city's pockets as well.

But that's not the point; the money isn't the point. I'm hearing from you guys it's not a question about the money. It's the question of the plan that we need after we get them for 72 hours.

So as you heard, the first 24 hours is basically the dry-out period, the withdrawal. They may be suffering from psychosis; they may not. It might be induced by the drugs that they're taking. You will need to have some clinical staff there to assess them for the next 48 hours to determine whether is it the drugs, is it a psychosis, are they bipolar, are they schizophrenic, do they need medication.

You also need to have all the proper medical team there–the physicians, the doctors and everybody else–to make sure that none of these people die under the 72-hour hold. You have to have the proper medical assessment to determine should they be at a hospital or can they remain here for 72 hours.

And once you put all that into place, 72 hours is three days. Three days, you release them on the street, and I heard about the site that you've proposed, and I've heard the residents that complain about where it is, but, again, they did bring up one good point that I want you to rethink: you're concentrating the problem in the same area where the problem is most rampant. I'm supposed to be here to represent as an individual, but I also work within an organization within the William Whyte neighbourhood.

* (23:10)

We have recently got a grant from the power–for the Power Line in the North End, through the Province. And our idea is, we can't solve the problem with the drug dealers and with the trap houses and everything else that's in that neighbourhood. But you disperse them because it's too easy. If this drug dealer doesn't have any drugs, they go four houses over there and get them from that guy or that guy or the next block.

But if you disperse them and they go other places in the city, well now this guy's out. We have no way of getting our drugs. Then we have to get a bus, steal a car, steal a bike, whatever. And we all know, a lot of addicts are basically lazy. They're not going to go very far.

So by detaining them and having the supports there to maybe possibly get somebody, give them the information, and even if they come back next week for another 72 hours like it was heard. They come back two or three or four times, maybe somebody in those two or three or four times will finally get through to them and say, go to this doctor or go to this organization that can help you recover. We don't know 'til we try. But you actually have to have this plan in place.

And I understand this is an emergency situation. You can't wait on this too long. It needs to be done as soon as possible, because, I mean, the numbers are growing. We see it, every one of us, whether you live in the North End or you don't; you just travel Main Street, you see how many. Like, what used to be tens and twenties are in the thirties and hundreds.

So with that–my time is getting to the end–and I want to thank you all again. And I hope you really, really go check the details. You heard the legal side of it; you heard the professional side of it. You have to find this balance between the community members that live next door, that deal with this problem. And dispersal is really the key, because it's working in my neighbourhood. The organization there is dispersing all the problems. It can't be concentrated.

Thank you very much.

The Chairperson: So thank you for your presentation.

Do members of the committee have questions for the presenter?

Ms. Smith: I want to thank you, Ms. Pamela Warren, for your presentation and taking the time to come out and staying until the end. And, you know, you heard presentations from Winnipeg fire paramedics and how this would help support and alleviate some of the work that they do. And how they make the judgment of, like, compassion versus–is it like a criminal, is it a medical, or is this like taking them to, you know, this detention and care, protective-care centre.

So my question to you would be like: How would this impact, you know, the community of Point Douglas, the North End, and this–what you're seeing in the community?

P. Warren: I'm not like everybody else; I waited. I look at it this way. I live in there, William Whyte Neighbourhood Association–excuse me, dropped that last part. The William Whyte neighbourhood is really not much different than the Point Douglas neighbourhood.

The only difference is, the proposed site is out their back door. It's a little ways from my back door. But we have the exact same issues, same problems. So I really don't think that this would impact us in any way, other than the fact of where the site is located. That's the only implication. If anything, it's going to help. Because then we won't have tens and twenties of people that are so intoxicated with these lethal drugs lying all over the streets, running in traffic, endangering their own lives and possibly, depending on some of the drugs, they're a danger to society. We've witnessed people with machetes and all kinds of things running down the streets. Like, I mean, it's a very, very scary environment.

So to have the 72-hour hold I don't think would really impact us or Point Douglas other than the fact of the site, because of the congestion that's already there.

Mr. Wharton: Thank you, Pamela. And, you know, you haven't changed in 40 years. You still are so passionate; you and Warren both, by the way–and I commend you both for your commitment to the William Whyte area and, of course, the North End, and still very passionate about it, as we all are around the table tonight, considering what is happening in our North End and across the city and across the province.

I guess my question is in–from what I've heard tonight and what I've heard and read over the last several months, is drug users are–they become a community. They become–I almost call it like a rural community–they're a group of folks that are friends. They become neighbours, they live together, whether it's in an encampment–

The Chairperson: The member's time to ask a question has expired.

Is there leave for the member to complete answering his–or asking his question.

An Honourable Member: Agreed.

An Honourable Member: No.

The Chairperson: No. Leave has been denied.

So Ms. Warren–

An Honourable Member: Point of order.

Point of Order

The Chairperson: Mrs. Schott.

Mrs. Schott: I'm just hoping that the Chair can address the unparliamentary language being hollered out in committee.

The Chairperson: So, unfortunately, the comments weren't made on the record, so I'm unable to make an official ruling on that, but I would like to caution all members, it's getting late; we're all getting tired. We're getting there, folks. Let's just regroup, refocus and let's be respectful with one another and keep moving forward, okay.

Thank you.

* * *

The Chairperson: So I believe we left off–Ms. Warren, you're able to respond to Mr. Wharton's question.

P. Warren: I'm not quite sure of the question since he didn't quite get to finish it, but I think I have the logistics of the question and if I'm wrong, I apologize because I didn't get to hear the actual question.

You are correct in the fact that the drug users do cull together in a community all of their own. And that is another point that, in our neighbourhood, that we're trying to address and disperse these communities that are set up in–as you've heard, we have so many burnt-out shells and we've got piles of rubbles and empty lots.

So the minute we see that there is a concentration happening, it's either 311 or non-emergency or if it's a bunch of screaming, yelling, then it is the actual 911 calls that we would make. So we are on it, but the key is dispersal. That is the biggest key because it's like any community, whether it's your community or the community, you know, in Portage la Prairie or Selkirk or anywhere: we all want to connect; we all want to be part of something.

You break up that connection, you break up that being part of something; well, then you're lost. Now you need help. Now you're vulnerable. You're vulnerable for the proper help, not the destructive help.

The Chairperson: The honourable Ms. Smith–oh, actually, I should just–is there leave for another question because the time for the Q & A time has expired. *[interjection]*

So leave is–okay. Is it agreed to have leave for one more question? Okay. *[Agreed]*

Ms. Smith: I just want to thank you again for all of the proactive work that you do in your community because it makes a difference, whether you're working with the kids, the seniors, you know, renters, owners. Like, it does make a difference.

And again, we are adding more capacity into the system, whether that's on the addictions side, the mental health side, housing. You know, we are taking a different approach than the previous government. We are investing and supporting and meeting people where they're at.

So I thank you for the work that you're doing as well.

Miigwech.

The Chairperson: Ms. Warren, you can have opportunity to respond.

* (23:20)

P. Warren: Thank you very much and thank you, everybody, that's sitting here tonight. Really, you're doing a great thing.

The Chairperson: All right. I will now call on Sel Burrows.

And, Sel Burrows, please proceed with your presentation.

Sel Burrows (Private Citizen): Well, we're all tired. It's been a long night. I want to say thanks to all of you–what you're doing.

I want to talk a little bit about politics and how people need to work together. I think everybody's aware of my personal politics. During the previous government, some of my friends on my party were concerned that I worked very closely with some of your Cabinet ministers. Kelvin Goertzen and I worked together on banning or discouraging the use of bear spray. Heather Stefanson came into my house to sit and talk when she was minister of Justice, and I was teased by some of your MLAs that Brian Pallister and I had a better relationship than some of them had with him.

But the reason I'm talking about this is because the people on the government side are committed to this issue, and you, as members of the opposition–part of your role is to question, to challenge. And I want to add the importance of this piece of legislation and offer, you know, at any time I could be useful advice to you. I am 81; I've been around a little–long time.

This is one piece of many pieces of action that are required. I know at least three human beings that have died of overdoses. The official statistics are 570 people died in Winnipeg of overdoses last year. If people are murdered, we know their name; quite often we know the name of the person who's charged with murdering them. The 570 people who died in Winnipeg last year are nameless. We don't know their names, and we should. And we should also know the names of the people who sold them the fatal doses.

This is one step: buying 72 hours where people have a better chance to make a decision. It's also buying 72 hours of less pressure on our firefighters, our paramedics, at our emergency wards. I happen, in my extended family, have a member who is a paramedic and a firefighter. They are suffering. Darrell and Pamela have told you the details of how we in the inner city suffer, and I no longer live in North Point Douglas. I did live there for 18 years.

One of my–one of the kids who was my neighbour is one of the people who died. The good side is his younger sister is now in the school of social work at the Winnipeg Education Centre and is working towards being a role model for helping people not die.

I guess I'm asking you, push your ideas. Try to convince the government that some of your ideas are good ideas, but don't think that just because you're the opposition that it's your role to slow down or stop things that those of us who are on the front lines–and I consider myself–well, I'm less involved–still on the front line–feel is very, very important.

One of the things that I want to really talk about today is what are the next steps. And first–but first I'm going to talk about a treatment centre on Magnus, because there's people in–who live in North Point Douglas, who are concerned about this centre being close to where they live.

Many years ago–I think it's about 16 years ago–the provincial government set up a treatment centre on Magnus; that's right in the heart of Point Douglas. And of course, everybody was really upset. I would happen to be chair of the residents' committee at the time, and we talked to the neighbours close by and we went to the government. We set out our conditions; we negotiated with the government.

One of the first ones was we were afraid of the drug dealers, because we know the drug dealers; they would be there. And they arrange for the police to circle the place regularly. And 17 years later, we have not had a problem of drug dealers, and the police still keep an eye on it.

We also ask that they hire local people, and they did it first–unfortunately, that piece hasn't been kept up. And we asked that they put up a couple of big, huge spotlights in the park down towards the river so that wouldn't become a gathering spot, and they did that. So I'm suggesting to the residents, and I've talked to some of them, that they negotiate with the government. I think they already have the agreement that the police will keep a close eye on this facility.

The others are more skilled than I in talking about the need for the psych nurses and the other staff that need to be available in this. One of the most important things you can do, assuming this is accepted, is what happens when they leave? Do you just let them walk out the door, or do you ensure that they leave to a place of safety?

Some of them will have a home, and it may be necessary to pay for a taxi because they won't have the wherewithal to take–to get home, to get them to that home, to have someone on staff, a social worker or just a good person who does that kind of stuff, to ensure when they leave, they go to a place of safety. If their place of–if their normal residence happens to be an encampment, then there must be an interim step. If they choose to go back to their encampment, not much we can do about that; we're working on that, I know.

But please, do not have them just walk out the door. Because if you do that, the people in North Point Douglas who are concerned–and South Point Douglas–who are concerned about having this in their neighbourhood will be right. Because they will stay in that neighbourhood. It is crucial–it is crucial–that they leave and move to–back to their normal place when they're being brought into an area.

And by the way, there is no place that's perfect. There's no place you can find in Winnipeg that will meet all–everybody's needs. I'm a person who talks about 'naimby'–not all in my backyard, in terms of the inner city. I think this is probably the best place you can find.

I'm running out of time so I'm going to talk about–I'm going to give you some advice on a related subject. When 570 drug addicts die, the dealers must recruit at least 570 more addicts. The dark business of drug dealing is an actual reality. People don't just happen to become addicts. There are people–and when I give speeches, I say the meth addict has the best support system possible, 24-7. There's a dealer out there that they don't have any money, they'll say to you: go and steal two bikes and I'll give you–you know.

This is the first step, but there is a need for a whole bunch of other actions. I happen to know more about the side of crime prevention, just by happenstance, and one of the things that the Business Council of Manitoba and Manitoba association of chiefs are talking about is charging the people who sell the fatal doses with manslaughter. This is a system of control, checks and balances. We cannot arrest our way out of the drug crisis, but we can disrupt it, and if the supplier–

if the dealers start to become afraid that if they sell a fatal dose that they could see eight, 10, 12 years in jail, which is significant, they're going to say to their supplier: hey–I'm going to watch my language–don't sell me a fatal dose. Don't give me–supply me with a fatal dose.

It is not–this is not a magic bullet either. At the same time, we must, we must, we must be thinking about looking at the Addictions Foundation of Manitoba, looking at revamping many of their programs, looking at how they can become more relevant to the new reality of fentanyl. I happen to have been on the tri-government task force on illicit drugs which is now much out of date three, four years later. But there are many things in that report that I'd also recommend that you look at.

* (23:30)

We need this centre. Darrell and Pamela have told you the details. I don't need to go over them as well. Please get this done. Get it done fast and move on. We need two or three more actions soon.

The Chairperson: So thank you for your presentation.

Do members of the committee have questions for the presenter?

Ms. Smith: I want to thank you, Mr. Sel Burrows, for coming and presenting tonight and for your wisdom and all of your experience. You know, you've done some incredible work in North Point Douglas and you've created a lot of other advocates and mentored a lot of people.

My question to you would be, you know, I think about–imagine how easy it would be to get help as it is to get high. So, you know, what services–like, we're putting 800 new treatment spaces in, another 400 coming; we are connecting people to more services leaving this centre. This is one more tool.

Can we afford to wait on this bill? *[interjection]*

The Chairperson: Oh, just one moment.

Mr. Burrows.

S. Burrows: Sorry. I got to learn these–get back to understanding the protocols.

No, I think–you know, there's urgency for this. I'm going to keep putting pressure on you for other things that I know you want to do; think there's urgency for them as well.

One of the things that, you know, the–Kelvin Goertzen, when he was minister of Education and I worked closely together on was chronic absenteeism. You will probably find that a huge percentage of those 570 people who died were chronically absent from school. We've got 40,000 kids in Manitoba that are chronically absent. I have a presentation that I give which has the names of four NDP ministers of Education and four Conservative members–ministers of Education that I've talked to about this issue.

If we want to have a preventative input, at some point in time, we must figure out a way to have all of our kids going to school because if they're not going to school, they are definitely heading towards addiction, government dependency and crime. And so that is–I'll throw that one out as well.

Mentoring, mentoring, mentoring. When people leave, the old style was–under AA was, you know, sponsorship. It's changed. Melissa Martin and the Free Press wrote a absolutely brilliant article about five young people who had been criminals in their 30s and why they changed, why they stopped being criminals. Every one of them said: somebody took me under their wing; even when I went back to jail, they stuck with me. Mentoring, mentoring, mentoring; finding empowering, supporting mentors.

And I would have to add the Power Line that they've started in William Whyte; the power of the community. We were able to say to people, hey, we have standards in the community. It's not set by the police. It's not set by the politicians. It's your neighbours that set these standards, and we want you to learn what you can live by.

When we started in North Point Douglas, we had 32 drug dealers–32 drug dealers. I think, right now, there's three. And that was the power of the people, and that's what Darrell and Pamela are doing right now in William Whyte.

So a lot of things that are related. Sorry, I get carried away.

Mr. Wharton: Don't ever apologize, Mr. Sel Burrows, for getting carried away because I think we–I can speak for myself–I could listen to you all night educate me and educate this–the table tonight and this committee.

Because that's why we're here: we supported second reading. We're here tonight at committee because we wanted to hear from people like you, people that are on the ground that we've heard from tonight: community service groups, you name it. These are the people we need to learn from to make informed decisions.

This is not a partisan issue. Action needs to be taken. We all agree. We need to get it right and it needs to happen quickly–should have happened probably a long time ago. In 2004, when we first talked about the four pillars, it hasn't–and we're all motivated to get it done.

Quick question; I'm running out of time, though–

The Chairperson: I'm sorry. The member's time has expired for a question.

Mr. Burrows, would you like to respond to what Mr. Wharton was speaking to?

S. Burrows: Well, you know, I think the issue is all of us have to work. The government's responsible for bringing in legislation. You guys are responsible for giving the best advice you can, but let's make things move. Let's get things going.

I want my Winnipeg–I was born here 81 years ago in the old Grace Hospital–I want my Winnipeg back and so does everybody else, and so do most of the addicts.

Thank you very much.

The Chairperson: So, thank you.

All right, so I will now call on Ms. Cynthia Drebot. I believe she is on Zoom.

Okay, Ms. Drebot, please–or Drebot–apologies if I'm not quite pronouncing your name correctly. Please proceed with your presentation.

Cynthia Drebot (North End Women's Centre): Okay. Good evening, everyone, or maybe I should say good morning, almost.

My name is Cynthia Drebot, and I'm the executive director of North End Women's Centre, which is located on Selkirk Avenue, close to Salter.

We support women, non-binary and two-spirit people. My team supports people every day through situations of–you know, we've heard multiple, multiple speakers talk about situations that people are in. My team sees people on a daily basis coming into our centre who are having a really, really hard time. My team, on a weekly basis, brings people back to life from toxic drug supply and does the work that they never signed up to do from the beginning. So as a organization, we're very, very interested in supporting people who are having challenges with substance use.

We know that substance use has increased for the folks that we support and exponentially impacted based on historical context such as colonization, as well as how society and medical responses to substance use have been traditionally dealt with, linked more specifically to how men experience addiction. And we also know that substance use is stigmatized and the perspective of why women and gender-diverse people use substances is often vilified and negatively represented.

Some of my colleagues spoke previously about the reasons that women and gender-diverse people use drugs; it tends to be more related to safety, and for women that are living on the street, safety and the ability to keep themselves safe.

And so when we look at a bill that looks to increase the detention of intoxicated persons up to 72 hours, our concern is: where is a gender lens being applied? So that's the piece that we're looking for. When I say a gender lens, I mean: how are women going to be supported specifically through this?

I didn't get a chance to come to the meeting on Tuesday. I was very, very ill, and I'm just getting better, so I wanted to sort of bring that to here today because I think that's a really important thing to think about.

* (23:40)

When we look at a lot of the issues we deal with as an organization right now to date, many times the woman's perspective is missing; things have been built historically by men for men and then adapted slightly but not necessarily built from a woman's perspective on what women need. And the women that come into our centre typically tell us that many of the existing ways that things have been structured aren't working for them. So that is sort of the piece that I want to bring here a little bit more today.

I'm just keeping an eye on the time.

I think some of the concerns about this bill once it's put in place, that it may move our values as a province more towards detainment, looking at more of a forced detox or an involuntary treatment, and I know–and I think about a slippery slope occurring. I know that that isn't the intention, but oftentimes the intention isn't the way that things roll out.

I know there's been doctors who have done lots of consultations, the four doctors that have provided consultation on this bill. I think that's great. But I also know that when I hear doctors speak about how things should work, or when I hear mental health professionals speak about how things should work in the mental health system, it's not how our community experiences the system. That's not how they

experience it; it's not the service they get; it's not the things that are there for them when they need them.

And so that is my–I think my biggest concern and my team's biggest concern and the community's biggest concern is how will those things be supported.

You know, we–based on an austerity model of the previous provincial government for eight years, our social safety net is depleted. It has been–like, it has been really, really rough for the last decade. I've been doing this work for 30 years, and I've been at North End Women's Centre for 12. We've eroded the social safety net that was rooted in meeting people where they were at, building relationships and repairing trust that has been broken with people by systems, historically, in the past.

And so for me and for North End Women's Centre and for the community, we're interested in what is going to happen. You know, the 72 hours of detainment needs a whole other wraparound support system attached to it. And instead of putting money into detainment, it's–I–we believe it's time to flip the script and make huge investments in community agencies that have started grassroot movements linked to values of social justice and human rights.

I've done tons of work with Minister Smith. I know her heart; I know her knowledge; I know what she believes in. And I also know that–I just want us to make sure that we're not going down a slippery slope of leading to things that aren't the intended piece but end up being the outcome of harm in the end.

So I think without supports in place, without the proper kind of supports in place, people can be forced into detox, longer detainment periods can be harmful, that can be neglectful and lead to people dying upon release. Those are the things we don't want to see because we're seeing people dying already, and so–wanting to see those things be done differently.

It's late. I'm tired. I have appreciated hearing all the perspectives. I think this is a really, really important issue, and I think there were a lot of really, really important things shared today from multiple perspectives. I know that for us, when people come and live with us and when people–when women don't have housing and they come and they live with us, and they have a roof over their head, and they have food, and they have clothing, and they have support around them, they choose detox and treatment, when they're ready. And we see that 50 per cent of the time. And the other 50 per cent of the time, they do fine, in a different way.

And so I think that I just want to make sure that women are thought about as this process goes along because often they're left behind.

So thank you for your time.

The Chairperson: So thank you for your presentation.

Do members of the committee have questions for the presenter?

Ms. Smith: I just want to thank you, Cynthia, for hanging in there tonight and, you know, bringing the gender lens and all of the work that you're doing.

I know that your team works tremendously hard. You're doing housing. You know, you're supporting women, you're feeding women. You know, you're out there on the front lines and you're doing incredible work and you're doing work that, you know, you weren't even tasked to do with.

So I just want to uplift you and your team for the incredible work that you do daily.

Miigwech.

The Chairperson: Ms. Drebot, you're welcome to respond.

C. Drebot: No, I just–I appreciate that. Thank you for acknowledging that and recognizing the difficult work that's being done by people everyday, right, you know, right in the North End. So thank you for that.

Mrs. Hiebert: I only caught the last part but I–because I had to run to use the ladies' room. But anyway, sorry about that–but I'm going to read about it later.

But one of my quick questions was, because you're right. Like, this is such a great–bringing awareness that women–we need specific things to make sure we don't leave women behind. That's so important.

If you could suggest one thing to make sure that would–we would–that wouldn't be left out, that would be the most important thing in this bill for women, specifically the 72 hours, what would that one thing be that you'd want to make sure we don't miss?

C. Drebot: Thank you. Specific supports that women need added into the bill: so women experience addiction differently than men. Gender-diverse people experience addictions differently. We know, by learning from people who we work with, what they need. And so I think maybe incorporating more of the lived experience of women and gender-diverse folks who use substances into learning what that needs to look like. I always believe in lived experience learning

and I believe that it's important to ask people what they need; in this case, gender.

The Chairperson: All right, I'm not seeing any further questions. So thank you, Ms. Drebot.

And now we will move on to–I will now call on Ms. Karen Sharma, who I believe is also online.

So, Ms. Sharma, please proceed with your presentation.

Karen Sharma (Manitoba Human Rights Commission): Thank you very much and it's my pleasure to join you this evening on behalf of the Manitoba Human Rights Commission to put a few words on the record concerning Bill 48.

I'm really here with–this evening–with two objectives: first, to reiterate the obligations that all duty bearers hold under Manitoba's Human Rights Code to promote equity and anti-discrimination; and secondly, to highlight the importance of a human rights-based approach to the issue of managing substance use and safety in our province.

So, as you likely know, the Human Rights Commission is an independent agency of the Government of Manitoba, responsible for enforcing the rights and responsibilities set out under our Human Rights Code. And we do that through a complaint process and by promoting human rights principles through education, research and public advocacy.

* (23:50)

Our code is–holds a sort of quasi-constitutional status amongst all laws in our province and it really entrenches the right of all Manitobans to equity, to live a life free from discrimination, harassment and reprisal.

And we define discrimination in our law as when we treat somebody adversely without having a good or reasonable justification for doing so. And when that treatment relates to what we call protected characteristics: personal characteristics that go to the root of our identity. There are things that people have been treated negatively on the basis of–throughout history and in an ongoing way: things like our age, sex, race, gender identity and, recently, gender expression and disability.

Now, human rights law has long recognized that the concept of disability includes substance use disorder. And that means that duty bearers under our law have a positive obligation to take steps to protect individuals from experiencing substance–who experience substance use disorder from unreasonable or unjustifiable discrimination.

And this is critical because we know and we've heard here tonight that people who use substances face significant amounts of social stigma, discrimination and isolation and prejudice. Not just around the use of substances, but this stigma also creates significant barriers to people being able to access health care and social supports.

And we've also heard–and I wanted to uplift, you know, the words of Kate Sjoberg, Lorie English; we heard from Cynthia Drebot and Levi Foy, for example–the importance of examining those negative impacts through an intersectional lens. And the disproportionate negative consequences that substance use can hold and the stigma associated with substance use can hold for Black and Indigenous folks, women, 2SLGBTQIA peoples and people with concurrent disabilities.

So we appreciate that the law being tabled today seeks to address a very complex and pressing public policy concern. That's been well illustrated by many of the perspectives tonight and that's the crisis of substance use and its impact on public health and safety, including not just incidents of violence but, as you've heard, incidents of drug poisoning and overdose and the crisis that that poses for our province.

We also heard, and we listened with interest to the minister's opening remarks related to the bill during second reading. And the emphasis that she placed on the importance of a public health-informed approach to this issue, and one that, as she mentioned, centres diversion and access to health-care services and supports for individuals who are intoxicated by substances.

While we understand and appreciate this critical focus, we also, you know, wish to highlight the importance of also centring a human rights-based focused for those that are detained under this act, and in particular, centring their fundamental right to dignity, equality and autonomy.

Now, we had the opportunity to attend a consultation meeting on the bill with government officials earlier this week, and we've certainly heard some of these perspectives reiterated here today about the potential adverse consequences that being detained under this bill, particularly given the extension of time for detention from 24 to 72 hours, what those consequences could be for detainees.

And we've heard from community-based agencies that these negative impacts for the three-day–up to

three-day hold might be, you know, consequences for a person's employment, family and health status. And health practitioners have told us about the danger of unmanaged withdrawal symptoms for a person that's in an–being held in that extended time period.

And we've also heard some concerns about the evidence that's being used to substantiate the notion of moving from a 24-hour to a 72-hour-period hold, and, in particular, because the focus of this legislation is on intoxication and managing the risks to public safety or personal risks that stem from intoxication. The evidence substantiates that intoxication can extend over that 72-hour period.

So we raise all of this because, as we said at the outset–as I've said at the outset of my submission, we each of us have an obligation to protect individuals from unjustifiable discrimination. In other words, we have to ensure that when we're subjecting people to negative treatment, it isn't reasonably necessary, so that we are relying on evidence that tell us that less discriminatory options do not exist; this is in fact a path we must take in terms of a course of action.

So we're really concerned about, you know, what that evidentiary basis is for extending that period of detention from 24 to 72 hours. We think it's important that if there is a good base of evidence, you know, we've heard a little bit about practitioner observation, but beyond that research-based evidence that's reliable and valid and replicable but tells us that intoxication lasts into–to a period of 72 hours.

So it's important we think that, should that evidence exist that it be publicly explained so that we can really get a good understanding of the basis of the bill, and that if, for example, the basis of the bill is something like a substance-induced psychosis or a methamphetamine-induced psychosis, that we understand why existing mechanisms through statutory regimes like The Mental Health Act are insufficient for dealing with those kinds of instances of public safety or personal safety risks.

So, again, more information for understanding why that period of detention needs to be extended and the evidence that's been relied upon for that.

Beyond the, you know, importance of ensuring we have that strong evidentiary basis for the need for prolonged detention, we also want–wish to stress that we balance the negative impacts of that extended period of detention with specific rights-based protections, and you've heard a little bit, I think, about what those rights-based protections might look like from the excellent submission from the bar association.

But just to reiterate, we think it's really important that, as we look at this prolonged period of detention, that we're thinking about ensuring that the rights of detainees are very clearly outlined in this new regime, and that includes their rights to things like substantive and timely information about the basis for their admission and detention; their right to representation, as was highlighted by the bar association, and their right to information about review and recourse and what that procedure might look like; their right to know how they're entitled to be treated while they're detained, particularly where they're detained for long periods of time; and their right to know how they're entitled to be treated upon discharge from a facility, particularly where they're detained for a lengthier period of time.

And very importantly, because we've heard about the intersection between protective-care facilities and the provision of medical care, we think it's really important that people detained within these facilities have a really strong understanding of their right to make and consent to choices about their health care, and so, spelling out again, their right to informed medical care, their right to consent and what happens if they do not.

So, once again, we completely appreciate the need for a renewed approach under this act that better balances the rights of people who use substances with public health and safety. We appreciate, also, that section 12(1), which spells out the kinds of regulations that might be created under this act, may help balance some of those rights-based issues that we've outlined here today. And we look forward to the potential work going forward to help ensure that the rights of people who use substances–in particular, those with substance-use disorder–are well protected under this new statutory regime.

I'm open to your questions. Thank you.

The Chairperson: So thank you for your presentation.

Do members of the committee have questions for the presenter?

MLA Bereza: Ms. Sharma, thank you so much for your presentation. Thank you for the added information that you brought to us this evening–or, this morning.

Again, a lot of the information that you brought to us we didn't have, so thank you so much for that. Thank you for waiting all this time.

We believe this is a very important bill, as well, too, that we need to get right, so again thank you for your time.

The Chairperson: Ms. Sharma, you're welcome to respond, if you would like.

K. Sharma: Thank you, and it was my pleasure to wait and allow those that were in the room to make their submissions first.

I think the thing we'd like to stress is just taking the opportunity to ensure that, given there is a prolonged period of detention, that we're paying attention to the rights-based implications there and ensuring that we have the right protections in place for folks.

***** (00:00)

And I think you've got an opportunity to use the provisions that you've set out in section 12(1) with respect to the regulations to help spell out what those protections might be so that individuals that are in prolonged detention within these facilities have their rights upheld.

Ms. Smith: I want to thank you, Ms. Sharma, for hanging in there tonight–or this morning. You look fresh. We're all tired, but you look like you just woke up and you're–so I just want to say thank you for hanging in there and presenting. We certainly appreciate your perspective and, you know, bringing your expertise. Miigwech.

K. Sharma: Thank you, Minister, and not fresh, not awake, but really pleased to be able to speak to the committee nonetheless.

The Chairperson: Okay, I do not see any further questions. So thank you, Ms. Sharma, for your presentation.

Okay, so I will now call on Mr. Mike Thiessen, and he's not here so he will drop to the bottom of the list.

I will now call on Mr. Clark Marcino. Also not here, so he will drop to the bottom of the list.

All right, and we are going to just do one more go-through of folks.

So I will now call on Mr. Braydon Mazurkiewich. Okay, he is dropped from the list.

I will now call on Darren Penner. He is dropped from the list.

I will now call on Mr. Robert Russel. He is dropped from the list.

I will now call on Mr. David Vrel. He is dropped from the list.

I will now call on Ms. Rena Kisfalvi. She is now dropped from the list.

And then I will now call on Mr. Mike Thiessen. He's not here, dropped from the list.

And I will now call on Mr. Clark Marcino. He's also not here, so will be dropped from the list.

That concludes the list of presenters that I have before me.

* * *

The Chairperson: We will now proceed with clause by clause of Bill 48.

Does the minister responsible for Bill 48 have an opening statement?

Ms. Smith: I'd like to start by thanking all of the presenters who came out tonight and all of those who submitted written submissions.

Like so many other provinces and territories, we are facing a substance use and addictions crisis here in Manitoba. The current Intoxicated Persons Detention Act was created to provide an alternative to jail for persons intoxicated by alcohol, but it was drafted decades ago and it doesn't meet the needs of our communities today. A 24-hour detention does not reflect the reality of the meth crisis that we have here in Manitoba.

People high on meth can be a danger to themselves and others for longer than 24 hours. That's why we're taking action with The Protective Detention and Care of Intoxicated Persons Act so that Manitobans who are under the influence of substances like meth can keep safe–keep themselves safe and others by being held in a protective-care centre under medical supervision for a maximum of 72 hours.

Manitoba's wanted us–Manitobans want us to take action to keep people high on meth off of streets and out of ER waiting rooms, and that's what we're doing. Right now when police pick up a person high on substances other than alcohol, the option is only to bring them to the ER or to jail. This puts a big strain on our health-care system and our jail system, and it's not the right place for these folks. This bill responds to the meth crisis and gives police and the health-care professionals more options to offer treatment immediately to people in a safe place that protects the public.

Protective-care centres will keep intoxicated persons safe by giving them a safe place to stabilize and access the supports to be offered–to offer referrals to treatment so they can start a path of wellness and recovery. And they will need to keep communities safe by getting people high on substances other than alcohol off the streets and out of the ERs for long enough to protect both them and the public.

So 190 Disraeli, for example, Main Street Project is right across the street where they currently provide 24-hour detox. So we're adding beds that can accommodate people for 72 hours.

As always, our top priority is making sure everyone is safe. The centre will have security; DCSP will have a presence and we will continue working with police to make sure transfers are safe.

Every Manitoban should have access to health care, including addiction support and services, in a way that meets them where they're at. This bill will help make this a reality for some of the most vulnerable Manitobans. Our plan has the support of some of the leading health experts in our province, including Dr. Rob Grierson, medical director of the Winnipeg Fire Paramedic Service, and the chief medical health–medical officer of emergency response services for Shared Health, who have said, and I'll quote, improve public safety on the streets by reducing immediate risks and allow emergency response resources to be allocated more effectively, thus decreasing the burden on front-line emergency services. End quote.

So I invite all members of this committee to unanimously support this bill to help keep our communities and Manitobans with substance use disorders safe here in our province.

Miigwech.

The Chairperson: We thank the minister.

Does the critic from the official opposition have an opening statement?

MLA Bereza: Thank you to everyone that joined us this evening. Thank you to all the other members of the committee. I especially want to recognize the community members who have taken the time to be here and share their thoughts and experiences.

The fact that so many of you are–that so many people were here shows how deeply the issue affects families and communities across Manitoba. It also shows the importance of a lack of communication–as consultation, sorry, that we've had on Bill 48. Bill 48 affects us all.

I know we talked a lot tonight about Winnipeg. We all talked about Winnipeg, but there's more than Winnipeg in Manitoba. It affects our moms and dads. It affects our kids and grandkids. And it also affects the one in three people that have mental health issues. We are here to discuss Bill 48, The Protective Detention and Care of Intoxicated Persons Act, though what we are really talking about is addiction. Addictions are affecting every corner of our province. This bill aims to create a safer system for people in crisis in public who are often caught in the middle.

Everyone agrees that the intent behind this bill is noble. The current Intoxicated Persons Detention Act is outdated and ineffective. It allows police to hold someone for up to 24 hours, after which they must be released even if they're still unsafe. That approach might have made sense decades ago when alcohol was the main concern, but it does not work today in the area–era of methamphetamines and other powerful drugs. Anyone who works in the front lines knows that meth does not wear off in hours; its effects can last for days and recovery from a serious meth episode can take much longer than 24 hours currently under the law. People experiencing drug-induced psychosis can be unpredictable, frightened and violent. They can be a danger to themselves and at times to the people trying to help them.

Extending the period of care under 48 hours to 72 hours could be an important improvement but only if its supports and facilities are fully equipped; that's where the concern begins.

***** (00:10)

We've asked the minister critical questions such as what will utilization rate be? How many staff are needed? What are the qualifications of those staff? What happens when every protective-care bed is full? Manitobans are still waiting for answers while the government has announced an opening date of less than three weeks.

The first and most pressing issue is capacity. A protective-care centre can only protect people in its space. What happens when every bed is full?

Addictions are not confined to Winnipeg. Rural and northern communities are facing the same crisis, often with far fewer resources. Most do not have detox stabilization facilities. Are officers expected to drive those people high for hours to the city, leaving their home regions without coverage, or will they simply be left to–be kept in a local cell? More answers are required to–for Manitobans.

Addictions are not cured in three days. When someone is released, are they being connected to treatment, housing or follow-up support, or are they simply being sent back into the same environment that we heard many, many times tonight about that brought them there? Without proper transition planning, this bill risks becoming another revolving door, providing temporary safety followed by the same cycle of crisis and relapse.

Since 2018, when the PCs opened the first RAAM clinic pilot program to address the drug overdose crisis in Manitoba, the clinics have successfully saved lives and have helped addicted get connected with treatment options. With two main clinics in Winnipeg, the program has expanded into the urban centres across the province and culminated with the opening of an Indigenous-led clinic at the Aboriginal Health and Wellness Centre in 2023. In total, $10 million were invested in the RAAM program.

Manitobans want protective-care centres connected to treatment programs and community organizations that can help people take that next step to recovery. Otherwise, we are simply pressing pause on a problem instead of solving it.

Manitobans are also asking for regular public reporting on how many were turned away and how many were connected to a long-term treatment. Without that information, there is no accountability.

And, of course, none of this happens without proper funding for staff, medical oversight and transportation. We must learn from other jurisdictions that have experience with what is being proposed in the bill.

As we end this committee process, I again want to thank the community members, the first responders and the families who are here tonight and who were here tonight. Your voices do matter.

But I must also address something that really appalled me tonight. This is probably one of the most serious issues that I will deal with in my time, and we had a number of people that were denied leave to finish their presentations or to answer their questions, and that was by MLA Schott, Minister of Environment and Climate Change (MLA Moyes) and the minister of housing, homelessness and addiction. And I need to put that on the record because it's so important; we must get this right.

We have an opportunity to get this right, and we must let the people speak that have the opportunity to speak here tonight. It's been a late night, a long night. But you know what? A lot of these people have been through enough. And for us, for the people that stood–or sat there and did not grant them leave, I'm sorry. I'm sorry that you had to go through that.

Thank you very much.

The Chairperson: We thank the member.

During the consideration of a bill, the preamble, the enacting clause and the title are postponed until all other clauses have been considered in their proper order.

Also, if there is agreement from the committee, the Chair will call clauses in blocks that conform to pages, with the understanding that we will stop at any particular clause or clauses where members may have comments, questions or amendments to propose.

Is that agreed? *[Agreed]*

Clause 1–pass; clauses 2 through 4–pass; clauses 5 and 6–pass; clauses 7 and 8–pass; clause 9 and 10–pass; clauses 11 and 12–pass; clauses 13 through 15–pass; preamble–pass; enacting clause–pass; title–pass. Bill be reported.

The hour being–

An Honourable Member: Point of order.

The Chairperson: Oh, MLA Schott.

Point of Order

Mrs. Schott: Yes, so–just so we can have it on the permanent record, because MLA Bereza was so insistent on having things on Hansard–the public should be aware that if we granted every single person leave that exceeded the time, even though some presenters were very cautious with their time and respectful, mindful of other people's times–we wouldn't have gotten through everyone. We're already past midnight.

So that was the rationale; it was absolutely not to deny democracy. We're not the folks that deny democracy, and so it's very hypocritical for that to have been implied.

The Chairperson: MLA Bereza, on the same point of order.

MLA Bereza: Point of order–same point of order.

The people that are dying on the streets, the people that we're trying to protect: they don't have a timeline. I was prepared, and I know our group here was prepared to sit here all night if we had to. That's where it's important. I–time, for those people that are on the street, that don't have a place to go to, that need help,

and we need to get this right. We need to give everybody the opportunity to speak as long as they need to speak, and that's why we were prepared, and that's why we said, let's stay here as long as we need to tonight.

Thank you.

The Chairperson: Okay, so I've heard enough submissions to make a ruling. And this is not to be used to further debate. So it is not a point of order, because there have been no breaches to the rules identified.

Point of Order

Ms. Smith: On a point of order.

I would just like to clarify the record on what MLA Bereza put on the record. He did say that I did deny leave to members that were asking questions. That is untrue; I did not deny anybody's leave.

And to be fair to folks that were in the gallery, there were parents here, there were caregivers, and we were being mindful of people's time that were here.

There were folks that were constantly looking at where they were on the list and they were wanting to get home to their families. So I want to clarify that record.

The Chairperson: So I'm not going to recognize anything else on this point of order because it's not a point of order. There's been no breach of rules identified and we're not going to continue on to further debate on this.

Thank you.

* * *

The Chairperson: So the hour being 12:20, what is the will of the committee?

An Honourable Member: Committee rise.

The Chairperson: Committee rise.

COMMITTEE ROSE AT: *12:20 a.m.*

WRITTEN SUBMISSIONS

Re: Bill 48

Dear Committee Members,

Thank you for the opportunity to provide my written submission on Bill 48–The Protective Detention and Care of Intoxicated Persons Act.

I wish to express my support for the intent of this Bill, which aims to ensure that individuals experiencing acute intoxication are treated with dignity, compassion, and safety in a supportive environment rather than in correctional facilities or emergency departments. This legislation represents an important and positive shift toward a health-based response to addiction and intoxication.

However, I would like to highlight several key concerns and recommendations to strengthen the Bill's implementation and ensure it achieves its objectives without creating unintended harm to individuals or communities.

1. Oversight and Operational Responsibility

While I support the intent of the Bill, I am concerned about who will operate these protective detention and care facilities. Such services should be managed by the Winnipeg Regional Health Authority (WRHA) or another qualified healthcare organization in conjunction with protective services.

These agencies have the clinical governance, regulatory oversight, and trained personnel required to provide safe and accountable care to individuals at their most vulnerable. While community-based organizations such as Main Street Project play a valuable role in social service delivery, the operation of a medical and detention facility must meet healthcare standards, including clear processes for incident reporting, staff and patient safety, training, and third-party oversight.

In addition, many of the individuals who will be brought into these facilities will present with co-morbidities or underlying medical conditions that could be life-threatening if not properly assessed or treated. For this reason, care and monitoring must only be conducted by trained and qualified healthcare professionals. Regular medical and psychological assessments should be performed by licensed professionals such as physicians, psychologists, or other regulated practitioners to ensure that both the immediate intoxication and any related health conditions are managed safely and ethically.

2. Facility Location and Community Impact

The proposed location at 200 Disraeli is deeply concerning. It is situated within a residential neighbourhood, directly across from a high school and in close proximity to daycares and elementary schools.

While communities must play a role in supporting vulnerable populations, it is unreasonable to place a detention and care facility of this nature within a densely populated family area. This placement raises serious concerns regarding public safety, neighbourhood stability, and community wellbeing.

3. Stigma, Equity, and Fair Distribution of Services

Locating facilities of this nature almost exclusively in lower-income or higher-crime areas reinforces harmful stereotypes–suggesting, intentionally or not, that addiction is tied to economic class or identity. Addiction is a health condition, not a moral failing, and it affects people from all backgrounds, incomes, and communities.

Locating all addiction-related or detention facilities in specific neighborhoods both stigmatizes residents and isolates individuals seeking care. Concentrating these facilities in marginalized areas not only stigmatizes residents but also further isolates those seeking help, creating barriers to integrated and compassionate care.

Furthermore, the absence of similar facilities in rural or more affluent areas restricts equitable access to care. This imbalance perpetuates the perception that substance use services are intended only for specific demographics–those who are homeless, unemployed, or economically disadvantaged–which is inaccurate and unjust. Public health policy should ensure that services are distributed equitably across Manitoba.

4. Rural Access and Law Enforcement Resources

I am also concerned about the lack of clarity on whether similar protective detention facilities will be established in rural Manitoba. If individuals from rural areas are transported to Winnipeg, this could tie up valuable law enforcement resources already operating under strain.

The potential for rural police officers to spend several hours transporting individuals to Winnipeg represents a significant operational burden–reducing their availability to respond to emergencies within their own communities.

Additionally, there must be a clear plan to safely reunite individuals with their home communities after discharge. Without such a process, individuals' risk being left stranded in Winnipeg, disconnected from local supports and at greater risk of harm or relapse. A repatriation and reintegration plan should form a mandatory component of the Bill's implementation strategy.

5. Community Safety and Accountability

Residents in downtown and core areas have already experienced the over-concentration of social and health services, resulting in significant strain on neighbourhood safety and livability. Incidents of violence, theft, and disorder surrounding existing shelter and support facilities are well-documented and have affected residents in surrounding residential areas.

Before expanding or opening new facilities, the province must establish clear accountability mechanisms, transparent reporting, and stronger security measures to protect both clients and nearby residents. Collaboration between health authorities, law enforcement, and municipal government should be mandated to ensure safety and oversight.

Conclusion

While I support the overall intent of Bill 48, I respectfully urge the Committee to:

Ensure that any Protective Detention and Care Centre is operated by the WRHA or another licensed healthcare authority, in coordination with protective services.

Re-evaluate the location at 200 Disraeli, given its proximity to schools, daycares, and vulnerable populations.

Address the overrepresentation of such services in downtown and core neighbourhoods and distribute supports more equitably across the province.

Develop a provincial plan for rural and regional detox and care facilities, to prevent the overburdening of Winnipeg resources and reduce the strain on rural law enforcement required to transport individuals over long distances.

Establish a clear reintegration and discharge process to ensure individuals are safely returned to their home communities with proper follow-up care.

Increase the capacity for In Patient Mental Health and addictions treatment centres

Bill 48 presents an opportunity to modernize Manitoba's approach to addiction-related care and public safety. By grounding it in a healthcare-led, equitable, and community-informed framework, the government can protect both vulnerable individuals and the communities they come from.

Thank you for your time and for allowing these comments to be entered into the public record.

Tanya Bashura

Re: Bill 48

As a longtime resident of Point Douglas, I am deeply concerned that our community, already beset with enough problems relating to vulnerable persons who are addicted, is once again being selected for this type of program. While I am heartened that there would be a 72 hour police detention, I am disheartened by the chosen locations, and the lack of specificity in how

they would be managed. I am also disheartened by the lack of notice to persons living or working in the areas selected, and lack of proper consultation with residents and businesses.

Katherine Bitney

Re: Bill 48

Subject: Concerns Regarding Proposed Bill 48 and Its Implications for Community Safety

I am writing to express my deep concern regarding Proposed Bill 48, particularly the provision that allows community sites to hold intoxicated persons for up to 72 hours. While I understand the intent to provide temporary safety and care for individuals in crisis, I am deeply troubled by the potential unintended consequences this legislation could have for my community.

1. Our neighborhood already hosts the Main Street Project, which includes an established holding area for intoxicated individuals, as well as shelter beds through Our Relatives' Place. These existing services already bring a significant concentration of individuals struggling with addiction and related challenges to our area.

Over the past few years, we have seen a noticeable increase in public intoxication, disturbances, and crime, creating ongoing concerns about community safety and livability. Establishing an additional site that would detain intoxicated persons for up to 72 hours would further intensify these issues. It risks turning our neighborhood into a central hub for intoxicated persons, putting additional strain on police, emergency responders, and local support services–and diminishing the sense of security for families and small businesses nearby.

Without clear measures to prevent further concentration of these services in one area and to manage the resulting social impacts, residents remain deeply concerned about the long-term consequences for our community.

2. Lack of Clarity on Post-Detention Outcomes

The legislation does not specify what happens after the 72-hour holding period.

Will individuals be released directly into the surrounding community, without follow-up care or support?

How will authorities manage individuals who are not residents of our city?

Are there established pathways for rehabilitation, transport, or reintegration that ensure people do not simply return to the same conditions that led to their detention?

The absence of these details leaves many residents worried that this measure is a temporary fix to a deeper issue–one that may unintentionally shift the burden to local neighborhoods without adequate planning or resources.

3. Concerns About Safe Consumption Site Expansion

Finally, I seek clarification on whether this legislation serves as a precursor to establishing or expanding safe consumption sites under a different designation. Many in the community feel this approach lacks transparency and public consultation. If the government intends to pursue such initiatives, open communication, data sharing, and community engagement are essential to ensure trust and understanding.

In conclusion, I respectfully urge you to reconsider the current scope of Bill 48 and engage with residents, law enforcement, and local health organizations to create a plan that truly balances compassion for vulnerable individuals with the safety and stability of our communities.

Thank you for your attention to this important matter. I would appreciate a formal response outlining how the concerns of residents will be addressed as this legislation proceeds.

Tammy Aime

Re: Bill 48

I am a resident of North Point Douglas and live next door to the River Point Centre on Magnus Avenue. For context, when the Manitoba government took over the old Sharon Home, formerly a seniors' care facility, and converted it into a substance treatment centre in 2009-2010, we were assured the facility would provide security and be a "good neighbour."

At the time, I was one of the few residents who supported the proposal. I recognized the need for addiction treatment and trusted the government's promises. More fool me. After nearly 15 years, neither the assurances of safety, security, nor good neighbourliness have been fulfilled.

Our primary concern from the start was how security would monitor the green space behind the facility, Pritchard Point Park, adjacent to the Red River. Since the centre began operating, the park has become a

magnet for public intoxication and criminal activity. We have witnessed:

- Frequent drug use and intoxication
- Constant public drinking
- Individuals sleeping on benches
- Copper wire thefts from park lighting
- Fighting, yelling, and assaults
- Public urination and defecation
- Graffiti and vandalism
- Loud music and late-night gatherings
- Homeless encampments, with extensive litter, needles, and discarded items

In all these years, neither my partner nor I or any neighbours have seen a single security guard in the area.

On one occasion, when I saw someone digging up copper wire powering the park lights, I tried contacting River Point Centre, but the only phone number led to a recorded message about addiction resources. The only option was to call the police who, due to reduced staff and increased workload, predictably never arrived. So much for "good neighbours."

Now, the provincial government plans to add an "addictions drunk tank" at the River Point Centre to detain highly addicted individuals from across Manitoba for up to 72 hours. While I am not opposed to urgent action to address addiction and public safety, I am firmly opposed to its location.

For years, government promises have failed. Point Douglas has been transformed from a colourful, working-class neighbourhood into one defined by crime, garbage, and despair. Property values have plummeted, and residents feel abandoned. There is no grocery store, no laundromat, no café. Instead, we have pawn shops, seedy hotels, and scrap yards that feed the criminal economy that addiction sustains. Businesses can't get insurance. Many of us work hard to afford homes here, yet our concerns are treated as a necessary casualty.

To compound this, another addiction facility is being built just 400 metres away from the River Point Centre, just north of Redwood Avenue, which will exclusively serve clients from outside the city. These addicted individuals, should they refuse treatment, will be free to leave the facility whenever they wish. That, too, will add to our burden.

Why do governments continue to bombard our area with facilities and services that will undoubtedly bring more drug dealers, more chaos, and more crime? How is an addicted individual being released from detainment supposed to succeed when they are released within an area that is easier than most to get more of the very substance they were just being treated for?

We want only peace, safety, and competent governance. Instead, governments at every level continue to treat Point Douglas as a dumping ground for society's most difficult problems; problems other neighbourhoods would never tolerate. How many of you have had your lives threatened by an armed addict? How many have revived an overdosed stranger with naloxone? How many live daily with the theft, needles, and fear we face?

We are told these services are placed in "areas of greatest need." The truth is, government policies create that very need. Each new facility draws more of the same problems, deepening the crisis instead of resolving it. You claim moral courage for implementing such programs but how many of you would live among their consequences? If law enforcement is responsible for transporting intoxicated individuals, such facilities could exist anywhere in the city. But, predictably, Point Douglas "will do just fine."

Hypocrisy.

Sincerely,
Howard Warren

Re: Bill 48

Questions from Point Douglas Residents about Bill 48 and the 72-Hour 'Protective Care Centres'

We understand the Manitoba Government has introduced Bill 48 – The Protective Detention and Care of Intoxicated Persons Act. It would allow police to hold people under the influence of drugs or alcohol for up to 72 hours in new 'Protective Care Centres.' One of those proposed locations is 191 Disraeli, right beside our community. Other possible sites surround Point Douglas–in the Downtown, Main Street area, and near the Disraeli corridor.

So before these plans go ahead, we'd like to ask some honest questions–the kind our neighbourhood knows how to ask.

1. What Problem Is This Really Solving?

- Is this about helping people who are struggling with addiction, or about clearing streets and making downtown look safer for a while?
- If the goal is care and protection, why does the bill read more like a holding policy than a healing one?
- What happens on hour 73–when people are released? Where do they go? Do they just get dropped back off under the same bridge or back into the same alley?

2. Why Place These Centres in the Same Areas Already Overwhelmed?

- Point Douglas, Main Street, and the Downtown are already surrounded by detox sites, shelters, and drop-ins.
- Isn't it fair to ask why more of the same services are being placed right here, instead of spread across the city and province?
- Are we being told that proximity equals care, or is this just about convenience for police and ambulances?
- How does surrounding our community with detention sites make life safer for our residents, children, and seniors who already live with open drug use, fires, and violence?

3. Where Is the Evidence?

- Has anyone shown that putting 'protective' or 'detox' centres in heavy-use areas actually reduces harm or helps people recover?
- If people can't safely detox in a calm environment away from triggers and dealers, how will 72 hours surrounded by chaos actually protect them?
- Wouldn't a quieter, more stable setting outside the immediate drug scene be more effective for genuine care and rest?

4. Who Is Watching the Watchers?

- If police are detaining people under this new law, who checks that someone truly needed to be held–and that they aren't being kept too long or without medical oversight?
- Who defines what 'care' looks like–a nurse, a counsellor, or a security guard?
- If Bill 48 leaves the details to be decided 'later by regulation,' how can the public know what rules will protect both the people detained and the surrounding neighbourhoods?

5. Are We Protecting People, or Concentrating Problems?

- Every level of government says they want to de-concentrate poverty and addiction, yet every plan seems to bring more of it here.
- If the Province keeps adding services around Point Douglas, are we becoming the permanent containment zone for everyone else's crisis?
- Is this really about care–or just containment?

6. What Would Real Care Look Like?

- Could smaller, regional detox and care centres across Manitoba help people closer to home, instead of dropping them here with no ticket back?
- Could a true 'protective' model mean follow-up care, housing connections, and transport home–not just 72 hours of being locked away and released back into the same chaos?

7. What Does 'Protective' Mean for the Rest of Us?

- When government officials say these sites 'protect the public,' who counts as the public–our residents, or only those passing through?
- If the City says this will make things safer, will they also increase police presence, lighting, cleanup, and community support around these facilities?
- Or will we once again be left to pick up the pieces, write the letters, and chase answers after it's already built?

8. What Will Medical Oversight Actually Look Like?

Bill 48 says people can be held for up to 72 hours for their own protection–supposedly under 'care.' But it doesn't say who will provide that care, what kind of training they'll have, or what standard of medical supervision will exist.

So, we ask:

- Will a doctor or registered nurse be present 24 hours a day in these centres?
- Or will it be support workers and security staff handling people in medical or psychological crisis?
- If someone goes into withdrawal, has a seizure, or experiences a psychotic break–who will make the medical decisions?

Right now, all signs point to Main Street Project (MSP) being the likely operator. They already run the

current 'Protective Care Unit' under the existing Intoxicated Persons Detention Act.

But that raises serious questions:

9. Is Main Street Project the Right Agency for This?

- MSP's harm-reduction philosophy often means not forcing anyone to accept help or move faster than they choose.
- So how does that fit with a law that allows people to be detained against their will?
- If the government calls this 'protective detention,' but the operator's philosophy is 'no one should be moved faster than they want,' which principle wins when a person refuses care?
- Will MSP staff be expected to act as both caregivers and custodians?
- Are they medically equipped to monitor withdrawal, delirium tremens, or opioid toxicity?
- Or will those in distress be sent back and forth between the 'care centre' and the hospital?
- If the facility is built near 191 Disraeli, will this simply become another holding site beside the crisis, rather than a medical response unit with real capacity?

The Unanswered Oversight Question

- Who will inspect these sites? Manitoba Health? The College of Physicians and Surgeons?
- Who decides if care is adequate?
- Will families have any right to be notified when someone is detained for 72 hours?
- If a death or serious injury happens inside, is it treated as a medical incident or a police matter?

Until those questions are answered clearly, the term 'Protective Care' is just a promise without proof.

Point Douglas Residents Deserve Clarity

If this is going to sit in our backyard–surrounded by our homes, our schools, our businesses–we deserve to know:

- Is this a clinic or a holding cell?
- Is it staffed by nurses or security guards?
- And if Main Street Project runs it, will 'care' still mean never moving faster than someone wants–even when the law says they're being detained for their own protection?

If this is truly about safety and compassion, then let's prove it with transparency, evidence, and fair distribution–not by surrounding one struggling neighbourhood with everyone else's problems.

Hannah Cormie

Re: Bill 48

I am opposed to this location for a detention center. My home is constantly being trespassed against and broken into. Crime is out of control and not being enforced. Having these facilities also doesn't help those who are struggling already. Better to put this facility away from where so much temptation already exists.

Trista Mieszczakowski

Re: Bill 48

Community members and the people of Winnipeg deserve to have their say in what happens in their own community/city. Their are many unanswered questions and little to no details on this bill not to mention that yet again community members are not being consulted or given the chance to have any day in what happens in their own neighborhood. I believe that this government owes it to the people of the immediate neighbourhood, neighborhoods nearby, and the people of Winnipeg in general their chance to have their voices heard before placing such a potential catastrophe in any area of their city nevermind in an already struggling and fragile community community.

While the stated intent of Bill 48 is to provide a safer alternative to incarceration, the legislation leaves most operational details to be determined later "by regulation." This means that critical issues–such as how the sites will operate, who will qualify as healthcare staff, and what procedures will apply when individuals are released–have not yet been defined. province. The bill does not indicate whether individuals will be transported back to their home communities or released nearby. Without clear operating standards, accountability measures, and adequate support services, Bill 48 has too many missing details and a lack of transparency.

We deserve answers, we deserve details, and we deserve to have our say in what happens in our city and/or our communities.

Tanya Jackman

Re: Bill 48

My comments refer only to the Riverpoint location.

However, my concerns may also apply to other locations anywhere in Winnipeg.

I have lived a block away from Riverpoint since it was established without experiencing "problems" like those experienced by some of my neighbours (see below).

I have observed almost daily occurances of people consuming alcohol and/or drugs in Pritchard Point park which is adjacent to the front of Riverpoint. The area is often littered with needles and garbage.

I have polled my neighbours to learn about their issues. Those who live closest to Riverpoint and the river bank have experienced the most problems, including break-ins, thefts, property damage and threats to their lives. The further away from Riverpoint, the fewer the problems.

Staff at Riverpoint tell me that addicts who show up for treatment must wait months to get in since they are always full. Is the province planning to add facilities to Riverpoint to provide space for addicts being held over for their own safety, or will they displace people in the long term treatment program?

In some ways, this looks very much like a "punishment" because of the concerns by North Point Douglas residents to the provincial governments recently proposed Safe Consumption Site (SCS) in our neighbourhood. Residents are NOT against helping addicts, and we are NOT saying "Not in My Back Yard" either. Many of us atteneded numerous public meetings to which we were NOT invited, but attended anyway. Mandatory short term incarceration is possibly a first step on the road to recovery. And again, will they displace people in the long term treatment program?

Other steps on the road to recovery for addicts include long term recovery beds and support programs, as are already in place at Riverpoint. More recovery beds are needed! When and where will we see them?

SCSs like Sunshine House mobile unit and the proposed 3 day mandatory incarceration (3 day MI) both prevent immediate deaths without actually solving the addiction problems. However, it does make a government "look like" it is doing something. Where do addicts go from here?

Released addicts will likely return to their homes in the cities parks, riverbanks and other public spaces, perpetuating the addiction cycle.

I am used to walking daily through Michaelle Jean Park. This summer I noticed that very few children were playing in the park, and that those that were, were supervised by adults. I asked why kids could no longer go the parks to play without supervision. Parents were concerned about people shooting drugs and drinking alcohol near their children. The cities recent rule changes about where homeless encampments are allowed has greatly reduced the problems in Michelle Jean Park. However, it has not ended them.

People are brought from northern communities for treatment. If they "fall off the wagon" during their treatment they must leave their treatment facilities and reapply at a later date. Since they are here without money, how are they expected to get home to reapply? We are not all successful in quitting an addiction on our first try. Doesn't this policy need to be changed?

William Dentry

Re: Bill 48

I am writing in support of Bill 48.

After seeing many "not in my backyard" style comments online, I felt the need to share my perspective in favor of this legislation. I believe Bill 48 has the potential to help people struggling with addiction by bridging the gap between crisis and follow-up care, reducing strain on emergency rooms and emergency services, and ultimately improving community safety.

As a society, we need to stop pushing people further into marginalization and dehumanization. On my drive to work yesterday, I noticed two new examples of what I can only assume are anti-homeless measures: a barrier installed around a building's heat vent where unhoused individuals had previously found warmth, and the removal of benches near HSC where unhoused people have been seen sleeping.

Ignoring the deep, interconnected issues of poverty, addiction, and generational trauma will not solve these problems. We cannot simply hide issues society doesn't want to acknowledge out of sight and pretend they don't exist.

Anti-homeless architecture and strategies will not solve these problems. Working with community organizations and the affected communities themselves just might.

I also want to pose a question: why does the opposition rarely come forward with constructive suggestions to improve legislation aimed at providing much-needed services? Instead of fueling division and drama, we could use our time and resources far more effectively by working collaboratively. As the saying goes, "A boat doesn't move forward if each person is rowing in a different direction." A healthy population benefits all parties.

We need to address these challenges directly and holistically, seeing the whole person, and recognizing that every individual is worthy of dignity and respect.

Thank you.

Shara Werestiuk

Re: Bill 48

Chairperson, Members of the Committee,

Thank you for the opportunity to make this submission in support of Bill 48, The Protective Detention and Care of Intoxicated Persons Act.

As Mayor of Winnipeg, I see firsthand the impact of addiction on our city–in our downtown, in our neighbourhoods, and on the people working every day to keep others safe. Every day, our police officers, paramedics, outreach workers and community volunteers encounter people who are in crisis, often under the influence of increasingly toxic drugs. These situations are heartbreaking, dangerous, and far too common.

Manitoba's current Intoxicated Persons Detention Act was written for a different time. It was designed for a world where alcohol was the primary intoxicant encountered on our streets. Today, we face an entirely different challenge. The drugs people are consuming are more potent, unpredictable, and deadly. Methamphetamine, opioids, and synthetic substances can leave a person in an altered state for far longer than 24 hours, and their behaviour can shift from unconsciousness to violent agitation in a matter of minutes.

Police and health professionals are doing their best under difficult circumstances, but the system they are working within is no longer adequate. Holding a person for a maximum of 24 hours often means releasing them before they have fully come down from the effects of the drug. In many cases, that person returns immediately to the same cycle of harm–using again, putting themselves at risk, and ending up back in police custody, an ambulance, or an emergency room.

Bill 48 recognizes that reality and takes an important step forward. By allowing protective care centres to hold individuals for up to 72 hours, this legislation creates a crucial window of time–not to punish, but to protect. Those extra hours can mean the difference between a person continuing on a path of self-destruction and having the chance to connect with help. It allows time for detoxification, for medical assessment, and for a real conversation about treatment and recovery.

The language of this bill makes clear that the intent is both protective and compassionate. It respects the dignity of the individual while also acknowledging our collective responsibility to safeguard the public. A longer period of stabilization is not a denial of rights, it is a recognition of reality. People in the depths of addiction are often incapable of making rational decisions in the moment. To release them immediately back to the street is not compassion. It is abandonment.

This bill also creates the framework for something that has been missing in our system for far too long: the opportunity for continuity of care. When an individual emerges from intoxication, we must meet them with support–counselling, treatment, housing, and hope. The protective care centre model envisioned by this legislation provides a bridge between crisis response and recovery. It gives health professionals and outreach workers a chance to connect people with the programs and services they need to begin rebuilding their lives.

This approach complements the broader work already underway across Manitoba. The Province's Your Way Home strategy–which the City of Winnipeg is proud to partner in–is bringing together governments, community agencies, and health organizations to provide housing, mental health supports, and addiction treatment for those most at risk. The same spirit of partnership is reflected in the Downtown Community Safety Partnership, where City and provincial funding supports outreach workers who walk our streets every day, building relationships and connecting people to services.

We are also working closely with the Province to make use of City-owned land for supportive housing, so that more people can transition from shelters or encampments into stable, long-term homes with the supports they need. These efforts, together with Bill 48, are parts of a single continuum of care–from immediate protection and stabilization, to treatment, to housing and recovery. Each step reinforces the other.

There is a growing sense of fatigue and frustration in our communities – not only among residents and businesses, but among front-line responders who feel that they are dealing with the same individuals day

after day, with little ability to make a lasting difference. That frustration is understandable. When systems fail to respond effectively, people begin to lose faith–not only in public safety, but in public institutions themselves. Restoring public confidence means showing that governments are capable of taking decisive, coordinated action to protect people and promote recovery. Bill 48 is a clear example of such action.

This legislation acknowledges that addiction has become a medical and public safety crisis–one that demands intervention, structure, and compassion in equal measure. Every person on our streets today struggling with addiction was once someone's child, sibling, parent, or friend. They are still deserving of care. But caring for someone sometimes means doing what is necessary to protect them from immediate danger.

We are not helping anyone by allowing them to spiral further into addiction without intervention. Real compassion means acting when someone cannot act for themselves. That is the spirit in which I support Bill 48.

This legislation also aligns with the calls from police, paramedics, and community safety organizations who have been asking for new tools to manage an evolving crisis. It gives law enforcement and health professionals the flexibility they need to keep people safe while working toward recovery-based solutions. It will also help ease the burden on emergency rooms and detox facilities that are stretched beyond capacity.

By enabling protective care centres and longer holds, Bill 48 creates a foundation for a more humane and effective approach–one that recognizes that intoxication, particularly from powerful synthetic drugs, is not just a momentary condition but part of a broader cycle that requires time and coordination to interrupt. The next step will be ensuring that the resources, partnerships, and infrastructure are in place to make that vision a reality.

I commend the Province of Manitoba for taking this step. It complements the shared priorities we've been advancing together–improving public safety, supporting outreach services, expanding supportive housing, and coordinating mental health and addictions care. When all levels of government move in the same direction, we can build a system that protects people in crisis, supports recovery, and restores confidence in our communities.

To every member of this Committee, I ask that you pass Bill 48 and give our front-line workers the tools they need to save lives and protect the public. The people of Winnipeg–and across Manitoba–are counting on us to respond to this crisis with both compassion and courage.

Thank you for your consideration.

Mayor Scott Gillingham
City of Winnipeg

Re: Bill 48

Dear Deputy Minister Charlene Paquin,

We are writing to you in our respective leadership roles within Manitoba's health care and community support systems to express our collective support for amending the Intoxicated Persons Detention Act to be more responsive to today's needs.

As Provincial Specialty Lead for Mental Health and Addictions, I, Dr. Jitender Sareen, believe this change, if appropriately implemented with robust mental health assessments and supports, will allow for more effective intervention in cases where intoxication exacerbates underlying mental health conditions. We recommend a 72-hour extension, as it aligns with the Mental Health Act's provisions for initial involuntary psychiatric assessment. If a person continues to be unstable mentally (psychotic or agitated) beyond 72 hours, they require psychiatric hospitalization due to prolonged crystal methamphetamine intoxication that can last up to 7-10 days or have a co-occurring psychotic or mental disorder. Regular assessments during detention are critical to ensure appropriate care and timely release if stabilization occurs.

As an addiction medicine specialist and medical lead in provincial addiction services, I, Dr. Erin Knight, support the updating of the IPDA legislation from the perspective of addiction care, provided it is implemented with sufficient medical oversight to identify high risk withdrawal symptoms and medical complications of substance use. Unlike alcohol, which has a relatively predictable course of sobering, crystal methamphetamine intoxication has a longer and more variable course, often requiring extended monitoring to manage agitation safely. Extending detention may provide a critical window for offering acute intoxication management, including food, water, and medications such as antipsychotics to address agitation and support recovery, as well as to help connect individuals to evidence-based treatment options, thereby enhancing safety for those affected and alleviating pressures on emergency departments. However, it must do so without infringing on the individual's right to autonomy when their acute intoxication subsides, and without putting people at risk of medical harm due to lack

of access to substances to which they have physiologic dependence.

As Chief Medical Officer for Emergency Response Services and Medical Director–Winnipeg Fire Paramedic Service, I, Dr. Rob Grierson, endorse this initiative from an emergency care standpoint. It will enable our teams to better manage acute intoxication scenarios, improving public safety on the streets by reducing immediate risks and allowing emergency response resources to be allocated more efficiently, thus decreasing the burden on frontline emergency services.

As Chief Operating Officer for Mental Health and Addictions of Shared Health, I, Ben Fry, support this legislative change recognizing the importance of addressing the needs of many people suffering from houselessness, mental health, and addiction.

This extension underscores the need for appropriate safety and medical supervision over a longer-term period, including food, water, and medications to manage intoxication and agitation, as well as robust housing, mental health, and addiction supports to prevent individuals from suffering on the streets. An integrated approach is essential, requiring collaboration across government departments to ensure comprehensive care and sustainable solutions.

Collectively, we believe that, with appropriate implementation–including enhanced medical oversight, regular assessments, access to health services, and safeguards to ensure preservation of human rights and individual autonomy–this change will improve safety for intoxicated individuals, enhance community safety, and reduce pressures on emergency response teams, emergency departments, and mental health inpatient beds across Manitoba. We stand ready to collaborate with the government and with the community, including people who use drugs, to ensure these amendments are rolled out effectively and compassionately.

Sincerely,

Dr. Jitender Sareen, MD, FRCPC
Provincial Specialty Lead for Mental Health and Addictions, Shared Health
Professor and Head, Department of Psychiatry
University of Manitoba

Dr. Erin Knight, MD, CCFP(AM), CCSAM
Addictions Medicine Specialist
Medical Lead, Rapid Access to Addictions Medicine (RAAM)
Shared Health Manitoba

Dr. Rob Grierson BSc, BSc(Med), MD, FRCPC
Medical Director – Winnipeg Fire Paramedic Service
Chief Medical Officer – Emergency Response Services, Shared Health Manitoba

Ben Fry
Chief Operating Officer for Mental Health and Addictions
Shared Health Manitoba

Re: Bill 48

Thank you for the opportunity to provide input on Bill 48.

My name is Monica Ballantyne. I am a person with lived experience, and I also work in the sector supporting individuals navigating addiction, homelessness, and systems that often struggle to see the person behind the struggle.

I want to begin by acknowledging that I understand and respect what Bill 48 is intended to do. The Bill aims to keep people safe when they are intoxicated and at risk of harm and to maintain safety within the broader community. I fully recognize and support that goal.

However, while I support the intent of the Bill 48 protection and care I have serious concerns about how it could function in practice.

In my work and personal experience, I have witnessed people detoxing alone in holding cells and IPDA. I have seen individuals lose their lives because they did not receive proper medical attention or compassionate support during those critical hours, while lying on a concrete floor, sick, scared, and alone.

I have also seen how broad discretionary powers, if not carefully defined and monitored, can be misused even when intentions are good. When someone's freedom and well-being depend on a momentary judgment call, there must be clear accountability, oversight, and compassion built into the system.

For these reasons, while I support the Bill's purpose of keeping both individuals and communities safe, I cannot fully support it unless it includes strong safeguards for those it affects. We must ensure that "protective care" truly means care, not containment.

This means:

Clear medical safeguards and protocols for detoxification and observation;

Accountability measures for those exercising detention powers; and

Meaningful involvement of people with lived and living experience in the design, implementation, and review of these processes.

Without lived experience at the table, the system risks repeating harm instead of preventing it.

I am also deeply concerned about what happens after the 72-hour period outlined in the Bill. Many individuals will still be extremely unwell, experiencing severe withdrawal symptoms. Some will never return to baseline functioning within that time frame.

Releasing people in that state disoriented, dehydrated, and vulnerable is not care. It is harm. Speak to my own lived experience and disoriented stated at 72 hours

After even a short period of abstinence, a person's tolerance decreases, and when they use again, their risk of drug poisoning increases dramatically. Each cycle of withdrawal and relapse weakens the body, makes recovery harder, and further destabilizes a person's health and housing.

We need to ask: What does real recovery and safety look like after those 72 hours? Because letting people go at their most vulnerable is not protection–it is abandonment.

To truly meet the goals of this Bill, significant additional supports must be built in. That includes:

Trained and informed medical and psychological staff who understand addiction, trauma, and withdrawal;

Specialized treatment professionals equipped to provide appropriate care; and

Above all, stable housing.

People cannot detox safely, stabilize, or recover while living in survival mode, unhoused, couch surfing, or in overcrowded shelters. Housing First is not optional; it is essential.

Without stable housing and long-term supports, people will continue to cycle through systems from crisis to custody to release without ever being given a real chance to heal. That is not safety, for the individual or the community.

Therefore, my position is this:

I conditionally support Bill 48.

I support its goal of keeping people and communities safe, but only if that safety extends beyond the first 72 hours through:

Strong medical oversight and protocols;

Transparent accountability;

Real post-detox pathways to recovery and housing; and

Inclusion of lived and living experience in all stages of policy and implementation.

Without these measures, the Bill risks creating more harm than help.

In closing, I want to emphasize that this is not just about policy it is about people.

When someone is intoxicated, when they are in crisis, they are already at their most vulnerable. They need care, not custody. They need compassion, not punishment. They need stability, not just sobriety.

If we truly want to keep people and our communities safe, we must build systems that see the person, not just the problem.

That is what real protective care looks like.

That is what saves lives.

Thank you for taking the time to hear from those of us who have lived this experience, and who continue to walk alongside those still living it every day.

Monica Ballantyne

Re: Bill 48

I am writing to express my strong opposition to the Manitoba government's proposed plan to repurpose the site at 190 Disraeli Freeway into a 72-hour stabilization centre for highly intoxicated individuals.

While I understand the importance of providing support and medical care to those struggling with addiction, the decision to locate such a facility in this particular area raises serious concerns for residents and community institutions nearby—concerns that have not been adequately addressed by the government.

One of the most pressing issues is the proximity of this site to our local church at 95 MacDonald Ave, which serves a diverse congregation including young families, children, and senior citizens. The church is not only a place of worship but also a community hub that hosts youth programs, senior gatherings, and family events. Placing a detox centre so close to this environment risks disrupting the safety and comfort of these vulnerable groups.

Additionally, the area surrounding 190 Disraeli Freeway has already seen a troubling rise in methamphetamine use and related criminal activity.

Families in this neighborhood deserve a safe and secure environment. Our area is already struggling with visible signs of decay, and this proposal threatens to exacerbate the problem. Needles and drug paraphernalia are routinely found littering our parking lots and sidewalks–including around 540 Waterfront Drive–creating serious health and safety risks for children and families who live here. Introducing a facility that would serve many of the same clients as the previously proposed supervised consumption site, without a clear and transparent plan, risks worsening these conditions.

The government has not explained what scientific or clinical evidence supports the proposed 72-hour detention period. If such evidence exists, the province should produce it. Manitobans deserve to see the research and expert recommendations that underpin this policy decision. Introducing a stabilization centre without a clear and transparent plan for security, oversight, and community impact could exacerbate these issues. Residents deserve to know how the government intends to mitigate potential risks and ensure the safety of those living and working nearby.

If the province is committed to moving forward with this initiative, it must first engage in meaningful consultation with the community. This includes providing detailed information about the centre's operations, safety protocols, and long-term strategy for integrating such a facility into the neighborhood responsibly.

Until these concerns are addressed, I urge the government to reconsider the location and approach of this project. Our community deserves thoughtful planning, transparency, and respect–not decisions made quietly and without public input.

Nina Vrsnik

Re: Bill 48

On behalf of the Winnipeg Police Service (WPS), I am writing in support of Bill 48, The Protective Detention and Care of Intoxicated Persons Act.

The current Act, The Intoxicated Persons Detention Act (IPDA), is beneficial tool for police and peace officers in instances where an intoxicated person poses a safety risk to themselves or others. WPS members are bound by policy when relying on the extraordinary powers to detain an intoxicated person.

In Winnipeg, the use of IPDA has been limited to alcohol intoxication, and WPS has the benefit of a provincially-designated detoxification facility, operated by Main Street Project, where police officers and auxiliary cadets can take the intoxicated person to to be cared for until they are cleared for release. Over the last number of years, there have been approximately 8,000 intakes annually to the detoxification facility.

Unfortunately, WPS knows all too well that the effects of methamphetamine, and other intoxicants, also have the potential to create safety risks for those who are under its influence and for the community. Currently, the only place police can take these individuals to is an emergency department; there is no alternative safe location for them like there is for alcohol intoxication.

On a daily basis, police see people suffering the effects of methamphetamine or polysubstance use doing things that are not criminal but their substance use can result in unpredictable and violent behaviours, and these actions put themselves and others at risk of harm.

Bill 48 provides the framework to establish a protective care facility where these individuals can be taken to and safely cared for until they are no longer intoxicated. We know that there will continue to be instances where an intoxicated person will need to be taken by police to an emergency department for medical treatment, but where that is unnecessary, this is a humane alternative that puts the safety of the individual and the community at the forefront.

I commend the Government of Manitoba for taking this step. The WPS looks forward to working with officials to support the implementation of Bill 48.

Thank you.

Gene Bowers
Winnipeg Police Service

Re: Bill 48

Legislative Assembly of Manitoba,

Subject: Support for Manitoba Bill 48 – Protective Detention and Care of Intoxicated Persons Amendment Act – increased detention time.

On behalf of the Amalgamated Transit Union Local 1505, representing the dedicated operators and maintenance professionals who keep Winnipeg Transit moving, we wish to express our support for Bill 48 – The Protective Detention and Care of Intoxicated Persons Amendment Act.

Every day, our members see firsthand the growing impact that substance use has on public safety, particularly within the public transit system. Incidents of aggression, erratic behaviour, and violence

involving individuals under the influence of drugs or alcohol have placed both our operators and the riding public at significant risk. While our members remain committed to serving the community with professionalism and compassion, they often encounter situations that require greater systemic support to ensure safety and care for everyone involved.

Extending the maximum detention period from 24 hours to 72 hours represents an important step toward addressing the complex intersection of substance use, public safety, and social well-being. This change would allow for more time to properly assess and connect individuals with appropriate health and social services, rather than simply returning them to the same vulnerable circumstances that may have led to their initial detention.

We recognize that this policy change must be supported by adequate treatment, recovery, and harm reduction resources. However, from the perspective of front-line transit workers who regularly experience the consequences of unmanaged intoxication in public spaces, we believe that extending the allowable detention period is a necessary and compassionate improvement to Manitoba's current approach.

ATU Local 1505 appreciates the government's ongoing efforts to strengthen safety and care across our province. We stand ready to continue working collaboratively with the City of Winnipeg, the Manitoba government, law enforcement, and community partners to build a safer transit system and a healthier community for all Manitobans.

Respectfully,

Chris Scott
President Business Agent
Amalgamated Transit Union (ATU) Local 1505

Re: Bill 48

The Manitoba Health Coalition opposes Bill 48 in its current form, and calls on the government to move with more urgency to establish the province's first permanent supervised consumption site and other much needed harm reduction services across Manitoba.

This government promised swift action to address the toxic drug supply crisis through a harm reduction approach, including establishing a permanent supervised consumption site (SCS). Two years into their mandate, the delays in establishing this site continue, threatening the lives of Manitobans who could be helped by such a site and the health care services it would offer.

To make matters worse, the location originally selected for this permanent SCS is the same one now being eyed for an involuntary detention centre. If Bill 48 passes, the government plans to establish this 72-hour detention site in the location once proposed for the SCS, overriding the same community objections that were raised against the SCS in the first place. This speaks to a very selective approach when it comes to listening to the community, particularly since the proposed SCS had strong support among many Point Douglas residents.

Why is the government moving so urgently on this detention centre when the best evidence shows that establishing an SCS is better for the health and safety of intoxicated individuals and that of the broader community? Is this truly the best use of limited public health care staff and resources?

Harm reduction and supervised consumption sites provide lifesaving health care. The evidence for this is overwhelming. Failing to move forward on establishing a permanent SCS risks the lives of hundreds of Manitobans every year. The government needs to show leadership and follow the evidence by moving urgently to establish a permanent SCS and ensure there are adequate cultural supports and health care resources available to advance wellbeing and safety for all Manitobans.

Bill 48 fails to deliver on the spirit of their election promises and in its current form, provides no such guarantee that the necessary health care resources and cultural supports will be available within the timeline of November 1st currently being reported. Manitobans voted for harm reduction and supervised consumption in 2023. No public mandate was given for a change in the law like that of Bill 48.

Noah Schulz
Manitoba Health Coalition

Re: Bill 48

The Manitoba Association of Chiefs of Police (MACP) supports Bill 48, The Protective Detention and Care of Intoxicated Persons Act and commends the Government of Manitoba for updating legislation that no longer meets the needs of today's communities.

Police and peace officers have the challenging responsibility of keeping people and communities safe in a continuing evolving world. We have seen the harms that the proliferation of illicit drugs has on

communities across Manitoba, coupled with the limited resources available to police to assist those who are at risk of self-harm or who pose a danger to others due to intoxication. The MACP recognizes that Bill 48 has the potential to change this, and will provide police and peace officers with the ability to better serve all Manitobans.

The MACP has long advocated for a health-led approach to addictions and substance use, and views Bill 48 as a step in the right direction. Having the authority to hold intoxicated individuals under the influence of methamphetamine, together with access to health services, can improve community safety, as well as the outcomes for persons who are dealing with substance use disorders.

The MACP urges the Government of Manitoba to establish protective care centres throughout the province to ensure these benefits can be achieved in all communities.

Scot Halley
Manitoba Association of Chiefs of Police

Re: Bill 48

I write in support of Manitoba's Bill 48, the Detention and Care of Intoxicated Persons Act, as a necessary modernization of the province's response to acute intoxication and substance-related crises. The current legislative framework, dating back decades, was designed primarily for alcohol intoxication and provides little capacity to address today's realities of polysubstance use, especially methamphetamine, which can produce prolonged psychosis lasting several days. Without appropriate medical oversight or care pathways following discharge within the day, these situations too often fall to police custody or hospital emergency departments—settings ill-suited to therapeutic stabilization or recovery.

Bill 48 presents an opportunity to replace a punitive, custodial model with a compassionate, health-oriented one. It should enable safe temporary detention only when necessary to protect individuals or the public, paired with prompt medical assessment, stabilization, and linkage to addictions and mental-health services. Manitoba can also draw lessons from Alberta's recent Compassionate Intervention Act, which treats severe substance use as a medical condition requiring timely, structured care rather than punishment. While Alberta's approach must be implemented with careful regard for civil liberties, its underlying principle—that involuntary intervention even significantly beyond 72 hours can sometimes be an act of compassion when a person is incapable of seeking help—deserves consideration here.

A well-crafted Bill 48 would promote both safety and dignity by providing clear authority for intervention, strict limits on detention, and requirements for medical supervision, rights protection, and culturally appropriate care. By aligning legislative authority with medical reality, Manitoba can reduce avoidable harm to individuals and the public, reduce system strain, and promote recovery in a humane and evidence-based manner.

Thank you for your attention to this important initiative and for advancing a more compassionate, modern framework for responding to substance-related crises in our province.

Yours sincerely,
Dr. Alain Beaudry, MA, MD