

Care not Cages: Involuntary Detox Treatment is Carceral Colonialism in Winnipeg, MB

by Sage Broomfield and Sidney Leggett

POLICIES LEGALIZING the detainment and forced detoxification for people who use drugs are popping up across so-called Canada. Despite national pushback against such policies, they are gaining traction with provincial governments. It is well known that the risk of overdose and death increases following bouts of detox; mandated involuntary treatment only exacerbates these harms and has not been shown to lead to successful recovery for people resistant to treatment. In fact, forced treatment is associated with significant medical dangers, damaged relationships and trust with the medical system, and can be characterized as a violation of basic human rights.

Manitoba's intensifying drug policy has advocates and drug users reeling with a sudden, forceful shift toward carceral measures.

In Winnipeg, like many Canadian cities, the legacy of ongoing colonization has disproportionately impacted the number of Indigenous people experiencing houselessness and substance use. According to the 2024 Winnipeg Street Census, Indigenous people represent nearly 80% of people living on the street or in housing precarity. Of the houseless Indigenous population in Winnipeg, 71% of this population reported substance use in the city, over half had previously been in child welfare, and nearly 30% of respondents were formerly incarcerated.

Substance use, houselessness, and adverse mental health are often the results of trauma caused by colonial systems such as residential schools, child welfare, and prisons. Involuntary addictions treatment policies are made in the image of these systems and will reinforce criminalization

and trauma for Indigenous people coping with the legacy of colonialism. Involuntary treatment obliterates the ability for people who use drugs to receive services that protect their safety and dignity.

Police, Politicians, and the Sobering Centre Pipeline

In the summer of 2024, Manitoba was expecting its first Indigenous-led safe consumption site (SCS). The Manitoba Government announced a \$727,000 partnership with the Aboriginal Health and Wellness Centre of Winnipeg to develop the project, set to open within the year. “We know that a service model grounded in Indigenous ways of knowing, world views and perspectives is needed,” shared Bernadette Smith, the Minister of Housing and Addictions. Amidst attacks on SCSs elsewhere in Canada, this decision was celebrated by harm reduction advocates in Manitoba.

After a proposed location was chosen, pushback came from some nearby residents and shortly thereafter, the province abruptly changed their stance. On October 2, 2025, Bill 48, the *Protective Detention and Care of Intoxicated Persons Act*, was moved in the Manitoba legislature. By November, the bill had passed. The Act lengthens the maximum time an intoxicated person can be legally detained from 24 hours to 72 hours (if detained at a “protective care centre”). With the bill came the overnight re-zoning of the once SCS site into a jail-like “protective care centre,” thereafter referred to as the “sobering centre,” using the same permits once intended to build the SCS.

Bill 48 and the new sobering centre empowers police to target individuals of perceived drug intoxication and detain them for 3-days in solitary confinement (already its

own mental trauma) to then be forced to go through an excruciating drug detoxification process. Police are ill-equipped to determine peoples' sobriety; this ineptitude creates immense risks for the people they detain, such as complications due to multi-substance use, mental health and isolation, and increased risk of overdose, and deaths following release. This is not care or service provision: this is the criminalization and incarceration of people who use drugs.

Whose Safety Do They Mean?

During a tour of the sobering centre, Minister Smith said, "What we've been doing has not been working. We're taking a different approach because Manitobans have said they don't feel safe in their communities." But whose safety is she referring to? It's not the people who will be detained in the facility. A Facebook comment on a video of Minister Smith walking through the facility quips, "Anyone else getting 'insane asylum' vibes from it?" The province has said that built-in safeguards, including regular monitoring and mandatory 24 and 48-hour health assessments, focus on care, not punishment. It's hard to take such a claim seriously when the facility looks, acts, and feels like a prison.

A core issue with the Bill is the inconsistency between the "treatment" being enforced and the reality of the medical needs. For instance, overconsumption of alcohol, methamphetamine, and opioids require different treatment practices. The sobering centre's generic approach is not only medically ignorant but dangerous. It's clear that Bill 48 is a form of carceral colonialism — not care.

Our People Deserve Care not Incarceration

Involuntary detox treatment policies are aimed at quickly and temporarily cleansing the streets of the visible effects of colonialism. The policy itself is carceral colonialism as it relies on increased police surveillance and incarceration rather than effective health interventions. The history of policing in Canada is one that cannot be disentangled from Indigenous genocide. The RCMP was created from makeshift settler militias to police Métis people who were committed to their freedom. The RCMP was later appointed to enforce the *Indian Act*, forcibly removing children from their homes and sending them to residential schools. Regardless of which policing arm is responsible, empowering police to determine health needs is empowering a history of colonial oppression.

Many people mistakenly believe that involuntary treatment is the tough love approach needed to get our loved ones back on the "right path" and an answer to calls from First Nations and other Indigenous groups for addictions treatment resources. This perspective fails to recognize how our care and concern can obscure expressions of carceral colonialism in healthcare policy. Involuntary detox treatment is inhumane; it is less invested in healthcare and more invested in criminalizing drug use. Involuntary addictions treatment policies feed on our collective fear, our shame, and our love for people dealing with the effects of colonialism. Involuntary addiction treatment recreates carceral colonialism and puts our most vulnerable relatives at higher risk of overdose, death, and trauma. This policy exploits genuine concern for our loved ones in order to feed the settler system's appetite for social cleansing.

This is not a health care intervention; it is quick thinking, party politics, and a short-term bid for conservative voters that puts lives at risk. Involuntary addictions treatment is not how we care for each other.

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