

A Strategic Plan for Crystal Meth and Other Amphetamines in Saskatchewan



Saskatchewan
Health

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Executive Summary

Methamphetamine use in Saskatchewan is a serious concern, and a significant public health and social challenge. It affects a diverse population, particularly youth and young adults.

Crystal methamphetamine and other forms of methamphetamine, which are classified as stimulants, are made with over-the-counter, easily available ingredients by individuals in their homes or by organized crime groups. These factors combine to make methamphetamine a relatively cheap drug with high potential for abuse and harmful effects on our population. Methamphetamine use, if not prevented, will have harmful health, social and economic consequences.

Problematic substance use, including methamphetamine use, requires a coordinated and integrated response from all sectors, including the justice system, police, health, social services, school divisions, community organizations and others.

Since 1998, the government has been addressing the emergence of crystal meth use and trafficking in Saskatchewan. Between 1998 and 2001, the Department of Justice established police-based serious crime units in various locations around the province and participated in a conference designed to discuss the coordination of investigations.

Current initiatives in Saskatchewan illustrate the effectiveness of a coordinated response to this issue. Families, communities, professionals and government departments are working together to create conditions that **prevent** drug use; to **treat** drug users; to **educate** the public; and to hold offenders accountable and **control access** to ingredients and supply, helping to ensure safer communities. Community mobilization is an essential factor in the success of these strategic foundations. For each of these strategic areas, this document identifies 25 actions that are currently under way or will occur soon.

The new initiatives are part of a comprehensive alcohol and drug strategy being developed by Saskatchewan Health. Key new activities to be implemented are:

- Additional youth stabilization services to provide a safe place where youth may withdraw from alcohol and drugs and stabilize physically, emotionally and socially;
- More “brief” detox services that provide safe places for short-term stays to stabilize from serious drug abuse;
- Mobile treatment operations to meet the needs of northern communities;
- Community outreach centres to meet the needs of “street youth” and families with children who have serious substance abuse issues; and
- A media ad campaign to raise public awareness.

Details such as location and service delivery will be determined through consultation with regional health authorities, service providers and community groups in the coming months.

However, the government also recognizes the need to plan for the future, to fill any gaps in services and to ensure the issue of crystal meth use is dealt with in a thoughtful, and realistic manner.

Through the recent appointment of Mr. Graham Addley as Legislative Secretary to the Premier on substance abuse and prevention, the government is reviewing its alcohol and drug addiction policies and programs. The review will locate gaps and identify changes required to better respond to crystal meth and other emerging substance abuse issues including improved access to programs and outreach to high-risk populations. The government will identify how existing services, across the continuum from enforcement to treatment, can be woven together and strengthened within the broader alcohol and drug services plan. This plan will develop targeted services to prevent or eliminate crystal meth use and reduce the harms associated with the abuse of this drug.

The government's crystal meth plan fosters supportive environments and the ability of individuals to recover from adverse life experience, while acknowledging the need to hold offenders accountable, support voluntary precursor control and improve community safety.

Saskatchewan's methamphetamine approach is consistent with other jurisdictions' identified best practices, principles and components. We continue working with our partners on this comprehensive approach, building on our successes and taking action to reduce access to and demand for methamphetamine.

The arrival of any new drug that threatens the health and safety of Saskatchewan residents and communities requires our attention; however, it is important to remember that alcohol and other drugs beside methamphetamine remain a major addiction issue in Saskatchewan. Methamphetamine is currently going through a third phase of popularity in North America and, with a coordinated and integrated response from the treatment, prevention, education and enforcement sectors, we can help ensure the safety of our communities and the health of our citizens.

Background

Communities, parents, law enforcement officials, prosecutors, medical professionals, firefighters, hazardous materials teams, social agencies and educators are concerned about the increased availability and consumption of crystal meth. Once limited to the west coast of the United States, this substance is now increasingly available in Saskatchewan's communities, both rural and urban.

Since 1998, the government has had concerns about the trafficking of crystal meth. In March of that year, the Minister of Justice announced the establishment of police-based serious crime units in Regina and Saskatoon to focus on organized criminal activity.

A conference held in late fall of 1998 brought together law enforcement representatives from the western provinces and northwestern states to discuss coordination of investigations.

In 2001, additional serious crime units were established in Prince Albert, Moose Jaw, Estevan and Weyburn. Within each serious crime unit, experienced city police personnel work with a designated prosecutor and the RCMP. Property or cash acquired through criminal activity such as the trafficking of crystal meth is seized and is forfeited to the government.

Saskatoon police reported 58 arrests or seizures related to crystal meth in 2003, compared to none in 2000. In the first six months of 2004, there were 38 arrests and seizures. Police have also managed to close down several suppliers. Enforcement on its own, however, has limited effect on the drug's supply and demand. Communities need assistance with developing and accessing programs that include education, treatment and enforcement.

Many communities are grappling with the side effects of crystal meth use. Along with the human cost on addicts and their families, police in those communities report crystal meth use has spawned increases in both property and violent crimes and has contributed to increased suicide rates.

The production, trafficking and use of crystal meth also raises risks to community safety. The chemicals (precursors, reagents, solvents and gases) used to cook crystal meth are a recipe for toxic fire or explosions. Thus, production raises the general property and personal risk of fire in apartments, homes, garages, etc. where meth may be produced. It also raises the specific risk of toxic fumes that create new health risks for the public, firefighters and police responding to fires or explosions. As well, there are environmental contamination issues. For each pound of meth produced, it is estimated that there are five to six pounds of toxic

waste produced. Lab operators may pour these chemicals down household drains, or directly onto the ground, which can in turn cause soil or groundwater problems.

Crimes committed by those involved in the production, distribution or use of crystal meth are another risk. For example, there may be increased risk of violent crime due to the aggressive or paranoid state of those under the influence of the drug, or there may be concerns about violence or property loss resulting from crimes undertaken to fund meth purchase/use or to further production or distribution. Because crystal meth is relatively simple to produce, cheap to market and easy to transport, it provides an opportunity for organized crime or criminal entrepreneurs.

Amongst clients admitted to provincially funded alcohol and drug treatment programs, the proportion reporting problematic stimulant use, including crystal meth, increased from 7.9% in 2001/02 to 9% in 2002/03 to 10% in the first nine months of 2003/04. Nine out of ten clients report problematic use with alcohol and/or drugs other than stimulants.

Saskatoon Addictions Services reports that approximately 8% of youth inpatient clients and 5% of adults report methamphetamine use (less than 5% of clients report it as their first drug of choice). Methamphetamine clients typically have pronounced mental health issues that are often complex (e.g. methamphetamine induced psychosis). Services delivered in collaboration with psychiatric and inpatient mental health programs have been developed to provide more effective integrated treatment.

A study conducted by the Youth Addictions Project in Saskatoon (*“Youth..On the Brink of Success”*, October 2004) revealed that crystal meth use amongst the populations surveyed averaged 19%. Crystal meth use amongst 12-14 year olds surveyed was 6% and was the fourth drug of choice (first drug of choice was alcohol - 41%). Its use amongst 15-18 year olds surveyed was 20% and was the sixth drug of choice (alcohol - 58%). Its use amongst 19-24 year olds surveyed was 48% and was the fifth drug of choice (alcohol - 93%).

In the Yorkton area, 33% of youth caseload reported methamphetamine use and Addictions Services reported crystal meth-involved youth are straining local resources.

In the Swift Current area, just five adult and two youth clients report crystal meth use. Swift Current youth reportedly view crystal meth as a “dirty drug” and users are “looked down on.” Crystal meth use is most prevalent amongst 20-30 year olds.

Throughout Saskatchewan, crystal meth use and abuse is uneven, reflecting differences in local communities.

The Strategy's Context

As far back as 1998, the government and its many partners have taken a proactive approach to dealing with crystal meth. Since that time, the province has encouraged collaborative relationships among government departments, regional health authorities, professionals, communities, and families to provide initiatives that meet different needs across the province. Currently, many actions are occurring throughout the province under the government's umbrella plan to prevent and control drug abuse.

Communities, families, professionals and government are working together to prevent use of the drug, to treat those who need treatment, to educate communities, and to reduce supply and demand. This document outlines those initiatives.

We also, however, recognize the need to plan for the future, to fill any gaps and to ensure that crystal meth is dealt with in a thoughtful, realistic manner. Program reviews, environmental scans, consultations and study of best practice approaches have identified a number of areas where improvements will be made. In Saskatchewan and other jurisdictions (B.C., for example), there is a need to collaborate on initiatives to address crystal meth use across all sectors, including government, regional health authorities, school divisions, community organizations and other partners. The work we do now to strengthen and coordinate existing initiatives will aid in reducing the harm associated with all illicit drug use, including crystal meth.

Existing services across the continuum of care, from enforcement to treatment, will be woven together and strengthened within a broader alcohol and drug services plan to provide targeted services that prevent, reduce and eliminate use, and reduce the harms associated with the abuse of crystal meth.

The recent appointment of Graham Addley as Legislative Secretary to the Premier on substance abuse and prevention creates an opportunity to look forward and examine other options to expand and improve existing initiatives.

Vision, Goal, Targets

This strategy outlines a vision and goal statement relative to the use of crystal meth and other amphetamines. In addition, target populations have been identified.

Vision

Our vision is:

To improve the overall health of individuals and to protect communities from the significant risks related to crystal meth production and use by targeting enforcement, outreach, prevention, stabilization and harm reduction services to high-risk populations.

Goal

Our goal is:

To integrate and strengthen the services that help to prevent and treat addiction, and to coordinate and intensify efforts to reduce the access to and use of crystal methamphetamine and other drugs, thus reducing the harms associated with the abuse of these drugs.

Target Populations

While the entire Saskatchewan population will be served, our targets are:

- youth
- Aboriginal peoples
- “street involved” individuals
- northern residents

Strategic Foundation and Key Actions

1. Prevention

- Provide to parents and youth a list of Web sites that offer trusted information about crystal meth
- Support drug education in school curricula
- Utilize schools as a base for a wide array of addictions programs from health promotion and prevention to on-site counseling
- Develop program supports that build resilience in vulnerable, at-risk students and out-of-school youth
- Engage Elders in the development of treatment and prevention programs to re-connect Aboriginal peoples with traditional teachings, values and cultures

2. Treatment

- Provide funding to regional health authorities for inpatient and outpatient services
- Provide funding for care of high-risk children and youth who need protection and specialized treatment
- Offer programs that integrate mental health and drug abuse services, recognizing the strong link between mental illness and drug abuse
- Develop and use detox and treatment protocols that are appropriate for crystal meth
- Offer outreach programs to assist families of children with substance abuse issues
- Increase skills of service providers
- Research and develop a framework to identify and evaluate best practices for prevention and treatment
- Develop a database of addictions services for workers to use across the province

3. Education

- Prepare and distribute factual information
- Initiate media advertising campaign
- Hold public forums at which experts provide general information and advice for members of the public
- Support conferences that share best practices to engage communities in fighting crystal meth
- Support provincial networks that are a cross-section of professionals who deal with drug abuse
- Create a community resource guide

4. Reduce Drug Availability

- Using existing legislation, target meth lab sites for legal/criminal action
- Involve a broad cross-section of justice system professionals to better integrate day-to-day operations fighting drug production and trafficking
- Use expertise of federal drug units at local levels of law enforcement
- Increase scrutiny of the sale of products used to produce crystal meth and, if necessary, make their purchase more difficult
- Encourage the federal government to modify its legislation to control access to and movement of products used to create crystal meth
- Encourage the federal government to strengthen legal penalties around methamphetamines

1. Prevention

It is important to direct attention to resources that prevent children, youth and young adults from using methamphetamine. By ensuring they never start and by intervening early, the harm resulting from methamphetamine can be minimized, as can health care and social costs in years to come.

In health education, students extend their knowledge about drugs, practice resisting the pressure to use drugs, and learn to make health-enhancing decisions. Healthy lifestyle choices are most successful when a supportive family, school, and community surround students. Saskatchewan Learning recommends a local liaison committee to support students, teachers and the school’s health education program. One function of a liaison committee is to co-ordinate the efforts of community agencies and organizations in supporting the health education curriculum. Another function is to provide a forum for discussion of parent/student/school health-related concerns.

Goal	Action
<p>Children and parents are able to make wise choices about their health</p> <p>Collaborative relationships among health authorities, school divisions, families, and students promote awareness, prevention, and early access to treatment for youth</p>	<ul style="list-style-type: none"> • Provide to parents and youth a list of Web sites that offer trusted information about crystal meth • Include drug education in school curricula • Utilize schools as a base for a wide array of addictions programs from health promotion and prevention to on-site counseling • Develop program supports that build resilience in vulnerable, at-risk students • Engage Elders in the development of treatment and prevention programs to re-connect Aboriginal peoples with traditional teachings, values and cultures.

Current Prevention Initiatives

- Saskatchewan Learning promotes a Comprehensive School Health approach, which emphasizes that the health education of our youth is a responsibility shared among the school, the home, and the community. Saskatchewan Learning is committed to helping Saskatchewan youth, teachers, and parents extend their knowledge base and decision-making skills related to drug use and abuse. Toward that end they have assembled a list of Web sites that

provide information for parents and youth related to crystal methamphetamines.

- Saskatchewan Learning recommends the use of a variety of print, video, web-based, and human resources to support curriculum objectives. Saskatchewan Learning has developed health education curricula for grades 1-12. Health education is a required area of study at the elementary level (Grades 1-5) and at the middle level (Grades 6-9). Drug education is featured in the following grades:
 - Elementary level - 1, 2, 4, 5
 - Middle level - 6 to 9
 - Secondary level - Life Transitions 20
- A number of schools and school divisions have addressed addictions by collaborating with other school divisions and health authorities to provide services. In some areas, the partnerships include placing addictions counsellors in local high schools to enhance prevention initiatives as well as to provide service for those who are affected by substance abuse (e.g. Nutana Collegiate in Saskatoon; and a partnership among Prince Albert Parkland Health Region and Prince Albert schools such as St. Mary High School, Carlton Comprehensive High School, Wesmor High School and Riverside Community School).
- Saskatchewan Learning's health education curricula at the elementary, middle and secondary levels focus on teaching students to make healthy choices. The emphasis is on developing behaviours and attitudes that prevent addiction and substance abuse. The curricula recommend that schools establish a health education liaison committee that includes an in-school administrator, school division administrator, one to two teachers, at least two students, clergy, Elder, health professional, one to two parents, wellness and health promotion person, justice representative, etc. The health education liaison committees provide an excellent planning mechanism to address health issues such as addictions at the school level.
- Healthy lifestyle choices are most successful when a supportive family, school and community surround students. The following programs help create and sustain a supportive environment for children:
 - § Saskatchewan Learning's Caring and Respectful School Initiative (promoted within SchoolPLUS) provides educators with guidelines for working with families, communities and service providers to provide the context for personal and social development and academic success for students. This includes a range of programs and services that apply to all children regardless of their age and life circumstances.

- § There are currently 98 designated Community Schools in the province, including elementary, K-12, and secondary schools in urban, rural, and northern communities. Community Schools develop partnerships with youth, families and communities, including those living in vulnerable circumstances, and address needs identified by the community. In response to addiction issues, these partnerships have resulted in services connected to, and in some cases delivered out of, Community Schools.
- § Community engagement is a key aspect of School^{PLUS}, where schools engage families in meaningful ways in aspects of the school and community, with a focus on those not traditionally included (e.g. high-risk populations, First Nations and Métis peoples, and youth). When families see they have a role in the life of the community, are treated with respect and have control over their outcomes, many take steps to improve their well-being and the well-being of their family and community.
- § Saskatchewan Learning supports 100 pre-Kindergarten programs that target high-need populations. Children’s social, emotional and cognitive development is enhanced through high quality pre-Kindergarten programming. Parent and family involvement in the program supports capacity building in families and strengthens family and community connections.
- § KidsFirst assists vulnerable families in developing their capacity to nurture their children. This program provides comprehensive, research-based, strategic prevention and early intervention to families that are vulnerable due to their social and economic circumstances. Programming is available to pregnant women and families with children up to five years of age.
- § Saskatchewan Learning’s Aboriginal Elders/Outreach program supports school divisions by engaging Elders and cultural resource people to enhance the learning experience for students.
- In Regina, the Regina and Area Drug Strategy provides a framework for a coordinated and integrated response that reduces drug-related harm. Its Prevention Working Group contains representation from all school boards and Saskatchewan Learning. This working group is currently looking at curriculum and content for school-based programming.

New Prevention Initiatives

- Engage Elders in the development of treatment and prevention programs to re-connect Aboriginal peoples with traditional teachings, values and cultures. In traditional Aboriginal ways, Elders are seen as guides, leaders, keepers of knowledge, counselors, healers and grandparents. Elders' teachings of values and beliefs are beneficial for all cultures, can strengthen youth, families and communities, and can guide those on a healing journey.
- Link with the Northern Healthy Communities Partnership and The Northwide Population Health Promotion Strategy (PHP) to help prevent children, youth and young adults from using methamphetamine.
- Develop health education liaison committees at the school division, community or school level.
- Involve families, youth, local health authorities and school division personnel in developing school-based preventative initiatives.

2. Treatment

Saskatchewan Health has made community-based alcohol and drug programs a core service offered in each Regional Health Authority. The department is committed to collaboration and joint planning with alcohol and drug services across the province.

Saskatchewan Health funds a full range of alcohol and drug recovery services. These services include detoxification, inpatient treatment, long-term residential services (halfway houses), outpatient treatment (counselling and rehabilitation) and day treatment. Individuals can access alcohol and drug services in every Saskatchewan health region.

All of the options for addictions treatment mentioned below are based on voluntary admission. However, parents of young people addicted to crystal meth or other substances often feel desperate for their loved one to enter treatment. In exceedingly limited circumstances, *The Mental Health Services Act* can be applied, forcing a person to enter treatment for addictions, but it is more often the fact that an addict who does not want to engage in treatment services cannot be forced to do so against her or his free will. Best practice literature says forced addictions treatment is not usually effective, especially for adolescents. Short-term stabilization, coupled by intense, community-based follow-up has been shown to be effective for youth. However, the province is open to exploring new and innovative approaches that may be of benefit in particularly difficult cases.

Goal	Action
<p>Appropriate services, treatments and supports are available to people who use crystal meth and other methamphetamines</p> <p>Families wishing to seek early treatment for family members have access to a range of services and supports</p>	<ul style="list-style-type: none"> • Provide funding to regional health authorities for inpatient and outpatient services • Provide funding for care of high-risk children and youth who need protection and specialized treatment • Offer programs that integrate mental health and drug abuse services, recognizing the strong link between mental illness and drug abuse • Develop and use detox and treatment protocols that are appropriate for crystal meth • Offer outreach centers to assist families of children with substance abuse issues • Increase skills of service providers

	<ul style="list-style-type: none"> • Research and develop a framework to identify and evaluate best practices for prevention and treatment • Develop a database of addictions services for workers to use across the province
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Current Treatment Initiatives

- In 2003-04, Saskatchewan Health provided funding of approximately \$22.3 million for alcohol and drug services, including detoxification, inpatient treatment, long-term residential services (halfway houses), outpatient treatment (counselling and rehabilitation) and day treatment. In addition to providing direct counselling and intervention services, many agencies are involved in alcohol and drug awareness and prevention programs.

There are currently 244 alcohol and drug treatment beds: 160 inpatient beds, 75 detoxification beds and another 9 long-term residential service beds. There are 50 regional health authority and community-based outpatient service facilities for youth and adult clients located throughout the province.

In 2002-03 there were 14,424 outpatient admissions totaling 76,785 patient hours and 6,048 residential admissions totaling 75,804 patient days. Services are provided by regional health authorities (RHAs) and health care organizations (HCOs).

- The Department of Community Resources and Employment and Saskatchewan Health continue to nurture a partnership with the Ranch Ehrlo Society to serve high risk children and youth who are in need of protection and require specialized treatment services for addictions and other problems. Ranch Ehrlo Society operates two 10-bed adolescent group homes (Rorison House and Lee House) whose mandates are to treat children and youth who have substance abuse problems.
- Saskatoon Community Addictions Services (CAS) has been running a crystal meth group for approximately a year. The group adopts a harm reduction approach to dealing with the issue and is one of the few groups of its kind in Canada. The group was prompted by requests from clients who needed information specific to crystal meth. The group has been attended sporadically by 8 clients or less, with 29 clients having accessed this service in the past year. There has been a core group of three to four regular attenders. These clients have chosen to become abstinent and have requested entry into treatment services. The crystal meth group has an informational format. The clients do not have to maintain abstinence while they attend (however, they may not attend under the influence).

- Methamphetamine clients typically have pronounced mental health issues that are often complex (e.g. methamphetamine induced psychosis). In response, collaborative service delivery between the Calder Centre and psychiatric and inpatient mental health services has been developed to provide more effective integrated treatment.
- La Ronge Alcohol and Drug Services has adopted longer term detoxifying protocols for crystal meth clients.
- The Regina and Area Drug Strategy provides a framework for a coordinated and integrated response that reduces drug-related harm. Three of its working groups are in the process of implementing new treatment options:
 - The Healing Continuum Working Group is seeking new resources and re-aligning existing community resources to more adequately address the needs of addicted youth.
 - The Harm Reduction Working Group is currently addressing access to services for pregnant women with addictions. A focus group and a series of strategic planning sessions are underway with this consumer group. The consultant's report on the model for a brief detox and homeless shelter is complete. The next step is to present this report to community partners.
 - The Capacity Building Working Group is partnering with the United Way, Regional Intersectoral Committee, Regina Qu'Appelle Health Region and HealthLine to develop a comprehensive database of available human service organizations available across the province for both professionals and the public, which will include available addictions services.
- The Executive Committee of the Regina and Area Drug Strategy contracted an external consultant to develop an evaluation framework.
- The Saskatchewan Association of Chemical Dependency Workers will host a methamphetamine addiction and treatment workshop February 22 and 23, 2005, in Saskatoon, to address treatment and pharmacological concerns for Saskatchewan service providers.
- The Regina Qu'Appelle Health Region is hosting a session on crystal meth and how it presents challenges to the addiction and mental health fields as part of the 2005 Clinical Conference on March 9-10, 2005.

New Treatment Initiatives

- Create new youth stabilization services to provide a safe, substance free place in which a youth may safely withdraw from alcohol and drugs and/or stabilize physically, emotionally and socially.

- Create new detox services that provide a safe place for persons to stay for a short period of time (12-48 hours) to stabilize and recover from serious intoxication or drug abuse and/or stabilize physically, emotionally and socially.
- Implement mobile treatment models that provide services in a non-traditional way to northern communities.
- Offer outreach centres that are accessible and community-based, designed to meet the needs of “street youth” and families with children and youth who have serious disruptive behaviour problems, including addictions issues.
- Develop and host a clinical, multi-disciplinary conference to enhance skills and promote best practices.
- Develop and implement treatment protocols that address the unique needs of the person addicted to crystal meth. Protocols will include the intensity and duration of treatment and special requirements to assess and stabilize clients, including managing methamphetamine induced psychosis and withdrawal, initiating abstinence, after-care requirements, and ongoing treatment issues using a harm reduction approach.
- Assist RHAs to train staff in meth-specific treatment protocols.
- Develop, and provide access to, resources and training opportunities for police, physicians and those working in victim services and crime prevention, schools, mental health and corrections.
- Request federal funding to establish a drug treatment court pilot project for Regina and area.

3. Education

The people who live in communities and work in the health regions affected by crystal meth use are often in the best position to fight the problem. Community organizations, families and professionals have worked co-operatively with their respective health regions to develop creative and appropriate initiatives to meet the needs within their own communities. The provincial government recognizes the power of these communities.

Goal	Action
Members of the public understand the harm caused by crystal meth and other methamphetamines	<ul style="list-style-type: none"> • Prepare and distribute factual, reliable information • Initiate media campaign
Members of the public are empowered to take action tailored to the needs in their communities	<ul style="list-style-type: none"> • Hold public forums at which experts provide general information and advice for members of the public • Support conferences that share best practices to engage communities in fighting crystal meth • Support provincial networks that are a cross-section of professionals who deal with drug abuse • Create a community resource guide

Current Education Initiatives

- Established in 1994, the Health, Education and Enforcement in Partnership network is an assembly of police, educators and health professionals working at the provincial and national level to eliminate or reduce the harms associated with substance use and abuse, seeking a balance between supply reduction and demand reduction. Saskatchewan Health recently contracted an individual to provide dedicated support to the network to lead development and implementation of new provincial and community initiatives. Fundamental to this will be mobilizing local teams of the police, corrections, justice, health care, social services, local businesses, community organizations, individuals who have used methamphetamine and their families, to address local needs and coordinate efforts.
- Saskatchewan Health makes information on amphetamines available to the public. The Alcohol and Drug Services [ADS] Provincial Working Group has developed a fact sheet on crystal meth. Information on crystal meth and other drugs, is posted on the Saskatchewan Health Web site at www.health.gov.sk.ca.

- In 2004, municipal police services in the province began public awareness campaigns including presentations and posters concerning the dangers of methamphetamine manufacture and usage.
- Over the past year, the Five Hills Health Region delivered 12 school presentations to approximately 360 students and their teachers, two presentations to approximately 100 parents, and one presentation to 15 Mental Health Services staff. Most of the presentations occurred in Moose Jaw, but a few took place in Assiniboia. The region also provided resources to public health nurses, Kids First staff and the Minto Church Youth Group in 2004. The resources include information in day program medical lectures and their community education course. Alcohol and Drug Services developed a fact sheet as well as a detailed treatment protocol, which was shared with the inpatient unit, the program support unit and Prince Albert Parkland region's addictions services.
- In the Moose Jaw area, a Drug Strategy Coalition was formed, partly due to community concerns about crystal meth. The coalition will address prevention, healing continuum, harm reduction, community justice and issues specific to crystal meth.
- In Prince Albert, a long standing community group known as the Prince Albert Addiction Awareness Committee developed initiatives to address the issue of crystal methamphetamine. This committee, which includes representatives of schools, community organizations, police, First Nations groups, Metis Addictions Council of Saskatchewan Incorporated (MACSI), Prince Albert Council on Alcohol and Drug Abuse, and Prince Albert Parkland Addiction Services have provided one to two hour presentations on crystal methamphetamine to more than 6,000 individuals. This committee successfully developed and received a grant through the Community Initiatives Fund for \$20,000 to broadcast anti- or responsible use alcohol and drug media messages. A local radio station donated broadcast time as well.
- Saskatoon Community Addictions Services has partnered with the Saskatoon Police Service, Community Policing and the Integrated Drug Unit as well as schools in the Saskatoon area. They have held four parent/family education forums, which have been very well attended. Information about crystal meth has gone to high school students, parents, community groups, radio talk shows, print media, community cable television and others. Staff training is available at Calder and Community Addiction Services.
- More than 100 professionals and stakeholders attended two methamphetamine information sessions held by Sun Country Health Region and the RCMP (Weyburn on October 13, 2004, and Estevan on January 6, 2005). Topics covered included:

- how to provide care for someone addicted to methamphetamine (crystal meth);
 - how to explain the drug to others; and
 - the medical dangers and safety issues.
- On January 26, 2005, Sun Country Health Region representatives met with various community representatives to form the Weyburn and Area Addictions Awareness Committee. The purpose of this committee is to draw attention to the problems with, and solutions for, substance and gambling addiction.
 - Sun Country Health Region has also completed a draft of a document entitled, "Community Awareness Booklet."
 - The Saskatoon Integrated Drug unit facilitated community information sessions on crystal meth in Tisdale, Nipawin, Melfort, Hudson Bay and Naicam (communities in the Kelsey Trail Health Region). There were more than 200 community members at each presentation. Health Region staff and their partners have facilitated information sessions in other communities in the Kelsey Trail Health Region.
 - Through intersectoral collaboration, sub-committees have been established in five of the larger communities within the Kelsey Trail Health Region to address the issue of crystal meth abuse in their community. Each committee has an action plan that is community specific. Long-term goals are being established with a holistic approach that includes parent, child and community responsibility. Various agencies have come together to share resources and their areas of expertise. This has resulted in information sessions for parents, students, health region staff, and physicians; teacher in-services; and the creation of resource materials that were circulated to all schools within the region. The region's alcohol and drug services program provides information to clients and family about long-term crystal meth abuse. Pharmacies and agriculture product suppliers are training their staff on what is used in crystal meth production.
 - La Ronge Alcohol and Drug Services within Mamawetan Churchill River Health Region conducted two community presentations with approximately 100 people in attendance, resulting in community businesses pulling or monitoring crystal meth precursors. Alcohol and Drug Services has also conducted presentations in schools and is planning to increase awareness through the local newspaper, radio and cable television channel and increase promotion and involvement in the School^{PLUS} program.
 - An official from Saskatchewan Health and an employee from the Prince Albert Parkland Health Region attended and presented at the Western Canadian Summit on Methamphetamine November 15-17, 2004 in Vancouver, along with other representatives from the health and enforcement fields. This event

brought together stakeholders from British Columbia, Alberta, Saskatchewan and Manitoba to address the issues related to methamphetamine use and production. The results of the summit will be used to develop a consensus statement and guidance document to inform other communities on the collaboration and partnerships required to effectively address the methamphetamine issue. The document will assist all partners to initiate and engage communities in a fully integrated response to methamphetamine.

- A representative from the Alcohol and Drug Strategy Provincial Working Group attended a crystal meth conference in Edmonton in 2003 and distributed information to the group's members to support activities in their home communities.

New Education Initiatives

- Develop a community resource guide. The guide will include basic information about crystal meth, its effects, how it is made, how to spot meth labs, and other information communities can use to mobilize and make plans. The emerging Health Enforcement Education Partnerships will be helpful in this regard.
- Develop a media campaign and supporting low-cost materials to increase awareness among the public and high-risk populations about methamphetamine use, its harmful effects, prevention, early intervention and treatment.

4. Reduce Drug Availability (supply interdiction)

Crystal meth and other forms of methamphetamine are made with easily available, over-the-counter ingredients by individuals in their homes or organized crime groups. These factors combine to make methamphetamine a relatively cheap drug with high potential for abuse and harmful effects on our population. However, it is also dangerous to make and puts others at risk besides those who use the drug.

Goal	Action
Prevent production and distribution of the drug	<ul style="list-style-type: none"> • Using existing legislation, target meth lab sites for legal/criminal action • Involve a broad cross-section of justice system professionals to better integrate day-to-day operations fighting drug production and trafficking • Use expertise of federal drug units at local levels of law enforcement • Increase scrutiny of the sale of products used to produce crystal meth and, if necessary, make their purchase more difficult • Encourage the federal government to modify its legislation to control access to and movement of products to create crystal meth
Persons engaged in production, trafficking and possession are held accountable	<ul style="list-style-type: none"> • Encourage the federal government to strengthen legal penalties around methamphetamines

Current Drug Supply Reduction Initiatives

- Saskatchewan Justice is taking a leadership role in developing strategies that will involve co-ordination of resources, public awareness, education and enforcement to deter youth/adults from high-risk behaviour while addressing safety issues. The first response to methamphetamine will be the utilization of “*The Safer Communities and Neighbourhoods Act*,” directed at illegal laboratory sites.
- The Chair of the Saskatchewan Association of Chiefs of Police (SACP), is meeting on a regular basis with pharmacists across the province, seeking their cooperation in removing chemicals needed for the manufacture of methamphetamine from open display.

- The Regina Police Service Integrated Intelligence Unit has been educating Saskatchewan police and fire services on safety concerns surrounding clandestine laboratory sites. As of November 2004, Saskatchewan law enforcement agencies have trained clandestine laboratories investigators situated within the Royal Canadian Mounted Police (RCMP) and the Regina, Saskatoon and Prince Albert Police Services.
- The RCMP has developed a specific strategy to try to stem the problems of drug trafficking and use. Current enforcement strategy calls for:
 - strengthening partnerships with municipal law enforcement agencies, provincial corrections and federal corrections and the private sector to better integrate all aspects of day-to-day operations to combat drug trafficking and associated crime;
 - emphasizing enforcement at the detachment and highway patrol level to stop the flow through of drugs and drug money and to deter production of drugs; and
 - presentations to northern community members to create awareness of the drug and gang issue and to give communities the tools to address the issue.
- There are dedicated federal drug units in Saskatoon, Regina and Prince Albert who work closely with municipal police and are integrated with those forces. As well, the federal drug units serve as advisers and assist local detachments with drug related enforcement activities.
- The Saskatchewan College of Pharmacists has asked its members to monitor sales of ephedrine and pseudoephedrine (two of the ingredients needed to manufacture crystal meth) from their pharmacies, and limit sales if needed (such as placing the products behind the counter for pharmacist assistance). Restrictions must be balanced with reasonable access for legitimate use.
- The National Crystal Meth Watch Coalition, a group representing retailers and manufacturers of self-care health products, created an approach to curtailing the theft or purchase of over-the-counter cold remedies and other household products for the purposes of methamphetamine production. The program's main focus is on training retail employees to recognize suspicious purchases and to report these to law enforcement officials through a toll-free hotline provided by the RCMP. The coalition plans to pilot the project in Prince Albert early in 2005.
- Saskatchewan Justice officials are working on a national review of drug issues and federal drug legislation and have identified amendments required to federal legislation to control access to and movement of precursors to meth production.

- Saskatchewan's Minister of Justice has urged amendments to the federal *Controlled Drugs and Substances Act* to strengthen the maximum penalties available for production, trafficking and possession of methamphetamine.

New Drug Supply Reduction Initiatives

- Work with the federal government, the College of Pharmacy and the Saskatchewan Association of Pharmacists to voluntarily control access to ingredients readily available in retail pharmacies and other retail outlets to reduce the production and sale of methamphetamine.
- Work with the federal government to improve criminal legislation that restricts the production, trafficking and use of crystal meth.

Conclusion

Methamphetamine use in Saskatchewan is a serious concern, and represents a significant public health and social challenge. It affects a diverse population, particularly youth and young adults. Methamphetamine use, if not prevented, could have harmful health, social and economic consequences.

Problematic substance use, including methamphetamine use, requires a coordinated and integrated response from all sectors, including the police, corrections, health, social services, justice system, community organizations and others. Current work in Saskatchewan illustrates the effectiveness of a coordinated response to this issue. However, it is necessary to plan for the future, to fill any gaps in services and to ensure the issue is dealt with in a thoughtful, realistic manner.

The increase in at-risk, multi-problem, hard-to-reach client populations (e.g. injection drug users, pregnant addicted mothers, street-involved youth) has challenged the alcohol and drug field as well as others in the human service systems. The Regional Health Authorities (RHAs) and Saskatchewan Health have identified the need for more collaboration and integration, and for a more holistic and seamless continuum of services in response to these challenges.

Solutions include mental health, outreach and community development approaches to successfully address the needs of the most at-risk populations. Street outreach, community mobile treatment, youth stabilization, harm reduction, developing specific treatment protocols, social and brief detoxification and community-based prevention initiatives will be implemented in 2005.

With a more holistic, integrated approach, client outcomes will improve in several domains beyond a reduction in substance abuse, including increased school retention and readmission for youth, improved employment outcomes for adults and reduced involvement in criminal activity for both populations. Improved physical and mental health and improvements in family functioning are also expected.

System outcomes would be expected to include better access, reduced waiting times, increased collaboration and intersectoral approaches, more adherence to best practices, a shift from residential treatment to outpatient, outreach and community treatment delivery mechanisms, and an increase in community awareness of and participation in substance abuse reduction initiatives.

This approach is a process for enhancing the capacity of individuals and communities to take control over their lives and improve their health. It fosters supportive environments and individual resilience, while showing respect for equity, social justice, interconnections and personal dignity. It is also an

approach that looks forward in a thoughtful, realistic way, taking into account the recent appointment of Mr. Graham Addley to Legislative Secretary to the Premier on substance abuse and prevention.

Saskatchewan's methamphetamine approach is consistent with other jurisdictions' identified best practices, principles and components. It is also consistent with the government's Population Health Promotion Strategy, which focuses on creating environments that encourage healthy choices and help to prevent illness and injury.

A number of already-functioning partnerships will complement and be woven into the Saskatchewan approach to methamphetamine use and misuse. These include:

Provincial partnerships

- School^{PLUS}
- Population Health Promotion Strategy
- Kids First
- Primary Health
- Complex Needs Cases
- Cognitive Disabilities Strategy

National Partnerships

- Canada's Drug Strategy
- Health, Education and Enforcement Partnership
- Drug Treatment Courts

We will continue working with our partners on this approach, building on our successes, and taking action to address methamphetamine use.

Appendix 1

The History of Methamphetamine Use¹

Ephedrine, a natural stimulant and organic substance found in plants, is a compound used to manufacture methamphetamine and is also a common ingredient found in prescription and over-the-counter medications, particularly cold medications.

Amphetamines are synthesized from ephedrine. Amphetamines were introduced in the 1930s to combat nasal congestion. Later, they were found to be useful in the treatment of attention deficit hyperactivity disorder (ADHD), narcolepsy or sleep disorder, obesity and depression. These central nervous system stimulants were also used by armed forces in World War II and subsequently by truck drivers, students and athletes.

The use of methamphetamine dates back to 1887 when it was first synthesized from ephedrine. Methamphetamine is a chemical widely known for its stimulant properties. It is often confused with other drugs that have similar effects, such as ephedrine, amphetamines, caffeine, other chemicals, and both legal and illicit drugs.

Crystal meth and other forms of methamphetamine are easily available and made with over-the-counter ingredients by individuals in their homes or by organized crime groups. These factors combine to make methamphetamine a cheap drug with the potential for abuse resulting in harmful effects on all users, especially youth and young adults. Methamphetamine use, once initiated, can rapidly lead to dependence, resulting in serious health and social consequences. Nationally, the number of deaths related to methamphetamine use is increasing, although the total rate of deaths due to illicit drug overdose is decreasing.

Methamphetamine is also called crystal meth, meth, jib, speed, crank, crystal, teck, zip, glass, ice and shards. This substance can be swallowed, smoked, injected or snorted. Its appearance varies depending on how it is used. Typically, it is a white, odorless, bitter tasting powder that easily dissolves in water. Because methamphetamine is homemade, the color and appearance can vary depending on the recipe and the raw materials used.

Methamphetamine is a central nervous system stimulant that causes harmful health effects. Its use may be deliberate or unknowing as methamphetamine is commonly contained in many "club drugs". Methamphetamine produces intoxication through increased stimulation of dopamine, serotonin and norepinephrine receptors in the brain. These effects can last anywhere from two to 16 hours, depending on the purity and form used. Side effects can include irritability, nervousness, insomnia, nausea, hot flashes, dry mouth, sweating, heart palpitations and hypertension. Excessive doses can cause mental confusion, severe anxiety, paranoia, violence and psychosis. In extreme instances, methamphetamine can cause hyperthermia, cardiovascular system collapse and stroke. There is little information on the long-

term, harmful effects of methamphetamine use on an individual's health. However, available information suggests that possible long-term effects may include structural changes to the brain, memory loss, difficulty completing complex tasks and permanent psychotic symptoms.

Methamphetamine is rarely used in isolation. In fact, methamphetamine use may occur together with other illicit drugs or prescription amphetamine abuse, including in dangerous combination with other substances: cocaine or crack, marijuana, heroin and alcohol. In particular, spiking cocaine with methamphetamine allows dealers to increase their profit margin by maintaining retail sales prices, while reducing production costs. Therefore, it is imperative that efforts to target methamphetamine use be part of a total response or strategy to address problematic substance use and addictions.

While the rates are much lower than tobacco or alcohol abuse, there is clearly a need to address methamphetamine use. This illicit drug is inexpensive, easily accessible and potentially dangerous – with little information available on effective treatment approaches. In addition, work is still required to determine the effectiveness of various enforcement strategies to help reduce or prevent problematic substance use.

Methamphetamine use can result in increased energy, performance enhancement, loss of appetite, weight loss and heightened sexual drive. In many jurisdictions, methamphetamine use is prevalent among street youth, youth involved in the rave dance scene, and vulnerable populations such as sex trade workers. In Saskatchewan, it appears to be more prevalent in middle class youth populations in places like Prince Albert and Saskatoon. However, we believe that there are other populations who are vulnerable to drug addiction including crystal meth. They are: Aboriginal peoples, northern residents, and people involved in the street culture. Assisting these populations requires the development of effective responses specific to each of these groups.

Problematic substance use presents a significant public health and social challenge in Saskatchewan. According to the Canadian Centre On Substance Abuse, the costs of alcohol and drug abuse in Saskatchewan totaled \$266M in 1992 or \$265 per capita, including direct health care costs (\$40.2M), direct law enforcement costs (\$62.4M), direct losses in the workplace (\$0.5M), and indirect productivity losses (\$139.6M). Problematic substance use of methamphetamine and other illicit drugs affects a large proportion of the population both directly and indirectly. These harmful effects may include loss of productivity and wages, disability and death due to overdose, as well as enforcement, social and health costs. These detrimental effects to the health and well-being of individuals, families and communities can be prevented and reduced.

¹ Reprinted with permission from *Crystal Meth and Other Amphetamines: An Integrated BC Strategy*. © 2004 Province of British Columbia. All rights reserved. www.healthservices.gov.bc.ca/mhd/pdf/meth_final.pdf

Appendix 2

Target Populations

Youth

Youth substance abuse differs from that of adults not only in general patterns of use and substances used but in the meaning of and factors associated with use. Reviews of several studies of alcohol and drug use among adolescents and young adults concluded that:

- use of marijuana increased sharply in the late 1990s after a generally declining trend over the last two decades
- use of other illegal drugs, such as cocaine, amphetamines, solvents and hallucinogens, appear to be increasing among youth;
- among those who use drugs, multiple drug use is common;
- alcohol, cannabis and tobacco are the drugs most frequently used by youth;
- regular heavy drinking (5+ drinks at a sitting) is most common among youth in late adolescence and early adulthood in comparison with other age groups;
- some surveys report an increase in heavy drinking among youth;
- alcohol and marijuana are the substances most likely to result in serious problems.

Many RHAs identified the use of crystal methamphetamine by youth as a growing concern. Experts on youth substance abuse concluded that barriers to successful youth treatment included:

- lack of youth-oriented programming;
- waiting lists for treatment;
- lack of accessibility to existing programs;
- lack of workers skilled in counselling youth;
- poor outreach information; and
- lack of specialized youth residential treatment.

Aboriginal People

Aboriginal people are at particular risk of substance abuse. Aboriginal youth are at two to six times greater risk for alcohol problems than other youth. Aboriginal people have relatively high rates of illicit drug use. Aboriginal youth use solvents more frequently than other youth. One in five Aboriginal youth has used solvents; one third of all users are under 15 and more than half of all solvent users began use before age 11. Aboriginal youth are more likely to use all types of illicit drugs than non-Aboriginal youth and begin using substances (tobacco, solvents, alcohol and cannabis) at a much earlier age (*Best Practices: Treatment and Rehabilitation for Youth with Substance Use Problems*, Health Canada, 2001).

Almost one half (48%) of the admissions to provincially-funded alcohol and drug programs are people who self identify as Aboriginal. Aboriginal people are much more likely than the general population to die from injuries, poisoning and suicide, and these relatively high rates are likely due in part to higher rates of substance abuse.

Statistics on violent death (including suicide, homicide, poisoning/overdose, accidents and drownings) provide some indication, and as a population, Aboriginal peoples have rates of violent death much greater than the Canadian population as a whole. Aboriginal adolescent suicide rates are much higher than the national adolescent rate. Fetal Alcohol Spectrum Disorders (FASD) are much more prevalent among Aboriginal people.

Street Involved

The street involved population is defined as those who live in transitory situations with no fixed residence. This population is typically hard to reach and is at high risk for AIDS/HIV, HepC, injection drug use and violence. Drugs and alcohol are typically used by street youth to cope with past family violence and the hardship of living on the street.

Between one quarter and one half of street youth report frequent heavy drinking. In terms of other drug use, the percentage using cannabis ranges from 66% to 88%, and for cocaine from 18% to 64%. Street youth also have a much broader range of problems associated with heavy substance use, including employment, crime, psychosocial, educational and health problems. HIV infection is a serious risk for street youth because of drug use, needle sharing, unsafe sex practices, poor hygiene and lack of program resources.

Homeless or street-involved people do not traditionally self-refer to programs and are unlikely to be familiar with access points or the process of referral. Highly stressful living conditions (e.g. poverty, lack of adequate housing) and concurrent substance use and mental health disorders also make self-referral problematic. Street-involved people also have a higher degree of distrust and hostility toward mainstream institutions and typically lack family support to assist with treatment access, costs or planning.

On a program/structural level, experts identified the following factors as barriers to this group:

- a lack of immediate accessibility to (24-hour) services including access to safe detoxification services;
- restrictive treatment entry requirements which may be difficult for street-involved adults and youth to meet; and
- a lack of adjunctive services, such as safe and secure housing, which are prerequisites to effective treatment utilization.

Northern Residents

Northern Saskatchewan has the highest alcohol dependency rate and illicit drug use in the province. Consideration must be given to the unique circumstances of Northern Saskatchewan. Issues of cultural diversity, geographical isolation, a disproportionately large adolescent and young adult population, and the logistical difficulties associated with service delivery in a vast geographic region affect the design, delivery and effectiveness of programs. These must be taken into account when planning and developing services for the northern health regions.

Forty per cent of the northern population is under the age of 15. In many northern communities, many youth are heavy alcohol and marijuana users. Consideration of this high level of use is necessary when looking at any harder drug use. For example, there is the gateway drug factor, the tolerance factor, and factors that contribute to a high dropout rate in schools (memory and motivation impairment, and low literacy levels). Many of these same youth are young offenders who have addictions issues. Also, a large population of northern youth comes from alcoholic homes or homes where social assistance is the norm. Fetal Alcohol Spectrum Disorder is also a factor. This means services must be geared toward children and youth.

The populations of the Mamawetan Churchill River RHA, Keewatin Yatthe RHA and Athabasca Health Authority are forecast to grow by 49, 24 and nine per cent, respectively, over the next 15 years – making the North the fastest growing area of the province. Health services will need to expand and adapt to meet the needs of this growing population. There are other serious challenges in northern health care, from the complexity of delivering services to a small population spread across half of Saskatchewan's land mass to high rates of disease and widespread poverty and unemployment.

The Northern Health Strategy recommends that the development of health services in the north:

- place individuals within the appropriate family and community context;
- recognize the North's unique historic, geographic, language, cultural and demographic situation;
- emphasize prevention and not just treatment;
- recognize and respect the complex jurisdictional issues in the North (First Nations, Metis, health regions, federal and provincial governments); and
- recognize that the health of northern people requires co-operation and support from departments and agencies that don't view themselves as delivering health services.