



LEARNING ABOUT
THE PROBLEM AND
DECIDING WHAT TO DO

ALL THE FACTS TELL US that the menace of crystal meth is real. The damage is extensive. And without concerted action, the problem will only get worse.

The first challenge the Task Force faced was to learn as much as possible about the problem, to talk with a wide range of people and learn from their first-hand experiences, and to use all of that information and advice to shape a solid package of recommendations.

STARTING WITH EXTENSIVE CONSULTATIONS

Since our first Task Force Meeting on December 6, 2005, Task Force members have been hard at work, meeting with individuals, families and organizations throughout Alberta.

We have visited 12 communities, held 29 meetings and spoken with 645 individuals to listen and to better understand what is going on across the province and ultimately, to identify what needs to be done.

To help address the many issues surrounding crystal meth abuse and to gather information from a variety of stakeholders, the Task Force established the following six cluster groups. Task Force members participated in one or more of the clusters.

Youth: To seek the views of youth and understand their perspectives on crystal meth availability, treatment, prevention and the most effective solutions, we engaged young people from various communities, including those affected by the drug, those who are not, and their parents and families.

Aboriginal: We met with representatives from Alberta's Aboriginal peoples to learn about the impact of crystal meth on their communities and how their needs would best be addressed in terms of enforcement, treatment, healing and prevention.

Community: Consultations were held throughout the province to understand the impact of crystal meth on Alberta municipalities and communities, and to gain an understanding of what is required to build support structures within communities.

Industry: Meetings were held with business and industry to understand the impact of crystal meth and methamphetamines in the workplace and to find solutions to help support Alberta companies and their employees in the fight against this drug.

Law Enforcement: The Task Force engaged the law enforcement community to better understand the issues surrounding crystal meth and methamphetamines, what is required to reduce supply and demand for the drugs, and the role law enforcement plays in addressing and preventing crystal meth use.

Healing: The Task Force met with individuals involved in the treatment of those addicted to, and affected by, crystal meth and methamphetamine, to seek best practices and holistic solutions for prevention, treatment and healing.

In addition to these consultations, the Task Force also received extensive information and ideas from a number of provincial government departments actively involved in issues related to crystal meth. That includes: Alberta Aboriginal Affairs and Northern Development; Advanced Education; Agriculture, Food and Rural Development; Children's Services; Education; Environment; Health and Wellness; Human Resources and Employment; Justice; Municipal Affairs; and Solicitor General and Public Security.

Through these submissions, we learned about the wide range of programs, services and supports currently being provided. That includes everything from law enforcement to promoting health and wellness; working with Aboriginal communities, school boards and schools, health regions, municipalities and community organizations; protecting children; supporting workplace programs; and cleaning up contaminated sites.

Departments also offered many suggestions for specific initiatives to expand their current capacity, improve coordination of services, meet growing needs in the community, and prevent the spread of crystal meth across the province. Those ideas, along with extensive consultations with a wide range of individuals and organizations, helped inform the Task Force's work and guide our recommendations.

Simply because some children begin life with the odds stacked against them doesn't mean that we, as a province can't use all of our power to make sure they have the best possible chance in life.

IDENTIFYING KEY THEMES

Throughout the consultations, the Task Force met wise, well-informed and inspiring individuals, heard some devastating stories, and gathered a significant amount of very compelling information. While it's difficult to capture all of the input and ideas in our report, three key themes consistently came up throughout the process:

- 1 PREVENTION**
Find the best ways of preventing people from starting to use crystal meth in the first place.
- 2 HEALING AND TREATMENT**
For those who do get caught in the web of addiction, make sure they get access to treatment and longer-term support to help them heal.
- 3 GETTING TOUGH**
Go after the drug dealers and drug producers and get crystal meth off the streets.

The following sections of our report provide highlights of what the Task Force heard and learned about those three themes. We also heard directly from Aboriginal people about the impact of crystal meth on them and their communities. While the three themes certainly apply to Aboriginal people, the approaches and solutions may be different in order to meet their unique needs and circumstances. So we've included a separate section describing the input we received from Aboriginal people and their communities.

Theme 1 PREVENTION

Prevention refers to “measures that prevent or delay the onset of drug use as well as measures that protect against risk and reduce harm associated with drug supply and use.”¹

It just makes good sense that the most effective way to address a drug problem is to prevent individuals from starting to use the drug in the first place.

The Task Force consistently heard that prevention is the path we need to take to resolve current and future issues with crystal meth and other drugs. It will help us build solid and sustainable solutions to help us fight crystal meth today and the next big synthetic drug tomorrow.

Developing healthy children and youth

For the Task Force, one of the central motivations in undertaking this mission was to create a province where our children and youth could live free from the dangers of meth and drugs. It was both heartbreaking and empowering to hear the stories of youth who told us about their experiences with meth, what they would do differently had they known better and what they wanted this Task Force to consider as we formed solutions to fight this terrible drug and others like it.

As we listened and learned, our eyes were opened to the very real devastation of crystal meth among many of Alberta’s young people and their families. From our conversations with them and through our consultations with many leaders and experts it quickly became clear that Alberta needs to foster an environment that develops and nurtures healthy children and youth. When we put our children and young people on the right path, with the right skills, values and knowledge, we are that much closer to stopping meth in its tracks and preventing it and the next popular drug from taking a hold of future generations.

1. Loxley et al, 2004 cited in “A Community Guide: Strategies and Interventions for Dealing with Crystal Methamphetamine and other Emerging Drug Trends”. Prepared for the Methamphetamine Task Group of the FH Addictions Services Planning Steering Committee, Victoria, BC, June 2005. Page 27.

While it might appear that meth is only an issue reserved for teens and young adults, the best prevention happens when we begin to reach and educate children in their early years, especially those children most at risk. Our health care system and the addictions community need to work together to reach high-risk families and children, when the early signs are present and before drugs are clearly a problem. Our Aboriginal communities also need this early intervention to help raise the standards of care on reserves to equal what is expected throughout the rest of the province. We must provide the same opportunities for all of our children, regardless of personal circumstances at birth. Simply because some children begin life with the odds stacked against them doesn’t mean that we, as a province can’t use all of our power to make sure they have the best possible chance in life.

Whether we spoke to police officers, child development specialists, educators or young people themselves, the message was clear and consistent: Support for families is central to prevention. We must support parents and families in their work to build strong values and life skills in their children. Together, we can build the foundation for our province’s preventative strike against drugs.

Increasing awareness and education for children, youth and young adults

One of the central principles of prevention is awareness and education. If we can educate our children, youth and young adults to make smart, healthy decisions and make them more aware of the dangers and consequences of a life affected by crystal meth, then we have taken a major preventative step against this drug and others like it.

Our preventative education efforts must begin early, at home with parents and families. We must support and equip parents with the knowledge and resources necessary to talk openly with their children about drugs and sound decision-making skills. Our education system must continue to support this process and help build resiliency in our

JESSICA’S STORY

Jessica*, who had been off crystal meth for no more than a few days, spoke to the Task Force about her highs and lows with meth and her challenges with the police, the health care system, and her parents. Despite her tweaking (coming down off a high from crystal meth), Jessica was able to tell us something very wise. She knew that in the midst of all her trouble with drugs, her parents had no idea where to turn. She knew they had no support, no knowledge and no idea about what to do or say next. Jessica said she wants to see a better support network in place for parents and others, one that would have helped her own parents respond more effectively to her crisis, her difficulties and her cries for help.

** Jessica’s name has been changed to protect her identity.*

young people and their families. This point was emphasized again and again by many of the youth who told of their parents' inability to talk about drugs.

The Task Force learned from youth and experts alike that there is tremendous value in involving key community stakeholders, such as police officers and industry leaders, in the ongoing education of our youth. Whatever the program or format, the message delivered by community mentors and leaders must be communicated early and consistently throughout grade school. The message must be real and should focus on encouraging smart decision making and healthy life choices. Finally, the message must be consistently reinforced by all adults and influences in the child's life, including educators, parents, media and others.

Youth, police, educators, addictions workers, the Aboriginal community, industry representatives and others consistently called for an integrated awareness campaign on the dangers of crystal meth. This type of campaign would help stimulate and inform conversations in the home and at school. While such a campaign may not be able to reach and help those who are currently addicted to the drug, nearly everyone the Task Force spoke with felt strongly that such a campaign would foster the understanding and dialogue necessary to launch the most effective preventative effort possible.

Jurisdictions where meth has exacted a toll have launched a direct assault, with very graphic advertisements targeted at youth, to ensure they fully understood the impact and consequences of crystal meth. While there is much debate on the merit and effectiveness of these graphic and negative ad campaigns and the long-term behavioral changes they create, it is clear that an awareness campaign is one important step, among many preventative measures, to effectively hinder the persistence of crystal meth in our province. A recent study done for the Alberta Centre for Child, Family, and Community Research looked at

best practices in prevention, treatment, and healing of methamphetamine use in youth. While few studies have been done on the effectiveness of prevention programs for youth, one study evaluated 30 drug prevention programs and found that public service announcements were effective in increasing knowledge about methamphetamines. Public service announcements that emphasized the negative consequences of methamphetamine use were more effective than "Just say no" or avoidance campaigns. Further consideration and research is necessary to better understand what form an Alberta awareness campaign should take and to ensure the greatest impact.

As with many societal issues, education is of the utmost importance. A balance of factors must be addressed in order to prevent drugs like crystal meth from gaining ground, and while education is just one of these factors, it is certainly one of the most critical. Education can effectively create and sustain life skills and knowledge that will help move us toward real prevention of crystal meth use and other drugs just like it.

LEARNING FROM COMMUNITIES

The Town of Drayton Valley was one of the first communities to be affected by crystal meth and also the first community to effectively mobilize against it. The town gathered key community leaders and groups together to help drive crystal meth from their community. They were effective in their efforts to reduce the drug's impact, reduce crime and alleviate many of the societal challenges that come with the drug. Supply and demand for meth decreased and, most importantly, community awareness and cooperation dramatically improved for the long term. The lessons used in Drayton Valley have gone on to help communities like Camrose and Wetaskiwin who are experiencing a similar battle against crystal meth.

“ We’ve got to do something for the young ones who haven’t even thought about using it yet. No human being should be putting fertilizer, iodine, Drano, and battery acid, all mixed together with a little ephedrine, into their system. ”

– participant in consultations

Stimulating and supporting community-driven initiatives

Meth affects not only individual lives, relationships, and families. It also has a dramatic impact on the communities in which it is produced and used.

Meth has followed a somewhat fractured path in invading Alberta communities. Some communities know little about crystal meth and have not witnessed its impact on their streets and in their schools, while other communities have been hit hard by meth, forcing them to join together to fight back.

The Task Force learned that, regardless of the specific community involved, a community-driven approach is the most effective way to prevent crystal meth from entering or increasing in prevalence in a community. This issue cannot be addressed at only the federal or provincial government levels. We must empower and equip our communities to make meth and drug awareness and prevention a priority.

As a Task Force, we had the opportunity to speak with a wide range of members and leaders from a number of Alberta communities affected by crystal meth. We wanted to learn from the experiences of communities like Drayton Valley, Camrose, and Hinton to help prepare other communities for a similar fight. Well over 50 communities are now actively involved in initiatives to stop the spread of crystal meth. If communities share their experiences about the actions they took, what worked well and what didn't, they can be better prepared to deal with the issue of crystal meth and other drugs in their community.

Often, members of community agencies and support groups are in the best position to effectively respond to the rise of drugs and crystal meth. In Hinton, the Task Force learned that the local Family and Community Support Services agency (FCSS) first detected crystal

meth in their community. The agency brought together key community leaders from law enforcement, AADAC and the municipality to begin formulating the town's response. This important community response speaks to the need for a vibrant and well-resourced network in all of Alberta's urban and rural communities to facilitate a similar response when necessary.

Because the production of crystal meth happens predominantly in rural communities, there is a greater need to work with municipal districts and counties and the agricultural industry to ensure heightened awareness of the early signs of precursor theft and meth production.

Engaging and supporting industry

While Alberta has enjoyed a strong business and economic climate, these prosperous times have also brought a number of negative consequences to Alberta's worksites and workplaces. The Task Force learned that safety, productivity, employee health and senior management awareness and recognition of the impact of crystal meth and other drugs, were all issues that must be addressed.

Crystal meth and other drugs are in the workplace and have serious consequences. Employees who use drugs, either at work or in their time off, tend to accumulate lost work days, resulting in less overall productivity. There are also serious safety issues arising from drug use on worksites, as one employee's addiction can affect the safety of every co-worker around them, particularly where heavy machinery and equipment are involved.

Many industry players have instituted drug screening and testing to ensure workplace safety. While these steps can certainly play a strong deterrent role, we also heard how this practice was leading to unintended negative consequences. Stakeholders with operations in the Fort

McMurray area said that some employees are finding ways to cheat on their drug tests in order to keep their job. Synthetic urine and similar products are available in Fort McMurray and over the Internet and are used to escape positive detection on drug tests. There was also frightening anecdotal evidence about how regular drug testing for employees did not always result in a positive deterrent. Some employees were making crystal meth their new drug of choice (after learning that it remains in the system for a much shorter period of time than marijuana) in order to avoid detection during regular drug tests and allow them to continue using drugs on their time off.

In spite of this reality, the Task Force found that the majority of industry does not have knowledge or information on meth and other synthetic drugs, or on the impact these drugs have on their organizations and employees. Many of the industry and business officials attended our consultation sessions in order to learn more about crystal meth and its impact so they could bring that knowledge back to their organization. Human resources representatives from some of the major industry leaders in Alberta spoke of their challenge and determination to make drug and addictions education a priority for senior management. But in such prosperous times, when it is difficult to even recruit and retain qualified staff, many senior management members do not see drug use as a priority issue, even though their human resources department's frontline experience with employees suggests otherwise.

This experience was reinforced by the Task Force's own difficulties in recruiting business leaders to our consultation sessions. Senior business and industry response to invitations for meetings was weak in some communities. Many of our consultation meetings were not well attended by the sectors of companies and organizations clearly impacted by drugs in the workplace – oil and gas, forestry, construction and others. As a Task

Force, we remained dismayed that the growing concern with crystal meth and other drugs was not shared more widely by industry partners, who, we believe, have yet to see the impact of drugs on their operations and bottom line.

In spite of this overall lack of awareness, we did speak with some leading employers that appreciate the consequences these drugs were having on their workplaces. Many organizations have workplace drug policies to help inform and educate their staff on the consequences of drug use in the workplace. Other employers take this a step further and support their staff through an employee drug treatment self-referral program. Employees with a drug addiction who wish to receive treatment can anonymously receive detoxification, treatment and after care support at little or no cost. While the employee is seeking treatment, their direct supervisors do not know why the employee is away and the employee can return to his or her job after successfully completing care and treatment. Employers with this type of benefit program have seen very positive results, allowing them to retain employees, improve their productivity, and create a supportive work culture that encourages treatment, healing and ongoing education of the entire staff.

Industry in Alberta is in a very fortunate position. With positive bottom lines, those that have an active drug education and addictions support program for employees can often provide quicker access to treatment and care than many communities can for their own citizens. So, how do we bridge the gap in service and treatment between what industries can provide and what is available to the broader community? How do we unite industry, communities and municipalities to work collectively on addictions and drug-related issues?

The Task Force recognizes that, first and foremost, attitudes among Alberta's industry must change to make

this issue a priority. Senior management must allocate the resources and provide the recognition necessary to support workplace prevention, education and treatment. From there, industry can begin to connect with the outside community – law enforcement, support groups and local drug task forces – to support efforts and advocate with governments, media and others to advance community drug and addictions issues. When industry leaders begin to see the social and business cost of meth, we believe they will be motivated to take more immediate action.

Expanding knowledge

Almost everyone the Task Force met with had a similar plea – we need to know more. We need more research, more information, and more understanding of both the problem and the effectiveness of potential solutions.

Many different players have a window into the world of crystal meth including treatment facilities, police agencies, the criminal justice system, health care providers, probation and corrections workers, teachers and the education system, and many others. Each one holds critical information that, when combined with others, yields a significant pool of knowledge from which research, trend gathering and original thought and insight can occur. The Task Force heard from industry, law enforcement, the addictions community, the health care system and others. They all told us that if each stakeholder collected critical data and then began to share that information with others, the entire network would be better positioned to individually and collectively address and prevent crystal meth and other drug issues.

This expanded pool of shared information could provide the fuel for original research into areas not yet explored in the world of crystal meth – research that would explore questions like: What is the long-term impact

of fetal exposure to crystal meth? What are the best methods for preventing crystal meth use by youth? What is the impact of getting tough on drug dealers and producers? Do lengthy jail sentences serve as a deterrent?

Alberta is fortunate to have excellent research capacity. A great deal of original research on crystal meth is being carried out at the Universities of Alberta, Calgary and Lethbridge and at research bodies like the Alberta Centre for Child, Family and Community Research. However, if we had greater access to data and information on our current experiences with meth and other drugs in Alberta, much more research and knowledge could be generated. We have the opportunity to position Alberta as a research centre on crystal meth and its impacts. With ongoing support to our universities and other research bodies, we can begin to understand the influence that these drugs have on our personal, societal and environmental systems. The Child Development Centre at the University of Calgary is set to open in March 2007. With its focus on improving the wellbeing of children, families and communities, it will bring new knowledge to priority issues such as crystal meth and it will integrate world-class service, training, research, and policy to close the gap between what we know and what we practice. Industry partners can step up and provide support for research and lead by example. Most importantly, we can learn how to prevent and protect our province's young people from its further spread.

Sharing information and research results can support prevention initiatives, help ensure a more effective treatment and healing system, and support efforts to reduce the supply and demand for drugs like crystal meth. Ultimately, it will help improve the well being of our young people, our families and our society.

Theme 2 HEALING AND TREATMENT

Prevention must be the starting point for any comprehensive approach to fight back and stop the alarming and devastating impacts of crystal meth. But prevention takes time – time we don't always have. For young people affected by crystal meth today, we need to take action – to give them and their families the immediate, consistent, and long-term support they need to heal. That means access to treatment when they need it. It means better coordination of care and understanding that addiction is a health, and especially a mental health, issue. It means access to after care support because healing is a long-term process. And it means ongoing support to individuals and families when they need it.

Treatment

Regardless of where the Task Force traveled or who we talked with, we consistently heard that immediate action was needed to help people who are suffering from drug addiction.

Former users and addictions counselors shared how difficult it is for an addict to make the decision to seek help. Some youth said they had to go to jail more than once and struggled with meth on and off for years before they decided to finally get clean. Some youth ended up in hospital due to an overdose and went directly from hospital to detox. It is also important to recognize that, because the detoxification time is longer than with other drugs, meth users need to be treated differently than other drug users.

From outreach workers, police and health professionals alike, the Task Force heard that there is a chronic lack of beds across the province for detoxification, healing and treatment, with the most acute need in rural and remote areas. The shortage of beds was echoed by former users and parents of users. We heard time and time again from youth and young adults who made the decision to go into detox that they often had to wait a week or two before being admitted. All continued to use meth during that time and many did not make it to their admission appointment.

We heard similar stories from probation officers who said their clients have to wait for two to three weeks to get into detox. In addition, children apprehended under the Protection of Children Abusing Drugs Act are placed in secure care for five days, but it is a challenge to find a treatment placement following that five-day period. Clearly, the current treatment system, with lengthy wait times and the 'nine to five' work day mentality, is not effective for children, youth and young adults who need immediate help.

There are only limited detox facilities targeted specifically for young people under 18 and virtually none for young adults between the ages of 18 to 29. There are no detox or treatment facilities located on Aboriginal reserves and limited detox capacity outside of the two major centers.

Even when a young person is able to access detox facilities, the next challenge comes when a user is ready to leave detox for a treatment program. There is often another two to three week wait to access a bed, and for many, the wait is simply too long to go unsupported. They resume their drug use ... and the cycle begins once again.

Despite the shortage of facilities, the addictions community has responded admirably. We were first made aware of their efforts during one of our consultation meetings in Edmonton, where we invited a number of the treatment providers to share their experiences with us. They reaffirmed the chronic shortage of detox, treatment and healing beds but they also talked about their collective and cooperative effort to ensure that everyone who needs treatment receives it. If a facility is full, they call others in hopes of finding an empty bed. But with the significant shortage, this is not always possible.

The situation is even more serious in rural and remote regions of the province where there is limited, if any, access to treatment and healing facilities. Often users will be referred to a facility in one of the major centers away from their home, making it difficult for families to provide support, remain in close contact, and participate in the treatment process.

Treatment workers and former users noted that the treatment required for meth is very different from other drugs. Research shows that meth stays in nerve cells for 45 to 60 days, making the time it takes to complete detox much longer than with other drugs. For regular meth users, one month of being off the drug is typically required before they are able to function and absorb a standard, 21-day treatment program. The first couple of weeks are usually spent sleeping, only waking up long enough to eat. It is a long and slow process to resume a normal daily schedule. In addition, it often takes two to three months for regular meth users to get their health back after prolonged poor nutrition, neglected dental health and related physical problems (e.g. 'meth mouth' and 'meth face').

Currently, Alberta does not have a medically-supported detox facility. For some meth users, the additional medical support is required. There are no detox treatment or healing facilities specific to meth addiction; however, there are certain programs that address the specific needs of a meth user. AADAC has recently developed a protocol for the detox and treatment of crystal meth users that recognizes and responds to their unique needs. The protocol reflects the need to begin with a 28-day program combined with the capacity to extend the program as required by individual meth clients.

We also heard from youth that many users and their families don't know enough about the programs already in place. Former users admit they may have sought treatment earlier had they known what was available to them.

Treatment and healing programs vary across the province depending on diverse needs, availability of resources and staff, the prevalence of meth in the community, as well as the roles and participation of different partners in a community. Communities need access to different treatment and detox delivery models that reflect the diverse needs of urban, rural and remote communities.

In addition to treatment facilities and programs, families need to be fully engaged and involved. Young people with supportive families have the best success in treatment. Families or a strong support network have to be engaged early on in treatment and stay involved in the youth's life after treatment is complete.

Front-line workers, including police and addictions workers, expressed frustration that health professionals do not always recognize the health needs of meth users or the dangers of simply releasing them back to the street. Emergency health workers expressed their frustration with the lack of addictions workers available to pick up a patient, as well as the lack of detox beds in which to place a patient. Health care and mental health

professionals said they need additional training to deal with crystal meth toxicity and its related issues, including safety.

Health professionals need addictions and meth awareness education programs to help them recognize the signs of a meth addiction and understand the detox and treatment protocols. A proportion of meth users may require long-term, institutionalized care, while others may benefit from being removed from their community and the environmental triggers to their addiction, in order to be treated and ensure a smooth transition back into society.

Finally, detox, treatment and healing cannot take place without trained staff in specific aspects of the programs. Alberta is facing a serious challenge in recruiting and retaining qualified staff, especially in rural and remote communities and on evenings and weekends. Both the quantity and the quality of applicants are diminishing.

Based on everything we heard and learned, the Task Force views access to detox, treatment and healing beds as a critical issue that requires immediate attention. No child, youth, adult or family should be denied access to treatment. There should be no financial or capacity barriers to their treatment. And Alberta should have the capacity to treat people when they need it.

"This is a tough transition when you spend your whole using life not being honest."

– Former youth user

"Be open and if you feel like you are going to relapse, talk to someone."

– Former youth user

Recovery is a long process

"I was sick of hurting all the time and sick and tired of the addiction. I had experienced too much pain in my life, and doing drugs was no longer something that gave me pleasure – it was something that controlled my life. After getting a new probation officer who would make me go to twelve step meetings numerous times a week, I relapsed one more time. Then I put everything I had into focusing on a recovery. So far, it's worked."

– Recovering meth addict

After care support

"There needs to be greater support for the transition from treatment back out into the community. We cannot treat, release and expect them to be successful...because they won't be."

This message came from the mother of a meth user who has struggled with her son's addiction for years. He is currently serving time in jail because he eventually began to deal drugs to support his addiction. Obviously, this cycle must be broken.

Former users told us that good treatment involves being kind, accepting and non-judgmental, particularly when a user relapses. Detox, treatment and healing providers consistently commented that relapse is a part of recovery, not an end point. Following treatment, a relapse prevention program should be a critical component of the healing process. Additional counselors and transitional workers are needed to provide ongoing, consistent support to the youth or adult coming out of treatment.

A team approach to after care support should be in place to support both the individual leaving treatment and his or her family. Staying clean is difficult work and former users need support to deal with temptation and risk factors such as returning to a community where their only friends have been users and dealers.

Addressing mental health issues

Addiction is a serious health care issue, and we have to start treating it that way. That message came through strongly in a story told to the Task Force by the parent of a crystal meth user, and health care professionals, addictions counselors and young addicts reinforced it. When drug addiction is combined with mental illness, the impact is more than our current health care system can manage.

In many cases, the Task Force learned that mental health issues often underlie and sometimes spawn drug addiction. It certainly is not uncommon for someone with a drug addiction to also have one or more diseases or disorders in addition to their addiction. This condition – called co-morbidity – defines so many of our young people and adults caught in the cycle of drugs.

To address co-morbidity, we need to begin by recognizing the combination of addictions and other health problems that affect many addicts and then ensure that a coordinated system of care is in place to meet the full spectrum of their needs. All service providers, including those who work in treatment facilities, hospitals, and specialized clinics, along with local doctors and mental health professionals, have to work together to provide a strong continuum of care to children, young adults, adults and families.

The Task Force had the opportunity to speak with psychiatric professionals who specialize in co-morbidity at the Calgary Addictions Centre and the Calgary-based Young Adult Program. Adults and young adults in these programs are treated first for their addiction and then for their concurrent mental illness or illnesses. From our consultations, there is a startling prevalence of co-morbidity among crystal meth and hard core drug users. The young people we spoke with said their addiction was often a coping mechanism for other mental and physical health issues that were not being addressed or treated.

And access to mental health services can often be at the heart of the problem. All across the province, there is a need for greater access to mental health care support and services, but the problem is most severe in rural Alberta where services are not readily available to the young people and adults who need them. Children and young adults need greater access to mental health and psychiatric services and professionals to address their co-morbidity issues. There are not enough beds and

not enough trained and qualified staff, especially those with a focus on co-morbidity with addictions, to meet the needs of these individuals. We need to do a better job of intervening with children at risk and addressing their mental health issues at a much earlier age. Changes are needed to ensure that AADAC's services are better coordinated with the province's mental health system, and to make sure AADAC counselors can more readily identify co-morbidity issues in their clients. Finally, we heard many instances where our hospitals and primary care networks failed to identify or suspect mental health

A STORY ABOUT ADDICTIONS AND MENTAL HEALTH

A mother talked about her experience with a son addicted to crystal meth. He trafficked the drug and now serves time for his meth-related crimes. She talked about her family's journey, the challenges they faced, and the difficulties still before them. She wanted to bring her son's addiction into the public eye so it could be seen for what it was – an illness. When her son broke the law, entered the health care system and sought treatment, she felt like society looked at him and her family as if his addiction had been a choice. To her and to many parents of addicted teens, their children did not choose to become junkies. While their kids did choose to try the drug for the first time, they did not decide to become addicted. The most important solution they can offer is the need for ongoing education about addiction being an illness rather than a choice.

issues when treating addiction, leaving young people and adults to flounder without proper medical and psychiatric attention and support.

To address these challenges and shift public perception to where we believe it needs to be, a great deal of coordination and integration need to occur. There must be more committed treatment centers that address mental health and addictions issues at the same time. Those who are currently working in this area are doing a commendable job, but there are not enough beds and staff to treat all of the children, youth and adults who need this type of assistance. Finally and perhaps most importantly, our system needs to better support the mental health and well being of our children, youth, parents, families and adults who have been touched in some way by crystal meth and other drugs.

Integrating services for children, youth and families

The plea from parents and families isn't just for addictions to be treated as a serious health care and mental health issue. They also clearly spelled out the need for a crisis addictions team that can be called on 24 hours a day, seven days a week, when parents and families are dealing with a teen who is high or tweaking and needs access to a medical detox facility. Often these users are violent and may display paranoid schizophrenic characteristics. A team-based intervention approach is very important at this time and should involve police, health professionals and addictions counselors.

This is just one example of the need to integrate services for children, youth and families. Ideally, there would be a single program for a patient, as he/she moves through the continuum of services. For this to be effective, professionals need additional training to enhance their qualifications and ability to recognize and deal with addiction patients and their unique treatment needs.

The Task Force also found a need for addictions services to be delivered in the community, in collaboration with mental health services, and allowing for shared treatment criteria and planning between addictions and the medical community.

Addictions and mental health care must be a part of primary health care networks across the province. The Provincial Mental Health Plan and the provincial strategy Building Capacity—A Framework for Serving Albertans Affected by Addiction and Mental Health Issues are a good place to start. Both talk about the need for better integration of addiction and mental health services. The Framework document outlines a plan to coordinate mental health and addictions services, but the program has yet to be funded by the Government of Alberta.

The Framework requires addiction and mental health service providers to adopt a “shared care responsibility” to provide common-case management and seamless service delivery regardless of a client’s point of entry. Each program and each clinician is expected to develop fundamental “concurrent disorder capability” through direct training of current staff, hiring of cross-trained staff, mentoring through techniques such as job shadowing and collaboration with another service provider.

We heard from all service providers, whether they were prosecutors, members of the judiciary, law enforcement officers, probation officers, AADAC and other treatment and healing service providers, that there is a need to work together more and close the gaps in program and service delivery. An integrated system will assist each organization to better fulfill its mandate in reducing the supply and demand for crystal meth and other drugs and treating and healing those in need.

A CONVERSATION WITH STASHA

The Task Force was truly touched by our conversations with Stasha, a young woman who has dedicated herself to working with youth on the street, who are addicted to meth and other dangerous drugs. Stasha taught us that there must be stronger support connections among our health care community, AADAC and the non-profit groups that serve these often forgotten youth. Street youth need access to treatment and drug education programs that will help them survive and live healthy lives, but they also need our support and compassion to eventually move ahead.

Theme 3 GETTING TOUGH

One of the most effective ways of fighting back against the spread and damage caused by crystal meth is to get tough. Take steps to keep crystal meth off our streets. Make it more difficult to access, produce and sell. And get tough on drug dealers and drug producers.

Supporting police, law enforcement and first responders

Law enforcement has two important roles in addressing drug crimes – enforcing current laws and reducing the demand for drugs. It needs to have the resources and tools to deter and apprehend drug users and dealers while also mobilizing communities, allies and young people to stop the spread of drugs and drug culture in our communities.

During our consultations, we learned that crystal meth is readily available on the streets. Youth in Calgary told us that they could list a large number of well-known locations where meth can be readily purchased.

Most precursors (the chemicals necessary to make crystal meth) are available in small quantities at local stores, but many precursors are coming from outside of Canada in larger quantities. At the time of writing this report, 18,000 kgs (40,000 pounds) of ephedrine are unaccounted for and police suggest it is likely being used for meth production in Canada.

In terms of enforcement, a former user and dealer said it best when he told the Task Force that he wasn't afraid of getting caught by police for dealing because he knew it would be unlikely that he would have to go to jail, and if he did go, he would just make new criminal connections in jail.

The Task Force also learned that the meth culture is quite closed. It is difficult for police to trace the dealer on the streets back to the person making the meth, known as the "cook." The cook is insulated and protected because he is the money-making source. Investigations are long and onerous, and the RCMP Clandestine

Lab Team reports that each file takes at least one year before they can move on an economic-based lab (a lab that is designed to produce enough crystal meth to make money rather than just to feed a person's addiction) and attempt to arrest the producers.

There is a sense of frustration among police and provincial prosecutors who are working diligently and strategically to stay ahead of the dealers and producers. However, they feel that the court system is not providing an adequate deterrent. Drug trafficking is not considered a violent crime, and as such, criminals know that, if they are caught, they will only serve one-sixth of their sentence.

The Task Force heard that sentences need to be harsher, particularly for producers and traffickers. The incentive for producing drugs and trafficking is money. Dealers and traffickers must be penalized in a way that lessens the incentive through fines, jail time and seizure of their property.

While there has been a much-needed increase in resources for policing related to drug producers and dealers, few resources have been dedicated to reducing demand through crime prevention officers. Demand reduction is a preventative approach that seeks to reduce interest and demand for all drugs. Demand reduction works along with the efforts of the law enforcement community to reduce the amount or the supply of drugs. Both policing and demand reduction are important roles for the police to play.

Police and prosecutors face a number of challenges. Under the current precursor legislation, the onus is on prosecutors to prove that an item is the proceeds of crime. In Australia and the United States, a license is required for anyone choosing to purchase precursors. There is no requirement for precursor licenses in Canada. In addition, not all police, prosecutors and judges have direct experience and expertise in dealing with crystal meth.

We also learned about a recent change with Justices of the Peace (JPs). Instead of having JPs in various communities across Alberta, they now are located in Edmonton and Calgary only and serve the entire province from those two cities. Frontline officers and probation officers explained that this new process has meant that most people convicted of a first-time offence are not kept in custody. In contrast, JPs that lived in the community often had first-hand knowledge of the damage the person caused to the community and were more aware of the impact of not keeping the individual in custody.

The Task Force believes we must get tough on drug producers and dealers and put an end to the pain and injury they cause children, youth, young adults, families and communities.

The Task Force also heard from fire fighters who are first on the scene when fires occur at crystal meth labs. In addition to concerns about safety due to the hazardous chemicals involved and the risk of explosions, fire fighters also talked about the need for expanded hazardous materials training specifically for chemical drug labs. Currently, small fire departments are ill equipped to respond to these situations and suggestions were made that smaller communities should work together on a regional basis to ensure they have the capacity to respond.

Protecting the environment

Production of crystal meth is dangerous – to the individuals who make it, to people who try to shut down the labs, and to our environment.

Because of the various chemicals used to make crystal meth and the rudimentary procedures used, the result is a tremendous amount of toxic waste. Half a kilogram of meth produces four kilograms of toxic chemical waste. In most cases, the waste and residue from a meth production lab end up in the surrounding environment, leading to major environmental damage and significant clean-up costs. The chemical waste can also cause severe damage to the ecosystem and serious health problems if it is inhaled or ingested by people, animals or livestock.

Since meth labs can produce drugs in relatively short periods of time, production labs can easily materialize in unexpected places such as hotel rooms, abandoned rural buildings, or anyone's home. As quickly as a lab can be constructed, the drugs can be removed, leaving the lab and the waste to be discarded into the environment and leaving a landowner, landlord, or municipal district to shoulder the clean up costs. One Alberta county was recently caught off guard with a significant clean-up bill for methamphetamine waste that was dumped on county lands.

Alberta Environment is taking steps to amend the Waste Control Regulation to specifically reference the wastes from illegal drugs as hazardous substances under the Environmental Protection and Enhancement Act. This will strengthen our ability to ensure prompt and appropriate clean up of these substances. We need clear guidelines and standards for the clean-up and remediation of all meth and synthetic drug production sites so that clean-up costs can be more clearly assigned to the responsible parties. Albertans need to be assured that our land and communities are being protected. And steps are needed to protect the safety of first responders and clean-up crews who come into contact with toxic waste from meth labs.

Working with Aboriginal Communities

Aboriginal peoples – including First Nations, Métis and Inuit people in Alberta – have a unique place in the history, experience, culture, traditions and community life of Canada. The Government of Alberta has expressed its relationship with Aboriginal people and communities through an Aboriginal Policy Framework.²

The Task Force was grateful to meet with Aboriginal people throughout the province to discuss the impact of crystal meth on their communities. Members of First Nations and Métis communities, leaders, elders, youth, men and women, academics and researchers shared their knowledge and observations. They offered holistic solutions, and pointed to a more hopeful future through relationship building, respectful partnerships at the community level, laws and policies that put community wellness and safety first, and healing programs and services that focus broadly on youth, families, elders and the community. The protection of elders and vulnerable families was identified as very important. Ms. Susan Aglukark, renowned Inuu singer and role model, together with a remarkable team of Alberta youth, helped us gather information at a number of community meetings.



MEDICINE WHEEL

Aboriginal people told the Task Force their communities were vulnerable to the devastating effects of crystal meth and other drugs because of geographic and social isolation, lack of economic opportunities, the loss of culture, identity and language that resulted from historic policies of assimilation, and federal laws that fail to adequately protect First Nation lands and communities. Aboriginal community members spoke eloquently about the harm of drug pushers and gangs in their communities, drug abuse and addiction, and violence and harm to families today

and for the future. Evidence from the United States also suggests that Aboriginal communities are being specifically targeted by purveyors of drugs. We need to prevent that from happening in Alberta.

They were hopeful that stronger laws and law enforcement, community-based partnerships, and holistic healing approaches could help protect communities from the ravages of crystal meth. Information sharing, prevention and education programs, youth leadership development, and holistic healing programs were seen as key factors in this process. Holistic healing programs would recognize that healing is a long-term process that occurs in stages and should focus on the individual, the family, and the community.

We were reminded that Aboriginal people and communities have been leaders in developing Alberta's award-winning Youth Justice Committees that now extend to non-Aboriginal communities throughout the province. These Committees place a high value on accepting responsibility for one's own behavior, protecting elders and the community, and helping young people and their families to be strong community members. Some felt that Aboriginal holistic healing approaches to crystal meth abuse and addiction, as expressed on a medicine wheel, could work well for all communities. The medicine wheel's strong circle links future generations to past generations and seeks balance among the four directions in healing and maintaining physical, mental, emotional, and spiritual health. It focuses on honour and respect for yourself, all your relations, the community's culture and traditions, and Mother Earth.

2. Strengthening Relationships, Alberta's Aboriginal Policy Framework (September 2002)

"I am a Métis woman and a parent. Right now I am in a custody fight for my children's safety from the drug world. Their father is a convicted dealer. I am hoping that the Task Force will focus not only on the devastation crystal meth causes in families but the damage any illegal drug can do, too."

– participant in consultations

