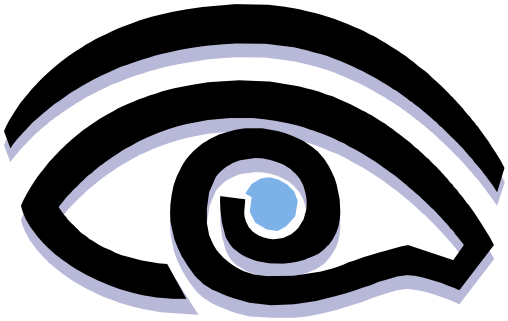
A Community Stakeholder View of Crystal Meth in Edmonton



Trends, Strategies, Challenges and Needs

Prepared for the

Social Development Working Group
of the Safer Cities Advisory Committee
City of Edmonton

MAKING EDMONTON A SAFER CITY

by Ann Goldblatt, Consultant
Edmonton, Alberta
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Executive Summary

Crystal meth has moved into the public consciousness with heightened media attention over several months, signalling a 'significant drug problem on the rise'. Through the voices of 81 stakeholders – 71 in Edmonton and ten across Alberta – this study looks beneath the surface to examine the extent of the meth use, its impact, what is being done to address the issue and what action is needed. A diversity of perspectives emerged.

Meth use is most prevalent among those 15 to 25 years of age, cutting across socioeconomic and geographic lines. The majority of stakeholders are addressing crystal meth in the larger context of drug prevention and treatment, along with some specific strategies because of the nature of this drug. For youth, alcohol, cannabis and tobacco remain the leading substance addictions, in descending order.

To address crystal meth more effectively, the most frequently mentioned need was for public education, followed by improved access to treatment, legislative change to limit access to the precursors, staff education and better educational materials. The Safer Cities Advisory Committee can use this report as a resource to raise awareness, share information and offer suggestions for community action, as recommended by the stakeholders.

A. Naming the Problem

Crystal meth has damaging effects on individual health and takes a toll on family and community health and safety. The toxic fumes and waste produced in the making of the drug pose threats to both human and environmental health.

Methamphetamine, crystal meth or meth, is a synthetic drug in the family of amphetamines and is commonly known as 'jib' in Edmonton. The drug is inexpensive to purchase, it is easily accessible and it offers a longer high than other drugs. For $10, a meth user can get a rush followed by a high lasting a sum of four to 12 hours, compared with about 20 minutes from crack cocaine for the same amount of money.

As a stimulant, meth use can lead to days without sleeping or eating. The person high on meth is usually highly agitated. That behavior can turn to aggressiveness and violence. As with other addictions, finding money to purchase the drug drives the inclination to steal.

The drug is locally manufactured in 'meth labs' by combining and cooking extracts from cold medicine and household chemicals and solvents. There is no 'quality control' and users do not know exactly what they are consuming. Because the labs can be quickly set up and dismantled in residential or commercial spaces - homes, hotel rooms, car trunks and abandoned buildings, as examples - it is difficult to stop the activity.

B. Lead-up to this study

The Social Development Working Group of the City of Edmonton's Safer Cities Advisory Committee initiated the crystal meth study. This piece of work fits into the group's broader interest in the gaps, needs and challenges stakeholders encounter related to drug use. The study is guided by the concepts of 'crime prevention through social development' and community health promotion.

The intent was to gather input from a select but diverse number of people working in the areas of drug use and abuse, addictions and health and, in particular, among those working with 'vulnerable' groups. The study was designed as a 'snapshot in time' and reflects the diverse perspectives in five areas:

1. Trends in the use of crystal meth and a profile of users, based on available data and observations.
2. Information about the drug and its impact on individual health, community safety and agency practice.
3. Strategies underway or planned within specific agencies and through collaborative initiatives. We were open to the response that crystal meth should be addressed in a broader context of drug use rather than as a separate issue.
4. Action proposed by stakeholders, based on needs, gaps and challenges.
5. Community responses to meth and lessons learned from a select number of municipalities across Alberta.

C. Method

The research involved 71 stakeholders in the **Edmonton area**, primarily through telephone interviews. The interviewees were from education, youth-focused and general community agencies as well as organizations addressing health, justice/law enforcement, addictions and prostitution.

With the knowledge that crystal meth is surfacing in significant numbers in several smaller municipalities, the research also involved interviews in **10 municipalities across Alberta**. Most of the communities were chosen as ones where a community response to crystal meth is underway. There was also an interest in assessing the extent of the problem across the geographic regions of the province.

D. Key findings

1. Who is using meth?

Based on the interviews, young people are the primary users of crystal meth in Edmonton, relative to the adult population, in particular those 15 to 25 years of age. The majority of stakeholders saw meth use cutting across socioeconomic and geographic lines. It is highly visible in the inner city but that reflects where young people gather rather than an inner city phenomenon, with users coming from neighbourhoods across the city.

2. What is the extent of the problem? What are the implications?
If you could hover over Edmonton and count everyone using crystal meth on a given day, you could lay claim to the most accurate assessment of the extent of the problem. In the absence of omnipresence, no one organization has the full picture. The numbers reflect the people with whom front line workers have contact and those reached through research studies. There is also speculation influenced by media coverage and hearsay, and by documented U.S. and British Columbia experience where the early trends were similar and meth use has gathered rapid momentum.

- A minority of stakeholders is not seeing any sign of meth use among the people coming into their organizations. The dominant perception, however, was that meth use is "out there" and increasing but not yet present in significant numbers in their programs. For some, this is sufficient reason to become informed about the drug but not a harbinger of major trouble. For others, especially those drawing on the U.S. experience, the signs point to a serious and alarming rise in meth use, with major implications for community safety and practice.
- The Edmonton Police Service may have the most complete picture of the extent of the problem, by virtue of their citywide mandate, their reach and their contact with people resorting to crime to feed drug habits.
- The majority of stakeholders indicated the problem has increased over the past 18 months. However, the available studies do not capture this most recent time period.
- Accurate numbers provide one measure to determine the need for resources.

E. Strategies underway

Community strategies in progress include educational presentations and materials, counselling and support programs. Most agencies are addressing meth in the larger context of drug prevention and treatment while several are undertaking targeted strategies, given that meth users are coming into their programs and there is limited knowledge of the drug among staff and volunteers.

At the level of **broad, interagency collaboration** regarding crystal meth, there are several initiatives underway, at both the provincial and municipal levels, to share knowledge and resources and to develop joint plans.

F. Gaps and areas for action

In the interviews, stakeholders consistently identified the following gaps and areas that need strengthening:

- **Staff and public education**

  Because crystal meth has some unique characteristics relative to other substances, stakeholders identified the need for education to recognize signs of meth use, to respond appropriately when a person is under the effects of the drug, and to take precautions in the presence of meth labs because of the toxic fumes.

- **Legislative change to limit access to the precursors for making meth**

  The ingredients and the equipment for manufacturing meth are readily available in local retail outlets. The federal Controlled Drugs and Substance Act only allows a charge if there is meth present. If all of the chemicals and glassware are found but they have not been mixed, there is no relevant charge under the criminal code.

- **More timely access to treatment of sufficient length and specifically tailored for youth**

  Stakeholders, particularly youth agencies, identified three major limitations to the current resources: the available treatment programs are not readily accessible because of waiting lists, many of the drug programs are not specifically tailored to youth or found to be effective for crystal meth. One major factor is that the programs do not last long enough to reflect the pattern of recovery. Another is that the research on effective treatment for crystal meth is still in the early stages.

- **Attention to the 'protective factors' that reduce the likelihood of substance use**

  Many of those interviewed stressed the importance of the 'protective factors' that create stronger communities, families and individuals, thereby reducing the likelihood of substance use.

- Stakeholders also identified needs for **social policy changes** affecting **access to affordable housing** and **higher income**, **research on the long term effects of meth and effective treatment**, **expanded outreach services** and **better enforcement laws**.

G. Conclusion

This report enables the Safer Cities Advisory Committee to facilitate community action on crystal meth in collaboration with others already engaged. The findings are grounded in a wide consultation with those who have an investment in prevention, health promotion and treatment.

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Introduction

Purpose of the crystal meth study

The Social Development Working Group of the City of Edmonton's Safer Cities Advisory Committee initiated the crystal meth study. This piece of work fits into the group's broader interest in the gaps, needs and challenges key stakeholders are encountering related to drug use. The frame of reference is 'crime prevention through social development' and community health promotion. The study fits into the Safer Cities' strategic plan for 2003-2005 and its mandate to explore areas of crime prevention through social development.

The intent of the study was to gather input from a select but diverse number of people working in the areas of drug use and abuse, addictions and health and, in particular, among those working with 'vulnerable' groups. The study would be a snapshot in time and reflect a scan of stakeholder perspectives.

The Social Development Working Group was interested in the following gains from the investigation:

1. To inform their decisions on possible actions related to drug use and root causes.
2. To provide a current and comprehensive picture of what community stakeholders regard as important needs, gaps, challenges and messages.
3. To identify effective means and strategies to mobilize the community around meth and drug use and around the root causes.

Based on the terms of reference, the study was designed to investigate five components:

1. Trends in the use of crystal meth and a profile of users, based on available data and observations.
2. Information about the drug and its impact on individual health, community safety and practice.
3. Strategies underway or planned, within specific agencies and through collaborative initiatives.
4. Action proposed by stakeholders, based on needs, gaps and challenges.
5. Community responses to meth and lessons learned from a select number of municipalities across Alberta.

Safer Cities context

The City of Edmonton Safer Cities document, *Building a Safe Community: Strategic Plan for 2003-2005*, outlines four strategic objectives. The crystal meth study directly addresses two of those objectives, namely:

- "Building safe communities through violence prevention."
- "Building safe communities by caring for the vulnerable."

In documenting and reporting on strategies underway, the study indirectly addresses the last objective:

- "Building safe communities by sharing successes."

The philosophy of Safer Cities is to look at the root causes of violence as well as local initiatives. Accordingly, this study covers a wide spectrum from the 'upstream' determining factors that influence meth and other drug use, through to the impact on individuals and the community, to action strategies. Dr. Iving Zola originated the term 'upstream thinking' with this analogy:

> You know, sometimes it feels like this: There I am, standing by the shore of a swift flowing river, and I hear the cry of a drowning man. So I jump into the river, put my arms around him, pull him to shore, and apply artificial respiration. Just when he begins to breathe, there's another cry for help. So I jump into the river, reach him, pull him to shore, apply artificial respiration, and then just as he begins to breathe, another cry for help. So back in the river again, reaching, pulling, applying, breathing, and then another yell. Again and again, without end, goes the sequence. You know, I'm so busy jumping in, pulling them to shore, applying artificial respiration, that I have no time to see who the hell is upstream pushing them all in. (Zola, 1970, as cited in McKinlay, 1975).

The study brings forward primary, secondary and tertiary levels of prevention:

- Primary strategies through educational and other 'protective' strategies to prevent drug use. 'Protective factors' are elements in the individual, family, school and neighbourhood, and among peers that buffer youth from the effects of earlier circumstances placing them at risk.
- Secondary approaches to identify and address meth-related problems early in their development.
- Tertiary strategies to intervene and mitigate harm where problems are evident.

The strategies reflect both the "collaborative" and "strategic" principles named in the Safer Cities strategic plan.

Methodology

The study was structured to reach a diverse set of key stakeholders and make effective use of a one-month time frame for conducting the interviews and preparing the report. A research team of three people, based in Edmonton, conducted a series of semi-structured interviews by telephone.

We conducted an in-person interview with AADAC to acquire basic information about the drug, the extent and nature of the problem and initiatives underway, and four other in-person interviews. We also facilitated one focus group discussion with youth at an alternative school to tap the perspective of people who have used and known others who have used crystal meth. In addition, we reviewed select materials to gather background information about crystal meth.

Interview tools

Two sets of questions were developed to guide the interviews. The first was a tool for interviews with community stakeholders in Edmonton (see Appendix B) and the second to guide interviews with key informants from other municipalities in Alberta (see Appendix C). The community stakeholder interview tool was pilot-tested with six interviewees but no revisions were required. Questions to guide the focus group discussion with youth are included in Appendix D.

Voices represented (see Appendix A for the **Summary** and **Contact List** of the **Community Stakeholder Interviewees**)

Interviews with stakeholders included a blend of executive directors, program managers, front-line staff, a parent and policy consultants, and addressed issues for youth and adults. To include a taste of direct experience, the researchers added one youth focus group to supplement the primary focus on community organizations. Some individuals consulted with their colleagues prior to the interview. In four instances, the information was relayed via a telephone message or e-mail communication.

The composition was as follows:

Youth (24 interviews)		**Youth and Adults** (45 interviews)				
Education	**Youth agencies**	**Community agencies**	**Health organizations**	**Justice/ Law enforcement**	**Addictions**	**Prostitution**
8 interviews	16 interviews	10 interviews	7 interviews	9 interviews	15 interviews	4 interviews
8 orgztns.	14 orgztns.	10 orgztns.	6 orgztns.	2 orgztns.	11 orgztns.	3 orgztns.
Parent –1 interview Youth – 1 interview Youth focus group - 8 participants						

Municipalities in Alberta (10)

Brooks
Calgary
Camrose
Drayton Valley

Edson
Fort McMurray
Fort Saskatchewan
Hinton
Lethbridge
Stettler

Total number of interviews

Community stakeholders in Edmonton		71
By telephone	65	
In person	6	
Municipalities in Alberta		10
Total		**81**

Format

Direct quotations are presented in italics, with the name of the sector represented at the end of the quotations. Sidebars indicate quoted excerpts from written materials.

Study limitations

The time frame for carrying out the study was the month of December (2003) and hence, there was a need to prioritize among the potential list of stakeholders. The original intent was to interview 15-20 organizations but that number grew as the study unfolded and it became difficult to contain the potential for a comprehensive consultation.

An appendix of additional individuals who could be contacted as part of follow-up work on this issue is included in Appendix G. The majority of these individuals were suggested during the interviews.

Research data on meth use is limited. Evidence of people coming into programs who are using crystal meth was primarily based on observations. Respondents acknowledged that others within their agency might have different perceptions.

Findings

PART 1 – TRENDS AND A PROFILE OF USERS

1.1 What are the trends for meth use in Edmonton?

The community stakeholder interviews brought to light three perspectives on the prevalence of meth:

- It is not an issue.
- It is increasing but the numbers remain a small proportion of the overall population.
- It is rampant and verging on becoming an epidemic.

Almost all were in agreement that there has been an increase in meth use in Edmonton over the past 18 to 24 months. Primary users of meth fall between the ages of 15 and 25. The three perspectives on the extent of the problem will be elaborated upon through the discussions that follow.

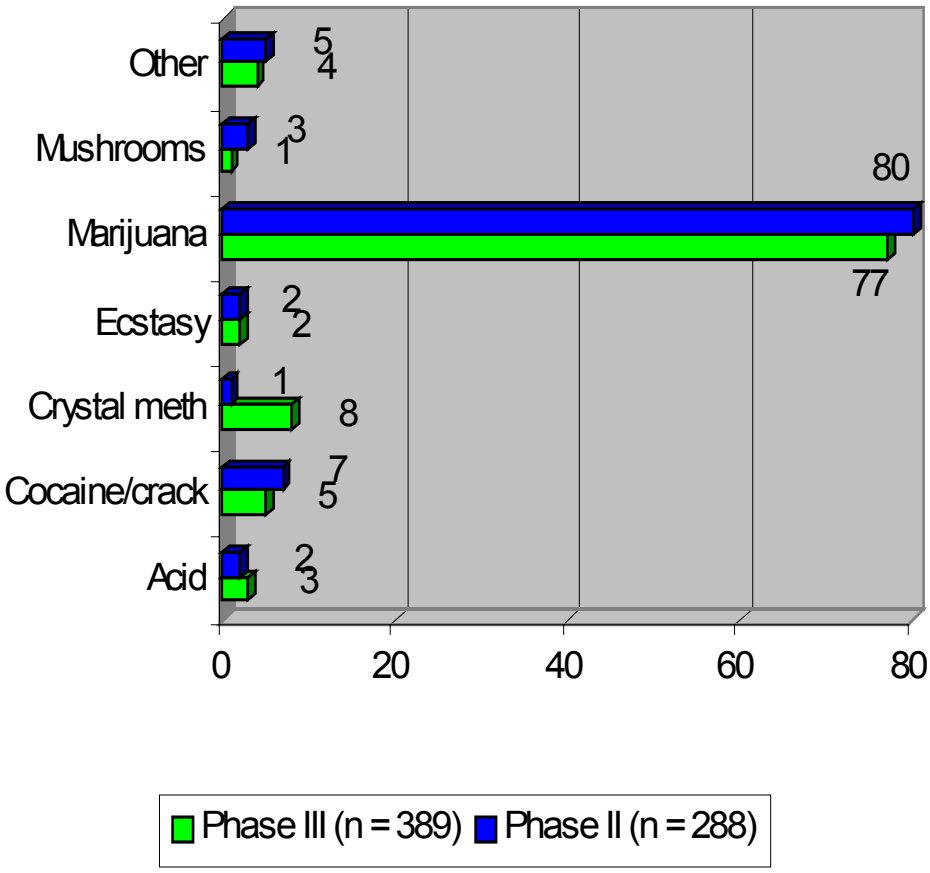
The bulk of the input for the study reflects stakeholder observations and perceptions. There are, however, six research studies that shed light on the extent of amphetamine use in Alberta, relative to other substances:

Organization/Source	Year	Participants	Sample Size	Findings	
Boys and Girls Club, Fort Saskatchewan	2003	Junior and senior high students (contact in the past 60 days)	765	Meth	25%
Wild, C. et. al, *Injection Drug Use in Edmonton's Inner City: A Multimethod Study* (Wild, 2003)	2003	Injection drug users	33	*Drug of choice* Morphine Talwin/Ritalin Cocaine & Opiates Cocaine Crystal meth	 33.3% 23.3% 10.0% 3.3% 3.3%
AADAC Research Services (Wild et. al., 2003)	2002 2003	AADAC clients		*Edmonton* Alcohol Cannabis Amphetamines/ Stimulants *Youth* Alcohol Cannabis Amphetamines/	 75.3% 46.0% 16.5% 64.7% 68.7% 25.2%

				Stimulants	
AADAC *Alberta Youth Experience Survey* (AADAC, 2003)	2002	Students in grades 7 to 12 in Alberta (tried at least once in previous year)	3,394	Alcohol Cannabis Stimulants (Ecstasy and Meth combined)	56.3% 27.6% 5.3%
University of Alberta, *Alberta Addiction Survey* (Wild et. al., 2003)	2002	Adults in Alberta (used in the past year)	3,511	*Alberta* Cannabis Crack, Cocaine or Freebase Amphetamines *Edmonton* Cannabis Crack, Cocaine or Freebase Amphetamines	 12.5% 1.7% 1.6% 15.4% 2.1% 2.0%
Gratrix, *Enhanced STD Surveillance of Canadian Street Youth (part of national study, funded by Health Canada)* See graph below. (Gratrix, 2001, 1999)					
Phase III	2001	Street youth, 14 to 24 in Edmonton (non-injection drug used in previous three months)	389	Cannabis Crystal meth Crack Ecstasy	76.6% 8.3% 3.2% 1.9%
Phase II	1999		288	Cannabis Crack Ecstasy Crystal meth	79.8% 1.6% 2.4% 0.8%

Enhanced STD surveillance of Canadian street youth - Edmonton site
(Gratrix, 1999, 2001 as part of national study by Health Canada)

Non-injection drug most often used x 3 months



The recently opened Boyle McCauley Public Health Office, providing a mobile communicable disease service in the inner city, tracks drug use on their 'intake' form. Between September and December 2003, two of the 100 individuals receiving service indicated they are using meth and 15.5% are injection drug users. The age distribution was as follows:

18-24 15.5%
25-39 35.1%
40-54 38.1%

As a rule, Edmonton Police Service does not document crimes related to meth use. Rather, they report on the number of people caught with illegal substances. People talk

about meth use after they are arrested, contributing to the anecdotal knowledge of the extent of the problem.

From a targeted program, figures concerning fraud charges associated with meth indicated 200 fraud charges, 1200 personal profiles (illegal gathering of information on someone else's personal identity) and 2000 credit card infractions, between December 2002 and September 2003. (Justice/Law enforcement) In a Globe and Mail article, police reported property crimes, such as break-ins, are up 11 per cent over last year, mainly because of methamphetamine addicts (Cotter, 2003).

Several agencies offered figures on the extent of meth use within their programs:

Type of organization	**Meth prevalence**	**Comments**
Addiction treatment facility (Residential)	14% of incoming clients	Sharpest increase as a drug of choice (meth and amphetamines). *We can look back and see somewhat of a parallel to cocaine when it was so challenging.*
Addiction treatment facility (Residential)	Close to 50%	Assessment includes the kinds of drugs they are taking, how they use them and for how long they have been using.
Addiction and mental health consultation	20% of clients	September to December 2003
Addiction support group	90% of newcomers	*It is replacing crack cocaine. Young people are attracted to it in increasing numbers – it is rampant.*
Support for women involved in prostitution	40% of clients (estimate)	Reflects participants during 2003.
High school	1 seizure reported	*1 of the 12 School Resource Officers [Police in schools] has come across meth use in the schools; more students are using but not in school or on school property.*
Three street youth agencies	80% of youth	*It has become the drug of choice for many.*

Meth labs are one indicator of the extent of the problem. A few people commented on the impression they have formed, primarily through the media, that the police and RCMP are finding more meth labs than in the past. Edmonton Police Service reports they shut down

two "super meth labs" capable of producing more than ten pounds of meth in a 24-hour period and "busted" ten meth labs between November 2002 and December 2003. That compares with two in each of the previous two years. They can lay a charge if the lab is in use but not if they find the equipment and ingredients. *The majority of the … portable meth labs are "mom and pop" style because they can be easily set up and taken down…and are therefore difficult to find.* (Edmonton Police Service, 2003) They speculate there are at least 50 meth labs in the city at one time. (Justice/Law enforcement)

It is not clear whether the drug is being made strictly for local sale and consumption or whether it is also being sent to other communities. The understanding, however, is that "cooks" are training others how to make meth. *A new cook is trained every 90 days.* (Justice/Law enforcement)

As mentioned at the beginning of the discussion on findings, there were divergent perspectives among the stakeholders on the extent of the problem. A minority is not seeing any sign of meth use among the people coming into their organizations. The dominant perception, however, was that meth use is "out there" and increasing but not yet present in significant numbers in their programs. For some, this is sufficient reason to become informed about the drug but not a harbinger of major trouble. For others, especially those drawing on the U.S. experience, the signs point to a serious and alarming rise in meth use, with major implications for community safety and practice.

The range of responses has been clustered in three areas: the evidence of meth use is a reason to become informed but not alarmed, there is cause for concern, and there is already a cause for alarm.

1.1.1 A reason to become informed but not alarmed:

- *Most users 'age out' of usage. The current response is … not unlike early responses to marijuana, speed and crack. People panic and become alarmists. Drug use is a symptom, not a cause.* (Community agency)
- *There is a lot of media hype. Crystal meth is the flavour of the year. It has become the lightning rod of all evils.* (Addictions)
- *Parents are panicked. Communities are immobilized. Some fear mongering is going on.* (Addictions)
- *This is not an epidemic. The police warning is based on the U.S. experience. Our prevention programs are stronger in Canada [and we are not likely to see the same numbers].* (Addictions)

1.1.2 A cause for concern…

- *There is no doubt that it is here. It is coming, growing, but it is not as huge as it is made out to be. People are right to be alarmed, but it is still a relatively small player.* (Health)
- *Meth is certainly a huge problem. The prevalence is not that high. It is lower than I expected. We always go through the whole list of drugs with them and*

they tell us about others, so I don't think they are denying or deceiving us about meth use. It is second to cannabis after tobacco, which is #1. But its effects are devastating. (Addictions)

- The high degree of paranoia associated with meth use may be keeping some injection drug users away from the needle exchange services because they fear the health professionals. (Health)
- *Alcohol is still the biggest drug [followed by marijuana]. We don't want to become overly focused on meth. It is often attractive to young people but the addictions phenomenon is the same. People choose particular substances that fulfill needs.* (Addictions)
- *We have been seeing more meth use over the past six months. Before, the preferred drug was cocaine. It is most widely used in the rave scene but not exclusively. In the inner city, we see a different population of people who will try anything. The two populations who were once separate are now mingling and that means there is a higher chance of [the middle class club population] using other drugs.* (Health)

1.1.3 Already a cause for alarm …

- *Meth gives a better high. When meth surfaces, it is an indicator that a group of youth are involved as opposed to one isolated case. Once one uses it, then the others do too. It takes over the school. What is happening in the northwestern United States is now happening here. It's big, popular, and easy to access. It's also a cheap drug and hard to detect so kids are switching over to it. It's coming up hard and fast and it's going to hit us like an epidemic. Five to ten years ago, it was an increase in crack cocaine. Now it and alcohol use have decreased. Marijuana is still number one and crystal meth is coming along strong.* (Justice/Law enforcement)
- ***I know that crystal meth is a huge issue but there are a huge number of people with mental issues who are falling pretty to it. The homeless are also involved. It isn't the club scene as much as the disenfranchised.*** (Youth agency)
- *I'm not having an upscale in meth use. That is in pot use. Eventually, there will be an increase. When drug use increases in general, so will crystal meth use. It's going to smack us in the face but we don't know when.* (Justice/Law enforcement)
- *We don't have a past history to do crime forecasting but we have the U.S. right beside and they do have experience. It's moving through California and into Vancouver. Coke [cocaine] and jib [meth] are not going to go away. It's becoming more and more common-place. We're seeing more dial-a-dopers, more labs, larger seizures. People don't like comparing Canada to the U.S. but everything they tell us is coming to fruition. We are about five to eight*

years behind them. In Nebraska, they went from finding 12 labs in 1999 to 800 in 2003. (Justice/Law enforcement).

- *The beat is inundated. It's all over Edmonton, not just in the inner city.* (Justice/Law enforcement)
- *This was a minor drug on the street. In mid-2002, there were few meth arrests. In 2003, it skyrocketed. Younger kids are getting involved. It's crazy – it's insane. Every day, there are new people. We call them 'speeders'. It is far easier to find meth than marijuana on the street right now. They operate like business – they need customers so they offer free samples. People don't know they are taking it. They try it a couple of times and 40% are hooked after using it for the first time. It is at least the same price or cheaper than cocaine.* (Justice/Law enforcement)
- *It seems prolific. Every kid you stop seems to have some involvement with meth. From hearsay, crystal meth is a factor in many complaints.* (Justice/Law enforcement)
- *You walk down the street and it's easier to buy meth than cigarettes. It will cost you $5 for the jib and $10 for a pack of cigarettes*. (Youth agency)
- Respondents in two alternative schools noted that those who are taking the drug are not likely to be in a school program because of the effects of the drug. (Education)
- *Meth is a drug being used in the [gay] club circuit. There has been a dramatic increase in the last year. It is very visible in nightclubs and back alleys.* (Health)

1.2 Who is using meth and what is its appeal?

A profile of people who are using meth in Edmonton encompasses two populations:

- Those who are using meth as their "drug of choice."
- People who are taking meth unwittingly.

Those who choose meth are looking for a stimulant that will keep them awake and heighten their sense of excitement and pleasure. Synonymous with the "addiction phenomenon," the choice of one drug over another is determined by the particular need an individual is trying to fill and is related to cost, availability and the resulting high. "Polydrug use," whereby people use more than one drug on a regular basis, was a common thread through the interviews.

Observations of prevalence across the interviews appeared as follows

Population	Observations of prevalence
Youth	Primary users, relative to adult population, with highest proportion between 15 and 25 years of age; most evident in

	inner city service agencies but users are from neighbourhoods around the city.
Adults	Small proportion relative to youth.
People dealing with substance addictions	Small proportion of substance use but increasing. Alcohol, cannabis and tobacco remain the leading substance addictions.
Women involved in prostitution	Small proportion but increasing.

More specifically, the following comments were made about the sub-populations involved in meth use and production, and the reasons for the drug's appeal:

1.2.1 Use among youth and the appeal of meth

- *Meth keeps you high for a long time. It keeps you away from reality. You're in the meth world. One 'point' for $5 can last from eight to 24 hours.* (Youth focus group)
- Several stakeholders commented that youth who have not been using drugs are experimenting with meth because it is so accessible. One stakeholder indicated meth use is primarily among youth already using alcohol and marijuana. They are shifting to crystal meth because of availability, price and the longer high. It is likely these individuals are no longer getting a high from smoking pot. (Justice/Law enforcement) *It's the newer drug for the new generation.* (Youth agency)
- *Pushing the edge, doing things that are risky, pushing the limits, looking for excitement, a strong sense of being bigger than and an erotic surge all fit into the developmental stage of the adolescent. It's a magnet for that population.* (Addictions)
- *A lot of girls start using meth because they want to lose weight. There are connections to anorexia and bulimia. It's a sign of this generation [with pressure to have a certain body image]*. (Youth agency)
- *Their lifestyle fits with this drug. If they are on the street, they want to stay awake so they are safe and don't have to find a place to stay.* (Addictions, Youth agency)

Another perspective was of youth backing away from meth use …

- *Some may take a stab at meth but realize you can't put your foot in too far before the undertow grabs you. We have lost some people to meth. Kids are mostly well aware of the dangers. It would not get status in the school – it's looked down on here. Kids have to come to terms with drug issues before moving through our program structure. If they are involved in drugs, they can't sustain the school program. They leave on friendly terms and can come back.* (Education)

1.2.2 Use across populations and the appeal of meth

- *Meth is bringing a huge influx of women into the city who need to make money [through prostitution] to get the drug.* (Prostitution)

- *Substance use is big in the gay community… They are taking it to deal with depression, because of self-esteem issues, to fit in and for body image. They worry a lot about body image. They feel good and they lose weight quickly. They're able to perform better sexually. It's preferred over ecstasy because the high lasts longer.* (Health)
- *Meth use is a symptom. People are taking the drug to fit into today's society, to feel good and not be depressed. They take it so as not to be bombarded by pain and suffering.* (Health)
- I think of it more as an adult problem. There's some use with younger people, but it's more 23, 24 and up. (Education)
- *We see it at all ages but it's moving down into the younger group because it's cheap and easier to buy on the street right now than marijuana…Regular folk are getting into this.* (Justice/Law enforcement)
- Mental health issues are "shining through" in the Opican Five City Study, a prospective study identifying "characteristics" of people who are heroin dependent, in Edmonton, Vancouver, Toronto, Montreal and Quebec City.
- *Higher rates of substance use are evident among people with anti-social personality traits, bipolar conditions, schizophrenia, a history of abuse, personality disorders and boredom.* (Health)
- *If cocaine dries up, they go for the next drug that is available, meth. Then meth becomes the first drug of choice.* (Addictions)

Crystal meth is easily accessed, inexpensive and offers the user a long high, making it a drug of choice for those who are drawn to these qualities. For example, $10 can buy you a high that lasts four to 24 hours, compared with a 20-30 minute high from $10-$20 of crack cocaine.

The majority of the stakeholders see this drug as one that reaches across socioeconomic and geographic lines. It is highly visible in the inner city but that reflects where young people gather rather than an inner city phenomenon. One stakeholder said "there are many middle-class youth involved [in drugs]. Meth started as one of the club drugs but is spreading beyond those settings." (Addictions) The youth in the focus group and the police are witnessing meth dealing and use in all parts of the city.

1.2.3 Use of the drug without being aware it is meth

Some youth and street-involved people, a portion of whom are injection drug users, are using meth without being aware that it is what they are consuming:

- Many young people are unaware they are using crystal meth when it is mixed in with other drugs, such as ecstasy or marijuana, particularly at clubs and private parties. (Education)
- *In the inner city, we see a population of people who will try anything.* (Health)
- *Among those who are walking in or on the methadone program, it is definitely present, but not on a regular basis. A high percentage of these individuals*

have mental health issues, including depression. They are often not aware of what they are using. They would buy anything. (Health)

1.2.4 Appeal in producing meth

Meth is both easy to manufacture and lucrative for the "cook". "An investment of a few hundred dollars in over-the-counter medications [along with] chemicals bought at the nearest hardware store can produce thousands of dollars' worth of methamphetamine". (Edmonton Police Service, n.d.) Further, an investment of $100 can yield up to $900 in profit. (Justice/Law enforcement) Unlike the drugs that need to be imported from another country, meth is a synthetic blend from readily accessed ingredients and a 'recipe' on the internet (see **Understanding the characteristics of crystal meth**, 2.1 and Appendix E, #9).

1.2.5 Root causes of drug use

Comments about the appeal of meth took the discussion further upstream to the root causes of drug use:

- *We seem to give kids enough money to live in poverty but not enough to provide for them, not enough to make healthy choices…We are just putting band-aids on and not addressing the real issue. There is pressure from the provincial government to look perfect.* (Education)

  Kids are pressured to have good grades but they cut back on important programs such as art and physical education and push the academics. We set kids up for failure, not success. The whole system has turned into a business model…we've lost sight of what education is all about. If the course doesn't help kids get a job, then they don't take it. Other than the academic subjects, what else is there to help them grow? (Education)

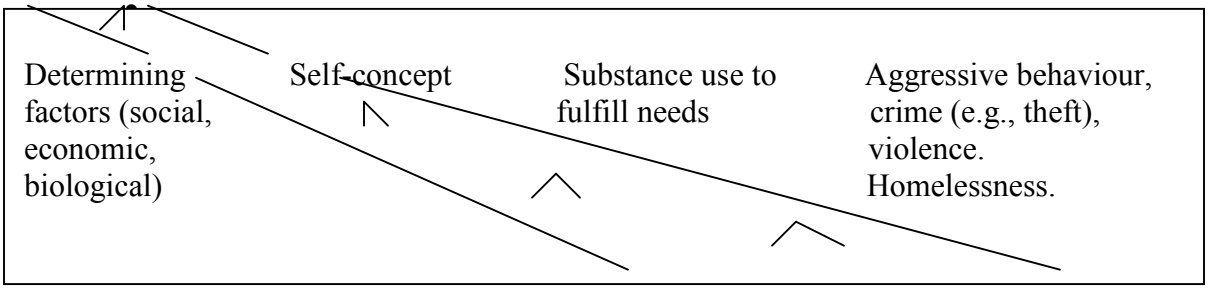
  There is a breakdown of the family and the community and we are not seriously addressing the problem and the victims are the children…It is a symptom of the cultural problem. Kids are alienated [in their relationships]. They are lost and disconnected. They want to feel valued and belong and if they don't get it from good relationships, then they get it from bad. (Education)

- *It's not so much about crystal meth but about kids in pain. It has more to do with family issues and self-esteem and crystal meth is just a tool. It's not the real problem.* (Youth agency)

- *The more pain and trauma, the more underlying issues, the greater the addictions. There is a big tie-in for those who have had trouble learning in the past. They may have had difficulties spelling, reading, affected by FAS/E, and this drug makes them feel good, feel on top of the world, even better than [others]. They feel invincible, like they don't need anybody*. (Addictions)

- *Homelessness and lack of decent, affordable housing make it impossible to do anything other than harm reduction.* (Community agency)

Root causes using 'upstream thinking'



PART 2 – UNDERSTANDING THE DRUG AND ITS IMPACT

While there are varying perspectives on the extent of the problem, stakeholders agreed that meth is a harmful substance. *I'm hearing huge problems – it's devastating. Meth is very difficult to treat and achieve positive outcomes.* (Health) The following section offers an explanation of the drug and its addictive qualities, and the impact at an individual and community level.

2.1 Understanding the characteristics of crystal meth

(See **Sources for Crystal Meth Facts**, Appendix E)

Meth (from methamphetamine) is a synthetic drug in the family of amphetamines. It is similar in chemical structure to its parent drug of amphetamines but causes more damage to the central nervous system. The ingredients are household chemicals and solvents combined with ephedrine from cold medicine, and the supplies are readily available in retail stores. Local "cooks" manufacture the drug in makeshift labs. The fact that it can be manufactured locally separates meth from other drugs, such as cocaine, which has to be imported from another country.

Meth is known by various street names, but "jib" is the most common term in Edmonton. Technically speaking, "ice" refers to meth that is 80% pure (Justice/Law enforcement). Meth comes in the form of "crystals" resembling pieces of ice, shaved glass slivers or clear rock salt. It also comes in a powdered form. The drug is sometimes sold in tablets or capsules that can be swallowed or emptied for smoking. The term, speed, usually refers to amphetamine and methamphetamine in pill form (AADAC, Quick tips on methamphetamine, n.d; Justice/Law enforcement).

> Amphetamine was first synthesized in Germany in 1887. In the 1930s it was discovered that amphetamines had both vasoconstricting and bronchodilating effects and [they were] marketed as a non-prescription inhaler to treat nasal congestion under the trade name Benzedrine. In the 1930s and 40s, amphetamine was used in the treatment of asthma, depression, obesity, and narcolepsy. However, early enthusiasm for medical use quickly waned as it was discovered that the therapeutic benefits amphetamines may have in treating obesity and depression are short-lived and offset by the serious liabilities of chronic use, including physical and psychological dependence, sleep disorders, psychological disturbances, and unwanted appetite suppression. (AADAC, Amphetamines, n.d.)

Meth is taken through smoking, injecting, snorting or swallowing, with smoking being the most common method. *Any substance that is smoked goes straight to the brain in 8 to10 seconds. It is the most addictive way of using the drug.* (Health) The smokable form was developed in the 1980s but is more potent now than it was in the past. Many young people are reluctant to use needles. This may well be their first hard-core drug after marijuana, and smoking is familiar. It is generally smoked in glassware that can be heated, i.e., light bulbs or glass pipes. When people choose to snort the drug, the inhalation can damage the septum between the nostrils.

A meth-induced "high" artificially boosts self-confidence; many users are overcome by a so-called "superman syndrome". In this state, meth abusers ignore physical limitations and will attempt activities they are normally incapable of performing. Meth is highly addictive. Continuous use is the only way to avoid the unpleasant and inevitable crash that comes when the drug begins to wear off.

Rush (5-30 minutes) – The abuser's heartbeat races and metabolism, blood pressure, and pulse soar. Feelings of pleasure.

High (4-16 hours) – The meth addict often feels aggressively smarter and becomes argumentative.

Binge (3-15 days) – The meth addict maintains the high for as long as possible and becomes hyperactive, both mentally and physically.

Tweaking (most dangerous stage for users, medical personnel and law enforcement officers) – Addict probably has not slept for 3-15 days and is irritable and paranoid. The person's eyes are moving ten times faster than normal, the voice has a slight quiver, and movements are quick and jerky.

> Keep at least three arm-lengths away.
> Keep your flashlight out of the person's eyes.
> Speak slowly and in soft tones.
> Move slowly and deliberately to decrease misinterpretation of your actions.
> Keep your hands visible.
> Keep the [person] talking.

Crash (1-3 days) – The addict does not pose a threat to anyone. He or she becomes very lethargic and sleeps.

Normal (2-14 days) – The [addict] returns to a slightly deteriorated state, relative to how the person was doing prior to the drug episode.

Withdrawal (30-90 days) – No immediate symptoms are evident, but depression and lethargy set in. Meth craving and suicidal tendencies may follow. A hit of meth at any time instantly stops those unpleasant feelings – consequently a high percentage of addicts in treatment return to abuse.

High-intensity abusers, often called *speed freaks*, focus on preventing the crash. But each successive rush becomes less euphoric and requires more meth. The pattern does not usually include a state of normalcy or withdrawal. They also experience extreme weight loss, very pale facial skin, sweating, body odour, discoloured teeth, and scars or open sores on their bodies. Hallucinations of bugs

> on their skin, referred to as "crank bugs," cause sores and scars resulting from attempts to scratch off these "bugs". (R.C.M.P., n.d.)

Recovery is a slow process. Withdrawal from meth is more a psychological than physiological withdrawal. It is a very difficult addiction to break, according to several stakeholders consulted. *It can take five to six tries to be successful.* (Addictions). The psychological addiction is more powerful and this is typical for stimulants. (Health) (See **Addictive Qualities of Meth**, 2.1.1)

Meth takes a toll on both individual health and well-being as well as community safety because of its effect on behaviour. The agitation and paranoia can lead to aggressive and violent behaviours, and those behaviors have an impact on family members and the community.

Those who are making meth are using any available space that is out of the public eye – homes, hotels, abandoned buildings, car trunks, vans, to name a few examples. Its production in "meth labs" is unregulated and users do not know what they are taking into their bodies. *The manufacturers are using household chemicals, drawing out the elements they need, but there may be residual chemicals. They are not necessarily using sterilized equipment.* (Addictions)

> Meth makers need ephedrine, which is found in common cold pills containing ephedrine or pseudoephedrine, household chemicals and solvents (e.g., iodine tincture, match books, denatured alcohol, paint thinner, drain openers, camping fuel or brake cleaner) and simple apparatus that can be purchased in a hardware store (e.g., foil, filters, funnels, lithium batteries, rubber tubing and propane tanks). It can be produced at home, in a motel room, in the backyard or in the trunk of a car (RCMP - Edmonton & Northern Area Crimestoppers, n.d.).

2.2 What is the impact of meth?

A parent's perspective

I was home every night. I was never a drinker and not a partier. I had never seen that kind of lifestyle. It was stunning – I just wasn't prepared. My then 16-year-old daughter was trying to help a friend who started using drugs. She [my daughter] was very strong-willed and thought she knew what she was doing and could control herself. She started losing weight like crazy and wasn't coming home. After being a very sociable kid who didn't like being alone and preferred the company of others, she started being very selective of who she would see. Her skin colour paled and looked yellow. It took about six weeks to figure out what was going on.

Personalities of people using meth change dramatically. They will do whatever they need to do to get the money to buy the drug – deal, prostitute. The hook was so strong that it took a whole year to get away from those people [who were using meth].

There were no supports in place so I had to do what I could on my own. I was so frustrated as a parent. I was screaming, 'help me, help me,' and there was nowhere to go.

It overwhelms me to see the amount of people involved. I'm hearing the same stories coming from all kinds of people. It's not just the young. It's a horrible, horrible thing and scary to think where we are going. It's worse than heroin, crack and cocaine because there's more access and it's less expensive.

Marijuana is the gateway drug and we're giving the wrong message by legalizing it. At 16, I did my stint too, but the drugs have a different addictive quality now. They cut different things into it. Kids form the impression that it's not that bad. We have no information on the long-term effects. Babies are being born to mothers who are addicted to meth.

The key was to keep [her] busy so [she] would have less idle time. I kept her with me all the time and influenced whom she would see. I took her to a youth conference and we're planning to travel oversees. I wanted to keep her surrounded with people who were safe. You can be clean for one year and fall off the wagon so I have to stay in relationship with her.

What's needed is education to create awareness and understanding. We need research into the long-term effects on the brain. We need to develop programs specific to this drug, such as informing people about the signs of meth use. We need the tools to prevent kids from getting started. By 15-16, it's too late. They need to know things such as how quickly you can become somebody's victim. My daughter was sexually assaulted while using, but she thought it was her fault at the time. It's been awful. (Personal communication, December 2003)

2.2.1 Impact on individual health and well-being

Visible effects
The toll of meth use on individual health and well-being is harsh, according to the literature and all of the stakeholders who have come into contact with people high on this drug. Users often do not sleep or eat for days and cannot focus or follow through on activities. Malnutrition sets in, producing significant weight loss and dehydration, as well as dental problems.

Some of the outward signs that a person is using meth are rapid eye movements, dilated or constricted pupils, skin rashes or sores, known as "speed bumps," cramping and muscle spasms, mental confusion, hyper alertness, feeling full after eating one bite of food and "tweaking" or "geeking," meaning to do the same activity for hours (crystalrecovery.com, n.d; RCMP brochure, n.d.).

- *They are sketchy [fidgety]. They're curious about everything. If you go into the home of someone who is using meth, you'll find they've pulled lots of things apart and they collect everything. Part of that is because of their paranoia.* (Justice/Law enforcement)
- *Many start slowly, just on weekends, and school teachers may not notice the effects. After six weeks or so, the person wants more and the addiction takes hold.* (Youth agency)

Individuals taking meth are likely to be agitated, highly emotional, impulsive and irritable, with a "hair trigger temper" that can lead to aggression and violent behaviour. Paranoia creates a low tolerance for stimulation and is often the source of the aggression. T*he person believes others are trying to start something with them when they, in fact, are the aggressor, the initiator.* (Youth agency) *...Everyone pisses you off.* (Prostitution). While users are ameliorating some symptoms, the drug is causing other psychological issues.

- *You're fidgeting. You feel edgy. You always have to be doing something. Your mind is racing. We used to get into so many fights. We [girlfriend and boyfriend] fought over stupid shit when we were coming down at the same time. Most can't go to school because they're too edgy. I did but I'm the only one who was able to do that.* (Youth focus group)
- *You don't give a *!# about no one. You're just thinking about how to get more. You'll borrow the money, rob, so you can buy more*. (Youth focus group)
- *You can get erratic, violent behaviours. They're upset, like someone who is having a temper tantrum, but not necessarily intending to hurt anyone. They will react if they are restrained.* (Youth agency)
- *If you mix crystal meth and cocaine, your heart can stop. One of the kids in our group overdosed on meth. She died for two minutes. Her heart had been*

pumping so rapidly that she had a heart attack. Thank God, she's young and she's able to bounce back. (Youth agency)

Effects on the brain

- *People don't practice safer sex when high. They lose their inhibitions.* (Community agency)
- *They don't seem to retain information after using the drug, even though they had been doing well academically beforehand* (Education)
- "*Lighter fluid [was] not made to be ingested."* (Prostitution) The impact on the brain could be permanent. Meth gets into the nerves and short-circuits the pathways, which is particularly serious for the developing adolescent brain. Research is lacking on the long-term brain damage. (Addictions)

> Each time a meth user gets high, methamphetamine floods the brain with serotonin, the happy "mood" chemical, and dopamine, the "pleasure" chemical. But once the meth wears off, serotonin and dopamine levels drop, often below normal levels, making the user feel lousy, and often depressed. (Frontier Health, n.d., web site)

Effects on social well-being

- *Young people already have barriers. Meth causes extensive barriers moving into adulthood. The young people who would move forward aren't. It affects their housing and placement. They are giving up everything because of it.* (Youth agency)
- *It tears apart the entire fabric of family, education, academics and relationships. It tears apart the fabric of society. It rips apart every aspect of their lives. Everything revolves around it. Their educational competence decreases…Tears of blood come out [of the eyes of families]. That's the greatest tragedy. It's ripping apart the family.* (Justice/Law enforcement).
- *A lot of homelessness is centred around use. A person might be staying in a group home but doesn't go home because he or she is awake. That individual is kicked out of the group home and is then without shelter.* (Youth agency)

Lack of "quality control"

Many stakeholders commented on the lack of standardization in the manufacturing of meth. Unlike the stimulants used in the past, such as "bennies," which were pills produced by pharmaceutical companies but used as mood altering drugs, meth is made 'at home,' combining various different chemicals and solvents, to different standards of purity.

- *I didn't know what I was taking, what kinds of chemicals were in it. I had no idea. Forty-five percent of what's out there is dirty*. (Youth focus group)
- *People cut things into it – there is no quality control. You can see meth in 16 different colours.* (Justice/Law enforcement)

Addictive qualities of meth
Divergent perspectives on the addictive characteristics of meth surfaced in the interviews:

Addictiveness varies among individuals using meth

- *The level of addiction and the damage to the brain will vary from one person to another because of differences in chemical make-up and tolerance*. (Addictions)
- *The police are saying they are addicted for life and that is not so.* (Addictions)
- *In your mind, you think you are in control. It is more addictive than cocaine. If you use it twice, the chances are great that you will become addicted. It is such a good high. The level of addictiveness varies according to your body – height, weight, genetic predisposition, how much sleep you've had and your mental capacity.* (Justice/Law enforcement)
- *Many don't think they are going to get drawn in. They are just experimenting.* (Youth agency)
- *We need a reality-based and not a fear mongering approach.* (Addictions)
- *Kids on it have stopped – they can stop*. (Addictions)
- *Some are more prone than others and can become addicted after a couple of uses*. (Health)

Use meth one time and you are hooked

- *It is different from other drugs because you sample it and it gets you hooked. With other drugs, you can use it one to two times but you're not hooked.* (Youth agency)
- *Addiction can happen with the first use; after the third or fourth usage, it's just about given.* (Education)
- *I heard in a presentation that after four uses, it causes serious destruction. Your body makes natural endorphins so that you can't feel good on your own without the drugs.* (Prostitution)
- The drug stays in the system a long time, making it extremely difficult to treat. According to many of those interviewed, it is "highly addictive". (Health, Youth agency, Addictions, Prostitution)

Withdrawing from meth
Stakeholders explained that the withdrawal from meth is more psychological than physiological. Because the brain has suppressed any natural processes of producing

pleasurable feelings, the user comes to depend on taking more and more of the drug to feel pleasure.

- *It is way more difficult to stop than what people initially think, especially for those with a mental illness … They are often not ready to stop. They need to hit rock bottom and it's a rocky bottom. They hit rock bottom when they have burned all their bridges*. (Health)

- *It takes courage, strength, will power and peer support to stop. You need to be doing something, like smoking cigarettes. You have to stay away from the people who are doing it … I realized people are more important than drugs.* (Youth focus group)

- *The success stories are few and far between. Anti-psychotic drugs and medication for depression is not working. To get off of it, people have to move away. Meth is not as hard to kick as valium physically, but mentally it is very hard.* (Justice/Law enforcement)

- *The chances of getting off are extremely slim. We're hearing a 3% recovery rate. I hardly know anyone who has recovered.* (Justice/Law enforcement)

> Eventually, natural reward messenger chemical production is almost shut down completely. If the drug is removed at this time, there will be a feeling of panic. This extreme state of irritability, tension and anxiety is what is called withdrawal. During this time attempts at meeting normal survival needs don't register satisfaction in the brain's reward system because the messenger for satisfaction has been suppressed by the drug. Instead, the central survival mechanism sends out a panic signal screaming that the body is in extreme distress. (crystalrecovery.com)

- *When the person crashes, they can sleep for 48 hours and end up very depressed. It can be intimidating to witness when people become aggressive and show a psychiatric paranoia.* (Addictions)

- *Coming down, the person experiences hallucinations and psychotic behaviours. Of all the drugs, this one is particularly hard to detox from. We say, 'they come down hard.' They are unreachable, violent. It is becoming increasingly a medical issue*. (Youth agency)

- *People tend to do well initially but hit the wall at three, four and five months, at which point they become depressed and unmotivated. This is a vulnerable time for relapse when a lot of support is needed. It can be misinterpreted as the person using the drug again.* (Youth agency)

Meth in relation to other drugs

Both meth and cocaine are used as stimulants but the effects on the brain are different. *"[People on meth, in comparison to those on cocaine] are more accelerated and bouncy, unable to remain focused for more than a few seconds. There is a lot of energy and the body is trying to get rid of the energy"* (Health). One stakeholder held a different view

that the paranoia associated with meth is no different from a "coke run" (Addictions). In contrast with the stimulants, heroin, an opiate, causes users to slow down.

> Both cocaine and meth boost brain levels of the neurotransmitter dopamine, which causes feelings of euphoria and increased energy, but go about it in different ways. Cocaine doesn't directly stimulate the release of dopamine; it prevents the normal recycling of the chemical messenger once it's released. Meth goes a step further — it actually gets into the nerve cell where it causes the excessive release of dopamine. Meth users can quickly become addicted to the spike in dopamine…Meth has more long-term, serious effects on the brain than cocaine. (Sommerfeld, n.d.)

Amphetamine is rapidly metabolized and is not going to show up in urine tests. It is not as common to combine meth and opiates. If a person can't get hold of cocaine, they use the next substitute. This is a more powerful form of what was known generically in the 60s as 'speed'. (Health)

2.2.2 Impact on community safety

The violent, criminal acts associated with crystal meth are expressions of aggression and a means of getting money to buy the drug. They have a negative impact on community safety. In the east end neighbourhoods of Edmonton, meth has been linked to domestic and gang violence. (Youth agency)

- *We're encountering parents who don't know what to do…They are scared of their children. There are large families living together, with grandparents as caregivers, who are scared of their own sons and daughters.* (Youth agency)
- *We took in two meth addicts, a couple of "tweakers". They stole my car and things from my home. It took five months to get them back on track. Eventually, they were sent away from the city to get away from bad influences.* (Addictions)
- *A small number of meth users can do a lot of damage.* (Addictions)
- *Drugs are fuelling property crime. Organized crime has a big hand in meth, particularly the larger meth labs. They are all in it for the money. They don't have a lot of turf wars. With cocaine, they kill off the competition but with meth, they are collecting their debts.* (Justice/Law enforcement)

An additional safety concern is the meth labs themselves. Making meth produces odourless toxic fumes which can explode, posing a danger to those who are living in or visiting that abode (socially or professionally), and those within close proximity. Many of the chemicals are flammable and highly reactive. Spending time in an environment where there has been phosphene gas, a byproduct of meth production and a poison gas used as a nerve agent in the First World War (Edmonton Journal, 2004), can make people ill. The toxic waste produced by the labs, which winds up in ditches, sewers and dumpsters, poses another public safety issue.

2.2.3 Impact on practice

Organizations working with people high on crystal meth have had to adjust their practice to take their needs and the effects of their behavior into account.

- *When they come here, they may have been on the street for days, sleeping on a park bench. It's scary; they are in a coma-like state. They are detoxing with us. They shouldn't be but there is no detoxing for kids. The programs are usually oriented to alcohol but we don't have a lot of kids using alcohol. We're concerned because we don't have a nurse on site. We're worried something will happen. We're not sure of the extent of the medical impact. We're not going to ask them to leave and put them back on the street. They need a place that is safe and warm.* (Youth agency)
- *We try to provide support, food, to get them into some other kind of activity. We are building relationships and trust.* (Youth agency)
- *Our program is very structured and meth users have a hard time with structure. They can't follow rules. We expect them to be in on time in the evening and up on time in the morning. We end up spending a lot of time on 'acting out' behavior instead of their issues. If they stay long enough, it settles down.* (Addictions)
- *Staff are backing off. They don't know how these people are going to react. They're unpredictable. It has such a damaging effect compared with pot. We say, call the police – we don't expect staff to put themselves in danger. We need more training and awareness for staff.* (Community agency)
- *I have some real concerns about the medical aspects of this drug. We are monitoring vital signs. A person could have a heart attack.* (Youth agency) *It's precarious for staff who are not medically trained.* (Addictions)

To reduce the likelihood of aggressive behaviour, staff need to know to stay out of the "personal space" of the individuals because of the paranoia. (Education) Caregivers need to keep the lights low, ensure there is minimal stimulation and allow the person time to sleep while ensuring they get some food and water into their system. (Addictions)

Cleaning up meth labs requires a heavy investment of resources. One pound of crystal meth generates ten pounds of toxic waste (Addictions).

PART 3 – ACTION ON METH

3.1 Strategies in place

Stakeholders responded in two ways to describe strategies underway to address meth. In many instances, agencies are addressing meth in the larger context of drug prevention and treatment. Several respondents spoke to targeted strategies, given that there are meth users coming into their programs or anticipated, and there is limited knowledge of the drug among staff and volunteers.

3.1.1 Organizational initiatives

Current meth-related strategies, sponsors, intended audiences and the orientation of their programs have been summarized in the following table. Case examples for four initiatives are also described (see **asterisks** in second column).

Strategy	Sponsor	Audience	Orientation
Education – Presentations Many stakeholders have sent staff to presentations on crystal meth and some have invited meth speakers into their agencies and/or pursued peer staff development.			
Resources for educational presentations			
Ongoing presentations	AADAC	Community audiences of youth and adults (by request)	Understanding crystal meth; prevention through building the protective factors.
Ongoing presentations Lectures for school audiences	Edmonton Police Services School Resource Officers	Community audiences of service providers (by request) D.A.R.E. – Drug Abuse Resistance Education for grades 5-6 Education on meth lab safety (60 presentations for 700 people) School presentations	Understanding crystal meth; prevention through knowing the dangers of manufacturing and taking meth; safety measures for entering meth labs
Ongoing presentations	Clean Scene*	Community audiences of youth (primarily through schools) and their parents	Understanding crystal meth and its effects from the perspective of people who have been addicted to drugs themselves. Focus is on shifting from

			negative to positive self-talk.
Initiatives to access educational presentations There appear to be a steady stream of educational events with a focus on meth, or meth in combination with other drugs, sponsored by various local and provincial organizations.			
Events: e.g., Conferences	e.g., One event was hosted by the Alberta Association of Services to Children and Families	Member organizations (**See list of attendees below)**	Understanding crystal meth
e.g., Seminars Provincial association planning two-three day seminar for spring of 2004.	e.g., Alberta Criminal Justice Association	Front-line criminal justice professionals. Planning committee includes Youth Criminal Defense Office, Edmonton Police Service, RCMP, Edmonton John Howard Society and National Parole Board	Understanding crystal meth
e.g., Agency workshops by invited speakers and peer educators	Youth and adult oriented community agencies*	In-service staff education	Understanding crystal meth
Education – Development of educational tools			
30-second Public Service Announcement (in progress)	HIV Edmonton and I-Human Youth Society*	General public	Working with a group of young people who have been using crystal meth to convey harm reduction strategies. Paid honorarium of $10 per session
Pamphlet on crystal meth	HIV Edmonton	General public	Harm reduction – accessible language
Producing information – print and on the internet	AADAC	General public Sent an information package to all MLAs	Inform people about meth and promote AADAC's prevention messages
Information pamphlets e.g., EPS is	Edmonton Police Service (EPS)	General public	Understanding meth and meth labs; public safety

producing a new pamphlet on safety entering meth labs	RCMP		
Internal task force (being formed)	AADAC	Staff	Communicating consistent messages across AADAC
Meth Task Force	Edmonton Police Service with municipal organizations and Alberta Justice*	Internal and in collaboration with others	Communicate what is happening in relation to crystal meth
Support for people dealing with meth and other drug addictions			
Web site, crystal recovery.com	Chimo Youth Retreat Centre	People recovering from a crystal meth addiction	
Youth Addictions Knowledge and Support group (YAKS) Down to the Grit	Boys & Girls Club, Chimo, Edmonton John Howard Society, Kids in the Hall, Old Strathcona Youth Co-op I Human Youth Society	Youth recovering from all types of substance abuse problems (sparked by increasing crystal meth addiction) Support group was in place for several months. May restart with more emphasis on incentives to come regularly.	Safe environment for discussion issues. Meet twice weekly; first session is with an invited speaker and second is to talk about issues
Outreach	Fresh Start, Prostitution Awareness and Action Foundation of Edmonton (PAAFE)	*We try to keep in contact …until the person is ready to quit, there is not much else we can do.* (Education)	Conveying unconditional support. *I ask the prostitutes to say they promise not to do meth – anything but crystal meth.* (Prostitution)
Counselling and education one day/week	AADAC	People who use particular community organizations.	Prevention messages and support for those dealing with

at several community sites	Native Counselling Services		addictions.
Harm reduction counselling	Boyle Street Co-op Boyle McCauley Health Centre* STD clinic Streetworks	Youth and adults dealing with addictions	Harm reduction, e.g., encourage people to use by mouth instead of injection. How to inject safely. Provide insights on the effects. Look at behaviours. *Ask, 'Are you eating? Are you sleeping?'* (Addictions)
Community development project Contents under Pressure	I Human Youth Society	Planning a huge sculpture with drug paraphernalia to stimulate dialogue Interviewed 15 'high risk youth' about their experiences connecting with agencies. Input centred on housing, school, counselling, addictions, food, legal issues and I Human itself	Harm reduction approach
Referral for treatment	Schools, youth and adult serving organizations	Youth and adults dealing with addictions.	Link to services with more experience and resources to address addictions *There's not a lot we can do, just support youth and refer people who want help* (Education)
Day program for stabilization and treatment Eight beds with families in the community,	AADAC	Youth and adults dealing with addictions	Community-based emphasis on learning to stay clean and sober vs U.S. emphasis on 'hospitalization' and 12- step philosophy

primarily for persons from out of town			
Law enforcement			
Investigation, detection and prosecution	Edmonton Police Service	Meth manufacturers and users	Countering illegal manufacture and use of meth
Edmonton Approach to Traffic Safety	RCMP	Edmonton Police Service has developed an approach to reducing drug-related crime through enforcement of road safety because of the spin-off 'discoveries' when stopping motorists	

Agencies in attendance at Alberta Association of Services to Children and Families:

AB Children's Services, Amiskwaciy Academy, Ben Calf Robe, Bent Arrow, Bissell Centre, Children's Services, Boys' & Girls' Club, Boyle St. Co-op, Chimo, Community Services, Connect Society, Catholic Social Services, Edmonton City Centre Church Corporation, Edmonton Integrated, Healthy Families Program, Heritage Canada, Kids Cottage Foundation, Kids In The Hall, McMan Youth, Family and Community Services, Edmonton Mennonite Centre, Metis Child and Family Services, Mountain Plains Edmonton, PACE, Partners for Youth, Sifton, Terra, Victims Services, WJS, Yellowhead Youth Centre, Youth Emergency Shelter Society,YMCA Edmonton and YWCA of Edmonton.

3.1.2 Case examples

Clean Scene's educational initiative
Clean Scene Network for Youth Society came into existence five years ago. Two staff members make presentations in schools and at educational events around Alberta and the Northwest Territories. They are directing the education to students between grades seven and 12. The presenters draw on their personal experience and knowledge of drugs and prevention.

> We don't address meth separately. Our idea is not to tell youth not to do drugs but to show them the results, show them what drug life can lead to. We are not using scare tactics – the "scared straight" approach. Instead, we're helping youth make decisions. There is a reason to be scared about what the drugs can do but we step back and talk about 'self-talk'.
>
> We use storytelling so that the youth can see themselves in the stories. As former users, we are showing our vulnerability – 'this is what I did and this is the result'. We teach them about the health consequences. I have Hepatitis C, I have a distended liver, an enlarged heart, daily nose bleeds and the beginning of emphysema.
>
> We're trying to say to them, 'we are all vulnerable' rather than feeling it can't happen to us. We require that the school host a parent evening on the same day but we often get very few parents coming. At the end of each session, I ask youth to write me a letter. Our plan is to write curriculum as a follow-up to the sessions. (M. Ryan, Clean Scene, personal communication, December 2003)

Preparing staff to help meth users

One youth organization has invested time and resources in educating staff since they have been seeing a significant increase in the number of youth with meth addictions.

> We invite speakers from places like AADAC and PChIP with the aim of learning how to approach kids using meth. The main message is to give them more space, knowing there is paranoia and they are given to violent outbursts. We are learning about the warning signs that a young person is starting to use meth. For example, if a person eats one bite at a meal and says he or she is full, that's a sign. Other signs are sores on a person's face or body and not taking care of personal hygiene
>
> I research and share information with staff. There is also a discussion group for youth once a week. They choose the topics and, from their interests, we have invited in speakers on drugs. We make referrals to AADAC day program, Boys and Girls Club (Solstice), Action North Recovery Centre (AADAC) and Henwood. (A. Desjardins, Inner City Youth Housing Project, personal communication, December 2003)

Creating a Public Service Announcement from voices of experience

A group of youth came together in 2003 and have been meeting once a week with a film producer and youth coordinator to produce a 30-second public service announcement on harm reduction and youth. Most of the participants are involved with I-Human Youth Society, an artistic collective that works with street kids and other youth at risk, and some are from Protective Safe House. Everyone in the group came with experience smoking crystal meth. Producing this harm-reduction video is an initiative of the Public Awareness Task Group of the Non-Prescription Needle-Use Provincial Consortium of Alberta (NPNU), and is guided by HIV Edmonton.

The kids in the group have been dealing with their own addictions while we have been creating this public education tool. We are so lucky to have I-Human. It keeps them hanging in. They are available for the kids day and night and it keeps them coming back.

As a step toward naming a single harm-reduction message for the PSA, we took time to learn and talk about meth and its effects. A presentation by a doctor working in addictions had a particularly high impact. He showed them a slide show on the effects of meth on the body and the brain; they heard they were *!#ing themselves up permanently and would have psychotic episodes the rest of their lives. This information was not met well by the kids – they began to understand and realize they were addicted to something ugly. It depressed them, but it also made them conscious of the need to quit, and to practice safe use.

They struggled to find one single harm-reduction message for the video. They finally settled on "Take a break --- or it will kill you". Some of their techniques are:

- Don't share pipes
- Drink plenty of water
- Always do it with someone you trust
- Try to get rest
- Try to eat and take care of your body
- Have sores looked after before they become infected
- Try smoking pot instead of meth
- Use condoms and practice safer sex
- Stay away from trigger places
- Stay away from crowds and dangerous situations when using

As the project unfolded, they were talking about the harm reduction techniques they were practicing between our get-togethers at HIV Edmonton. There were many challenging times but the momentum shifted after an abstract was accepted for the upcoming conference on harm reduction in March 2004. They added visuals and we're set to shoot the video. The immediate gain is the learning that has taken place for this group of youth. (T. Wynnyk, personal communication, December 2003)

Taking the harm-reduction approach

Several stakeholders working with people with addictions said their agencies adhere to the 'harm reduction' approach of minimizing the harm. Boyle McCauley Health Centre is one of those organizations.

> As with cocaine, we try to limit its harm, encouraging ways of using the drug that are less risky, e.g., by mouth instead of injecting, by using clean needles. We try to help them gain insight into the effect the drug is having on them and to look at their behaviours. This is a problem. A lot of people don't see it. They see the problem as not being able to get enough money to buy the drug. (M. Rose, Boyle McCauley Health Centre, personal communication, December 2003)

3.1.3. Interagency initiatives

At the level of broad interagency collaboration regarding crystal meth, there are several initiatives underway, at both the provincial and municipal levels.

- **Interministerial Committee on Crystal Meth**

An interministerial committee on crystal meth formed in July 2003. Nine ministries are participating: Agriculture, Aboriginal Affairs and Northern Development, Environment, Health and Wellness, Justice, Learning, Municipal Affairs and Solicitor General. AADAC, reporting through Health and Wellness, and Edmonton-based constable and meth specialist, Darcy Strang, representing the Edmonton Police Service, are also members of the committee.

The committee has three areas of focus: clandestine labs, treatment and an environmental scan. The report is complete but has not yet been formally accepted. Some actions are already moving forward with sub-committees.

- A major interest is in changing the Criminal Code to limit access to the precursors used in the production of crystal meth. Alberta's Solicitor General is trying to rally other provinces to jointly push for legislative change (Edmonton Journal, 2004).
- The Solicitor General is working to have pharmacists limit the sale of cold remedies as a key ingredient in crystal meth. Chemical companies can be encouraged to follow suit (Edmonton Journal, 2004).
- AADAC has teams of staff that can assist communities interested in developing broader strategies.
- Farmers are being asked to report theft of the chemical precursors.

Terms of reference for the environmental scan, a survey of stakeholders, will be confirmed in the months ahead. AADAC will oversee the environmental scan.

- **Non-Prescription Needle-Use Provincial Consortium of Alberta (NPNU)**

The consortium brings together 40 partners, including HIV Edmonton, Streetworks, the Canadian Liver Foundation, Alberta Health and Wellness, Alberta Justice and Health Canada. While there has been some discussion of meth, the approach is to address all injected drugs. The public service announcement case study described earlier is an initiative of the Public Awareness Working Group of the consortium.

- **Joint Children's Agenda – Working Group on Crystal Meth**

Under the umbrella of a broad initiative to develop a Joint Children's Agenda for Region 6 of Alberta Children's Services, a working group on meth met for the first time in December 2003. The group is composed of regional and municipal public service organizations and is working to develop a template for jointly responding to emerging drug issues, beginning with meth. The focus is on developing key messages and a treatment protocol with an initial step of 'fact-finding'.

Marilyn Mitchell of AADAC is the chair. Current committee members are from Region 6 – Children's Services (Sharon Long), Capital Health – Primary Health (Katherine Caine and Stephanie Donaldson-Kelly) and Children's Mental Health (Brian Malloy), Edmonton Public School Board (Gloria Chalmers) and Edmonton Catholic Schools (Rafina McLeod). The group will meet again in January 2004.

- **Mayor's Committee**

In the fall of 2003, Edmonton Mayor Bill Smith brought together organizations in the city he saw as front-line in dealing with the problem of illegal drugs. These agencies included Capital Health, Edmonton Public School Board and Edmonton Catholic Schools, Edmonton Police Service and AADAC. The group met once in the fall of 2003 to share information and discuss strategies to address illegal drug use in Edmonton and to look for synergies and ways of working more closely together. Mayor Smith is reconvening this group in January 2004 to review shared information and ideas in this area of critical concern.

- **Community Solution to Gang Violence Initiative**

In April 2002, Edmonton Police Service and Native Counselling Services of Alberta launched a community-wide process to address gang violence by inviting a cross-section of people from community and government agencies. The invitees included people from social agencies, multicultural organizations, health care, policing, corrections, education and business. The intent was to form a strategic alliance, build a collective vision and outline a five-year plan to stop gang violence in Greater Edmonton. The forum attracted 300 people. Since that time, small groups have been developing plans to advance the strategies identified. The lead individuals are Superintendent Mike Bradshaw (Edmonton Police Service) and Allen Benson (CEO, Native Counselling Services of Alberta).

- **Meth Task Force**

Edmonton Police Service formed a Meth Task Force in mid-2002. The group has met twice and is planning a third meeting. The participants are Edmonton Police Service, including the Drug Section and a School Resource Officer; Capital Health; Region 6 Edmonton and Area Children's Services' child protection and crisis unit representatives; teachers; Fire/Dangerous Goods investigators; Arson; Hazardous Waste haulers; Department of Justice and a media liaison. The purpose is to exchange information on what is being done in relation to crystal meth.

Edmonton Police Service participated in a Federal/Provincial/Territorial meeting of ministers responsible for justice, along with AADAC and the RCMP, to detail a proposed

strategy to prevent the spread of meth in Alberta. EPS also participates in a working group of Alberta Justice to educate prosecutors on crystal meth.

3.2 Action proposed

Consistent with the framework for Safer Cities and the strategies included in the international Ottawa Charter for Health Promotion (1986), stakeholders articulated the need for action in four areas:

1. Policy changes
2. Supportive environments
3. Strengthened community action
4. Support for individual coping skills

The most frequently mentioned need was for public education, followed by improved access to treatment, legislative change to limit access to the precursors, staff education and better educational materials. Stakeholders also identified needs for social policy changes, affecting access to affordable housing and higher income, research on the long-term effects of meth and on effective treatment, expanded outreach services and better enforcement laws. Many of those interviewed spoke to the importance of the protective factors that create stronger communities, families and individuals, reducing the likelihood of substance use. *The same strategies that work to keep young people free of alcohol problems apply to meth abuse* (Edmonton Journal, 2004).

3.2.1 Policy changes

Health policy changes

Stakeholders consistently identified the need for legislative change to limit access to the "precursors" used to manufacture crystal meth. This change has already been implemented in the United States.

- *The best thing we can do, by far, is to pressure the feds to make it illegal to buy the precursors. It's all legal now.* (Health)

> There is currently no legislation that effectively curtails or monitors the sale of these chemicals. The "Precursor Control Regulations" developed by Health Canada do not address the domestic possession of such chemicals. In fact, Health Canada is not currently monitoring the domestic sale of the chemical in Alberta. The Controlled Drugs and Substance Act only allows a charge…if there is meth present…If all of the chemicals and glassware are found but they have not been mixed, there is no relevant charge under the criminal code. (Edmonton Police Service, 2003)

Social policy changes

Changes are also required at the level of social development in terms of income security and affordable housing. Substance use is one response to numb or escape difficult circumstances, and selling drugs becomes a temptation for those seeking to make money

quickly. Unstable housing creates another vulnerability for people who are using and selling drugs.

Law enforcement
For some stakeholders, the need is for stronger law enforcement.

- We need to get the court system on board, to *hammer those in possession, trafficking. There should be a severe price … We are handcuffed by the legislation.* (Justice/Law enforcement)
- *There should be zero tolerance for this drug. We can't ignore it; we need to be firm. It's easier to hide, and therefore we need drug dogs [to detect possession]*. (Justice/Law enforcement).
- *We should have progressive sentencing.* (Justice/Law enforcement)

3.2.2 Supportive environments

The AADAC philosophy is to build protective factors and decrease risk factors, following the resiliency model that looks much more broadly and further upstream than at the drugs themselves. The protective factors have to do with things like building a relationship with a significant adult, engaging in recreation, sports and cultural activities. Kids who stay connected to the school system, who have interests, social structure and skills are more likely to make healthy decisions. *It sounds simplistic but it works. The focus is on people rather than on drugs*. (Addictions)

- *If you discovered a child using a hammer to destroy everything in a room, you wouldn't ask about the qualities of the hammer. You would look to see what was going on in that child's world to understand why he or she was intent on being destructive.* (Addictions)
- *There is a huge need for prevention. We don't do it well. There are massive controversies.* The protective factors (e.g., youth strengths) are the most important, followed by the risk factors (e.g., poverty) (Health)

3.2.3 Strengthened community action

One respondent offered a 'big picture' perspective that *we need a proactive approach instead of responding from crisis to crisis. We need to look at the aspects for which we do have control*. (Community Agency). Another noted that *those who work in addictions (ourselves included) are attacking this in a makeshift, piece-meal fashion and, thus, fighting an uphill battle.* (Education). Suggestions for strengthened community action centred on the need for expanded or improved research, education, prevention and treatment programs and collaboration. The 'treatment' suggestions include comments on what is wrong with the status quo.

Research

- Learn about the long-term effects on the brain
- Document the extent of the problem and demographics
- Track the trends

- *Health Canada should make a commitment to focus on youth. We need hard research and data.* (Youth agency)

Education

Stakeholders suggested education for a number of constituent groups, including youth, parents, service providers and faith organizations. There was a particular concern for workers who enter places that could have a meth lab (e.g., firefighters, child welfare workers, public health professionals).

- *The avenue we need to pursue is to promote consistent and responsible messaging. We need one consistent web site with information.* (Justice/Law enforcement)
- *Widespread education is needed – not just writing a pamphlet.* (Community agency)
- *Parents need to know, 'Who do I talk to? What services are available?' People can't be on high alert all the time. It is not helpful to instill panic, hysteria, which is what happens when the police say it can't be managed.* (Justice/Law enforcement)
- *Businesses need to be educated. They are causing grief through their ignorance. People are stealing receipts and mail out of garbage/recycling bins – called "binners". This leads to identity and property theft. It is speeders who are often the ones doing this. Businesses need to follow due diligence. We need the safeguards behind the businesses and the laws behind those.* (Justice/Law enforcement)
- *The club/party crowd are still the main users of meth. They respond better to an educational campaign. If they are better informed of risks, that has an impact. With this population [in the inner city], you don't see the changes right away but it's important to do the education.* (Health)

Educational messages

- Emphasis on protective factors to reduce the likelihood of young people becoming involved in drug use.
- Harm-reduction techniques are valuable for those not ready to stop altogether. Stakeholders noted there is controversy on this approach.
- Education is needed on signs and symptoms, general information and brain damage, in particular, the long-term effects of meth use. *One woman was grateful that we helped get her off cocaine. In her mind, cocaine was worse. They know a lot about the drug – where to buy it, how to use it – but they don't know about its long-range effects.* (Addictions)
- Government policies, i.e., relevant policies in place or needed.
- Prevalence, how crystal meth is made, available resources (e.g., rehabilitation).

- *Health professionals need to be educated on the physiologic effects, e.g., changes in blood pressure, heart rate. You might see changes on the ECG, that the person has had a little heart attack. This is unusual for someone in his/her 20s, who tends to be resilient. They tend not to eat or hydrate and there may be kidney failure. For those who are predisposed to problems, it could be catastrophic. If the substance use isn't obvious, health professionals tend not to recognize that it is there. A young crowd doesn't seek medical attention unless there is a crisis.* (Health)
- People who work in emergency response need to be aware of safety procedures as do others going into people's homes. *We have no control over the concentration of chemicals but we do have control over the amount of time spent there.* (Justice/Law enforcement)

Education for youth

- *Make the use of this drug a mandated part of the CALM curriculum.* (Justice/Law enforcement)
- Harm-reduction tailored for youth is lacking. Make youth the experts on what kinds of harm reduction techniques are realistic and fit for them. (Health)
- *We need education in the schools. They should bring in someone who is 18 or 19 who has come through an addiction.* (Youth agency) Use educators with personal experience. (Education)
- *We need more collaboration and financial support so that each child would receive the messages at regular intervals.* (Addictions)
- *We should not be using scare tactics. We need to increase their awareness but present information in a way that is kosher for kids.* (Community Agency)
- Another stakeholder expressed a different perspective on the messages that are needed, stressing the importance of "law enforcement education" that focuses on zero tolerance and punishment by law. (Justice/Law enforcement)

Educational supports

- *Tools for educating parents would help.* (Education)

Primary and secondary prevention programs

- *We need a maximum number of prevention programs with good qualities. We need more retreat centres. All levels of government should be participating.* (Addictions)
- *Like PChIP [Protection of Children Involved in Prostitution], we should be apprehending and pulling people off the street for detoxification*. (Addictions)
- *There should be more money for AADAC for outreach.* (Addictions) *AADAC says youth have to come to them.* Many inner city youth cannot access the

Youth Services office in Westmount. *[AADAC] needs a specific [outreach] focus on youth.* (Youth agency)

- *The problem isn't going to be quenched anytime soon. We need a special organization that is dedicated to working with inner city youth.* (Youth agency)

Treatment

Stakeholders, particularly youth agencies, identified major limitations to the current resources: the available treatment programs are not readily accessible because of waiting lists, many of the drug programs are not specifically tailored to youth or found to be effective for crystal meth. One major factor is that the programs do not last long enough to reflect the pattern of recovery. Another is that the research on effective treatment for crystal meth is still in the early stages.

Treatment programs are not readily accessible because of waiting lists

- *We need more treatment with ongoing, continuous intake so they don't have to wait months to get in. We have a small window of opportunity with youth – they change their minds quickly.* (Youth agency)
- *We refer to Poundmaker and St. Paul for treatment but there are three to six month waiting lists for Native treatment centres.* (Youth agency)
- *It's a long drawn-out process to get youth into programs. The treatment programs want the money up front. SFI [Supports for Independence, Alberta Human Resources and Employment] won't do that. SFI needs to designate a worker to work full time on street issues with youth, helping them get into treatment programs.* (Youth agency)
- *I've learned, from the literature, that youth have the best chance if the treatment takes place in the community. This way, they learn to make healthier choices, to say 'no'. Otherwise, they are in a bubble for two months and then back into reality.* (Youth agency)

Many of the treatment programs are not specifically tailored to youth

- *Kids think 'AADAC is for addicts' but they do not see themselves that way.* (Youth agency)
- *We need detox for youth, specifically for drugs. It's inappropriate to go to one for adults. Adolescents are different developmentally and cognitively. I don't see the benefit.* (Youth agency)
- *Current resource materials are not tailored to youth, in particular, incorporating harm reduction techniques. It is hard to find reasonable information that is not about abstinence and fear mongering. People are on a mission. We need a reality-based approach. At the presentation in Camrose, the message was 'you take the drug twice and you are addicted for life'. Meth is being driven underground. The most important work is to make sure youth*

are safe and alive at the end of the day. (Addictions) *We would like to open a safe house for addicts.* (Youth agency)

Treatment programs are not effective and not long enough

- *Not a lot of treatment modalities work. It requires long-term counselling. The users are so burned out. There is a lack of resources or treatment and no information on a harm reduction approach. Everyone is talking about the dangers. We do not have a full understanding of the chemical effects*. (Health)
- *We know what doesn't work – we don't know what works in terms of treatment*. (Health)
- *Strategies that work with other drugs do not necessarily work with meth. You cannot sit individuals in a group and talk about meth because it triggers use.* (Youth agency)
- *Counselling helped but AADAC should separate the cocaine form the meth users in treatment. Coming off meth and crack are totally different. Some people transfer from one to the other when they hear the withdrawal is not as bad.* (Youth focus group)
- *A much longer treatment period is needed. I would recommend a nine-month program, three months residential, three months intensive treatment in the community and three months follow-up and support. This isn't likely to happen because of the cost but the cost of inadequate treatment must be realized.* (Youth agency)
- *We really need some options. Instead of jail, they could serve their time (closed) in a treatment centre. They say they want to quit but often they are not there yet.* (Justice/Law enforcement)

Collaboration

A portion of the stakeholders spoke of collaboration as an umbrella concept. Others made reference to 'intentional' partnerships for particular purposes.

- *This is a community problem, not just a police problem. Someone told me it is easier to buy coke and meth in Edmonton than in Vancouver. It requires a coordinated effort. It requires time for planning.* (Justice/Law enforcement)
- *We would love to know who is doing what. We would love to work with AADAC.* (Youth agency)
- *All levels, not just front line, need to come together. There are wonderful things going on. We need to communicate and bring everyone to the table and contribute efforts rather than working separately.* (Youth agency)
- *When we get everyone together, we get great ideas.* (Justice/Law enforcement)

- *We can't work in isolation. Family, caregivers and the community all have a part to play*. (Addictions)
- *We need coordination among interested individuals*. (Health)
- *The police should link with others who have a mandate for addiction education.* (Justice/Law enforcement)
- *It is easier to pull together all the players in a small community. The Edmonton initiative, under the Joint Children's Agenda, is the first attempt to initiate action on meth in a large urban centre*. (Addictions)
- *We are always looking for partnerships*. *We can't tackle this on our own.* (Youth agency)

The players stakeholders suggest for inclusion in collaborative efforts include the following:

- AADAC
- Alberta Community Crime Prevention Association
- Alberta School Resource Officers' Association
- British Columbia Crime Prevention Association
- Businesses
- Community groups, neighbourhoods
- Federal, provincial and municipal governments
- General public
- Inner city youth interagency association
- Media
- Policing organizations
- Schools
- School board
- Social services
- Youth Criminal Justice Committee

4. Support for individual coping skills

Building on the comments about the limitations associated with current resources, the following is a summary of the primary suggestions for more effective supports:

- *Harm reduction big time.* (Health) *We tell the kids to try taking a break for one to two weeks. I've read that people live longer if they do that.* (Youth agency)
- Detoxification programs for youth
- Treatment for youth that is timely and tailored
- Longer treatment to reflect the nature of crystal meth addiction
- Specialized treatment, in-patient treatment

The youth focus group members talked about the importance of friends "who will support you through withdrawal". Echoing the comment from one of the out-of-town

interviewees, the informal system of support is seen as important, or sometimes more important, than the formal services for pulling away from a drug.

> AADAC holds to principles that are long supported and continue to be supported by extensive research: first, that in addiction, prevention is much more powerful than cure, and second, that most addictions have a common basis. Beyond the treatment required for individual physiological impairments, addicted people respond to similar long-term treatment: promotion of self-awareness and acceptance, re-establishment of coping skills, relationship repair, and community support. (Shene, D.A., AADAC, 2003)

PART 4 – EXPERIENCE FROM OTHER MUNICIPALITIES IN ALBERTA

We made direct contact with 10 communities across northern and southern Alberta to gather input on community approaches underway to address meth. We intentionally veered away from single agency initiatives.

The communities with broad strategies were Brooks, Camrose, Drayton Valley, Edson, Fort Saskatchewan, Hinton and Stettler. In Hinton, we interviewed a school teacher but were not able to reach an organizer for the community initiative. Representatives from Calgary and Lethbridge indicated meth use has not surfaced in a significant way, but both offered insights included at the end of this section. The contact for Fort McMurray indicated crystal meth is not a significant issue and there is no community response at this time.

Crystal meth use is primarily a phenomenon of "northern Alberta," but is spreading south into the Red Deer community. One stakeholder called the Yellowhead corridor a "drug route to the west coast", positing that as the reason for the large market in this part of the province.

One experience of note outside Alberta is a forum on meth organized in Vancouver in late 2002 (CCENDU, 2003). Their excellent report on the event offers a model for bringing stakeholders together to develop an action plan.

Key characteristics of the community responses to crystal meth in Alberta are presented in the following tables. See Appendix F for **Alberta Contacts outside Edmonton**.

Brooks	
Source	Don Weeisbeck, Mayor, Town of Brooks
Date initiated	December 2003
Catalyst	60-70 community members attended a seminar on drug use and learned about crystal meth. Organizing a public seminar for January 2004.
Approach/Strategies	• Put together a task force on drug use, focusing on marijuana, cocaine and crystal meth. • See this as an emerging issue. *I think we will deal with the users like the youth who are using and addressing it as early as possible within this group as well as looking at the supply side of things.*
Resources tapped	AADAC
Resources produced	None to date.
Participants	Lead: AADAC (Roberta Rogers) Participants:

	14 on task force, including: AADAC Alberta Learning Council Children's Services RCMP Teachers Town of Brooks
Funding sources	Individuals approached businesses and collected $2600 in donations. Money used to hire retired Calgary RCMP detective to do a presentation.
Budget	Budget for specific projects, as fund-raising allows.
Value of a provincial strategy	*Yes … the problem doesn't just sit in one community. When you get rid of it, you can end up driving it into others.* *A web site would be useful to obtain accurate information on crystal meth, provincially and nationally. Would be helpful for educating parents.*

Camrose	
Source	"Thinking outside the box, a prompt community response to the abuse of methamphetamine", article by Mary Wilton, Supervisor, AADAC Camrose area office; Tim Chamberlin, Communications Officer, Battle River Regional District #31 (Education).
Date initiated	Fall 2002
Catalyst	• Social needs survey in fall 2002 by the City of Camrose noted a perceived increase in the use of some drugs, particularly meth, in that community. • Younger population was becoming harmfully involved. • Invited Camrose police to present educational workshop for service providers. Attended by 64 people. • Small group stayed afterward to form Drug Task Force.
Approach/Strategies	• School division seconded a principal to develop a school-based response to drugs. • Adopted a multi-pronged and comprehensive approach, incorporating information, prevention and treatment. • *… the Task Force created "caring cards" to make it easier for teens to reach out each other.*

	Information • Considered educating students, teachers and parents as key. Sent information packages to all schools within Battle River school division. *The acting superintendent wrote an open letter to parents, outlining the school division's commitment to solutions and encouraging parents to talk to their children.* • Sponsored series of training sessions and meetings for school administrators, trustees and board members, front-line school and community staff and the general public. • Advertised events through information advertisements in regional papers and through press releases. Prevention • *Realizing that teachers greatly influence the students they see daily, Task Force members have planned presentations for every school in the division.* Treatment • Task Force created a flexible community-based treatment model, in response to diversity of needs described by parents of youth involved with crystal meth. • Includes regular case conferences. Youth assessed according to their degree of risk, protecting factors in their lives and willingness to receive treatment. Those requiring high intensity service are detoxified in the local hospital, under care of a psychiatrist. • Well before discharge, Camrose AADAC staff notify AADAC Youth Services Centre (AYS) in Edmonton to save a place, ensuring person will not wait long for admission to intensive day treatment. Build on readiness for change. • Producing a treatment handbook that includes flow charts to illustrate treatment and referral process.
Resources tapped	Parents of youth involved with crystal meth. Youth. RCMP resource by Detective Steve Walton, "Get the dope on dope -First response guide to street drugs".
Resources produced	Treatment handbook
Participants	Not available
Funding sources	Not available
Budget	Not available
Value of a provincial strategy	Not available
Lessons learned	*The success of this project followed from a unique set of*

	circumstances: strong commitment from the regional school division, a willingness among agencies to share time and expertise with each other, and involvement from youth and parents affected by crystal meth. *Community's response has gone well beyond the expertise of particular social agencies. An existing parent support group is an invaluable part of the treatment curriculum.* *The willingness of youth to tell us about their actual drug experiences meant that the Task Force could create better information, prevention and treatment strategies. Deliberately thinking 'outside the box' allowed us to make better use of both formal and informal community resources, to be creative in solving problems and to learn from the people who are most affected by those problems.* *Dedication of Task Force members and their willingness to think beyond agency boundaries helped create a collaborative atmosphere. The weekly Task Force meetings became opportunities to share information and evaluate the strategies as they were being implemented.*

Drayton Valley	
Source	Norma Block, Community Mobilizer, Family and Community Support Services, Town of Drayton Valley
Date initiated	1999
Catalyst	Town [council] and mayor were concerned about reports of increased crystal meth use within the town.
Approach/Strategies	• Conducted focus group and survey about crime. Crime and drug use associated. Crystal meth primary drug of concern. • Committee and researcher formed an action plan to include parent education, positive media, intergenerational approach (to break stereotypes and improve relationships) and performing arts (play on crime prevention, emphasizing self-esteem and awareness). • Hired full-time community mobilizer in 2000. Police officer and mobilizer worked together with task of addressing crime in the community in general and crystal meth within this mandate. • Activities included Salute to Youth, We Care About our Youth monthly radio show (ex-addict and police officer), weekly article on crime prevention in the newspaper,

	coordinated education in K-12 schools, parent to parent drug awareness group and a symposium (May 2003) to share ideas about crystal meth.
Resources tapped	AADAC, U.S. web sites, information from local police and other communities.
Resources produced	Not available
Participants	Not available
Funding sources	AADAC Community Initiatives Program Family and Community Support Service National Crime Prevention Weyerhauser
Budget	Not available
Value of a provincial strategy	*Yes, a national strategy is needed because it is necessary to identify duplication and gaps … to ensure that information is shared consistently and quickly … to increase the chances of not slipping through the cracks.*
Lessons learned to date	*Learned not to use addicts to give talks to their own communit because it results in stigma.* *Youth willing to partner; seniors were not.* *Be mindful of information given regarding drugs and anticipate its potential impacts.* *Try to get the community to think differently about addictions.*

Edson	
Source	Director of Community Services, Town of Edson
Date initiated	October 2003
Catalyst	*We've known for a long time that it was a problem but politicians did not know about it. The mayor went to a meeting where it was discussed and found out. He then proclaimed it an issue to do something about.*
Approach/Strategies	• Hired a facilitator to develop structure • Formed a drug coalition. Steering committee developing terms of reference and action plan. Will establish working groups to move the plan forward.
Resources tapped	First-hand knowledge of individuals affected by crystal meth

	(i.e., users, family members, people working with crystal meth users). *The whole community has to get involved in it, not just one to two agencies. It's going to have to be the whole community.*
Resources produced	Not available
Participants	Lead: Community Services, Director, and AADAC (Co-Chairs) Participants: AADAC Chamber of Commerce Child and Family Services 2-3 community members Community Services Community Services board members Correctional Centre (parole officers) County representatives Fire Department Friendship Centre RCMP Regional Health Authority Student Support Services Town Counsellors and Mayor Victim Services Yellowhead School Division
Funding sources	No funding at this time. Looking for available grants. Involvement in coalition and steering committee is completely voluntary.
Budget	Not possible at this time
Value of a provincial strategy	*A province-wide strategy is necessary. It's a province-wide problem. We can deal with it locally but it will only move on to the next town.* *Need regulations on components used to make crystal meth. I think that would put a big dent in it.* *Web site would be useful.*
Lessons learned	*People have to realize it's a whole community problem.* *Awareness needs to be increased and the problem needs to be acknowledged.* *Recognized the value of a facilitator to get us off the ground.*

Fort Saskatchewan	
Source	Fort Saskatchewan Record, January 13, 2004; Initial contact with Penny Seminiuk, Youth and Family Counsellor, Boys and Girls Club, Fort Saskatchewan.
Date initiated	April 2003
Catalyst	Not available
Approach/Strategies	• *Proactive approach* • Public education through events, including recognizing meth labs, coping with addictions, trend of the substance in the region and new initiatives to combat the apparent escalating problem. Speakers include former addicts, parents, DARE educator, RCMP K Division drug awareness, AADAC, recovery counsellors and physicians. • Drug survey among youth in a junior high and high school. Of 765 youths surveyed in November 2003, 25% have been in contact with meth in the last 60 days.
Resources tapped	Not available
Resources produced	Not available
Participants	Lead: Boys and Girls Club Participants: Not available
Funding sources	Not available
Budget	Not available
Value in having a provincial strategy	Not available

Hinton	
Source	Elementary school teacher
Date initiated	Became aware of the problem four years ago
Catalyst	*A real problem here among kids for whom school has not been a pleasant experience. Young girls are using their bodies to get the substance. Users quickly become overwhelmed. It takes over their lives. They may want to get back on their feet but cannot. Their lives become devoted to getting and using meth – prostitution, theft, break and enters are up. RCMP attributes this to meth.*

Approach/Strategies	• Schools use D.A.R.E. program delivered by police. • Counsellor available 1.5 days/week. Includes drug issues. • Column in the weekly paper primarily to educate parents. • Door to door campaign talking with parents and leaving pamphlets. • Want to work with student union to involve them in peer education.
Resources tapped	Not available
Resources produced	Not available
Participants	Not available
Funding sources	Not available
Budget	Not available
Value of a provincial strategy	Not available

Stettler	
Source	RCMP Officer, County of Stettler
Date initiated	January 2003
Catalyst	Safer Communities Coalition attended presentation in Camrose and learned about dangers of crystal meth.
Approach/Strategies	*We started to form a small group to deal with crystal meth before it becomes a problem. We are now looking at other areas to empower people to make proper decisions rather than taking a law enforcement [approach].* • Educate children and parents about crystal meth and other drugs and coming up with a way to address the problems. • Intent is to empower kids to make good choices.
Resources tapped	*We use whatever tools are available. We try to look for presentations that have 'meat' to them and that will be well received by kids, the target audience. Then we adjust them to meet the needs of parents and schools.*
Resources produced	*We haven't developed our own tools and materials. We 'stole' ideas from other communities and adjusted them.*
Participants	Lead: Shared among school district, RCMP and AADAC Participating organizations: AADAC

	Clearwater School District Various hospitals Persons from the medical field RCMP *We try to get people from all walks of life … to get ideas from everyone.*
Funding sources	Volunteers solicit funds from businesses to cover the cost of hiring speakers for presentations. All other involvement is voluntary.
Budget	Varies from no funds to $10,000, depending on the activities.
Value in having a provincial strategy	*It's a good step in the right direction. Every area is different so all groups have to get together to give input. The strategy also has to be flexible if it is province-wide [to accommodate differences in each community].*

Additional comments from Calgary and Lethbridge

Calgary and Lethbridge AADAC offices are seeing more clients with meth addictions, but it is still a small problem. Representatives offered the following perspectives:

Trends

- *Data consistently doesn't show this is an epidemic. It's really challenging for local people. We want to honour principles and values but not be seen not taking people seriously. We're in a dilemma.*
- *'Epidemic' is not a helpful term. It promotes panic, terror and anxiety. To call it an epidemic is dangerous because it immobilizes people.*
- *There is a time lag between a drug hitting the streets and presenting to AADAC for treatment.*
- *The police are more aware of the problem on the streets. It draws attention.*
- *We have a finger in the air to see which way the wind is blowing.*
- *The drug is so dangerous. There is no 'quality control' and people don't know what is in it; no credible professionals are producing it. People can make a fortune – a quick buck – and support their own habit.*
- *TCP – 'angel dust' – disappeared because street-involved people considered it to be way too dangerous.*

Strategies underway and required

- *The long-standing value of AADAC is to focus on the person rather than the drug.*

- *Build on strengths, not deficits.*
- *We should not disempower people's circle of supports. That creates anxiety and concern. We should look at the key influencers in a young person's life. This is a health promotion perspective.*
- *We have a 'Cocaine and recovery' workbook. We are updating and renaming it 'Stimulants and Recovery'. Those using cocaine and crystal meth pass through a similar recovery. We run a drop-in program one evening per week over eight sessions*
- *Longer treatment leads to better outcomes.*

PART 5 - Interpretation of the findings

The results of this study raise many questions for interpretation and dialogue. From our perspective as the researchers, we offer observations in three areas: the extent of the problem, implications for action and opportunities for collaboration.

5.1 Trends – What is the "true" extent of the problem?

If you could hover over Edmonton and count everyone using crystal meth on a given day, you could lay claim to the most accurate assessment of the extent of the problem. In the absence of omnipresence, no one organization has the full picture. The numbers reflect the people with whom front-line workers have contact and those reached through research studies. Beyond that direct exposure, there is speculation based on impressions and influenced by media coverage and hearsay.

- The Edmonton Police Service may have the most complete picture of the extent of the problem, by virtue of their city-wide mandate, their reach and their contact with people resorting to crime to feed drug habits.
- The majority of stakeholders indicated the problem has increased over the past 18 months. However, some of the studies cited do not capture this most recent time period.
- Knowing meth is primarily smoked rather than injected, agencies working with people who are primarily injecting drugs are not as likely to encounter a large proportion of meth users.
- Addictions organizations experience a lag between the increased popularity of a street drug and the time when people come for treatment.

A question arises as to the significance of having accurate numbers. The extent of the problem indicates the level of need for resources, such as meth education for service providers and particular populations, research studies and treatment programs.

5.2 Implications for action

How people view the risks and the most effective strategies for addressing crystal meth influences the messages they think should be used to raise awareness. By emphasizing the dangers of meth, people take notice but may be overwhelmed and thereby immobilized by the message. While the characteristics of each drug may differ, the underlying protective factors remain constant. There needs to be a balance between being informed and placing emphasis in the areas where attention is needed.

5.3 Opportunities for collaboration

Interest in collaboration arose in many interviews, although it was not foremost. Out-of-town interviewees spoke highly of the value of addressing meth as a whole community rather than seeing it as belonging to a handful of players. Collaboration emerges as a strategy that is not an end in itself. It can be an intentional strategy to achieve results in other areas: staff and public education, legislative change to limit access to the

precursors for making meth and more timely access to treatment that is sufficient in length and tailored for youth. Those who are already collaborating to address crystal meth may be receptive to working in partnership with the Safer Cities Advisory Committee.

These observations provide one layer of interpretation. They also provide a context for the implications for the Safer Cities initiative and recommendations for consideration that follow.1

PART 6 – IMPLICATIONS FOR SAFER CITIES AND RECOMMENDATIONS FOR CONSIDERATION

With the understanding that the Safer Cities Initiative is best positioned to stimulate dialogue, facilitate collaboration and advocate for changes that enhance crime prevention, the following table presents a set of implications from the study findings, followed by four recommended strategic directions for consideration.

6.1 Implications

Action proposed by stakeholders	Safer Cities Implications
Policy changes	
Strengthen federal regulations to curb the sale of "precursors" for making crystal meth	Participate in advocacy efforts to influence related federal and provincial policy changes
Improve income security and increase affordable housing	Engage community stakeholders in jointly advocating for federal policy changes on regulating precursors
Strengthen enforcement legislation	Stimulate dialogue and advocate for changes

Supportive environments Increase availability of environmental supports that increase the likelihood of prevention	Advocate for changes that support the protective factors for preventing drug use
Strengthened community action Expand research	Advocate for a research agenda in collaboration with the University of Alberta
Increase educational opportunities and availability of tools, with particular messages about meth and drugs	Assemble existing educational materials and facilitate collaboration for development of new materials
Improve prevention programs	Advocate for funding to support prevention programs
Strengthen treatment programs	Advocate for funding to support treatment programs
Increase the availability and accessibility of treatment programs that are tailored to youth and effective for people with crystal meth addictions	Advocate for funding to support strengthened treatment programs
Establish or build on existing links in order to collaborate on crystal meth strategies	Establish links between Safer Cities and existing coalitions on crystal meth and related drug issues In collaboration with existing 'coalitions,' bring stakeholders together for dialogue and debate. Confirm aspects for which consensus is required and stimulate joint action. One event could take the form of a youth forum, organized with/by youth Share information and raise awareness among senior city administrators around this issue and the work that is being done Using Safer Cities' City of Edmonton network, distribute the study report and work internally to raise awareness of crystal meth and related issues for families, youth and neighbourhoods (e.g., among community recreation coordinators, social

	workers and those addressing safe housing)
Support for individual coping skills Implement tailored programs to help individuals and families coping with meth addictions	Advocate for program funding

6.2 Recommendations

Based on the findings of the stakeholder consultation and the priority of crime prevention through social development, we recommend that the Safer Cities Advisory Committee, through its Social Development Working Group, consider the following four strategic directions:

1. Establish links with existing collaborative groups already addressing crystal meth and related issues.
   - Circulate the study report, *A Community Stakeholder View of Crystal Meth in Edmonton*, to leaders of existing collaborative groups that are already addressing crystal meth and related issues
   - Arrange opportunities to meet with each leader to discuss the findings and interest in taking joint action.
2. Sponsor or co-sponsor an event with another collaborative group(s) to bring together stakeholders for dialogue and debate on action required to address crystal meth in Edmonton.
3. Use the findings of this study to inform and raise awareness of the related issues among City of Edmonton administration and staff.
4. Develop an advocacy plan to take forward positions on issues affecting the safety, health and well-being of people in Edmonton in relation to crystal meth.

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Appendix A
Community Stakeholder Interviewees
Summary

Note: Bracketed numbers indicate the number of interviews conducted if there was more than one in a single agency.

Youth		Youth and Adults				
Education	**Youth-focussed community agencies**	**Community agencies**	**Health organizations**	**Addictions**	**Prostitution**	**Justice /Law Enforcement**
Boyle Street Education Centre Edmonton Public School Board Edmonton Catholic School Board Grant MacEwan College Inner City High NAIT NorQuest College University of Alberta	Big Brothers, Big Sisters Boys and Girls Club Catholic Social Services – Protective Safe House Chimo Youth Retreat Centre I-Human Youth Society Inner City Youth Housing Project McMan Youth Services (3) Mill Woods Youth Council Northeast Teen Co-op 124 Street Youth Drop-In Partners for Kids and Youth Spiritkeeper Youth Society Teens Helping Teens Crisis Line	Ben Calf Robe Society Bent Arrow Traditional Healing Society Boyle Street Community Services Co-operative Elizabeth Fry Society Edmonton John Howard Society Metis Child and Family Services Metis Regional Council, Zone IV Native Counselling Services Voice of the Urban Tribe, Northeast Edmonton Provincial Association: Alberta Association of Services to Children and Families	Boyle McCauley Health Centre Capital Health – Boyle McCauley Public Health Office Health Canada – Population and Public Health Branch HIV Edmonton STD Clinic (2) Centre for Health Promotion Studies, University of Alberta	AADAC i.e., AADAC Recovery Centre AADAC Prevention AADAC Youth Services (2) AADAC Contract consultant Alberta Health and Wellness – Non-Prescription Needle Use Provincial Consortium of Alberta Capital Health - Addiction and Psychiatry Consultation Service, University of Alberta Hospital, Clean Scene Network for Youth Society Edmonton George Spady Centre	Crossroads Outreach (2) Kindred House Prostitution Awareness and Action Foundation of Edmonton (PAAFE)	Alberta Solicitor General Edmonton Police Service i.e., Drug Section (2) Economic Crime Section Patrol Division School Resource Officers (4)

	Youth Emergency Shelter			Henwood Treatment Centre McDougall House Narcotics Anonymous, Edmonton Area Salvation Army Streetworks Harm Reduction Program Urban Manor		
Parent: Parent of a 16-year-old daughter who had a meth addiction **Focus group**: 8 youth; 3 had used meth and another 2 had used crack cocaine but had not tried meth **Youth:** 15 year old youth, former user of cocaine and meth.						

Appendix B
Interview Tool #1
Crystal Meth Community Stakeholders in Edmonton

Target: 20-minute interview

Introductory comments

I am working on a small study for the Safer Cities Committee (City of Edmonton). The committee wants to get an understanding of what community organizations are seeing and doing, if anything, about crystal meth, and what people think should be done.
I would appreciate the chance to interview someone familiar with drug use among people coming to your organization. I anticipate the telephone interview will take about 20 minutes.

A. What is the current picture?

- Is crystal meth an issue in your organization?
- What trends are you observing (who is involved, increasing/decreasing/stable)?
- Is this similar or different from other drugs?
- What impact is the use of this drug having on your organization, on the people using meth?

B. What are you doing now?

- Is this a priority in your organization?
- What strategies, if any, do you have in place (e.g., programs, services)? Are you gathering any data? Are there any lessons learned to date?
- Are you working in partnership with others? What resources are you tapping (e.g., AADAC)?

C. What needs to be done?

- What action, if any, needs to take place in Edmonton?
- Do you have any other future plans in this area?
- What supports (e.g., educational material, data, linkages, funding, research) does your organization need to address meth?
- Would it be beneficial to collaborate with other organizations around this issue? With whom?

D. Who else should be included?

- Are you aware of anyone else (organizations, interagency committees) working on this issue?

Appendix C
Interview Tool #2
Crystal Meth Key Informants in other Towns/Cities in Alberta

1. When did this community initiative begin?
2. What was the catalyst for the initiative? Why did it get started?
3. What is the purpose/intent? What progress has been made thus far? What tools are you using? Are there materials you could share (e.g., reports, educational materials)?
4. Which organizations are participating? Who is taking the lead?
5. What other resources are you tapping (e.g., for information)?
6. How is the initiative funded? Are you able to share information about the size of the budget?
7. What are some of the lessons learned to date?
8. Do you see value in having a province-wide strategy? What would be useful (e.g., web site, brochures, forum)?

Appendix D
Interview Guide for Youth Focus Group

1. From your experience, who tends to use meth (e.g., males, females, age, inner city/other neighbourhoods)?
2. What is the appeal of this particular drug? How does it compare with the appeal of other drugs? How does the cost compare?
3. What impact did it have on you, or someone you knew who was using meth?
4. What would make a difference in influencing you not to start, to use more safely or to stop taking meth?
5. What should be in the messages to youth about meth?
6. If you or people you know have tried to get help, what was that like? Was it helpful?
7. What would be more helpful?
8. Do you have any other comments you would like to make about meth?

Appendix E
Sources for Crystal Meth Facts

1. AADAC
Quick Tips on Methamphetamine
http://corp.aadac.com/drugs/factsheets/meth.asp

2. AADAC
Parent Information Series: The truth about popular drugs
http://parentteacher.aadac.com/parent_info_series/parents3_3.asp

3. AADAC
Developments – Crystal Meth
An old drug takes on a new shape [excellent article]
Fear, longing and crystal meth
AADAC resources for youth
AADAC resources for information on methamphetamine
http://corp.aadac.com/programsservices/developments/Introduction

4. AADAC
Just the Facts - Crystal Methamphetamine
http://www.zoot2.com/justthefacts/clubdrugs/crystalmeth.asp

Just the Facts - Amphetamines
http://www.zoot2.com/justthefacts/drugs/amphetamines.asp

5. AADAC
Beyond the ABCs of Amphetamines – Amphetamines and Methamphetamine
http://corp.aadac.com/drugs/beyond/amphetamines.asp

6. Crystalrecovery.com
Frequently Asked Questions
http://www.crystalrecovery.com/index.html?=3AnswersAE.html

7. Drugs forum (U.S.A.)
Methamphetamine and amphetamines (includes photograph and multiple links to web sites concerning methamphetamine)
http://www.drugs-forum.com/amphetamine.html

8. What you need to know about parenting of adolescents
What is methamphetamine (from the National Institute on Drug Abuse)
http://parentingteens.about.com/cs/meth/l/blmeth1.htm

9. Crystal Meth Ingredients
http://www.totse.com/en/drugs/speedy_drugs/165183.html