

## ***Methamphetamine:*** **Proactive Approach Used to Halt Emerging Use**

Historically, the production and use of methamphetamine has not been a huge problem in Manitoba, but according to addictions and law enforcement experts, that is about to change unless preventative steps are taken.

This message came out loud and clear at the Western Canadian Summit on Methamphetamine held last November in Vancouver. Delegates learned that use and

production of this dangerous drug is becoming wide-spread in Vancouver and the western United States, and that this trend is moving east. Anecdotal evidence shows that in recent months, law enforcement agencies in Alberta, Saskatchewan and Manitoba are making more seizures of methamphetamine and the raw materials used to make it. As well, several clandestine labs where the drug was being produced have been uncovered by police. It's only a matter of time, they say, until the presence of methamphetamine causes havoc in communities across the prairies.

“The Vancouver Summit was important in helping stakeholders to understand the scope of this emerging problem,” says John Borody, CEO of the Addictions Foundation of Manitoba (AFM). “The goal of the Summit was to develop some recommendations for tackling methamphetamine use before it becomes an epidemic on the prairies.”

### **WHAT IS METHAMPHETAMINE?**

- Methamphetamine is a powerful central nervous system stimulant that can come in powder or crystal form.
- The powdered form is commonly referred to as speed, meth or chalk.
- The crystal form is known as crystal meth, ice or glass.
- Methamphetamine can be taken orally, injected, inhaled or smoked.
- It causes intense feelings of euphoria lasting 4 to 8 hours.
- The negative short and long term consequences of regular use are serious (see other side).

### ***A Collaborative Approach***

At the Summit, Borody was one of nine members on the Consensus Panel, which listened to information presented by 25 international experts. As well as speaking on all aspects of the issue, these experts participated in dialogue with the 250 Summit delegates to develop a collaborative approach to the problem. Delegates included addictions and law enforcement specialists, policy makers, health care providers, researchers and users.

Borody and the Consensus Panel members are currently

working on a Summit Report to be delivered in March to all participating organizations and to the provinces. The report will summarize the findings of the Summit, focusing on five areas: the scope of the issue of methamphetamine in western Canada; health concerns; law enforcement as it pertains to production of methamphetamine; best practice in prevention and health promotion; and opportunities for collaboration in policy, programs and research.

Zenon Lisakowski, Prevention and Education Consultant at AFM, participated as one of the delegates. “The Summit was a great way to get people to put their heads together to look at the issues and be proactive,” he says. “If we can get prepared and take some action now, we can prevent bigger problems in the future.”

For example, in the area of law enforcement, better control of the ingredients (known as precursor chemicals) used to make methamphetamine may stymie production, and therefore make it less available. To do this, law makers and law enforcers will have to work together on a solution.

But it’s a challenging issue, because even the general public has access to some of the ingredients, such as Sudafed, which is found in cold medications. “We don’t want cold medications to be hard to obtain by a family with a sick kid,” says Borody. “But we do want to find a way to make it harder to obtain the larger quantities needed to produce methamphetamine in illegal clandestine labs.”

### **Dangerous**

Not only does increased production of methamphetamine make it more readily available, it also causes hazards to the environment and to the people in the vicinity of the labs, including children. Mixing of the chemicals in homes or mobile vehicles can cause explosions, fires, chemical burns and toxic fumes. Five to six pounds of hazardous waste is produced for every pound of methamphetamine made. A specially equipped and trained response team must be utilized to take down one of these labs.

## **PREVALENCE OF METHAMPHETAMINE**

More research needs to be done to investigate the prevalence of methamphetamine. The following provides some information:

- A recent study of homeless youth in downtown Vancouver found that 70% have used methamphetamines in the past.
- A Canadian Addictions Survey released in November 2004 indicated that 3% of the Manitoban population had tried crystal methamphetamine in the past year. This translates to 33,000 Manitobans.
- The Winnipeg Police Service website ([www.winnipeg.ca/police/drugunit/clandestinedruglabs.htm](http://www.winnipeg.ca/police/drugunit/clandestinedruglabs.htm)) states that two clandestine labs have been seized recently, and that “Intelligence and trends suggest that there are many other clandestine labs that police are not aware of.”

For the user, serious short and long term effects can occur. The **short term effects** that attract most users are feelings of euphoria, alertness, talkativeness and increased confidence. However, other short term effects that may be dangerous include:

- increased heart rate, blood pressure and body temperature
- uncontrolled, repetitive movements
- irritability and aggression
- diminished appetite

**Long term effects** may include:

- skin problems
- speech and thought disturbances
- malnutrition and vitamin deficiencies
- weight loss
- depression, insomnia, psychosis and paranoia
- damage to heart, lungs, liver, kidneys and nerve cells
- decreased ability to experience pleasure naturally

Although there is no evidence suggesting that one time use will cause addiction, methamphetamines are highly addictive, and tolerance can develop with regular use.