# northern child and youth

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the Centre of Excellence for Children and Adolescents with Special Needs

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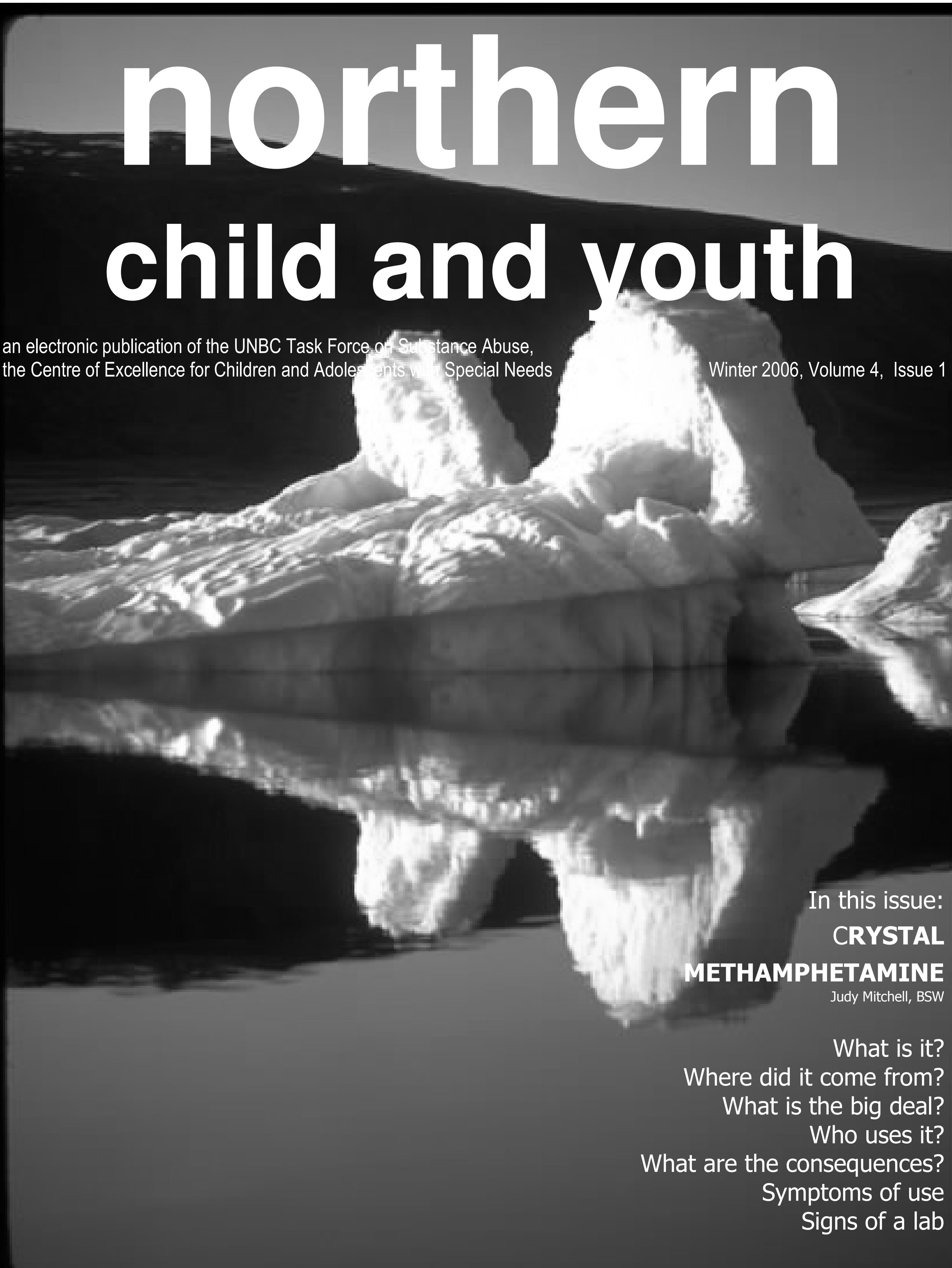

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**CRYSTAL METHAMPHETAMINE**

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The Centre of Excellence is committed to ensuring that young people with special needs living in rural and northern communities receive the best services Canada has to offer. Established in 2000, the Centre is centralized at Lakehead University in Thunder Bay, Ontario. The national partners are: Memorial University in Newfoundland, Mount St. Vincent University in Nova Scotia, University of Northern British Columbia and the Government of Nunavut. The Centre is also involved with over 200 community, government and corporate partners across Canada.

Substance abuse is a problem for many young Canadians. The Task Force at the University of Northern British Columbia (UNBC) researches the issue of substance abuse, particularly how it related to a variety of special needs. Alcohol, drugs, and solvents are a primary concern. In rural and northern communities, substance abuse programs for youth are often limited or unavailable. We need to make available programs that are specific to the needs of youth living in these remote communities.

**SUBSTANCE ABUSE AND THE CENTRE OF EXCELLENCE FOR CHILDREN AND ADOLESCENTS WITH SPECIAL NEEDS**

You can contact any Task Force in the Centre of Excellence for Children and Adolescents with Special Needs by visiting the National Website at www.coespecialneeds.ca.

You are also welcome to directly contact the UNBC Task Force on Substance Abuse.
Our website is www.unbc.ca/centreca
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## WHAT IS METH?

Over the past few years you have probably been hearing more and more about a highly addictive substance called Crystal Methamphetamine or METH. Also called Jib, Crank, Glass and Ice, meth is a human-produced drug first made over a century ago. Crystal Meth acts as a stimulant like cocaine, crack, speed or caffeine.

Crystal Meth is a white or off-white powder than can be snorted, smoked, injected, eaten or inserted into the vagina or rectum. Meth can be in a clear chunky form that looks similar to ice crystals, or in a pill form.

Methamphetamine dissolves easily in water or alcohol which makes it an excellent drug for injecting. These properties also make it almost undetectable if placed in a person's drink at a party, in a bar or at raves. In fact, drugs ingested at raves are more often meth as opposed to the drug the person believes they are using, such as ecstasy.

## WHERE DID METHAMPHETAMINE COME FROM?

Methamphetamine was first created in 1893 and is a derivative of amphetamine. Both substances were prescribed in the 1930's for a variety of medical conditions such as Asthma, Narcolepsy, Schizophrenia, obesity and Attention Deficit Hyperactive Disorder. In WWII, Japanese, German and American armies used meth to keep soldiers and pilots awake and aggressive.

The World Health Organization became aware of problem use in the 1950's after the use of meth in Japan assumed epidemic proportions following the release of meth stock piles onto the Black Market following WWII. The ability of the drug to dissolve in water increased injection as the primary method of use. Increase restrictions regarding the production of crystal methamphetamine in the early 1970's has lead to the development of illegal labs and an inability to control the quality of the drug.

#### WHAT'S THE BIG DEAL?

The meth of today differs significantly from what was used in the past in a variety of ways. For example:

- Crystal meth is five times more potent than past decades.
- Meth is cheaper and more accessible that ever before.
- Recipes and instructions for producing or cooking meth can be accessed on the internet.
- Meth can be smoked, providing a quick high similar to injections but without any of the equipment needed for injection.

Meth is made with a handful of easily obtainable chemicals including ephedrine or pseudo-ephedrine (available in cold medications), drain cleaner, antifreeze, battery acid, bleach, lye, acetone, and/or paint thinner.

The equipment necessary to produce meth is minimal; a bathtub, glass containers, rubber hoses, cooler or thermos and camp stove are adequate.

This is not the government controlled drug of earlier decades. This is a backyard concoction of highly corrosive and deadly poisons.

#### WHO USES METH?

People who use crystal methamphetamine come from all socio-economic backgrounds, ethnicities, genders and academic abilities.

- This drug is increasingly popular with youth, providing endless energy for all night dancing and partying.
- For students and professionals in the workplace, meth increases performance by allowing the person to stay awake and aware for longer periods.
- As an appetite suppressant, young women find it an option for weight loss.
- Overstressed single mothers may find meth provides energy to cope with the demand on them.
- For homeless and street youth, Meth contributes to appetite suppression and wakefulness, thus appearing to solve the problem of little/no food or safe place to sleep for the youth.
- Among sex trade workers, it stems the need to sleep and is cheaper than cocaine.
- Due to an increased libido with meth use, some members of the gay community appear to have higher rates of use.

However, one disconcerting theme is youth using meth at a younger age than has been seen with other drug use.

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#### WHAT DOES METH DO?

Crystal methamphetamine acts as a stimulant on the central nervous system and causes the over stimulation of dopamine, one of the body's feel-good chemicals. People using meth often feel increased self confidence, energy, wakefulness, sex drive, alertness, well-being and decreased appetite.

When the high wears off, the person using meth will experience anxiety, depression, mental confusion, fatigue and headaches. Large doses may cause visual and auditory hallucinations including the sensation of insects crawling under the skin.

Longer use may result in a tolerance to meth requiring higher doses to get the desired effects. Binges will last for days at a time.

The withdrawal symptoms can include: extreme irritability, loss of energy, depression, paranoia, excessive drowsiness or difficulty sleeping, shaking, nausea, heart palpitations, sweating, hyperventilation and increased appetite.

### WHAT ARE THE CONSEQUENCES OF METH?

Chronic individual use can result in psychological addiction, sleep deprivation, malnutrition, and dental problems as well as serious mental health problems such as psychosis, paranoia, depression and hallucinations and possible short-term or permanent neurological damage. There is also a substantial risk of violence or high risk sexual behavior due to lowered inhibitions.

Aggressive behavior that is characteristic of chronic meth use is a substantial risk to frontline workers such as hospital staff, law enforcement personal, paramedics and emergency room staff.

In addition, the cost of treatment and health care for the chronic meth user is significant.

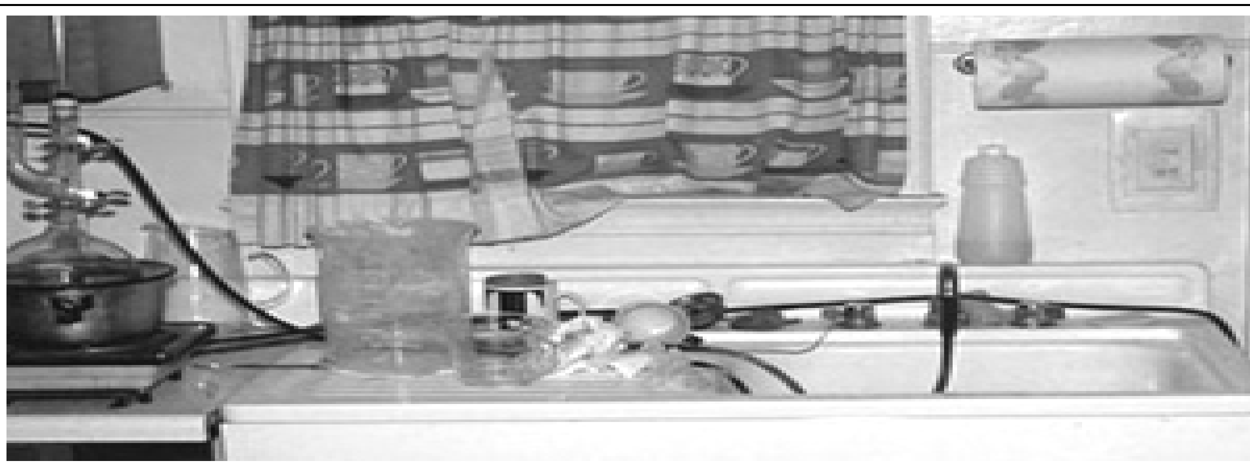
Methamphetamine labs pose a significant threat because of the explosive properties of the chemicals that comprise crystal methamphetamine.

One pound of meth produces six pounds of toxic waste. This dangerous chemical waste is a threat to people living in the area due to the risk of explosions, fumes and environmental contamination to ground water and soil.

Children living in these homes can be exposed to chemicals through absorption, inhalation and ingestion resulting in burning eyes and skin, headaches, dizziness, nausea and breathing problems in the short term. Little is known of long term effects of meth on growing children.

Pregnant women who use meth have a higher risk of premature delivery, and delivering babies with congenital deformities and behavioral problems.

Due to the increased sex drive and lowered inhibitions, meth is strongly associated with the transmission of blood borne viruses such as hepatitis Band C and HIV, especially among people injecting meth.



## Symptoms of Meth Use

Some of indications of possible meth use are:

- Frequently staying up for 24 hours or more,
- Cheerful for a few days then irritable or aggressive the next,
- Decreased appetite and losing weight fast (meth users can lose up to 20 pounds in a month),
- Always sweating,
- Dilated pupils,
- Talking a lot or very quickly,
- Paranoia,
- A changed circle of friends
- sores on arms, legs, and/or face,
- Sleeping for days in a row,
- Constantly late for work/ school/or calling in sick,
- Teeth grinding,
- Tendency to compulsive and repetitive behaviors. This may be activities such as cleaning or taking objects apart,
- Increased secrecy about possessions or activities,
- Behaving in a superior, hostile or aggressive manner.

## Signs of a Meth Lab

A combination of the following activities may be cause for concern. Strong chemical odors that may smell like cat urine.

- Coffee filters, bed sheets or other material stained red (filters for red phosphorus) or containing a white powder residue.
- Burn pits, stained soil or dead vegetation could indicate dumping of chemicals or waste.
- Garbage containing packages from many over-the-counter ephedrine, cold, diet, or allergy pills.
- Empty containers of antifreeze, white gas, ether, starting fluids, Freon, lye or drain cleaner, acetone or alcohol.

If you believe there is or was a lab in your neighborhood, phone local law enforcement agency. Do not try to enter or investigate yourself; it requires special training to address the issues associated with drug lab.

## For more information:

- Prevention source BC – www.preventionsource.bc.ca
- BC Partners for Mental Health and Addictions Information – www.heretohelp.bc.ca
- National Institute on Drug abuse (US) – www.nida.hih.gov.
- Methamphetamine Environmental Scan Summit www.ccsa.ca/ccendu/pdf/methamph_summary_2003.pdf.
  This report from the summit in Richmond on November 28, 2002 is an excellent source of information about crystal meth in BC, integrated from reports of over 120 representatives from a wide variety of government and community-based organizations.
- NIDA for Teens: The Science behind drug abuse. *Mind over Matter: Methamphetamine*. This website provides valuable information on meth, and other addictions, geared toward a youth audience. http://teens.drugabuse.gov/mom/mom_meth1.asp.
- Not Even Once. This excellent website shows the effect of meth through realistic anti-ads, video and audio clips of the experiences of meth users. http://notevenonce.com.

Or contact Alcohol and Drug services in your area for information on Crystal Methamphetamine or any other drug or addictions issue you may want information on.

## SOURCES


AADAC. (2002). *Comparing risk behaviours among urban and rural youth by grade (Grades 7 to 12): The Alberta youth experience*.

Ah Shene, D. (2003) Crystal Meth. *Developments*. 23:2. Edmonton, Alberta: AADAC.

American Dental Association. *Methamphetamine use*. http://www.ada.org/public/topics/methmouth.asp.

Burgess, J.L. (1997) Overview of medical toxicology and potential for exposure to clandestine drug laboratories in California. *Washington Public Health*. 15.

Canadian AIDS Society. Fact sheet: Crystal meth and HIV. http://www.cdnaids.ca/web/backgrnd.nsf.printing.cas_gen_0087.

Derauf, C et al (2003) The prevalence of methamphetamine and other drug use during pregnancy in Hawaii. *Journal of Drug Issues*. 33:4. 1001-1016.

Kamita, K. (2004) Crystal methamphetamine in Hawaii. FDCH Congressional testimony.

Martny, J.W. (2005) Congressional testimony. http://www.njc.org/pdf/Meth_Congressional_Testimony.pdf.

Maxwell.J.C. (2004) *Patterns of club drug use in the US, 2004*. Austin, Texas: The Centre for Excellence in Drug Epidemiology,University of Texas

Minister of State for Mental Health and Addiction Services. (2004) Crystal meth and other amphetamines: An integrated BC strategy. http://www.healthservices.gov.bc.ca/mhd/pdf/meth_final.pdf.

Murr, A., Childress, S. (2004) A new menace on the rez. *Newsweek*. 44:13. 30.

N.C. Division of Social Services and the Family and Children's Resource Program. (2005) How to recognize a meth lab. http://sswnt7.sowo.unc.edu/fcrp/Cspn/vol10_n2/recognize.htm.

Rawson, RAnglin, D., Ling,W. (2002) Will the methamphetamine problem go away? *Journal of Addictive Diseases*. 21:1. 5-19.

Richard,J. etal.(2005) Home toxic home: Buyer beware. *People Weekly*. 64:6. 50.

Saskatchewan Health. A strategic plan for crystal meth and other amphetamines in Saskatchewan. http://www.health.gov.sk.ca/mc_dp_crystalmeth_skstrategy.pdf.

Seidler, R. (2001) Illicit drugs: Amphetamine. *Current Therapeutics*. 86-87.

Shernoff, M. (2005) Crystal's sexual persuasion. *The Gay & Lesbian Review*. 24-26.

Urbina, A., Jones, K. (2004) Crystal methamphetamine, its analogues, and HIV infection: Medical and psychiatric aspects of a new epidemic. *Clinical Infectious Diseases*. 38. 890-894.

U.S. Department of Justice. (2002) Children at risk. *Information Bulletin*.

Vancouver Coastal Health. (2005) Western Canadian Summit on Methamphetamine: Bringing together practitioners, policy makers and researchers. http://www.sfu.ca/dialogue/Meth_Booklet_2005_Final.pdf.

Wouldes, T., LaGasse, L., Sheridan, J., Lester, B. (2004) Maternal methamphetamine use during pregnancy and child outcome: what do we know? *The New Zealand Medical Journal*. 117:1206.