The Methamphetamine Challenge in Vancouver

Prepared for the John Howard Society of the Lower Mainland

by Jaime Hall, June 2004

1. Introduction

Reports in the media and from the street indicate that Methamphetamine is a drug that has established itself in the Vancouver area, particularly among youth and the street population. Evidence from the local community and the United States points to increasing prevalence of Methamphetamine.

Methamphetamine is a cheap and addictive drug that affects users in particular and damaging ways. Behavioral effects are profound and the long-term effects on users can be devastating. In BC, current treatment programs do not necessarily address Meth particularly. Accordingly, the growing use of Meth, particularly among youth and street people, has caused concern. The law enforcement and health communities in BC are bracing for Meth to become a new and significant scourge in the community.

In Vancouver, a movement is in its formative stages to develop strategies to deal with the Methamphetamine problem.

The John Howard Society may have a role to play in participating in the community response, including advocacy for education, treatment and harm reduction.

2. Methamphetamine

Methamphetamine (aka: meth, crystal, ice, jib, or speed) is a derivative of amphetamine. Methamphetamine was first synthesized in the late 19th century and came into wider use and study in the 1940s, when it was utilized to increase endurance of military personnel. Through the 50s and 60s, it was used as a treatment for depression and obesity.

Methamphetamine came into widespread use as a street drug in the 1960s, particularly on the West Coast of the US. In the 1980s a more potent form of Mehtamphetemine was developed (crystal). The use of Methamphetamine has spread in North America. The World Health Organization estimates 35 million persons worldwide use the drug, making it the #2 illicit drug in the world, second only to cannabis. (Note 1)

While the US is the leading center of illicit Meth use, Canada is following and use in Canada is increasing dramatically.

“Methamphetamine is a synthetic central nervous stimulant that produces intoxication through increased stimulations of dopamine, seratonin and norepinephrine receptors in the brain.” (Note 2).

Meth produces a feeling similar to that of cocaine, but is much longer lasting and much cheaper. In the short term, it produces feelings of euphoria, alertness and energy. Meth is very addictive. The effects on withdrawal are depression, anxiety, and lack of energy: a classic "crash".

Meth is produced primarily in illicit labs. It is easy to produce using easily available ingredients and little specialized equipment or expertise. (The environmental effect of Methamphetamine production is a separate and significant issue). There are both large-scale labs and a proliferation of smaller labs turning out 10 pound of product or less a week.

Meth is cheap and readily available. Reports indicate that in the Lower Mainland, $5-10 a day can maintain a habit. (Note 3).

The data in BC is still not sufficient to quantify the use of Meth accurately. However, the recent CCENDU symposium in Vancouver in late 2003 found frequent anecdotal reports of participants strongly suggesting that in BC:

- Meth use is very prevalent and is increasing dramatically
- Meth use is most common among youth, and the age of first use is decreasing while the frequency of use is increasing
- Meth is popular among: youths in the party/rave scene, youths who are high-school dropouts or are young parents, gamers (electronic game enthusiasts), street people and sex-trade workers

While hard data is scanty, a variety of studies in BC have put lifetime amphetamine use among youth at 5-8%, with growing prevalence. Other studies show the use of Methamphetamine among street people may range from 40-70%. Anecdotal evidence points to decreasing age of first use and increasing frequency of use among those reporting use. (Note 4).

These indicators and the alarm of a growing problem are echoed in the state of Michigan, where a 2002 study and strategy paper published by the Governor's office outlined the problem and suggested responses. (Note 5).

3. Effect of Methamphetamine

Meth produces a feeling of euphoria, energy and well-being. This feeling also creates a feeling of power or invincibility that may not be reflected in reality. For example, a person on Meth may drive at very high rates of speed, not appreciating the danger. This has led to incidents of serious motor vehicle accidents in BC with Meth involvement.

When the effects of Meth wear off, fatigue, depression and anxiety ensue. This forms a strong incentive to take more of the drug, to avoid the "crash". Meth is very addictive and use engenders the desire to use larger doses, which increases the crash. Meth has been identified as a highly addictive drug. (Note 7).

The long-term effects of Meth include addiction, binge use, and irrational activity; with extreme depression, lack of energy, anxiety and shaking on withdrawal.

US studies in 2001 indicate the long term effects of Meth use includes permanent brain damage, as use at doses common among users results in damage to the dopamine receptors in the brain. Meth destroys the neuron receptors in the brain, leading to long-term impairment of motor skills, judgment and memory. (Note 8) This makes recovery a difficult and complex process for long-term users.

So, the effects of Meth can be summarized as follows:

a. Highly addictive
b. Use can create false feelings of invincibility leading to dangerous activities
c. Withdrawal results in depression and classic crash symptoms
d. Long-term use results in significant brain damage that may not be reversible

4. Proliferation in North America and British Columbia

One 1999 study in Ontario indicates that 5.3% of Ontario high school students had used Meth in the preceding year. A 1998 BC report indicates 5% usage among high school students. (Note 9)

A 2002 study in BC of 1900 youth found 19% lifetime usage, 7-8% in the preceding month, suggesting an upward trend in usage.

Both Anecdotal and data-based studies in BC in recent years demonstrate a rapidly increasing use of Meth and referrals for Meth related problems. Use increases year by year. Certainly most North American studies indicate Meth use and problems are proliferating rapidly. This observation, and concern, is echoed by BC studies.

The cheapness of Meth makes it particularly popular with youth and street persons in BC and elsewhere.

Meth use is particularly prevalent among street youth and youth in touch with social service agencies. In Victoria, one study found 70% of the 20-29 year old clientele of a needle exchange had used Meth. (Note 10).

5. British Columbia: Response and Resources

As in other North American jurisdictions, law enforcement, social service and medical agencies have identified Meth use as a coming issue of considerable concern.

One RCMP publication in BC identifies Meth as “becoming a very popular drug of choice among many users”. (Note 11)

The Nov 2002 Methamphetamine Environmental Scan Summit identified Meth as a drug that had expanded beyond the rave culture into mainstream society, and that Meth use was of particular concern among youth. This summit is similar to responses in communities across North America, for example King County (Seattle) and Michigan.

The BC Summit concluded that Meth use was significant (5 %+) among youth and a rapidly growing problem. The Summit resulted in the formation of a coordinating committee (MARC) to pursue:

a. Resource allocation
b. Education and prevention
c. Treatment
d. Law enforcement
e. Research and monitoring
f. Harm reduction
g. Greater integration and coordination

The chair of MARC is Jennifer Vornbrock, employed by Vancouver Coastal Heath (jvorbrock@vch.ca). The City of Vancouver Four Pillars Coalition and Coastal Health Authority are involved as well.

6. Opportunities to Participate in the Response

The Meth problem in BC has been identified as one of great concern, growing quickly, and of particular impact among the young and street people.

In BC, the community is in the early stages of identifying the problem and formulating a response. Coordination, treatment and education are identified as priorities.

At the same time, many media reports and law enforcement initiatives identify Meth related behavior as being particularly dangerous, inviting a community response of intolerance. Given the addictive nature of Meth, the dangerous behaviors associated with it and the cognitive effects of long-term use, it may be that an enforcement response, as opposed to one based on education and treatment, may be in the cards.

Is there a role for the JHS to provide leadership in this area? The field is open, information is scanty, and the community is in the process of formulating a response to the issue. There may well be a meaningful role for the JHS to have an impact.

Suggestions for a JHS role include:

- Education among the JHS constituency may provide information that may deter some from using Meth or support clients in accessing information and resources for detoxification and recovery.

- Education among the community may highlight Meth's addictive nature, promoting understanding of this as a social issue, not merely a law enforcement issue.

- Reports indicate that treatment programs addressing Meth particularly are few Development of a treatment response to the issue is recommended by the local studies. Given the drug's addictiveness, cheapness and ready availability, treatment will be a big challenge. But considering the pernicious nature of the problem, the devastating long-term effects and the youth of users, the effort may well be worthwhile.