

# Crysal Meth + harm reduction Titanium

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73  
2-8-18-32-11-2

47.867  
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22  
2-8-10-2



Natalie Basaraba from ARCH

Ash Lowenthal & Violet Umanetz  
from Sanguen Health Centre



# Outline

- Introductions
- Harm Reduction 101
- Why Crystal?
- Practical Harm Reduction Strategies

# About Sanguen



- Hep C, HIV, and STI testing
- Hep C treatment (Yes, there is a CURE)
- Peer workers & free harm reduction gear
- Take-home naloxone program
- Outreach & street nursing & Van program
- Counselling, support coordination, groups
- Food cupboard



Community  
Health Van

Community  
Health Van  
EXPRESS

Sargen Health Centre

# About ARCH



- HIV, Hep C and STI Testing with Public Health
- Counselling and Treatment for HIV
- Street outreach, fixed sites and delivery of harm reduction supplies
- Support coordination and education to people who use drugs via staff and peer workers

Over 200 000 syringes distributed last year

# Harm Reduction 101



- Policies, programs, practices and approaches aimed at reducing negative consequences associated with drug use.
- A movement for social justice built on a belief in the rights & dignity of people who use drugs.
- Incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet drug users “where they’re at”

# Harm Reduction Principles

- Drug use is a complex phenomenon and some ways of using drugs are clearly safer than others.
- Quality of life –not necessarily cessation of all drug use–is the criteria for successful interventions and policies.
- Non-judgmental provision of services to people who use drugs and the communities in which they live
- Drug users and those with a history of drug use must have a real voice in the creation of programs and policies designed to serve them.
- Drug users themselves are the primary agents of reducing the harms of their use
- The realities of poverty, class, racism, sexism and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.
- Does not attempt to minimize or ignore the harm and danger associated with drug use.

# Harm Reduction and Abstinence

- Harm reduction supports substance use/non-use goals as determined by clients
- Short term abstinence or “drug holidays” can be used to reduce harm
- Abstinence from one drug not all is common
- Long term abstinence from all drug use can be arrived at from harm reduction or other interventions

# Continuum of Substance Use

- **No Use**
- **Experimental Use**
- **Social, recreational & occasional Use**
- **Instrumental** - the person uses for a specific purpose, to help accomplish a task
- **Medication Used as Directed**
- **Regular Use**
- **Binge Use**
- **Dependence** - the person is psychologically and/or physically dependent on a substance

# Context is IMPORTANT!

Three interrelated factors affecting a person's experiences and risks:

## Drug

The substance being consumed.

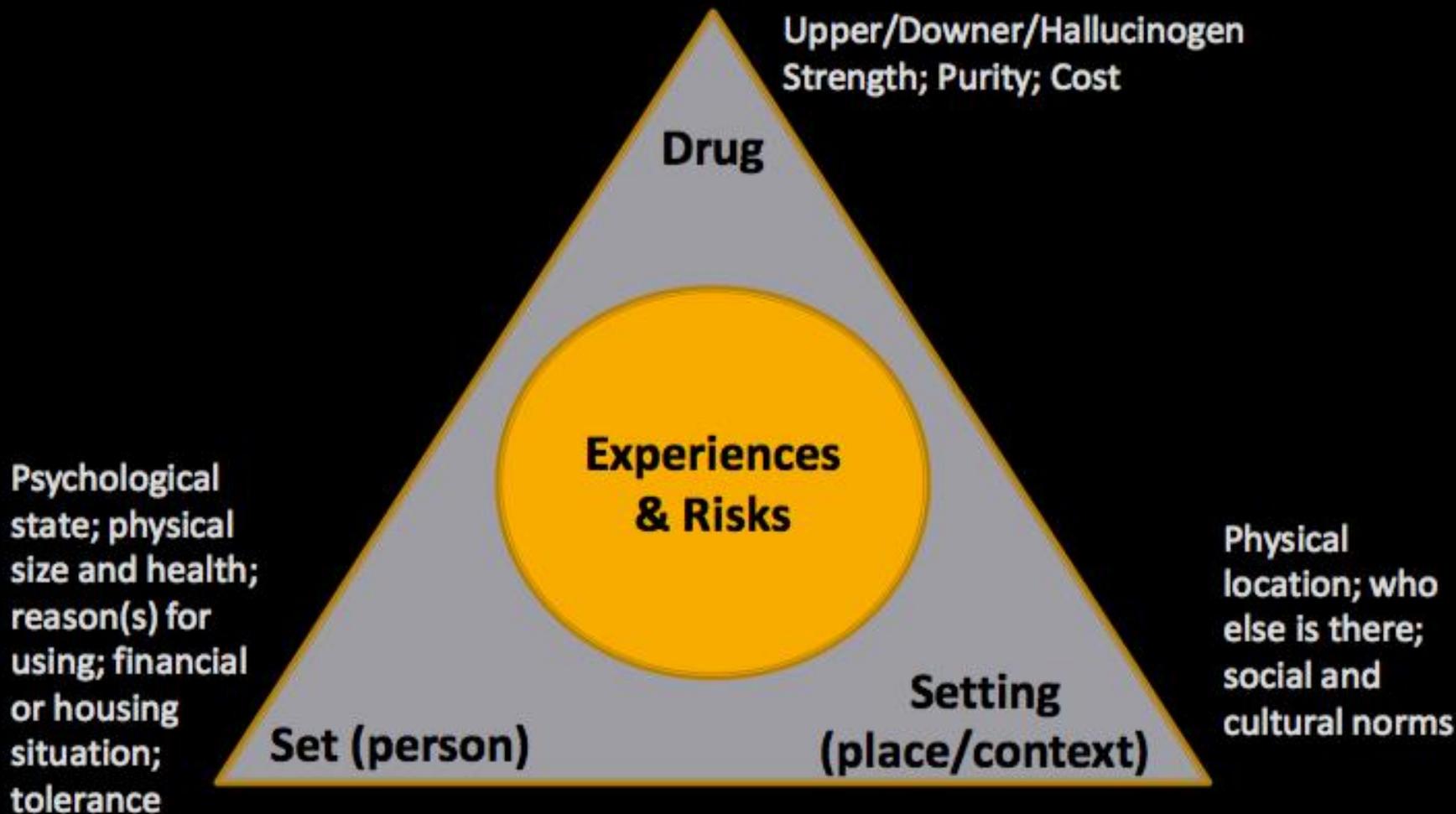
## Set

The person taking the substance.

## Setting

The context in which it is taken.

# Understanding experiences and risks - (Drug : Set : Setting)



# Substance related factors

- The specific pharmacology of the substance(s)
  - Effects on physiology and neurochemistry.
  - Half-life: How long does it take the body to eliminate it?
  - Is the drug being taken with another drug in your system?
  
- Amount taken and potency
  
- How it is taken (route of administration) affects:
  - How quickly the feeling “comes on”
  - How intense it feels
  - How long it lasts
  
- Quality of illicit substances
  - What is cut with?
  - A dealer may say a substance is one thing but sell something else.
  - It may look like the stuff from last time but it might be stronger or weaker, or have different ingredients.

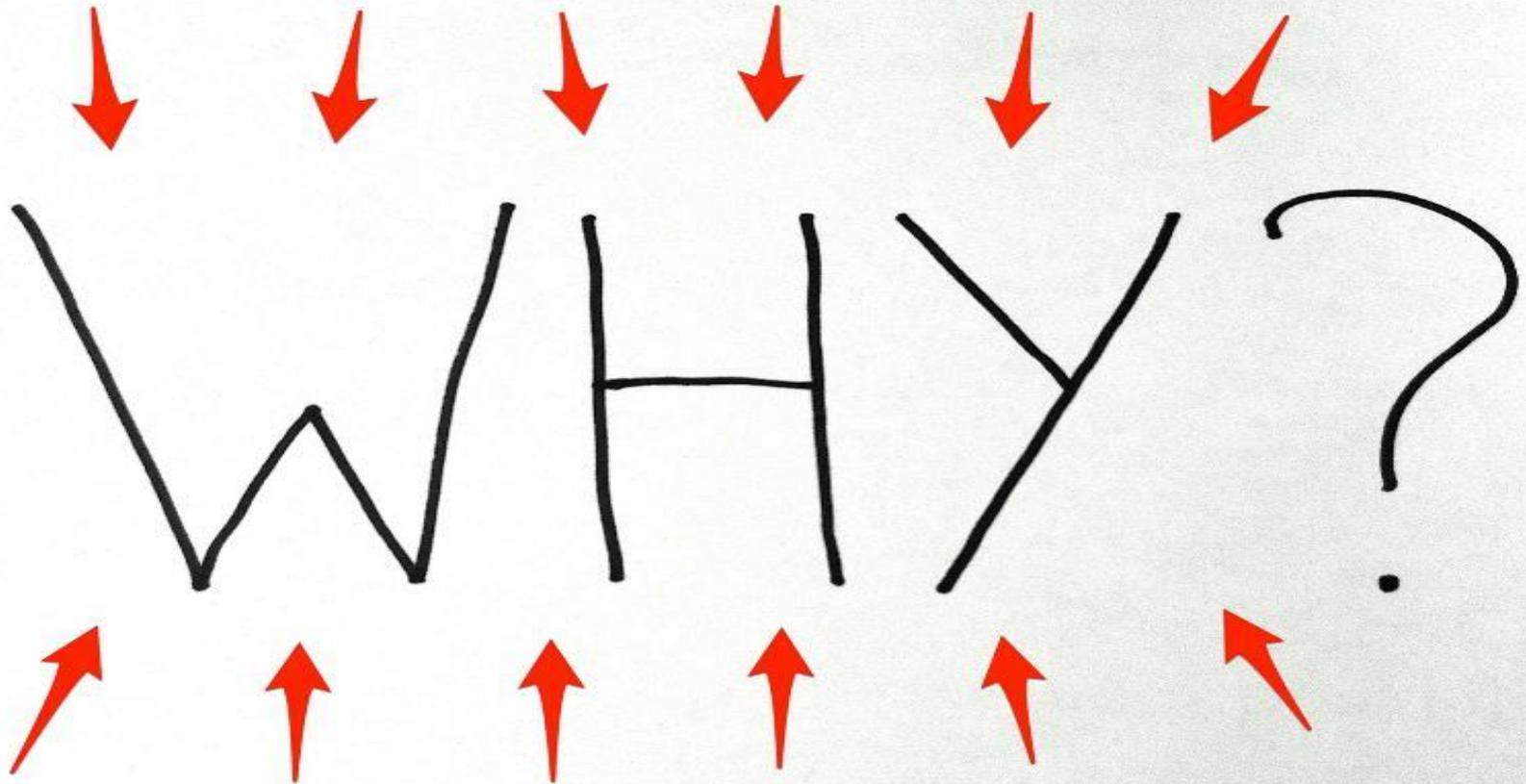
# Person related factors

- Size and body weight
- Physical, mental, psychological state
  - How tired you are
  - Your mood before using
- Reason(s) for using
- Genetics
  - How does your body metabolize drugs?
- Experiences with this or other substances.
  - Tolerance; Habituation; Sensitization
- Expectation, or anticipation, of how the substance will feel or effect you
- Last meal
- Other substances being used (illicit, prescription, alcohol, etc.)

# Setting related factors

- Where are you?
- Who are you with? How many people are you with? And what is your relationship like?
- What is the noise level like? What type of music is playing?
- Is it a place that feels safe?
- What time of day?
- What type of music is playing?
- Community and social attitudes towards certain substances or ways of taking them
- The legal status of different substances

# Why Meth!?



# Anti-Stigma Moment



**Wine is  
CHEAPER  
THAN  
THERAPY.**

Coffee and wine are like my life coaches. Coffee is there for a pat on the ass, "Go get'em we can do this!" And then wine is like, "You'll get them tomorrow. You gave it a good shot. Keep your chin up."



someecards  
user card

A blue rectangular card with white text and a black and white illustration. The illustration shows a hand in a white sleeve patting the back of a black and white cat. There are small starburst symbols above the cat's head. The text is in a clean, sans-serif font. The logo 'someecards user card' is at the bottom left.

# What is Meth?

- Part of a family of stimulant drugs: **amphetamines**.
  - Amphetamine first synthesized in Germany, 1887.
- Various versions over the years.
- Methamphetamine is a more potent amphetamine:
  - Particularly strong stimulant; potentially more addictive than many other drugs (e.g., E, K, G)
- Has been in parts of Ontario for years and is relatively accessible.
- Potential for fairly easy local production.
- Canada is now an exporter to other countries.
- Other common names:
  - crystal, meth, tina, glass, tweak, crank, ice

# What is Meth?

- Strong stimulant; “upper”
  - Releases dopamine, serotonin, norepinephrine (adrenalin)
- Can be swallowed, snorted, smoked or injected
  - Smoking and injecting potentially more addictive
- Long half-life (12 hours)
- Physical effects (short-term):
  - Increase in heart rate, body temperature; decreased appetite and sleep; dry mouth; loss of erection
- Psycho/behavioural effects:
  - Increase in alertness, confidence, euphoria
  - Paranoia; anxiety; decreased self control / inhibitions

# How is it taken

	<u>Effects felt</u>	<u>Duration (one dose)</u>
□ Inject	< 2 mins	3-7 hrs
□ Smoke	< 1 mins	3-7 hrs
□ Snort / rectal	5-10 mins	4-10 hrs
□ Swallow	20-60 mins	5-12 hrs

## □ Doses are repeated:

- Every 3 - 8 hrs (to stay awake)
- Every 0.5 - 4 hrs (to remain “high”)

## □ Half-life:

- How long it takes for half the drug to leave your body
- Very long = 12 hours  
(cocaine = 2; mdma (ecstasy) = 4; ketamine = 1)

# How does it work?

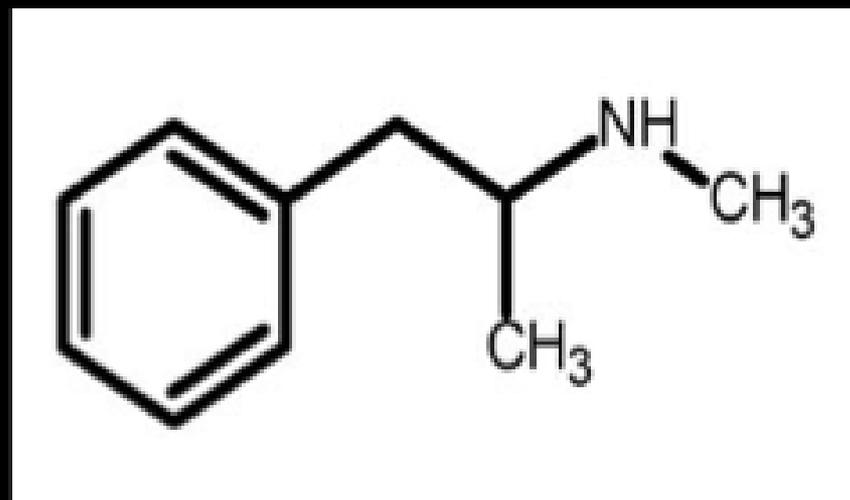
- Stimulates CNS (acts like Adrenaline)
- Release of neurotransmitters
  - **Dopamine** (pleasure / reward system)
  - **Norepinephrine** (energy / alertness)
  - **Serotonin** (mood / eat / sleep cycles)
- Ecstasy → predominately serotonin
- Cocaine → predominately dopamine

# The Role of Dopamine

- While all stimulants release some dopamine, crystal meth releases much larger amounts:
  - Cocaine releases 400% more dopamine
  - Crystal meth releases almost 1500% more dopamine



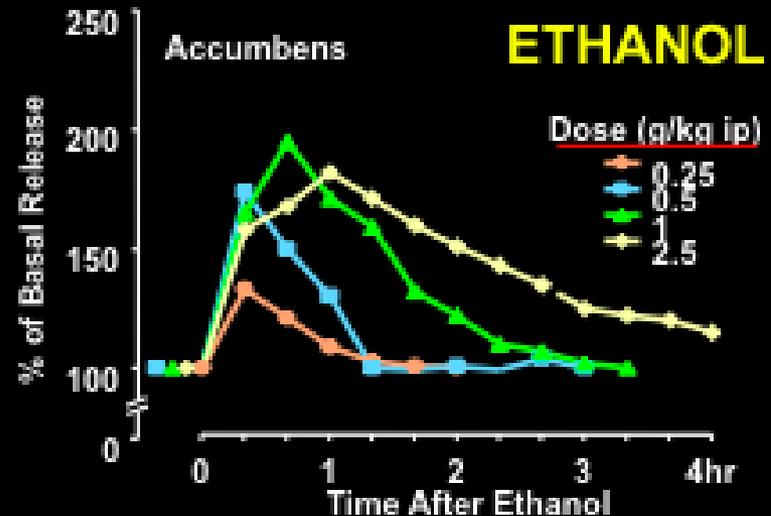
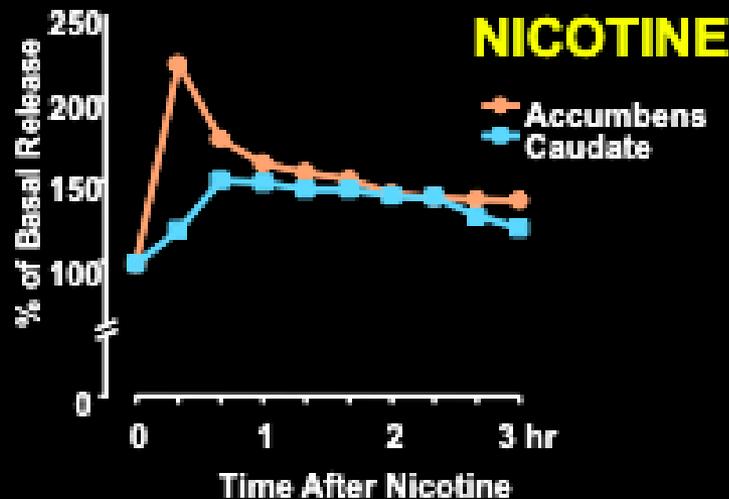
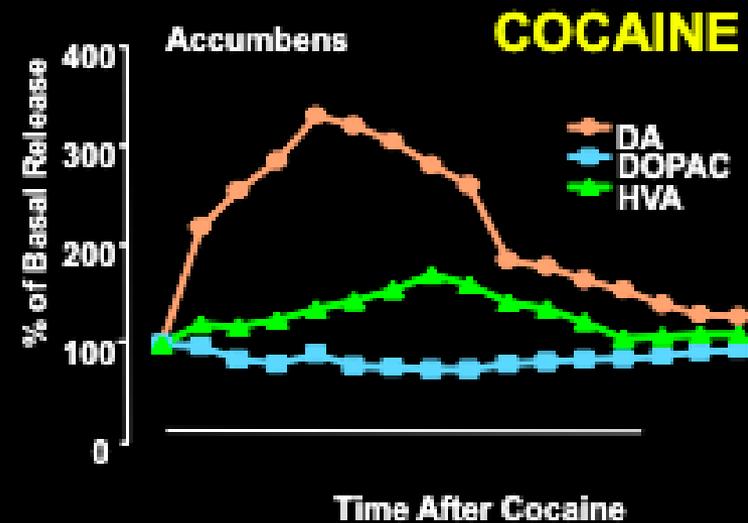
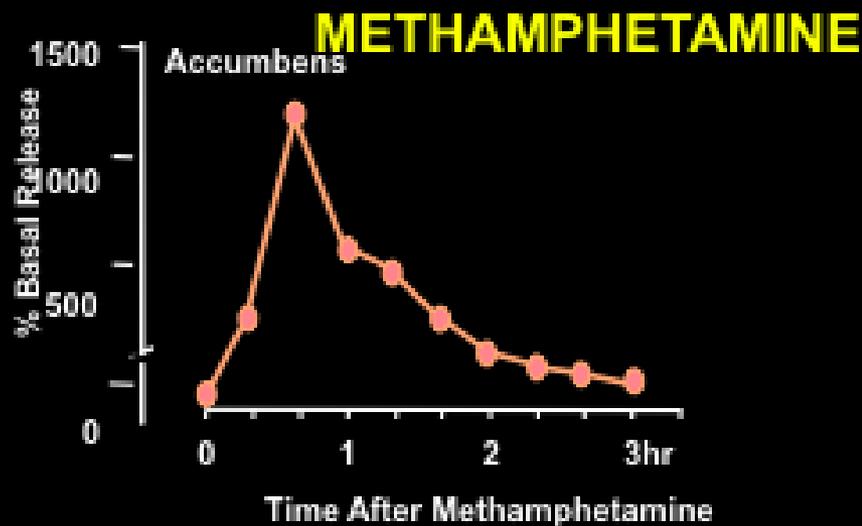
Dopamine (C<sub>8</sub>H<sub>11</sub>NO<sub>2</sub>)  
Image by Erowid, © 2001 Erowid.org



Methamphetamine (C<sub>10</sub>H<sub>15</sub>N)

Image by Erowid, © 2001 E

# Effects of Drugs on Dopamine Release



Source: Shoblock and Sullivan; Di Chiara and Imperato

Graphs found in:

*Methamphetamine: How it Influences the Brain and Behavior of Users*, Richard A. Rawson, Ph.D

# Immediate Physiological Effects

- Decreases appetite, thirst, sleep and pain
  - You probably won't feel like eating; You may not get hungry even if you are physically active when high (like with sex or dancing)
- Decrease in saliva; dry mouth
- Enlarges pupils
- Constricts blood vessels
  - Less blood will flow to the surface of the body so your hands and feet may feel cold to the touch
- Jaw grinding/clenching

# Short Term Behavioural Effects

- Increased sense of energy and wakefulness
- Increased mental focus
  - Able to better focus on a specific task; “Tune things out”
- Decreased depression (until drug wears off)
  - Things that bothered you seem more manageable; Think less about the people, places situations that hurt or upset you; Feel happier or more content with life circumstances
- Decreased inhibitions (may or may not be good)
- Increased confidence
  - Try taking more chances; Try new things; Push limits
- Increased talkativeness and sociability
- Increased libido and sexual confidence
  - Get Horny; Experience “other forms of sex”
- Intensifies sexual experience
  - Prolongs sex play

# Short Term Risks

- Dehydration; heat stroke
- Stroke / heart attack (esp. if mixing drugs)
- Do something you regret
  - Impaired judgment and decision making regarding risks
- Infection
  - Sharing snorting/smoking/injecting equipment
  - Unsafe sex
- Missed medication doses
- Enlarged pupils (people maybe able tell you're under the influence)
- Miss school/work if still high or crashing
- Heavy or extended “run”:
  - Paranoia / psychosis
  - Formication (feeling of bugs under the skin)

# Longer Term Risks

- Potential longer term infections (bacterial, STI/HIV/ Hep B and C)
- Potential organ damage
- Exacerbation of pre-existing mental health issues
- Potential Dependence
- Overdose or death
- Breakdown/disruption of relationships, social support system, housing, income, etc.
- Withdrawal symptoms
- Potential conflict with the law

# Adverse (negative) effects of Methamphetamine

## Psychological

- Insomnia
- Aggressive behavior
- Paranoia
- Incessant conversations
- Decreased appetite
- Increased alertness
- Irritability
- Slurred speech
- Dizziness
- Confusion
- Hallucinations
- Obsessive behaviors
- Depression
- Panic attacks

## Systemic

- Hypothermia
- Malnutrition
- Impaired immune system

## Circulatory

- High blood pressure
- Vessel damage in brain
- Clotting and stroke

## Heart

- Chest pain
- Rapid heart rate
- Heart attack

## Liver

- Damage

## Eyes

- Dilated pupils

## Mouth

- Grinding of teeth

## Skin

- Sweating
- Numbness

## Respiratory

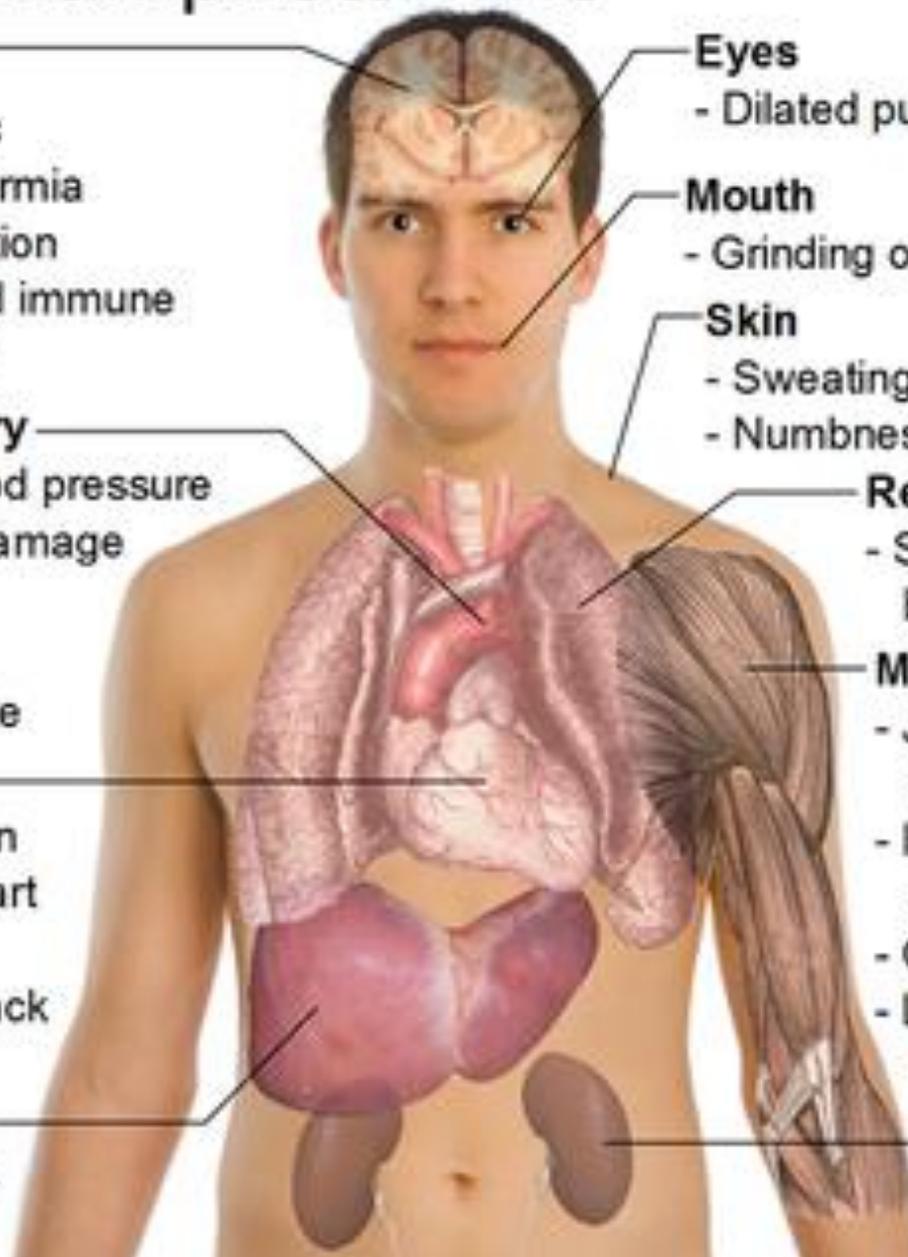
- Shortness of breath

## Muscular

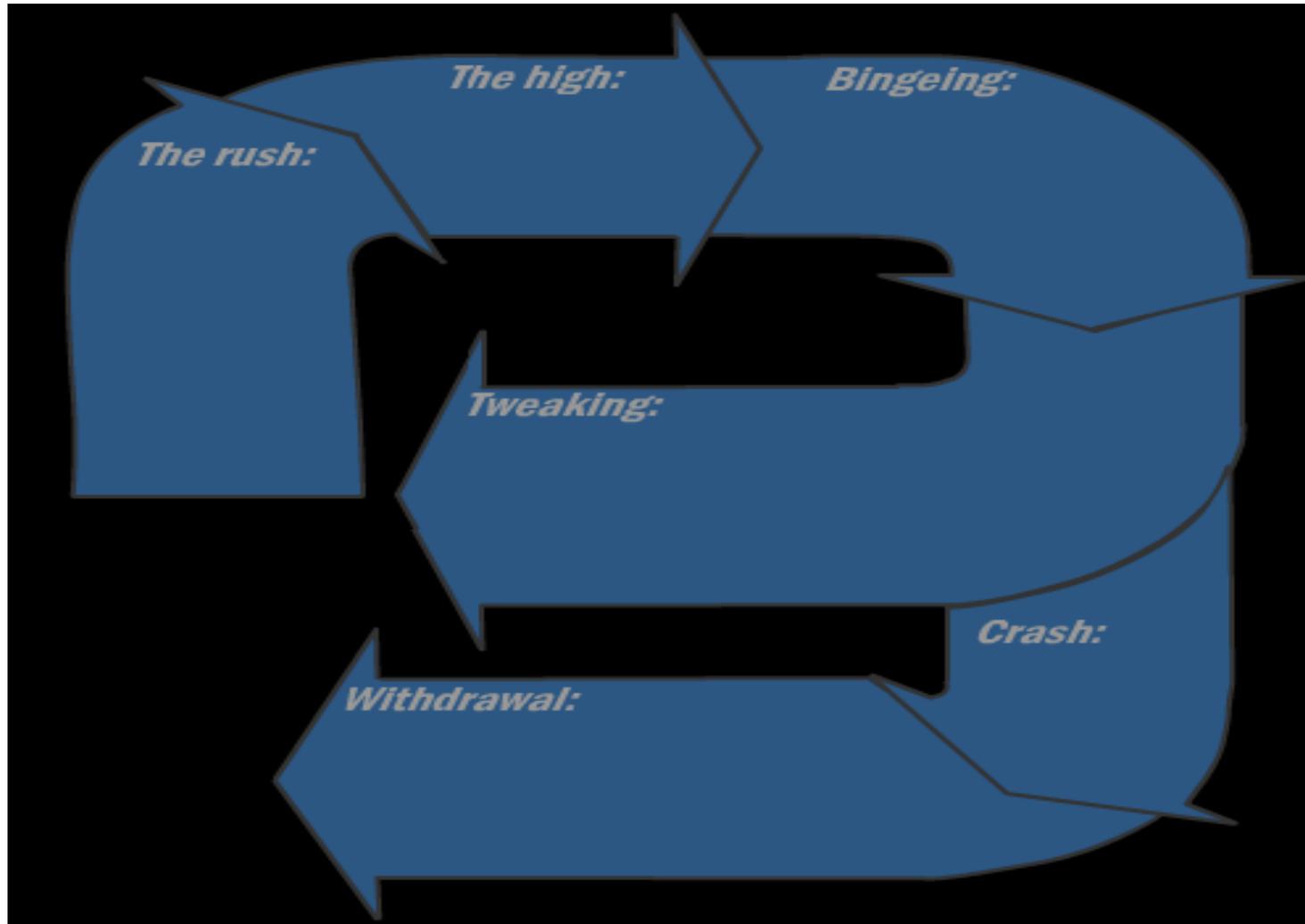
- Jerky movements
- Increased activity
- Convulsions
- Loss of coordination

## Kidneys

- Damage



# Binge and Crash Cycle



# Why?

- Creativity, focus, alertness, energetic



# Why?

- Confidence, invincible feeling, euphoria



# Why?

- Community pressure / identity / social



# Why?

- Untreated, under-treated, undiagnosed illnesses...



# Why?

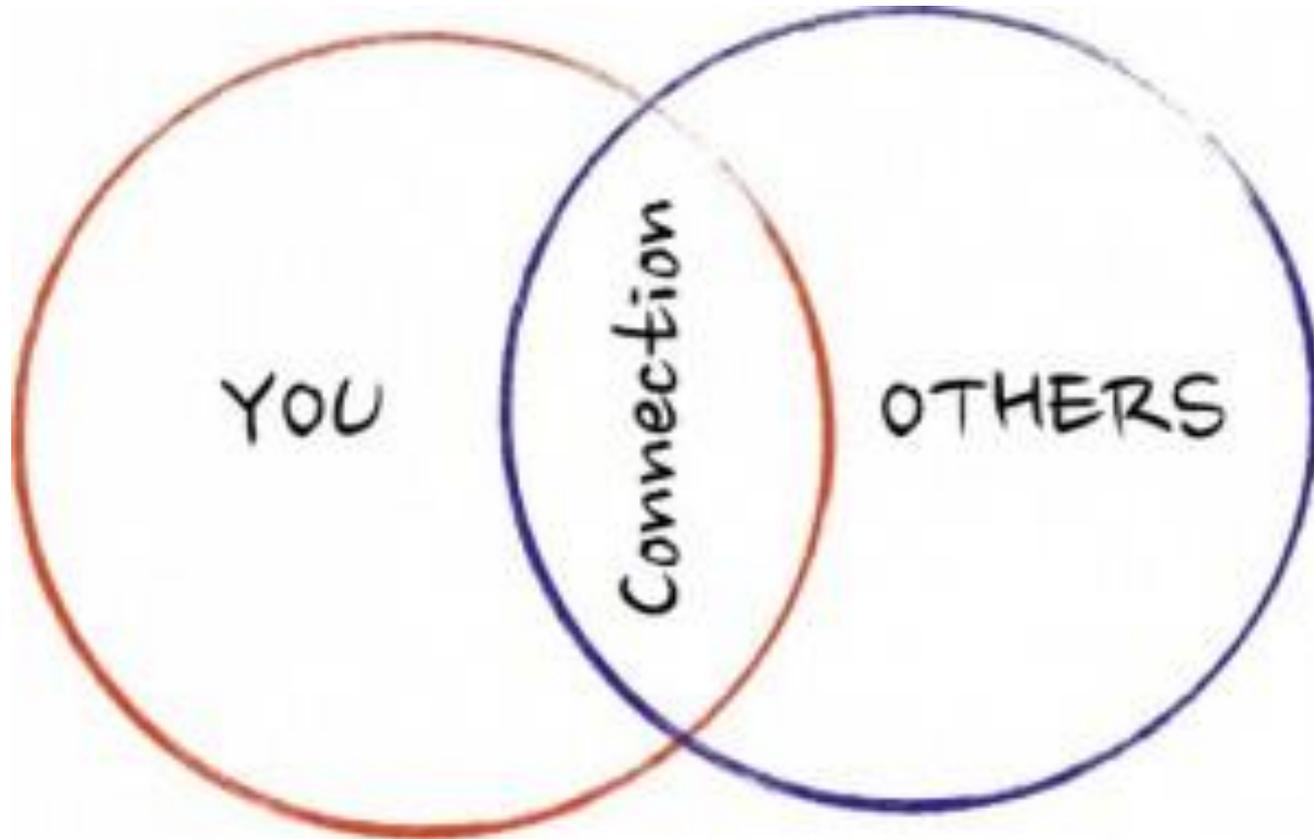
- Untreated, unresolved physical, mental, emotional pain / trauma



# So What Can YOU Do?



# Build (tiny) Connections.



**Meet people where they're at, not where *we* think they should be.**



**Past**

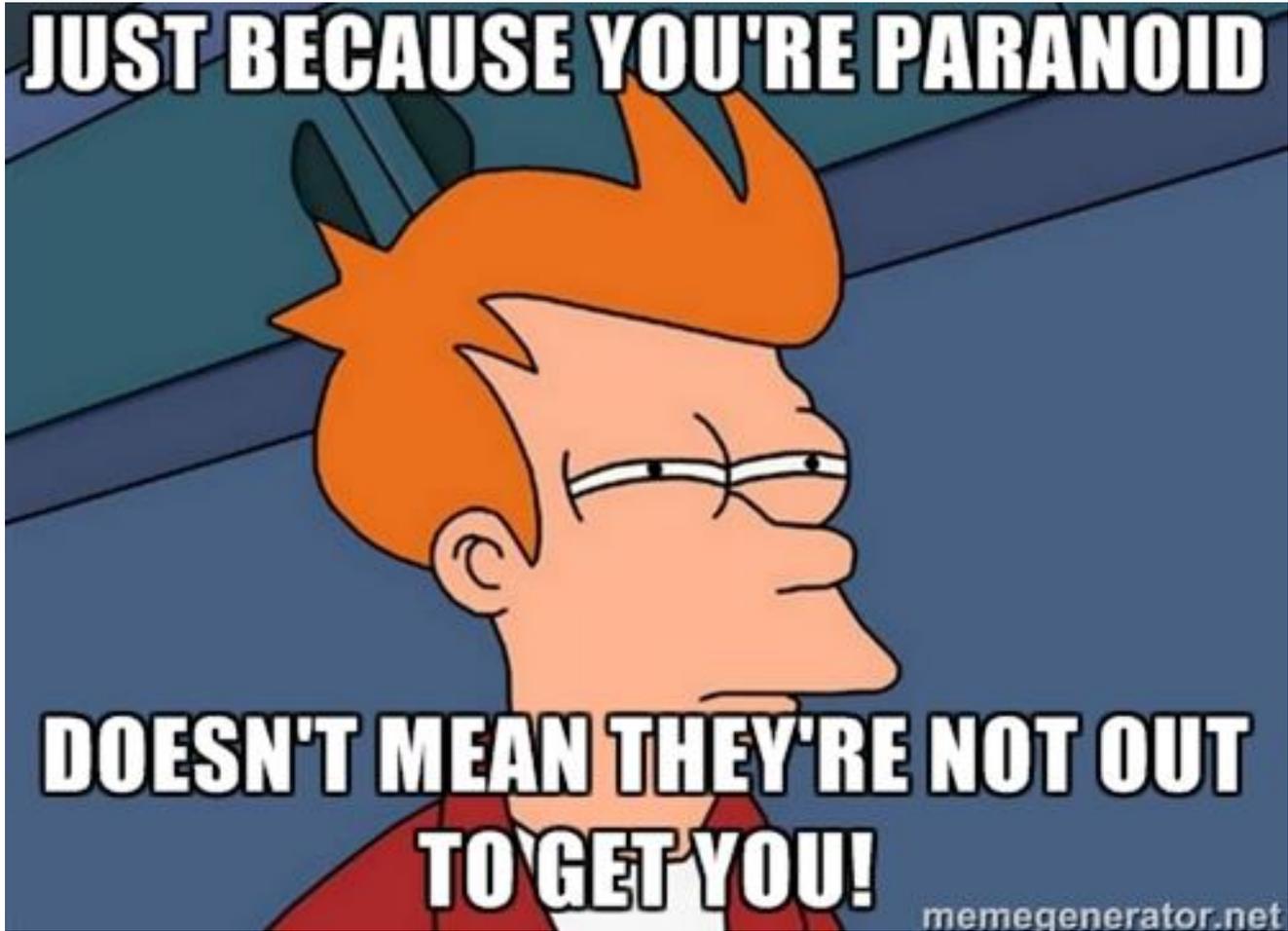
**Present**

**Future**

**Think outside the box.**



**JUST BECAUSE YOU'RE PARANOID**



**DOESN'T MEAN THEY'RE NOT OUT  
TO GET YOU!**

# Acknowledge resilience



# Working with meth users

- Provide a calm and/or quiet environment to reduce the chance that the person will become angry or hostile
- If other people are present, try to steer the intoxicated person to an area that is less stimulating
- Allow the person more personal space than usual
- Maintain a calm, nonjudgmental, respectful approach.

**\*Remember that an intoxicated person has impaired judgment and will probably perceive the interaction differently than you.**

# Working with meth users

- Listen, and respond as promptly as possible, to needs or requests:

“I hear what you are saying, so let me see what I can do to help.”

- Use clear communication - short sentences, repetition, and ask for clarification if you are unsure what is said.

“I really want to help, but I’m not sure what you need. Please tell me again.”

- Move around with the intoxicated person to continue communication if necessary.

- Have written information available for the person to take away

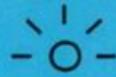
- Provide opportunistic, relevant, brief interventions if you are able.

# Working with meth users



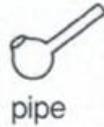
# Working with meth users





# Get Smart Smoke Crystal Safer

what you need to  
smoke crystal safer



pipe

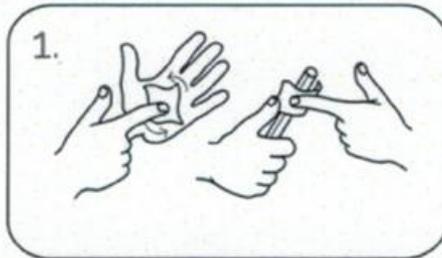


lighter



alcohol  
swabs

## if someone overdoses call 911



1. clean your hands and your pipe with alcohol swabs



2. pour crystal into your pipe



3. tap pipe to move drugs into the bowl



4. apply heat to bowl, hold pipe halfway



5. keep heat source moving, heat will vaporize drugs



6. inhale slowly



7. exhale immediately

### signs of overdose

#### feels like

- your heart is pumping fast
- you're short of breath
- your body is hot, sweaty and shaky
- you have chest pain
- you can't talk or walk

#### looks like

- fast pulse or no pulse
- fast or no breathing
- hot and sweaty skin
- confusion, hallucinations
- unconscious, can't talk, can't walk, vomiting, seizures

# safer smoking tips

smoke in a safe place with people you trust

have condoms with you - you may want to have sex while high

take vitamins and eat something before you smoke - you won't feel like eating after - keep hydrated, chew gum, eating will also help you sleep after

know your limits - once you are high stop smoking

avoid infection don't share your pipe, keep pipe clean by burning off residue then scrubbing with alcohol swabs

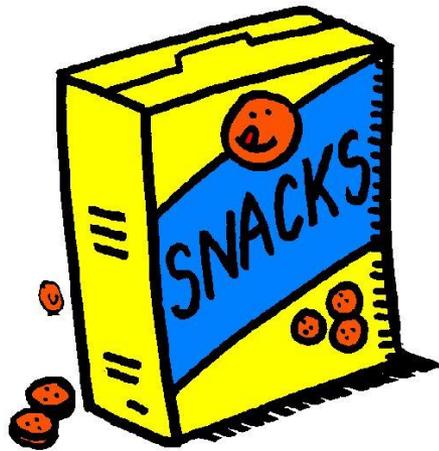
don't be alarmed by feelings of extreme depression once you're sober - it's your body reacting to the drug



# Brief interventions

- screening and assessment
- provision of self-help materials
- harm reduction advice and equipment
- safety planning
- motivational interviewing
- education
- mood monitoring
- counselling

# Do What You Can.



# Don't!

- Try to not use 'no' messages. If you cannot provide what they are asking for, be clear about what you can provide.
- Do not take the person's behaviour or any criticisms personally.
- Do not ask a lot of questions, undertake a lengthy interview or try to counsel the person

# Don't...

- Argue or laugh at delusions/hallucinations
- Agree with delusions/hallucinations

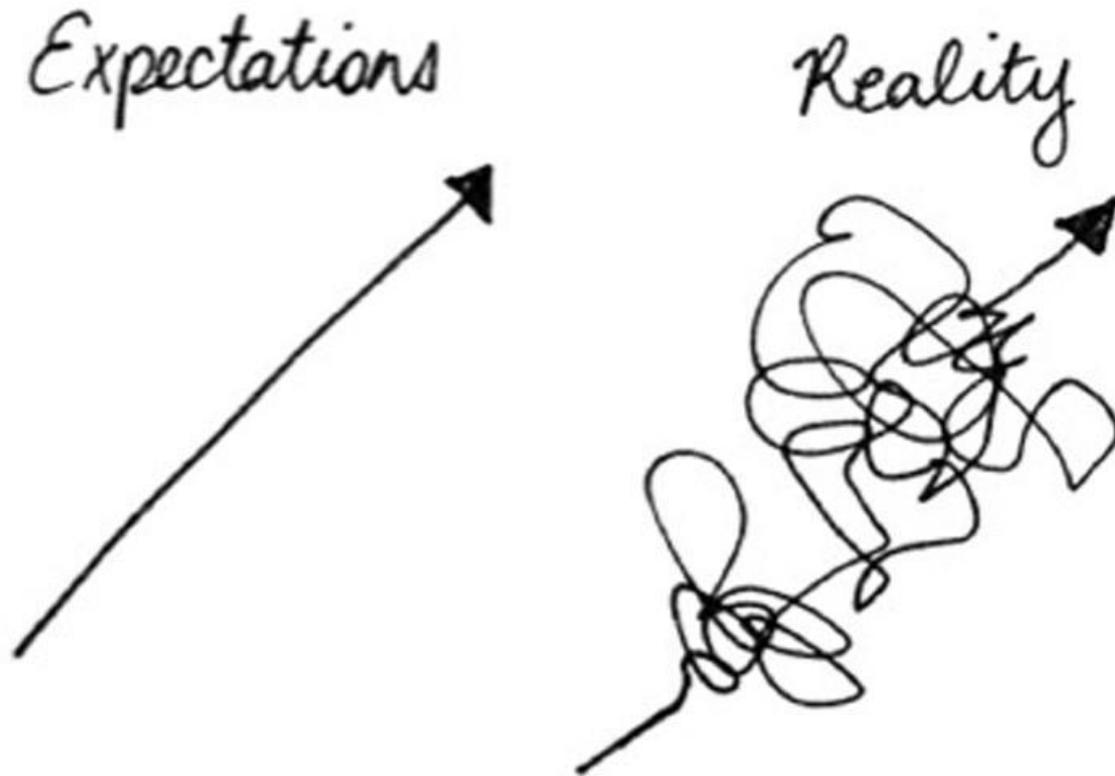
Instead:

“That sounds scary.”

“That must be frustrating.”

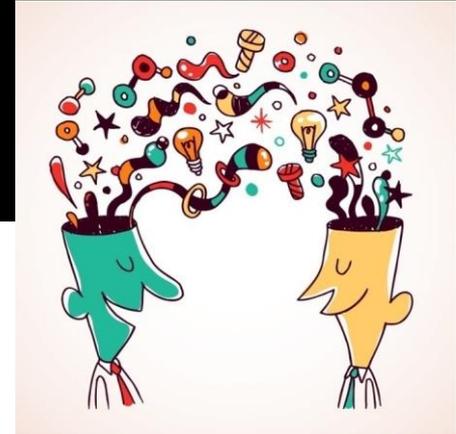


# Patience, Grasshopper.



# Share The Information.

- People using drugs are not always experts in drug use.
- Education is the best way to make change happen.
- Talk to clients openly about risks, harm reduction strategies, etc



I've learned that people will forget  
what you said, people will forget  
what you did, but people will never forget  
how you make them *feel*.

# Contact us for more info

□ Sanguen Health Centre

□ 519-603-0223

□ ARCH:

HIV/AIDS Resources and  
Community Health

□ 519-763-2255 ext. 151

