

WORKING EFFECTIVELY WITH PEOPLE USING CRYSTAL METH

FACILITATOR:

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INTRO

- **My background in psychology and mental health work**
- **Worked in various settings including**
- **Have been working primarily with individuals experiencing homelessness/mental health/substance use challenges for 7 years now**
- **6 years ago started noticing an increase in crystal meth use especially among 20-35 yo and an increase in service restrictions related to behaviors tied to that use**
- **Experience with CJS primarily through working with the same population**
- **Passionate about changing the way we work with those people as current system tends to set them up for failure**

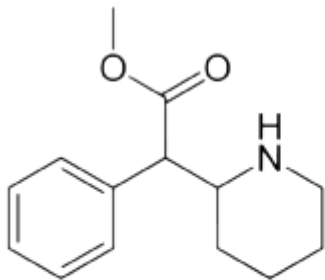
OVERVIEW

- **What is methamphetamine?**
- **Myths and facts**
- **Physiological and psychological effects of the drug**
- **Prolonged use**
- **Short term and long term risks**
- **PSYCHOSIS**
- **Systemic barriers**
- **Preventing and deescalating crisis**
- **Addressing personal biases**

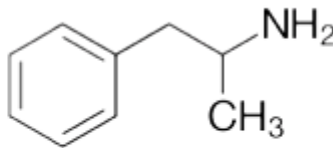
WHAT IS METHAMPHETAMINE?

Belongs to a class of stimulants that speed up body's central nervous system

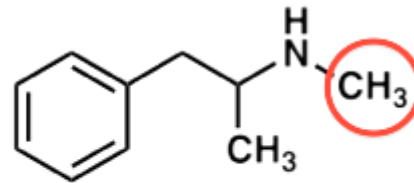
More specifically, belongs to a family of substances called amphetamines



Ritalin
(Methylphenidate)



Adderall
(Amphetamine)



Methamphetamine
(Crystal meth)

FORMS OF METHAMPHETAMINE



Base



Powder



"Ice"

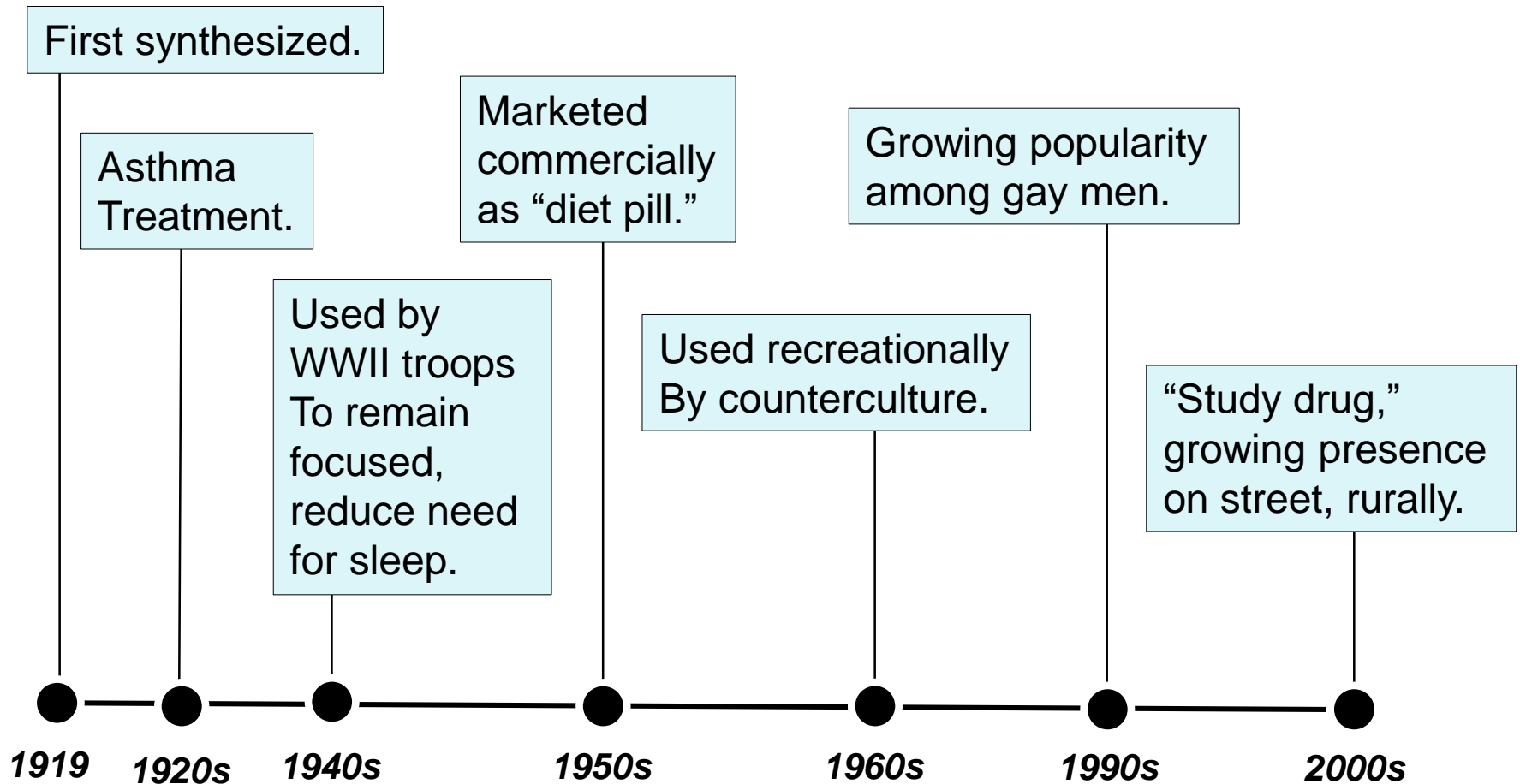


Tablet



Desoxyn (Legal in US)

HISTORY OF METHAMPHETAMINE



TAKING METHAMPHETAMINE



Injection



"Smoking"



Snorting



Swallowing

Also "Parachuting," "Booty Bumping," "Plugging," ...

PRODUCTION OF METHAMPHETAMINE

- **Relatively easy and inexpensive to produce**
- **Can be produced locally – available worldwide**
- **Powdered meth is converted into its crystalline form by dissolving the powder in a solvent (acetone, denatured alcohol). As the mixture evaporates, crystals form.**
- **Powder can also be pressed into tablets.**
- **“Home-cooked” meth can contain impurities. (Coloured appearance, sometimes disguised by pressing into tablets and colouring.)**
- **Street names: Crank, Ice, Crystal, Tina, Glass**

METHAMPHETAMINE: MYTHS AND FACTS

- Taking methamphetamine will cause you to eventually lose your teeth.
- Taking methamphetamine causes permanent cognitive impairment.
- Taking methamphetamine makes it impossible to sleep.
- Taking methamphetamine causes extreme aggression.

**TAKING METHAMPHETAMINE
WILL CAUSE YOU TO
EVENTUALLY LOSE YOUR TEETH.**

TAKING METHAMPHETAMINE WILL CAUSE YOU TO EVENTUALLY LOSE YOUR TEETH.

FALSE.

Methamphetamine has no direct adverse effects on your teeth or oral hygiene.

People who use meth long-term may forget to maintain oral hygiene, which has led to exaggerate claims about “meth mouth.”

TAKING METHAMPHETAMINE CAUSES PERMANENT COGNITIVE IMPAIRMENT

TAKING METHAMPHETAMINE CAUSES PERMANENT COGNITIVE IMPAIRMENT

FALSE.

When given acutely, methamphetamine improves cognitive performance. People who have used meth will retain their memories afterward.

One study has found a correlation between prolonged meth use and cognitive impairment. However, this impairment was only found in a minority of test subjects.

**TAKING METHAMPHETAMINE
MAKES IT IMPOSSIBLE TO
SLEEP.**

TAKING METHAMPHETAMINE MAKES IT IMPOSSIBLE TO SLEEP.

TRUE ... *ish!*

Methamphetamine affects serotonin levels, and creates a large release of the neurotransmitter when taken.

Serotonin also promotes wakefulness, and therefore can keep people who use methamphetamines feeling awake for long periods of time.

**TAKING METHAMPHETAMINE
CAUSES EXTREME
AGGRESSION.**

TAKING METHAMPHETAMINE CAUSES EXTREME AGGRESSION.

FALSE

Taken acutely, methamphetamine in-itself does not create feelings of aggression.

With higher doses over a short period of time, the lack of sleep coupled with the intense and often jumping focus can result can cause people to see or hear things that others can't, or to have feelings of paranoia.

In essence, people become aggressive because they are experiencing feelings of paranoia and fear.

*Upper / Downer / Hallucinogen;
Strength, Purity, Cost.*

Drug

**Experiences
&
Risks**

*Psychological state
Physical Size & Health;
Reason(s) for Use;
Financial Situation;
Housing Situation;
Tolerance.*

**Set
(Person)**

*Physical Location;
Who Else is There;
Social Norms;
Cultural Norms.*

**Setting
(Place/Context)**

METHAMPHETAMINE: SHORT-TERM EFFECTS

Physiological

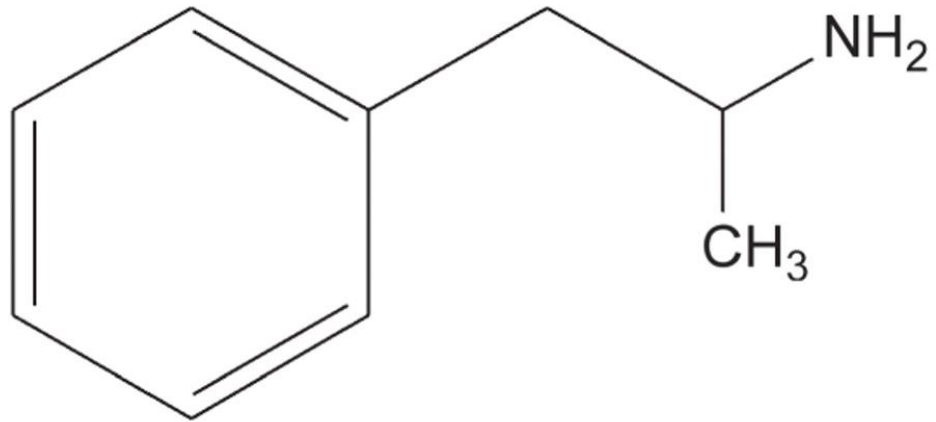
- **Increased heart rate and blood pressure;**
- **Hyperthermia or increased core temperature;**
- **Increased alertness and awareness;**
- **Decrease in appetite and thirst;**
- **Decreased ability to sleep;**
- **Decrease in pain;**
- **Dry mouth;**
- **Enlarged pupils;**
- **Jaw-grinding (Bruxism).**

METHAMPHETAMINE: SHORT-TERM EFFECTS

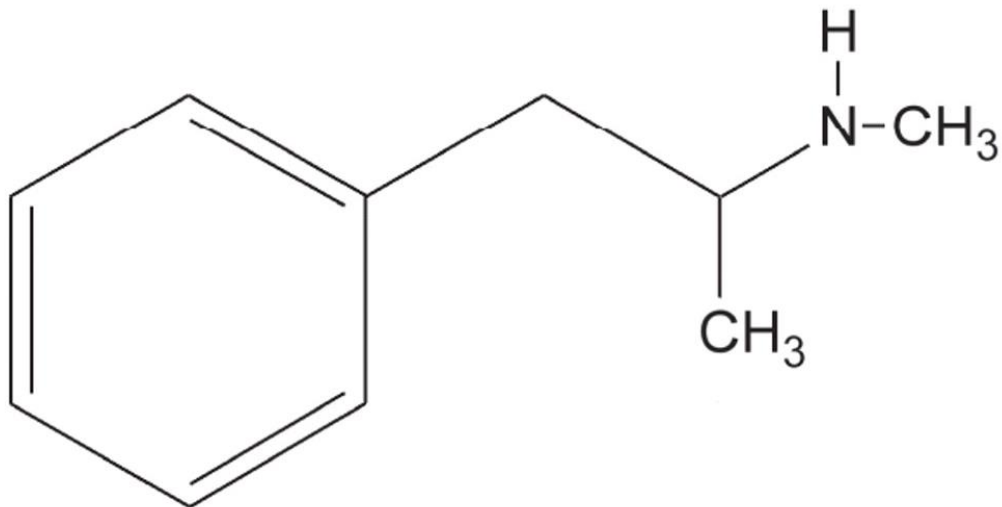
Psychological / Behavioural

- **Increased wakefulness and energy;**
- **Alertness and mental focus;**
- **Decreased depression;**
- **Decreased inhibitions;**
- **Increased confidence;**
- **Increased libido/sexual confidence.**

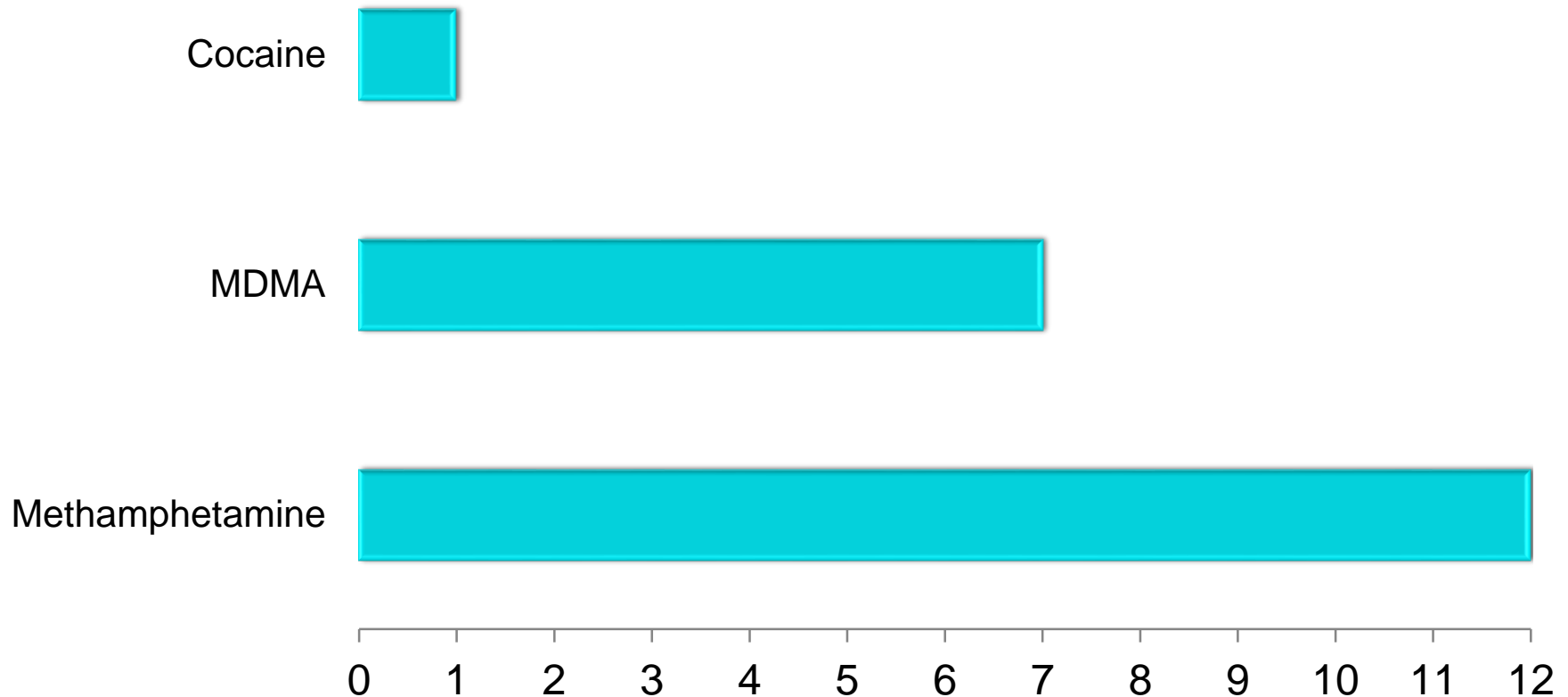
d-Amphetamine (*Adderall*)



Methamphetamine (*Desoxyn*)



HALF-LIFE OF SELECT STIMULANTS (HOURS)



PROLONGED USE OF METHAMPHETAMINE

- **Restlessness and agitation;**
- **Jerky movements and/or tremors;**
- **Jaw-clenching or teeth-grinding (bruxism);**
- **Sweating and overheating;**
- **Rapid speech and topic-jumping;**
- **Irritability or hostility (often out of character);**
- **Impulsivity, or erratic behaviour, or recklessness;**
- **Anxiety;**
- **Frantic and compulsive behaviour;**
- **Looping thoughts;**
- **Suspiciousness and feelings of paranoia or unusual beliefs;**
- **Feelings of crawling flesh (formication);**
- **Seeing or hearing things that others cannot.**

CRASHING & WITHDRAWAL

Withdrawal can occur when use is stopped abruptly, resulting in:

- **Fatigue, and long, disturbed periods of sleep;**
- **Irritability;**
- **Intense hunger;**
- **Moderate to severe depression.**

SHORT-TERM RISKS OF METHAMPHETAMINE

- **Dehydration;**
- **Heat stroke – which can lead to multiple organ failure and death;**
- **Stroke or heart attack – particularly if mixing drugs, and especially different stimulants, and which can lead to death;**
- **Doing something that you may regret, since meth lowers inhibitions and increases confidence;**
- **Infection – as with any drug, sharing equipment creates the opportunity for infection to be spread. As well, folks who engage in unprotected sex are obviously at higher risk of acquiring an STI;**
- **Missing medication doses, or other important appointments, school, or work, since meth does affect sleep and thus can throw off a person's sense of time;**
- **Decreasing the effectiveness of Antiretroviral (HIV) medications;**
- **PSYCHOSIS**

PSYCHOSIS

- **Sense of reality gets distorted**
- **May hear or see things/people who are not there**
- **May believe people they know are not who they say they are!!!**
- **Erratic behavior**
- **Incoherent speech**
- **Agitation or jumpiness**
- **Sometimes talk of good/evil; God/Satan**
- **some users develop a persistent psychotic syndrome that shows similarities to schizophrenia**

LONGER-TERM RISKS OF METHAMPHETAMINE

- **Depression;**
- **Strain to the organs – and particularly the heart;**
- **Weight loss;**
- **Skin lesions – people on meth may pick their skin;**
- **Unhealthy gums and teeth, if oral hygiene is not maintained.**

GROWING POPULARITY ON THE STREET?

What are some of the systemic and personal factors that make meth attractive to folks who are street-involved?



**Comparatively low-cost
and available**

Counteract opioids/downers



Used to stay awake

SPECIFIC CHALLENGES

- **Typical cycle**
 - lack of sleep (no safe place to sleep/drop-ins open limited number of hours)
 - When people crash really hard to wake them up
 - Lose track of time
 - Especially when experiencing psychosis – limited or no ability to understand the consequences of not showing up to Court/Bail/Probation
 - Small things – ex. no bike lock

BASIC PRINCIPLES OF WORKING WITH PEOPLE WHO USE METHAMPHETAMINE

- 1. Understanding at a systems level.**
- 2. Understanding at an interpersonal level.**
- 3. Acknowledging biases.**

HOMELESSNESS AND CRYSTAL METH USE INCREASE CHANCES OF CRIMINAL JUSTICE SYSTEM INVOLVEMENT

- **Prolonged use and lack of sleep increased chances for psychosis**
- **Hypertermia – public exposure**
- **Theft (especially bike theft)**

LACK OF APPROPRIATE (MENTAL) HEALTH CARE SUPPORTS

- **When clients taken to ER/CAMH even on Form 1, if crystal meth use suspected, they get discharged within a few hours (sometimes before TPS officers finish the paperwork)**
- **Beds assigned for alcohol and opiate use, nothing available for crystal meth use**

FOCUS TABLE (CITY, UW, TPS AND COMMUNITY AGENCIES)

- **Cases that are ACUTE ELEVATED RISK brought to table**
- **Last year started tracking cases involving crystal meth**
- **Frequently reopened cases**
- **Quite a few deaths**

PREVENTING AND DEESCALATING CRISIS

INDIVIDUAL PRACTICES

1. PRACTICE PATIENCE

Working with people who use meth requires a lot of patience: listen to them, maintain a calm, non-judgmental, and respectful approach

Although being supportive of someone who is using meth can take time, that element of patience can make a difference between the situation getting escalated or getting deescalated.

2. TAKE THEIR LEAD

We can't assume what a person needs in the moment.

Listen to them, take their lead, and provide support accordingly.

Ask for clarification if you're unsure about what is said or what is needed. Don't ask too many questions, though – person using meth may have a low tolerance for intensive questioning.

3. REDUCE FEAR

Remember again that using meth can make people feel fear or suspicion, and that this may present as aggression.

However, fear is really someone who is feeling vulnerable – so address their fear, not their aggression.

4. PRACTICE SELF-AWARENESS

- **Be aware when your interactions with a person are more about meeting your need than theirs.**
- **You can be great at dealing with crisis but be triggering someone without meaning to**
- **Taking ego out of the equation (tapping out if necessary, especially if someone else can step in)**

5. GIVE PEOPLE SPACE

Give people more personal space than usual.

Try to eliminate environmental stimuli as much as possible.

Make sure that they have easy access to an exit so that they don't feel trapped.

6. DON'T SAY NO

- **“No” can shut a person down or escalate a situation.**
- **Find alternatives instead! (alternative solutions or alternative ways to word things)**

8. BE AWARE OF BODY LANGUAGE

- **Communicate verbally to the participant in short, clear sentences your actions, and why you are doing them.**
- **Move slowly, and mirror the body language of a participant.**
- **Technology can be triggering (be mindful of phone use)**

7. WALK PEOPLE THROUGH EXPERIENCES

- **If someone has shared with you in the past what they perceive is happening to them when they use methamphetamine, you can share back with them common patterns and what to expect.**
- **Whenever possible – try to build relationships for the sake of future interactions**

HYPERTHERMIA (OVERHEATING)



**What could you offer
to someone who is feeling overheated?**



WAKEFULNESS



Activities ...



... and quiet spaces.

AFTER A CRISIS

- **IMPORTANCE OF DEBRIEF**
- **FOLLOW UP WITH THE INDIVIDUAL WHEN POSSIBLE**
- **SELF-REFLECTION**

QUESTIONS TO THINK ABOUT IN THE CONTEXT OF YOUR WORK

1. What do you know about methamphetamine in relation to the person's behaviours and actions?
2. What do you need to know to respond to this person?
3. What resources in the space would be useful for de-escalation?
4. What might you do?

**THANK
YOU!**

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