

Position Statement

The Emerging Crystal Methamphetamine (Crystal Meth) Epidemic in Canada

Crystal Meth is now the most cost-efficient, deadly, readily available and illegal drug on Canadian streets. Its use creates a sense of sexual power, which leads to an increase in sexually transmitted diseases and unwanted pregnancies. The use of Crystal Meth (also known as speed or crank) damages the part of the brain that controls judgment and rational thought and this, combined with the sense of sexual power, leads to an increase in sexual crimes, including rape.

The long-term effects of Crystal Meth use can include stroke, seizures, irreversible damage to the brain, respiratory problems, irregular heartbeat, cardiovascular collapse and death.

Emergency and police officials, addictions counsellors, health representatives, some provincial government officials, municipal leaders and service groups increasingly recognize the growing epidemic of this drug across Canada. The province of Saskatchewan, for example, has established a Task Force to deal with the Crystal Meth issue.

BPW Canada shares this sense of urgency, and calls on the Government of Canada to take immediate action to stem this growing epidemic.

We have carried out an in-depth review of the research on this issue, and recommend the following:

- 1) That the Government of Canada enact more stringent regulations under the *Controlled Drugs and Substances Act (CDSA)* and *Precursor Control Regulations* to limit access to "precursor ingredients" such as ephedrine and pseudo ephedrine, and to ensure that only legitimate manufacturers are able to obtain precursor chemicals.
- 2) That the Government of Canada enforce these regulations, and monitor the end use (e.g. end products) from bulk sales of precursor chemicals such as ephedrine and pseudo ephedrine.

In 2003, the Government of Canada passed *Precursor Control Regulations* under the *CDSA*, to limit access to precursor chemicals used in the manufacture of Crystal Meth (the key ones being ephedrine and pseudo ephedrine) although by all accounts, these regulations (which were implemented in 2004) are not sufficiently stringent. For example, licensing and monitoring of precursors by Health Canada does not require extensive background checks, monitoring of sales, reporting of suspicious transactions or inspections.

At the meeting of Western Ministers of Health, Justice and Public Safety in Regina in June of 2005, the RCMP noted that the vast majority of Crystal Meth in Canada comes from "super labs," and that limiting supplies of ingredients to these labs requires improved controls. Western Ministers agreed that amendments to federal legislation are needed to improve controls, and that monitoring

of end use also needs to be increased. Currently, no one is following up with inspections or audits to determine what these bulk buyers are manufacturing. Too often, they are making Crystal Meth.

The Federation of Canadian Municipalities, at its annual conference in June of 2005, also called on the Government of Canada to improve legislation to limit access to ingredients that go into the production of Crystal Meth.

BPW Canada recognizes that, in addition to key ingredients such as ephedrine and pseudo ephedrine, which can be extracted from common cold medications, Crystal Meth also includes some combination of the following: alcohol, toluene (brake cleaner), red phosphorous (matches and road flares), ether (engine starter), iodine, lithium (batteries), trichlorthane (gun scrubber), MSM (a cutting agent), sodium medal, methanol alcohol (gasoline additives), muriatic (pool cleaner), anhydrous ammonia (farm fertilizer), lye, acetone and cat litter.

The National Association of Pharmacy Regulatory Authorities, a group that effectively decides where prescription and non-prescription drugs can be sold, announced a ban on January 19, 2006 on a wide range of cold and allergy medications because they contain active ingredients that can be used to make Crystal Meth. The provinces of Manitoba and Saskatchewan have both implemented this ban.

We urge the Government of Canada to take leadership in developing an interprovincial/territorial strategy to reduce access to precursors of Crystal Meth, and to control over-the-counter cold remedies and other ingredients that are also core ingredients in the production of Crystal Meth. Such a strategy should involve the private sector including pharmaceutical companies and pharmacies.

Crystal Meth is a highly addictive central nervous system stimulant, which accelerates the heart rate and other processes of the body. It causes a state of extreme euphoria and pleasure by stimulating an excessive release of adrenaline. Users feel powerful, joyful, confident, successful, sexy as well as alert, restless and excited for up to 10 hours. This drug has a longer lasting (up to 10 times) and more pleasurable high than cocaine. As a recent article in the Globe and Mail noted: *"Crystal Meth is one of the easiest drugs for which one can develop a habit, and one of the hardest from which to break free."*¹

Crystal Meth is most commonly smoked. It is also ingested by being wrapped in a tissue to dull the harshness of the drug. It can also be injected (also known as 'banging it'). The favourite injection site is at the base of the skull, which delivers the drug directly to the brain. A hit of Crystal Meth can cost between \$10 and \$25, making it available to most users.

Short-term symptoms of Crystal Meth use include paranoia, weight loss, lack of personal hygiene, violence, petty theft, self induced gouging (due to hallucination), suicide, attempted suicide, psychosis, verbal and visual hallucinations, tremors and convulsions. Long-term effects can include stroke, seizures, irreversible damage to blood vessels in the brain, respiratory problems, irregular heartbeat, cardiovascular collapse, and death. Use of the drug can lead to joblessness and homelessness, and often a life of violence and crime.

¹ Globe and Mail, January 4, 2006.

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