

Crystal Methamphetamine

**A Profile of
its Use in Grey and Bruce Counties,
the Associated Challenges, and
Recommendations for Action**

Final Report

May 2009

**Prepared by Glenda Clarke and Associates
for the Grey Bruce Crystal Meth Steering Committee**

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Executive Summary

Over the past year considerable concern has been expressed about the negative health impacts from the use of methamphetamine in Bruce and Grey Counties by some of our residents. This concern was first identified by a group of Bruce and Grey County service providers at community meetings. In response to the degree of concern expressed at the stakeholder meetings, the Grey Bruce Community Health Corporation, which provides addiction treatment services, sought and received approval to allocate \$10,000 from its budget to undertake a planning process to gather more information about the extent and impact of the problem and produce a report to guide future action.

Information was collected through: community consultations, key informant surveys, a parent focus group meeting and other input from families, and client surveys. The emerging picture is very disturbing.

Local Concerns

The concerns identified include the following.

The Increasing Prevalence of Crystal Meth Use

It is of great concern that the number of people presenting to the local courts or service agencies with crystal meth problems are increasing. The age at which young people use the drug is decreasing. Families of 14 year olds are seeking support for their children's drug use.

The Addictive Nature of the Drug with Long-Term Negative Consequences

Crystal meth is addictive and is made with highly toxic chemicals. Family members told us ***“It is not a drug, it is a poison that is killing our kids. It gets a hold of them before they know it.”*** Its use can result in violent behaviour, weight loss and users often have rotting teeth. It causes increased heart rate and blood pressure, which can lead to strokes and death. Other effects include risk of convulsions, respiratory problems, irregular heartbeat, and extreme anorexia. With long-term use, psychosis can develop which will last after the person has stopped using the drug.

The Profound Impact of Use on a User's Loved Ones

“Parents are neglecting their kids and their own health to use meth.” There are long-term implications of parental/maternal crystal meth use on the health and development of the fetus and of children born to meth users. The quality of life for both users and family members is negatively affected. Family members are extremely distraught and

their lives are very chaotic. Community attitudes and the stigma associated with crystal meth use make the family's journey *“a very dark and tumultuous process.”*

The Negative Impact on the Service System and the Broader Community

Safety hazards to others in the community include violent behaviour common to those who use the drug. The costs to taxpayers are increasing as a result of the loss of quality of life for users and the increasing number of crimes committed to procure the drug. The production of crystal meth results in toxic contamination of the space where it is produced and where the waste products are discarded, and there is significant risk of fire or explosions at meth “labs”.

The Lack of Parent and Community Awareness

The fact that many parents do not understand the side effects of crystal meth and how much damage this drug will do is of concern. Some parents have given up – don't know where to go for support and help. There is little or no information available to increase public awareness of this growing problem, which is becoming a significant issue in our communities.

The Response of the Justice System

There are not enough deterrents to the use, production and sale of crystal meth. Users who receive sentences and/or early release without the provision of rehabilitation services and ongoing support are at increased risk of continued and escalated drug use. A strong message must be sent that those in possession of, trafficking, and producing crystal meth will face serious penalties.

Locations Where Crystal Meth Use is Considered Most Prevalent

Survey respondents indicated that crystal meth is being used in communities throughout Grey and Bruce Counties. Many of the respondents expressed the belief that based on their experience the problem is most prevalent in the Walkerton, Hanover, Durham, Chesley, and Kincardine areas. Other identified communities of concern were: Port Elgin, Paisley, Wiarton, Lucknow, Meaford, Dundalk, Mildmay, Cargill, Teeswater, and Owen Sound.

Developing a Comprehensive “Four Pillar” Community Response

The best practice model for a comprehensive and coordinated drug strategy is one that addresses four distinct but inter-related issues: Enforcement, Harm Reduction, Prevention and Education, and Treatment. The complex nature of drug-related concerns requires integration and coordination of services across the four Pillars, and the development of new approaches that will promote relationships among community members, associations, and organizations. Working together to maximize assets and leverage additional resources is key to an effective drug strategy.¹

The active engagement of service providers from all sectors in the information collection

¹ *The Windsor-Essex County Community Drug Strategy Framework*, pp. 15-16, City of Windsor, April, 2008.

process is a very positive first step. Continued work is needed to “*forge closer links, communication and cooperation between agencies.*” “*We need to all work together to help educate and fight against this.*” “*A consistent, comprehensive drug and alcohol strategy is needed.*”

The Challenges and the Needs or Opportunities for Service Enhancement

The challenges that we need to address, and the needs or opportunities for service enhancement suggested through the planning process are summarized below for each of the four pillars.

Challenges	Needs or Opportunities for Service Enhancement
Enforcement	
<ul style="list-style-type: none"> • court sentences • capacity of enforcement, court and probation personnel to deal with complex issues associated with crystal meth use • costs/manpower requirements for police • violent crimes and property crimes associated with drugs 	<ul style="list-style-type: none"> • stronger sentencing • dedicated resources to promote communication and collaboration among service providers • additional resources • increased community awareness
Harm Reduction	
<ul style="list-style-type: none"> • harm to children from parent’s use • approach/understanding among medical staff re effects of crystal meth on users • costs of drug screening for CAS • safety of workers who provide in-home care 	<ul style="list-style-type: none"> • enhance support for children exposed to crystal meth or at risk • enhance linkages between and training for allied professionals • easier access to drug screening • training for first responders and in-home workers
Prevention and Education	
<ul style="list-style-type: none"> • getting the message out about the dangers 	<ul style="list-style-type: none"> • extensive education and awareness campaign • targeted awareness such as “Meth Watch”
Treatment	
<ul style="list-style-type: none"> • lack of best practice guidelines and specialized treatment resources for meth • limited capacity and accessibility of existing treatment resources • client readiness for treatment • multiple organizations/agencies • negative impact on families • health impacts • lack of awareness of services available • high potential for return to drug use 	<ul style="list-style-type: none"> • enhance local treatment resources to ensure a timely and appropriate response • enhance linkages between and training for allied professionals • family support and counselling • enhanced access to mental health counselling • assistance with dental care • educational materials for former users • increased advertising of available services and support • enhanced peer support and other social supports

Community Consultation

A draft of this Report was released at a community meeting on March 27, 2009 in Walkerton. The meeting was attended by approximately 90 people, including Bruce County and Grey County Councillors, the MPP for Huron Bruce, family members, representatives of the Southwest Local Health Integration Network and the Ministry of Health and Long Term Care, members of the Project Steering Committee and representatives from a number of organizations involved in the provision of service to people impacted by crystal meth use.

The following panel members provided their response to the draft Report and recommendation for action:

- Dr Hazel Lynn, Medical Officer of Health, Grey Bruce Health Unit
- Claude Anderson, Executive Director, Canadian Mental Health Association
- Clayton Conlan, Federal Crown Attorney, Owen Sound
- Kent Smith, Area Manager, Ministry of Community Safety and Correctional Services
- Sandy Stockman, Executive Director, Grey Bruce Community Health Corporation

The panel members expressed agreement with the proposed recommendations for action. It was noted by one panel member that meth use is a community problem and there is a compelling need for a timely, local response. Other participants at the meeting reinforced the magnitude of the problem, echoed the local concerns identified in the Report, and endorsed the need for community action.

Recommendations for Action

The following are the recommendations for action to address the issues identified in the Report.

Develop a Coordinated Local Response

1. Establish a Task Force to lead a comprehensive coordinated four pillar strategy to respond to the challenges associated with crystal meth use identified in this Report.
 - Engage local elected officials from Bruce and Grey Counties in the planning process and encourage them to provide leadership to the Task Force
 - Invite representatives from each of the sectors that make up the four pillars: enforcement, harm reduction, prevention and education, and treatment, to participate on the Task Force or working groups
 - Invite family members and recovering addicts to participate
 - Suggested mandate of the Task Force to include:
 - Ensure a comprehensive and coordinated response to the problem of methamphetamine production, sale and use in Grey-Bruce
 - Secure funding from the Ministry of Community Safety and Correctional Services, the Ministry of Health and Long Term Care and other sources to design and implement strategies to prevent and address methamphetamine use in Grey-Bruce

- Provide a regular forum to promote and facilitate stakeholder collaboration
- Network with provincial, federal, and community groups who are addressing methamphetamine-related issues.

Enforcement

2. Work with the court system to:
 - Strengthen the penalties for persons convicted of crystal meth offences, particularly production and trafficking and;
 - Improve linkages between the criminal justice system and treatment providers to collaboratively develop strategies to engage users in treatment.
3. Work with local police services to identify their needs and develop strategies for:
 - Implementing policing methods dedicated to the investigation, prosecution and conviction of people involved in the production and sale of crystal meth
 - Acquiring investigative equipment/training.

Harm Reduction

4. Work with first responders (police, fire and ambulance) and others that work with at risk families (e.g. Children's Aid Societies, Healthy Babies Healthy Children) to more clearly define needs for:
 - enhanced support for children exposed to crystal meth or at risk of improper care
 - education related to meth use and the safety of workers who enter homes with meth labs
 - safety equipment for local enforcement staff when inspecting meth labs
 - enhanced linkages between and training for allied professionals
 - easier access to drug screening.

Education

5. Implement a large scale education, awareness and prevention campaign Grey-Bruce wide. Elements of the campaign should include:
 - Education of students beginning at Grade 6 on the dangers of crystal meth use
 - Community programs such as "Meth Watch"
 - Community education on the dangers of crystal meth use including the effects on children exposed to crystal meth
 - Pro-active education to increase awareness and acceptance of treatment and support services for those using meth as well as their families or friends.

Treatment

6. Enhance the capacity of the local addiction system to serve people affected by crystal meth use.

- Ensure ready access to residential withdrawal management services that can provide a quick response and a safe supportive environment in which clients can withdraw from crystal meth use. Services should include: assessment, supportive counseling, referral to ongoing treatment services, and access to peer support.
 - Community treatment services targeted specifically to crystal meth. Services should include: comprehensive assessment, individual and group counseling, service coordination and case management.
 - Programs specifically for youth.
 - Enhanced outreach services in more communities, in locations that are frequented by/acceptable to the target population.
 - Assistance with transportation to services if required.
 - Counseling, education and support for families of meth users.
 - Increased access to mental health counseling to ensure a timely response and services for those with co-occurring mental health and addiction problems, including those with moderate mental health problems who are not currently eligible for service as a priority population for the mental health system.
 - Educational materials, peer support and relapse prevention supports for former users.
7. Develop strategies to enhance linkages between and training for professionals in all human service sectors that deal with the at risk population to increase capacity for early identification and intervention.
 8. Work with relevant stakeholders to enhance peer support and other social supports including street-based outreach and drop in programs in high risk communities.
 9. Increase advertising of available services and support, and provide financial resources to family support groups to offset the cost of meeting space, supplies and advertising of group meetings.
 10. Provision of affordable dental health care for former users.

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1. Background and Overview of the Report

1.1 Background

On April 14, 2008 service providers were invited to a meeting regarding concerns about the impact of crystal meth use in Grey and Bruce Counties, particularly in the Hanover/Walkerton area. Two additional meetings were held to continue the conversations: one in Walkerton and one in Durham. It was noted in those meetings that in response to concerns expressed about crystal meth use in its communities, Perth County received over \$1 million in funding to implement a community response involving key community services organizations.

Given the degree of concern expressed at the stakeholder meetings, a small group continued to meet over the summer and fall of 2008. The focus of these meetings was to consider how the experience of people working in the field could be taken beyond anecdotal evidence, and determine the best use of resources to address the problem of crystal meth use in Grey-Bruce.

The Grey Bruce Community Health Corporation, which provides addiction treatment services, sought and received approval to allocate \$10,000 from its budget to undertake a planning process to gather more information about the extent and impact of the problem and produce a report to guide future action. The small group noted above evolved into a Steering Committee to guide the planning project. (Please see Steering Committee Terms of Reference and Membership List in Appendix A.) The consulting firm of Glenda Clarke and Associates was contracted to work with the Steering Committee and other stakeholders to facilitate the planning process and develop a report with recommendations for action.

1.2 Planning Process and Overview of the Report

The Steering Committee met with the Project consultants in November and December 2008 to confirm the following project objectives and initial directions for the planning process. The Steering Committee met with the consultants again in January, February and March to guide the completion of the project.

Project Objectives are:

1. To understand the nature and extent of the problem
2. To identify and engage the community stakeholders impacted by the problem
3. To identify issues and opportunities for action to address the problem

The Project consultants undertook the following activities in order to complete the research and prepare the Project Report:

- Reviewed background documentation;
- Facilitated a consultation meeting on December 9, 2008 with a wide variety of stakeholders;
- Contacted and invited involvement from additional stakeholders, including Bruce and Grey County staff and elected officials;
- Distributed key informant surveys to approximately 100 stakeholders from a broad range of service providers in Grey and Bruce Counties. Seventy (70) responses were received. (Response rate: 70%). (Please See Appendix B)
- Conducted a focus group with a parent group, and invited input from other families;
- Distributed client surveys to persons involved with local services who have used crystal meth and invited those who were comfortable to do so to share their stories.(Please see Appendix C);
- Consulted with Perth County Task Force representatives;
- Consolidated the research findings in a draft report;
- Presented the draft report to stakeholders on March 27, 2009.

The following Report summarizes the results of the planning process.

2. Crystal Methamphetamine: An Overview

The following overview contains information derived from the literature and from key informants. The overview contains descriptive information about the drug, who uses it and why, its effects on the user and the broader community, and the role of the judicial system.

2.1 What Is Crystal Meth?

“Crystal Meth’ is one of the street names used for methamphetamine. It is also known as ‘speed,’ ‘meth’ or ‘chalk.’ In its smoked form, it can be referred to as ‘ice,’ ‘crystal,’ ‘crank,’ and ‘glass.’ Methamphetamine belongs to a family of drugs called amphetamines -- powerful stimulants that speed up the central nervous system...Methamphetamine is a drug with high potential for widespread abuse.”²

“Possession, trafficking, possession for the purpose of trafficking, production, importing, and exporting of methamphetamine are illegal... Methamphetamine has been included in Schedule I of Canada’s Controlled Drugs and Substances Act since August 11, 2005. Before then it was covered by Schedule III, which still includes amphetamine.”³

“Methamphetamine is easy to produce: cheap, profitable, and ingredients are easy to obtain.”⁴

The production of crystal meth is “a dangerous process with risk of fire explosions, and inevitability of toxic waste...Methamphetamine is not imported, but produced locally, and can be made within a day.”⁵

“Crystal meth can be smoked, snorted, taken orally, or injected... When methamphetamine is injected or taken by mouth, the effects may last 6 to 8 hours. When it is smoked, the effects can last 10 to 12 hours. As with other amphetamines, users experience increased wakefulness, decreased appetite and a sense of well being when they take the drug. Often people that use methamphetamines use it in a “binge and crash pattern” which can have harmful effects on the person’s health and can lead to dependence on the drug.”⁶

² Centre for Addiction and Mental Health “Information about Crystal Meth” from website [http://www.camh.net/About Addiction Mental Health/Drug and Addiction Information/crystal meth information.htm](http://www.camh.net/About%20Addiction%20Mental%20Health/Drug%20and%20Addiction%20Information/crystal%20meth%20information.htm) 1 November 2008

³ Centre québécois de lutte aux dépendances *Crystal Meth What You Need to Know* 2006

⁴ Monica Jobe-Armstrong, for the Methamphetamine Task Group of the FH Addictions Services Planning Steering Committee *A Community Guide: Strategies and Interventions for Dealing with Crystal Methamphetamine and other Emerging Drug Trends*. June 2005 p. 4

⁵ Centre for Addiction and Mental Health “Information about Crystal Meth” from website [http://www.camh.net/About Addiction Mental Health/Drug and Addiction Information/crystal meth information.htm](http://www.camh.net/About%20Addiction%20Mental%20Health/Drug%20and%20Addiction%20Information/crystal%20meth%20information.htm) 1 November 2008

⁶ Centre for Addiction and Mental Health “Information about Crystal Meth” from website [http://www.camh.net/About Addiction Mental Health/Drug and Addiction Information/crystal meth information.htm](http://www.camh.net/About%20Addiction%20Mental%20Health/Drug%20and%20Addiction%20Information/crystal%20meth%20information.htm) 1 November 2008

2.2 Who Uses?

The Canadian Addiction Survey completed by Health Canada noted an increase in meth use by adults from 1.8% of those surveyed in 1989 to 9.8% in 2004. The Ontario Student Drug and Health Use Survey for 2007 reported that 1.4% of the students surveyed used meth in the past year. (In 2005, 2.2% reported use). “The most current research from the Centre for Addiction and Mental Health (CAMH) does not show that there is an increase of use of crystal meth among the general population. Although there is no reason to believe there is any increase of use among high school students, [CAMH] continues to monitor the use of this drug along with many others.

Some research does show that there may be a rise of methamphetamine use among specific populations, which may include the crowds in the club scene, or homeless youth. One study reports 37% prevalence of methamphetamine use among Toronto street youth (Youth link Inner City, 2004). There are also confirmed reports of poly-drug use that includes methamphetamine (i.e. the combination of two or more drugs for recreational use) on the streets of Toronto, according to the “Drug Use in Toronto” survey results.

There may be no reason to believe that there is a high prevalence of crystal meth use among the mainstream populations, however, crystal meth and poly-drug use among street youth is on the rise and does deserve attention.”⁷

Table 1 presents a summary of the patterns of crystal meth use in Canada.

**Table 1
National Patterns of Crystal Meth Use**

Province	Percentage of lifetime use of speed	Percentage of speed use in the past year
Newfoundland & Labrador	1.2	*S
Prince Edward Island	3.3	*S
Nova Scotia	3.2	*S
New Brunswick	4.5	0.6
Quebec	8.9	2.3
Ontario	5.5	*S
Manitoba	4.5	*S
Saskatchewan	4.0	*S
Alberta	6.1	*S
British Columbia	7.3	0.6
Canada	6.4	0.8

*S – estimate suppressed due to unacceptably high sample variability

Source: Monica Jobe-Armstrong, for the Methamphetamine Task Group of the FH Addictions Services Planning Steering Committee ***A Community Guide: Strategies and Interventions for Dealing with Crystal Methamphetamine and other Emerging Drug Trends.*** June 2005 p. 16

⁷ Centre for Addiction and Mental Health “Information about Crystal Meth” from website [http://www.camh.net/About Addiction Mental Health/Drug and Addiction Information/crystal meth information.htm](http://www.camh.net/About_Addiction_Mental_Health/Drug_and_Addiction_Information/crystal_meth_information.htm)
¹ November 2008

Why Do People Use?

“Individuals begin using methamphetamine either unintentionally or intentionally.”⁸ Users may unintentionally consume crystal meth in their use of other drugs which are misrepresented as only being ecstasy, heroin, or caffeine, but unknowingly contain methamphetamine.

“For those intentionally taking methamphetamine...several common reasons given for using this drug include: methamphetamine’s capability to suppress appetite, desirable for those wanting to lose weight or, in the case of someone living on the street, suppression of hunger. Methamphetamine users initially feel euphoric, have a sense of well being, and are more talkative, confident and social. Other reasons for methamphetamine use include enhanced sexual performance and desire, stimulating and disinhibiting effect on sexual activity, and an increased libido...

Methamphetamine can also be used as a substitute for other psycho-stimulants, to cope with mental illness, mental stress or trauma, or to stay awake. Lastly, methamphetamine use creates an increase in energy and wakefulness, reduction in fatigue and heightens concentration and alertness ... Though the majority of these effects can be reached by other drugs, methamphetamine is attractive because of its low cost, easy availability and lengthy high.”⁹

2.4. Effects of Crystal Meth and Risks for the User

“The way methamphetamine makes you feel depends on a variety of factors that include, weight, age, how much you’ve taken, how long you’ve taken it, the method used to take it in, etc. Methamphetamine produces effects like euphoria and stimulation that are much like cocaine, except the effects last much longer. Methamphetamine is in the brain for longer, which can lead to prolonged stimulant effects.

1. Tolerance can develop with long-term use of methamphetamine, which means the user will need larger amounts of the drug to achieve the same desired effects. Long-term use can result in addiction.
2. High dose use can result in violent behavior, anxiety, confusion, insomnia and weight loss.
3. Methamphetamine causes increased heart rate and blood pressure, which can lead to strokes and death.
4. Other effects include risk of convulsions, respiratory problems, irregular heartbeat, and extreme anorexia.
5. With long-term use, psychosis can develop including paranoia, mood disturbances, delusions and hallucinations. For example, people may feel the sensation of insects creeping on the skin, and as a result scratch and pick at their skin until there are open sores, which can become infected.

⁸ Monica Jobe-Armstrong, for the Methamphetamine Task Group of the FH Addictions Services Planning Steering Committee *A Community Guide: Strategies and Interventions for Dealing with Crystal Methamphetamine and other Emerging Drug Trends*. June 2005 p. 9

⁹ Monica Jobe-Armstrong, for the Methamphetamine Task Group of the FH Addictions Services Planning Steering Committee *A Community Guide: Strategies and Interventions for Dealing with Crystal Methamphetamine and other Emerging Drug Trends*. June 2005 p.10

6. Another problem found among Crystal Meth users is “Meth mouth.” Many users often have rotting teeth and it’s not known exactly why, although it may be because of a reduced blood flow to the teeth and gums, and dry mouth from less saliva. ¹⁰

“Crystal meth that is smoked, inhaled, or injected is one of the most powerful psychostimulants available on the illicit drug market. Users therefore become physically and psychologically dependent on it rapidly [within just a few weeks], and the desire to consume more of it then becomes a constant preoccupation and eventually an obsession. The only way to satisfy this obsession is to go on another binge. Chronic users usually display various symptoms of anxiety, insomnia and depression. They may also display a variety of psychotic symptoms, such as paranoia and auditory hallucinations, and sometimes even violent behaviour. These psychotic symptoms can persist for months or even years after someone has stopped using the drug. Other long-term effects may include confusion and cognitive deficits. The number, intensity, duration and frequency of these episodes generally vary in proportion to the intensity and frequency with which the person has used the drug.”¹¹

“Long term effects of methamphetamine use may include liver damage, brain damage, hallucinations, blood clots, chronic depression, violent and aggressive behaviour, malnutrition, deficient immune system, and methamphetamine psychosis, a mental disorder that may be paranoid psychosis or may mimic schizophrenia... in some users, methamphetamine appears to produce cardiomyopathy, a serious disease in which the heart muscle becomes inflamed and doesn’t work as well as it should.”¹²

2.5 The Risks for Others in the Community

“The manufacturing of methamphetamine releases hazardous toxic substances into the environment. These substances include flammable solvents, chlorinated solvents, phosphorus, iodine, heavy metals such as lead and mercury, and various other pollutants that are highly hazardous to public health. Manufacturing one kilogram of methamphetamine produces roughly five to six kilograms of toxic waste. The operating conditions in clandestine laboratories present risks not only for the environment, but also for the illicit drug producers themselves, as well as for their neighbours and for the police, firefighters, ambulance attendants and other emergency workers who may be called to the scene of these laboratories.”¹³

“Methamphetamine use also carries with it a number of public health risks. For individuals injecting methamphetamine, the risk of blood borne infections, such as Hepatitis B and C and HIV/AIDS, increases if they share injecting equipment. Others report an increase in unsafe sex practices while under the influence of methamphetamines. Still others question the spread of blood borne diseases through the sharing of equipment used for smoking methamphetamine, i.e. blisters and open sores on the lips.”¹⁴

¹⁰Centre québécois de lutte aux dépendances *Crystal Meth What You Need to Know* 2006

¹¹Centre québécois de lutte aux dépendances *Crystal Meth What You Need to Know* 2006

¹²Monica Jobe-Armstrong, for the Methamphetamine Task Group of the FH Addictions Services Planning Steering Committee *A Community Guide: Strategies and Interventions for Dealing with Crystal Methamphetamine and other Emerging Drug Trends*. June 2005 p.11

¹³Centre québécois de lutte aux dépendances *Crystal Meth What You Need to Know* 2006

¹⁴ Monica Jobe-Armstrong, for the Methamphetamine Task Group of the FH Addictions Services Planning Steering Committee. *A Community Guide: Strategies and Interventions for Dealing with Crystal Methamphetamine and other Emerging Drug Trends*. June 2005 p. 12-13

“Exposure to methamphetamine precursor chemicals can harm anyone, but they are particularly dangerous to children... The greatest dangers of a methamphetamine lab are physical contamination, explosion and inhaling toxic gases... Chemical mixtures used to produce methamphetamine are often stored in unlabeled food and drink containers on floors and countertops within easy reach of toddlers and infants placing them at increased risk of contamination or serious life threatening injury because of childhood behaviours such as putting hands and other objects into mouths and crawling and playing on contaminated floors.”¹⁵

2.6 The Role of the Justice System

“Possession, trafficking, possession for the purpose of trafficking, production, importing, and exporting of methamphetamine are illegal... Methamphetamine has been included in Schedule I of Canada’s Controlled Drugs and Substances Act since August 11, 2005.”¹⁶

2.6.1 Police

The police play a critical role in enforcement. That role includes investigating potential illegal drug offences and laying charges where circumstances warrant. When a police investigates the crime, and then arrests and charges the accused, which starts the prosecution process.¹⁷

In situations where locations where crystal meth is being produced (meth labs) have been identified, and are being dismantled, a private hazardous materials company will be called by local police to manage the removal of hazardous materials.

2.6.2 Federal Offences

Federal Crown attorneys prosecute cases involving adults (persons over age 18) charged with a drug offence. They review police findings and make independent assessments about whether or not there is sufficient evidence to justify a prosecution.

The person charged with committing a criminal act has the right to represent him or herself, but is most often represented by a defense lawyer. The person may be represented by a duty counsel who is a lawyer paid by Legal Aid Ontario to help an accused person who cannot afford a defense counsel.

If the person charged with an offence is convicted, they may be subject to fines, incarceration (time in jail), or conditional sentences. Probation is a court order that allows offenders to remain in the community subject to conditions contained in a probation order. Offenders with conditional discharges, suspended sentences, or intermittent sentences must be placed on probation.¹⁸

¹⁵ Publishers Group Children at Risk Meth Labs in Our Community 2007

¹⁶ Centre québécois de lutte aux dépendances *Crystal Meth What You Need to Know* 2006

¹⁷ Criminal Justice

¹⁸ Ontario Justice Education Network *Handout: Roles in the Criminal Justice System* <http://www.ojen.ca/> January 2009

2.6.3 Provincial Offences

Drug users, including those using crystal meth may be charged with other offences which occur while they are on drugs or attempting to obtain money to purchase drugs. These charges often include property offences (stealing to obtain money to purchase drugs) or assaultive offences (they lash out at people when high). The victims of the assaults can be family members, partners and the police/people in authority. These offences are prosecuted by provincial crown attorneys in Criminal Courts.

2.6.4 Young Offenders

The Youth Criminal Justice Act is the legislation in Canada that deals with young people who break the law. The legislation applies to young people who were 12 to 17 years old when the action they are accused of was committed.

In Ontario, the Ministry of the Attorney General is responsible for court processes for young people. The Ministry of Children and Youth Services provides programs and services for young people who have been dealt with under the Youth Criminal Justice Act.

2.6.5 Probation

Youth Probation

Youth who are sentenced to probation will continue to live in the community. Each young person is assigned a probation officer employed by the Ministry of Children and Youth Services. The probation officer meets with the youth regularly, develops a plan for the youth with the youth and his/her parents and helps the youth stay out of trouble and meet his or her goals.

Adult Probation

Adult Probation officers work with the courts system and with adults who have received a court disposition that authorizes the offender to remain at large in the community, subject to conditions prescribed in a probation order. The role of Parole officers includes:

- Preparing reports for the courts such as Pre-Sentence Reports and the Ontario Parole and Earned Release Board;
- Enforcing court orders and parole certificates, and;
- Comprehensively assessing offenders, making case management decisions and determining rehabilitative interventions (e.g. referral to internal or community-based educational, counseling or treatment programs or services).

3. Crystal Meth Use in Grey Bruce

Given the illegal nature of crystal meth use and the associated stigma and limited data availability, it is difficult to develop an accurate picture of the magnitude of the problem in Grey Bruce. The information presented below includes:

- available statistical data from local police departments and feedback from the Federal Courts;
- data from addiction and mental health providers;
- the experience of other service providers;
- concerns expressed regarding the increased prevalence of crystal meth use;
- locations where crystal meth use is considered most prevalent;
- information collected from persons who are using or have used crystal meth, and;
- information about the impact of crystal meth use on individuals and families

3.1 Law Enforcement and Criminal Justice

The data collection process within police services does not capture data specifically related to crystal meth. The OPP and Hanover Police Service data reported below relates to all drug related incidents.

The Ontario Provincial Police

Bruce Peninsula Detachment

2006 - 82 drug related charges in 16 incidents
2007 - 110 drug related charges in 34 incidents
2008 - 80 drug related charges in 20 incidents

South Bruce Detachment

2006 - 161 drug related charges in 31 incidents
2007 - 157 drug related charges in 43 incidents
2008 - 150 drug related charges in 41 incidents

Grey County Detachment

2006 - 161 drug related charges in 54 incidents
2007 - 166 drug related charges in 69 incidents
2008 - 125 drug related charges in 51 incidents

In 2008 the Drug Enforcement Team (based out of Mount Forest, serving the five Counties of Bruce, Grey, Huron, Perth and Wellington) executed 88 search warrants and laid 807 charges against 227 persons, seizing almost \$17 million in drugs.

Hanover Police Services (HPS)

Predominantly the use of meth concerns began in 2001. In 2005 there were significant concerns. *The Post* covered an investigative news reporting series addressing the concerns of meth. In efforts to educate the community Hanover hosted a town hall meeting in June 2005. Over 400 persons showed up at that town hall meeting.

There have been meth labs in Stratford-Perth County and Bruce County. In July 2006 RCMP seized 35 kilograms of meth from a super lab in Lion's Head. (There has not been

a meth lab dismantled in Hanover or evidence of a meth lab.)

The meth issue is not as prevalent today as it was in 2005-2007. Meth is coming from the golden horseshoe area. Meth is not cheap at this time - 2009 ranging in \$130-140 gram versus \$80-100 a gram in 2007.

Hanover Police Services records in 2008 indicate that:

- there were 89 drug charges (meth-cocaine-marijuana-prescription);
- 73 adult charges and 16 charges involving youth;
- the meth users charged range in age from 15 to 57 years

In 2008 HPS concentrated efforts in drug enforcement. Combined drug enforcement efforts by Hanover Police and area police have made a significant impact in the meth supply and demand in our area.

West Grey Police Services

West Grey Police Services records indicate that:

- in 2003, a 37 year old male was arrested as a result of a meth lab being discovered
- in 2007, the number of persons charged with meth related offences were: 6 (3 female, 3 male) Ages: 27(f), 20(f), 26(m), 30(m), 26(m), 20(f)
- in 2008, the number of persons charged with meth related offences were: 4 (2 female, 2 male) Ages: 32(m), 27(f), 28(f), 34(m)
- in 2009, the number of persons charged with meth related offences are: 2 (1 female, age 28; 1 male, age 45)

Courts and Probation Services

- The Federal Crown Attorney in Owen Sound estimates that there has been a 100% increase in meth-related cases presenting to the federal court in Owen Sound over the past three years.
- The Federal Crown Attorney in Walkerton estimates that 50-60% of the drug related cases presenting to the Federal Court in Walkerton involve crystal meth. This is much higher than the experience in Toronto where crystal meth represented about 15% of all drug cases presenting to the Federal Court.
- Approximately 30% of adults on probation in the Walkerton area have/are using crystal meth

3.2 Addiction and Mental Health Service Statistics

- New Directions for Alcohol, Drug and Gambling Problems (community treatment service for adults) has experienced an increase in admissions of adults using crystal meth of 3% over the past 3 years. Those admitted for treatment of crystal meth problems represent 9% of the admissions. CHOICES: Drug and Alcohol Counselling for Youth has experienced an increase in admissions of youth using crystal meth of 7% over the past 3 years. Those admitted for treatment of crystal meth problems represent 9% of the total admissions. In both programs approximately 75% of the referrals related to crystal meth concerns come from the Walkerton, Hanover, and Durham areas.
- Over the past 3 years; 8-9% of adults involved with drugs who presented to New Directions were primarily involved with crystal meth. This is higher than the southwest regional average.
- 60-70% of clients accessing Court Support through the Canadian Mental Health Association use crystal meth
- 8% of admissions for Withdrawal Management Services (detoxification program) involve crystal meth
- 6% of clients for Community Addiction Treatment Service (C.A.T.S.) (addiction day treatment program) have been involved with crystal meth

3.3 Other Service Provider Experiences

- Grey County Children's Aid Society staff estimate that 20-25 % of the parents, and 15- 20% of the teens the agency works with are involved with crystal meth
- 48% of the families involved with the Healthy Babies Healthy Children Program are current or past substance abusers (alcohol or drugs)

3.4 Increasing Prevalence of Crystal Meth Use

There was widespread concern expressed by the families and treatment providers who participated in this study about the increasing prevalence of crystal meth use in Grey-Bruce. The contributing factors cited include the availability of knowledge about how to make crystal meth, easy access to the drug, the fact that it is relatively cheaper than other drugs, and a prevailing culture of drug use in some areas.

Particular concern was expressed about the large number of youth and young adults involved with crystal meth including the following:

- families of 14 year olds are seeking support for their children's drug use
- students using meth within a prevailing culture where it is considered cool to use crystal meth or other hard drugs
- special education students seem to be targets of the drug dealers
- use is more prevalent among students with mental health issues or at risk students who are not involved with a lot of other activities
- users are selling marijuana laced with meth and other drugs (e.g. ecstasy/crack) to introduce them to the high
- "Yabba" tablets (flavoured meth) is targeting a young age group
- Females account for a large proportion of the youth using crystal meth who present for treatment
- teenage girls involved in trading sex for drugs.

3.5 Locations Where Crystal Meth Use is Considered To Be Most Prevalent

Key informant survey respondents indicated that crystal meth is being used in communities across Grey and Brice Counties. Many of the respondents indicated that their experience is that the problem is most prevalent in the Walkerton, Hanover, Durham, Chesley, and Kincardine areas. Other communities identified were: Port Elgin, Wiarton, Lucknow, Meaford, Dundalk, Mildmay, Cargill, Teeswater, and Owen Sound.

3.6 Results of Client Surveys Regarding Patterns of Use

Service providers working with persons who have used crystal meth distributed a client survey to persons who were willing to provide information. (See Appendix C for the survey tool)

Twenty-three (23) people (17 males and 6 females) who have used crystal meth responded to the survey.

- 4 respondents were under the age of 20: 10 were between the ages of 20 and 29 years; 5 were between the ages of 30 and 39; 2 were over 40; and 2 did not provide their age.
- 17 respondents indicated they first got involved with crystal meth through a friend or a group of friends. Two (2) indicated they were having a rough time and needed a way to escape. Four (4) others indicated they got involved:
 - through parents,
 - at a party
 - heavy drinking and involved with other drugs, or;
 - couldn't find cocaine.
- 9 respondents indicated they used crystal meth for more than 3 years; 8 respondents used for 2 to 3 years; 3 for a year or so and 3 for a few months.
- 19 respondents indicated that they know more than 10 people that use crystal meth. Four (4) of those respondents provided the actual number of users they know which included: from 20-30; 40; 60 or 1,000. Two (2) respondents indicated that they know 4 to 5 people, and 2 indicated they know 1 or 2 people.
- 9 respondents indicated that they know people who use crystal meth who are younger than they are; 18 indicated they know people who are about their age; 14 indicated they know people who are older.
- 14 respondents indicated that they had not been charged or convicted of a crime associated with their crystal meth use. Nine (9) reported that they had been charged or convicted with possession; 5 reported that they had been charged with another crime (e.g. theft, stolen goods) and 1 reported being charged with both possession and making the drug
- 21 respondents indicated that they approached someone for help with their drug use or problems related to their drug use: 14 talked to a counselor; 7 went to treatment; 6 talked to their family doctor or another health professional.
- 9 respondents indicated that they are in treatment now. 4 indicated they were in treatment and are not using crystal meth now, 7 indicated that they are not in treatment now.

Three (3) respondents indicated a willingness to share their story with the researchers. Those stories are included in the next section of the Report.

All respondents also provided information regarding their experiences with the helping services and what services they would like to see in place. These responses are aggregated with those of key informants and are included in Section 5.

Appendix D provides a more detailed summary of the results of the client surveys.

3.7 The Human Toll of Crystal Meth Use

Families expressed their devastation about the impact of the drug on their children and the children of others.

“It is not a drug, it is a poison that is killing our kids. It gets a hold of them before they know it..”

Individuals who have used crystal meth reinforced the destructive impact of the drug on their lives.

Crystal meth screwed my life up completely. It sucks! I lost everything.

When I took my first hit of Crystal Meth, maybe I ought to say it took me, it brought me to the same place crack did in a third of the time.[Within three years] I was physically, mentally, emotionally and financially bankrupt.

Two family members and four individuals who have used crystal meth agreed to share their experiences with the researchers.

Mary

“I am a single mother of three. My daughter was 15 when she started using crystal meth. She claims she was addicted the first time she used. She used heavily at ages 16 and 17. She dropped out of school, and soon left home due to her addiction. She crashed at meth houses and lived on the streets. She also was in trouble with the law. She looked like a walking corpse, was unapproachable, and would have nothing to do with rehabilitation. There was nothing I could do, I felt helpless.

I just couldn't give up on her. Our family put ourselves at risk trying to locate her, knocking on doors of meth houses, some of which were very scary. It was very hard to hear of the circumstances my daughter was living in.

This drug addiction is nothing short of a nightmare. The drug causes devastation within a family watching their daughter or sister die before your eyes. Crystal meth is not even a drug in my eyes, it is a poison, my daughter is poisoning herself, and we are watching a beautiful teenager turn into a devil before us.

When we became aware of the environment she was living in, we became very concerned for her safety. When she was removed from that situation, our family experienced a great deal of anxiety worrying again about her safety, as by now the police were involved and interviewing her, she was aware of many things to do with the " drug world" and we grew concerned she may be approached by certain people or just run away again.

I lost quite a bit of time from work for various reasons. From nursing her back to health several times due to sickness caused from lack of sleep and poor nutrition due to starvation. Always hoping that this would be the time she would go for help. I attended many court dates and counselling sessions as well. Her drug addiction resulted in conflicts with my ex-husband, as to how to handle it. The situation has also resulted in a very strained relationship between her and one of her brothers.

My extended family had a lot of patience at first but as time moves on and wears and tears you, they don't really understand that you don't want to give up hope. Friends try to be empathetic, but over time grow tired of hearing about it.

I have sought counseling from Choices for myself regarding my daughter's challenges, however I have a transportation issue, as well I can't keep missing time from work. I also sought help from a doctor as my family worried I was close to having a breakdown.

My daughter was taken into police custody several times for offences of mischief, shoplifting, break and enters, breach of curfew, outstanding warrants, failing to comply, threats etc. When I saw her in jail, she appeared the textbook picture of a homeless junkie. I did not post bail for her. I encouraged harsh penalties in hopes to protect her and keep her off the drugs. I tried everything possible to intervene, like speaking with the crown attorney, duty council, court mental health adviser, a psychiatrist, my lawyer, probation officers etc. My point is that if someone is poisoning themselves we should be able to intervene, if someone is incoherent and at risk, we should be able to intervene.

She was held at Pine Hill waiting her court date. When she went before the Judge he chose to defer sentencing and leave her in Pine Hill for a time, perhaps to keep her safe and clean. We also added a list of names to her probation order of people she was not to have contact with, some of which were as old as 35, who I and the court consider predators.

When she came home from Pine Hill I chose to take a month off work and go away with my children. I was concerned about removing her from the area and the influences. The trip helped her stay clean, get rested and develop a foundation again with our family.

Her counselors believe she needs a residential treatment program and referred her to the Withdrawal Management Program in Owen Sound. As she was 17 and had a predisposition for being involved with older men, the Owen Sound program discouraged this approach. An alternative was Alwood in Ottawa, however my daughter was scared to be that far away and for that long a period of time. She insists she doesn't need rehab, she can do it on her own....

She is now 18, is living at home, is back in school, is somewhat abiding by her probation orders, she has still been in a bit of trouble, and is receiving help from Choices, Canadian Mental Health and her Probation Officer.

We have tried everything and things go good for a while, but when she slips up, and she has, it can go quickly back to square one. The power of the drug is much stronger than the addict can deal with. It is always a concern, especially living in an environment with so many influences. She needs to go to rehab. We are still not living in a perfect situation, my family is torn apart and each day can bring a new concern. She still involves herself on a regular basis with that world.

I participate in a parent support group where everyone tries to be respectful of each others approaches and challenges. Everyone has been good to each other, it has been my life line, with stories of hope. I would not have been able to pull through this without the help of these extraordinary people.

I don't have the answer to the problems but we need resources in our immediate communities specifically to do with Crystal Meth, we need health care and counsellors with knowledge in crystal meth addition. Our courts are failing the system by not instilling harsher penalties on repeat offenders in the drug community. The drug laws are the same in our three small communities, as there are in the Province, why do we have an epidemic here?"

Susan

"My daughter started on meth in Grade 9. She quit school before making it past the first month of Grade 10. I ended up on medication for depressions to help me cope with a 14 year old girl. It affected our marriage as my husband and I would argue over her. We didn't want family members to know what was happening but they could tell. Her sister who is 5 years older couldn't handle seeing her sister like this: losing weight, arguing, never knowing where she was. They still are distant. It affects all family members and friends.

My daughter went to Choices for a while. We tried to get her to go but at first she wouldn't. Finally she did and they helped. Our Family Doctor knew she was into drugs when I saw him but couldn't do much for her.

I belong to a group called Tough Love and without them I don't know where I'd be today. Many meetings I attended all I did was cry talking about her, not knowing where she was, who she was with or what she was doing for drugs. A 14 year old girl doesn't have money for this.

Choices tried to get a meeting set up for her in a Catholic school where she attended in grade 9. With all the troubles she was in they wouldn't allow her back in the school. She had dealings with the police but was never charged..

I would like to see a safe haven for our kids or other kids to go when in need. There is a window of opportunity before they can get into rehab and then they are on their own. Some people take our kids and they aren't in a safe place. They are into drugs themselves, selling, making etc...

We need more policing and more information on drugs. The education needs to start in grade school. It's all peer pressure and without knowledge they don't know what they are getting into with addiction.

Drugs are nasty and take control of our children's lives. We need to get the head dealer's put away. My daughter told us she did meth, ecstasy, bought and sold these, used needles and other drugs.

She is now 18½ and has been clean for about 5 months. She is 20 weeks pregnant.”

Bill

“I was introduced to crystal meth by a friend when I was 20. I ended up using it every day for 6 years. I liked it because it helped to keep me focused. For the first few years I was able to hold a job. Eventually it caused all kinds of problems like anger. I freaked out easily and had financial troubles. Everything was affected. I couldn't hold a job. I had maybe 12 – 15 jobs over that time.

I tried quitting a few times. When I did I just laid around and didn't have any motivation to do anything. I went back to using crystal meth and found that I had energy and drive again.

I attempted suicide and woke up in hospital after being there for 9 days. I felt I was given another chance. By that point I had no friends or family backing me up. Once I was off it for a while I realized it was no way to be.

I went for treatment at Westover in Thamesville for 19 days of their 28 day program. That program helped me find who I was. It gave me options and helped me learn how to deal with situations.

I am doing OK now. I have a part time job and am trying to find a full time job. I see a counselor from the Canadian Mental Health Association.

It would be good if there were Narcotics Anonymous meetings in this area. I went to one in London and it was good to hear other people's stories and know that they can understand what I've been through.

Crystal meth screwed my life up completely. It sucks! I had my own place and two vehicles. I lost everything. I am now 27 and living with my family.”

Bob

“I had a very difficult childhood. My parents were abusive to me and my sister. I became a heavy drinker and was quite violent when I was drinking. I quit drinking at about age 22 and stayed away from everything for a few years. Then I started using Cocaine and then got involved with crystal meth when I was about 25. Meth provided a relaxing calming effect for me. I could do anything on meth. I used it heavily for about 6 years.

I was always trying to do things for everybody else. My family and my 6 daughters are very important to me.

I ended up in jail for assault and did pretty well after I got out of jail in 2006.

Last September I had a relapse and went on a drinking binge. At that time I met up with an acquaintance who was using meth and I took it again.

I then realized it was my time and I needed to do something. I went to New Directions and also saw a psychiatrist. I was diagnosed with bi-polar disorder. I am now on medication that works well for me. I see a counselor who works with people who have concurrent disorders and I am feeling really good now.”

Tom

“I was introduced to alcohol by an uncle when I was 7. At age 15 I began drinking casually and confidentially as it provided a false sense of security and the illusion that I was on top of the world, it was the Elixir of life. By the time I was 16 I was experimenting with lots of designer drugs. I dropped out of school and by the time I was 17 I’d found cocaine. It was a very powerful tool for me I used to be someone I wasn’t. I remember taking my young daughter out of her crib when she was six months old and putting her in bed with her mother so I could take the crib apart and sell it to buy Crack. Without realizing and understanding it, the partying had stopped, and I was submerged in full blown alcoholism and addiction. My oldest daughter and I don’t talk today because of this stuff. And I never wanted to do any of that either, it was just easier to do these things than it was to turn my mind off.

Crack cocaine along with hard liquor and other drugs came hard and were constant in my life. I was in and out of detox and treatment centres for drug and alcohol addiction between the time I was 19 and 33. I attended my first NA meeting after a failed suicide attempt when I was only 20 years old – due to the things I was doing to line up that next drink or drug, but while I was there I never thought of alcohol as the main problem. So when I left I drank thinking it was ok, it wasn’t. The drugs were an extension of my alcoholism and my drinking was but a symptom of a much deeper problem, I was suffering from a spiritual malady that I had long before I picked up my first drink.

I never had a drinking and drugging problem, those were solutions. I had a thinking problem. My thinking was killing me, it was flawed and full of peculiar mental twist. I wanted to stop, but when the desire to drink or drug came galloping back to me, I would gather all my forces to try and turn it off, only to succumb to it one more time, my willpower was of no avail no matter what was at stake, job, wife, children, health etc..

When I was 33 I took my first hit of Crystal Meth, maybe I ought to say it took me. It brought me to the same place crack did in a third of the time. By 2006, I was 36 years old and I was physically, mentally, emotionally and financially bankrupt. My spirit was broken and my kids had been taken away and my girlfriend was taken to the fourth floor of the Owen Sound Hospital. A week later the Children's Aid Society showed up at my door to tell me the kids tested positive for methamphetamine.

Shortly after that I got involved with Alcoholics Anonymous. I was on my way to an AA meeting after a 9 day Crystal Meth and ecstasy binge and in a wild eyed and drunken haze. My AA sponsor was with me when I hit bottom in a parking lot at the Knights of Columbus Hall trying to get into an AA One Day Round-up I was in trouble and took me home. Later that evening I lay on the end of my couch in ruin and in shambles, I knew I couldn't go on anymore but I didn't know how to stop and stay stopped. I turned inward to God and made a decision to surrender. I had my first wash of spiritual experience come over me. My moment of weakness was transformed by Gods grace, it was powerful enough for me to dump the Crystal Meth I had in the toilet instead of using it. And that is something this disease would never give me the freedom to do. Right there and then I came to believe that a power greater than myself was with me – guiding me.

After some conversation with my AA sponsor and agreeing to work the 'steps' as outlined in the big book of AA. I realized that I couldn't fix the problem with the mind that created it and that self reliance was actually killing me. Self-reliance is good as far as it goes but it is a liability to an alcoholic/addict. Lack of power was my dilemma, I had to find a power greater than myself and it had to be God, (As I understood Him) which I really didn't, but I was willing after my experience back at my house.

After rigorous self examination and becoming honest and willing and keeping my mind open, I had a Spiritual Awakening, as the result of working the steps. It has never left me and I have since recovered from that seemingly hopeless state of mind and body. I got my children back and also received an award from the Children's Aid Society for most improved parent. I also went back to school and got my grade 12, and I am in college now studying to be an Adult Literacy Educational Teacher. I also had the obsession to smoke cigarettes removed from me two years ago. I sponsor other alcoholic/addicts to help them recover, the same way I was helped. I attend AA meetings regularly as well as NA or CA, I actually ran a Crystal Meth Anonymous meeting here in Walkerton for about 4 months, till the building was sold. I would like to run another one, however – not everyone is quick to open their doors and provide the space for it.

Joe

I came from a single parent home and I was abused. I got really sick when I was little and after that school was hard for me. My way of handling all of that was to act out all the time. As a teenager I was doing some drugs but things got really bad when I got into Crystal Meth. I had a girlfriend but I lost her because she couldn't stay in that scene you know. We were really young anyway but I really cared about her. After she left everything became the drug. I started stealing, dealing and went in and out of jail for years, but I didn't care because the high was too good. It wasn't until my health got really bad that I was able to stay away from it. It took a long time but after what the program people call "stinking thinking" started to break up it was like I was getting my mind back. When you get on that side again finally all you're left with are a lot of regrets to work through when you think about all the things you did when you were getting high all the time. When you're in it you just can't see it. I had a chance to help someone after I got straight, you know, just little practical things but I can't tell you what it meant to me. I'm still a young guy but my health is so bad I can't do much anymore and I'm on disability. I had to move to get away from all the people I knew to keep straight. Your mind still plays havoc with you even after all this time. I can be just sitting there and out of the blue, this huge craving hits you, because your brain is asking for what it was used to for so long and you have to fight. For me though I know I'll die if I go there.

4. Local Concerns About Crystal Meth Use

Concerns about crystal meth use expressed by multiple key informant survey respondents have been summarized into the themes identified below. The emerging picture is very disturbing.

The words of one respondent highlight several of the concerns noted.

“I’m concerned about the long-term cognitive, emotional and social repercussions of the use of this drug. Long-term, chronic use of crystal meth can cause severe cognitive impairment that results in the inability of the user to make good choices, provide for him/herself, and cope emotionally with life’s stressors. It negatively impacts family relationships, causes worry, stress and embarrassment for extended family members and neighbours. It makes the user vulnerable to legal/criminal involvement and puts a tremendous strain on social service agencies (welfare, CAS, hospitals, policing, mental health, etc.) in terms of financial/human resources.”

4.1 Addictive Nature of the Drug and Long-Term Negative Consequences

- The highly addictive nature of the drug after short term use with the potential for long term devastating effects on the mental and physical health of users is of great concern. The extremely harmful effects of the drug and resulting health issues for users, including the impaired economic, social, emotional, physical and mental well-being of individuals (i.e., HIV-hepatitis, profound personality changes, anger, violence, psychosis, etc.) are evident.
- Crystal meth addiction leads to sacrifice of all other areas of users’ lives. Ultimately, it negatively affects their relationships, school or work attendance and performance, and their overall ability to function. Crystal meth addiction adds to the barriers to employment clients already are experiencing as they tend to miss appointments, not show for interviews, and are unable to make it through an 8-hour shift.
- The permanent impact of the drug on the user’s teeth leaves long-lasting self-esteem issues and limits their potential for employment success.
- Since meth users have a life expectancy of 3 years (as compared to the 7-year life expectancy of a Cocaine user) , and given the addictive nature of the drug, harm reduction for the user is of vital concern.

4.2 Profound Impact of Use on a User’s Loved Ones

- Use among parents, especially young moms, results in neglect of their children. “Parents are neglecting their kids and their own health to use meth.”
- Children are put at risk by having meth and meth labs in the home.
- The potential long-term implications of parental/ maternal crystal meth use on the health and development of the fetus and on children born to or in the care of meth users.
- Increasing numbers of children are at risk of subsequent apprehension and placement in foster homes or with grandparents who must step up to take on the large and long-term obligation of parenting their grandchildren.

- The quality of life for both users and family members is negatively affected, often leading users to withdraw from family and close friends. Family members are extremely distraught and their lives are very chaotic. Community attitudes and the stigma associated with crystal meth use make the family's journey "a very dark and tumultuous process."

4.3 Negative Impact on Service System and the Broader Community

- Safety hazards to others in the community include exposure to the violent behaviour that is common to those who use the drug.
- There is concern for the safety of frontline workers who respond to calls for service involving meth users who can be highly irrational and violent, particularly when coming down from meth. Exposure to needles, Hep C, HIV, chemicals, fire and explosions are of particular concern to police and emergency service providers.
- There are emotional risks for persons who work with meth users and who become frustrated and discouraged because of their inability to make a positive difference in their clients' lives.
- People who have been using crystal meth show up in crisis at hospital, or other health care agencies. The cost to the health care system as a result of users accessing emergency services creates more work for hospital based healthcare that is overwhelming already strained service providers. However, the greater burden lies with the legal system since users cannot be forced into rehab or to change their behaviours.
- Criminal activity of users and involvement with the criminal justice system. As a result of individuals attempting to obtain money to purchase this drug, meth users become involved in other crimes, such as property offences, violent and domestic offences, breach of community supervision conditions, etc.
- The costs to taxpayers are increasing as a result of the loss of quality of life for users and the increasing number of crimes committed to procure the drug.
- The drain on community resources and social costs due to the loss of what users could have provided as a functioning member of the community is resulting in a slow bleed of the community's resources and a negative shift in the culture of the community.
- Due to the immediate impact and the long term consequences of meth use, it has gained a high profile and prompted demands for attention and action with respect to health protection, prevention, treatment and education in Grey-Bruce. There is concern that it may draw attention away from the abuse of other substances which also represent a significant risk to the population and the community. This is especially true of alcohol abuse, which is prevalent in Grey Bruce but is widely tolerated as acceptable, while meth use has prompted a strong community response.
- Facts on meth use in Grey and Bruce are needed to provide a more concrete understanding of the scope of the issue.

4.4 Lack of Parent and Community Awareness

- A lack of understanding from parents who don't realize the side effects and how much damage this drug will do is of concern. Some parents have given up – don't know where to go for support and help.
- There is little or no information available to increase public awareness of this growing problem which is becoming a significant issue in our communities. The makers of this drug often move to rural areas to avoid detection.

4.5 Response of the Justice System

- There are not enough deterrents to the use, production and sale of crystal meth. Users who receive sentences and/or early release without the provision of rehabilitation services and ongoing support are at increased risk of continued and escalated drug use.
- Court initiated action needs to concentrate on sending a message of deterrence specific to individual users and to the public at large – more to sentencing than punishment. The criminal justice system needs to send a strong message that those in possession of, trafficking, and producing crystal meth will face serious penalties. This is not a soft drug, so no discharge, fines, etc. for first time use. Those involved will be facing jail.

5. Planning a Community Response in Grey Bruce

5.1 The Four Pillar Approach

The *Four Pillar* approach to dealing with the issue of drug abuse or addiction has been adopted as the framework that will be used in the development of a plan to deal with the crystal meth problem in Grey and Bruce Counties. That approach is considered a best practice model for ensuring that a drug strategy is comprehensive and coordinated. The model is aimed at integration and coordination of services across four distinct but inter-related issues: Enforcement, Harm Reduction, Prevention and Education, and Treatment and the development of new approaches that will promote relationships among community members, associations, and organizations. Working together to maximize assets and leverage additional resources is key to an effective drug strategy.¹⁹

The Four Pillars of *Enforcement, Harm Reduction, Prevention and Education, and Treatment*²⁰ are briefly described below.

5.1.1 Enforcement

The goal of *Enforcement* is to strengthen community safety by responding to crime and community harms through the law enforcement and justice systems, while assisting users to access services to address their drug use.

5.1.2 Harm Reduction

Harm Reduction refers to “any policy or program designed to reduce drug-related harm without requiring the cessation of drug use. Interventions may be directed at the individuals, the family, the community or society.”²¹

"There is evidence that programs that reduce the short and long term harm to substance users benefit the entire community through reduced crime and public disorder, in addition to the benefits that accrue from the inclusion into mainstream life of previously marginalized members of society. The improved health and functioning of individuals and the net impact on harm in the community are notable indicators of the early success of harm reduction."²²

¹⁹ *The Windsor-Essex County Community Drug Strategy Framework*, pp. 15-16, City of Windsor, April, 2008.

²⁰ *Perth County Task Force on Crystal Meth*, p. 2, Sharon McConnell, December 30, 2008.

²¹ Centre for Addiction and Mental Health “CAMH and Harm Reduction: A Background paper on its Meaning and Applications for Substance use Issues” Spring 2002 p. 1

²² *Ibid* p. 8

5.1.3 Prevention and Education

The goal of *Prevention and Education* is to address the root causes contributing to substance use, to increase awareness and understanding of substance use issues among at-risk groups, parents, and community stakeholders, and to provide the necessary skills to avoid substance use.

5.1.4 Treatment

The goal of *Treatment* is to ensure timely access to appropriate treatment and support services which improve the physical and psychosocial health of individuals who currently or previously have misused/abused substances, and their families.

5.2 Existing Grey Bruce Services

The following is a summary of some of the existing services in Grey Bruce identified by key informants, organized according to the Four Pillars of Enforcement, Harm Reduction, Prevention and Education, and Treatment.

5.2.1 Enforcement

Police

Police services in Grey Bruce are delivered through detachments covering specific geographic jurisdictions.

Municipality of Hanover	Hanover Police Services
Municipality of West Grey	West Grey Police Services
Municipality of Saugeen Shores	Saugeen Shores Police Services
City of Owen Sound	Owen Sound Police Services
North of 21 Hwy to Tobermory	Ontario Provincial Police Peninsula Detachment
Grey County, excluding Owen Sound, Hanover, and West Grey Police Services	Ontario Provincial Police Grey County Detachment
South of 21 Hwy to Lucknow) excluding Saugeen Shores	Ontario Provincial Police South Bruce Detachment

Hanover Police Service

- In 2005 Hanover Town Hall Meeting to address police/media/social concerns
- In 2006 Hanover Police Service held Emergency Frontline Meeting for police/ambulance/fire fighters
- Ongoing services include:
 - Training frontline police, drug courses, meth labs etc
 - Targeted drug enforcement
 - Combined police service enforcement and information sharing

West Grey Police Service

- Surveillance of suspected drug locations and obtaining search warrants.
- Police officers get to know the people in the drug culture and monitor them as best they can.

Ontario Provincial Police (OPP)

- Drug Enforcement Team, based out of Mount Forest, serving the five Counties of Bruce, Grey, Huron, Perth and Wellington. This Team may be called upon by uniformed officers within any of the above noted police services detachments and the RCMP. The Team falls within the umbrella of Organized Crime Enforcement within the OPP.

Saugeen Shores Police Services

- A proactive approach by attempting to educate the community on the dangers of crystal meth. The community appears to be well educated on the dangers, and it appears that this may have helped to act as a deterrent. Saugeen Shores Police Services have held drug talks within the schools, and have had guest speaker, David Parnell come to Saugeen Shores in the past to give a presentation on the dangers of drugs.

Courts

- Cases involving drug charges against adult residents of Grey Bruce are heard in Criminal Court in either Walkerton or Owen Sound.

Adult Probation

- Probation officers work in close contact with police services – sharing information where Orders give the Probation Officer authority to do so
- Attempt to refer clients to addiction related services
- Enforcement of court orders
- Informing the Court re situations where persons are using meth
- Work with clients to motivate them to accept help
- Communicate with family members, providing education regarding meth, informing them of services available and encouraging them to get help/support for themselves

5.2.2 Harm Reduction

Grey Bruce Health Unit

- The Grey Bruce Health Unit offers the family health program where they visit and work with higher risk families.
- Works in partnership with the Children's Aid Society of Bruce County and the Owen Sound and County of Grey Children's Aid Society to assist families with current/suspected substance use. As appropriate, they refer youth/young families to the Centre for Addiction and Mental Health for information. For addiction services, they refer to New Directions/Choices, the Community Addiction Day Treatment Service or Grey Bruce Withdrawal Management Services.
- Contact police if they suspect a clandestine lab.
- Public Health Inspectors could be called in by community partners (i.e. police, fire, children's aid, etc...) to make an assessment of the conditions of a house where the drug is fabricated and risk of a health hazard.
- Provide information about crystal meth via fact sheets created by the Health Hazard Committee.
- Health Inspectors respond to public inquiries regarding found needles and other injection equipment and safely remove these needles /equipment.
- Grey Bruce Works program, a needle exchange program for any Grey Bruce substance users to confidentially receive free, sterile items for drug use to reduce the transmission of diseases that can be spread through shared needles. Needle exchange is provided at both Health Unit sites in Owen Sound and Walkerton as well as at two satellite sites in Owen Sound and Hanover.
- Staff training on the dangers of meth use, the signs and symptoms of a person using, and what to watch for to identify a potential meth lab (and the hazards this entails).

Child Welfare

- Children's Aid Societies in Grey and Bruce investigate situations where children may be neglected as a result of parental involvement with crystal meth. Investigations include hair tests to assess presence of methamphetamine. Apprehend children at risk and place in foster homes or with grandparents.

Emergency Response

- Emergency response is provided by ambulance services which will transport persons with a medical emergency to a local hospital emergency department where medical staff will provide emergency treatment.

Police and Fire Departments

- If an explosion or fire should occur in a clandestine crystal meth laboratory, police and fire personnel will undertake special precautions to ensure effective management of toxic chemicals.

5.2.3 Prevention and Education

Grey Bruce Health Unit

- The Youth Team offers the FOCUS project in partnership with other local health and social service providers and police services, directed at substance use and injury prevention across the age span.
- FOCUS has held parent, community and professional workshops and presentations to raise awareness on the issues of crystal meth and other drugs.
- Resources have been developed to support parents and educators on how to address drug use with youth.
- Staff/community/parent education and training related to drug use and prevention.
- Community youth development in various geographic areas in Grey Bruce. This includes promotion of the 40 Developmental Assets framework in schools and in the community, with parents and youth themselves in order to decrease the likelihood of drug use amongst youth in general.

Bluewater District School Board

- Student Success Teachers exist in all secondary schools as a support person for all students. They have specific contact lists for students who are at risk of not graduating for a variety of reasons. They work with other staff to design and promote creative programs and work with elementary schools to ensure successful transition to secondary school.
- Student Success is a provincial initiative aimed at grade 7 to 12 with a focus on finding appropriate pathways to graduation. It is about reaching every student through expanded coop, credit recovery, dual credits and specialist high skills majors.
- As well, there are Ontario curriculum requirements that are implemented in both school boards from grades 1 to 10 on Health and Physical Education, Healthy Living, Substance Use and Abuse.

Hanover and District Police Services

- Offers the D.A.R.E. (Program Drug Abuse Resistance Education) program to students in grades 6 and 8.
- Also offers education and crime prevention presentations.

Ontario Provincial Police

- The OPP Drug Enforcement Team provides educational presentations when requested.
- OPP School Liaison officers work in each county and provide a general drug presentation to students.

Centre for Addiction and Mental Health

- Offers addiction and mental health consultation in the areas of policy development, education and health promotion.

- Acts as a resource on community committees/projects responding to local addiction and mental health issues. The local service acts as a bridge between community professionals and provincial services and resources. CAMH has literature and materials available through their provincial resource library, accessible through the CAMH website: www.camh.net

5.2.4 Treatment

CHOICES: Drug and Alcohol Counselling for Youth New Directions for Alcohol, Drug and Gambling Problems

- CHOICES offers community treatment for youth with alcohol and/or drug problems or who are affected by someone else's alcohol or drug problem. Services are also provided to parents. Youth workers provide outreach services through all high schools in Grey/Bruce.
- New Directions offers community treatment for adults with alcohol, drug or gambling problems as well as those affected by someone else's alcohol, drug or gambling problems. Services are offered through an Owen Sound office and outreach sites in Durham, Hanover, Walkerton, Kincardine, Southampton, Wiarton and Meaford.
- Services available through these programs include: assessment, treatment, education, referrals and consultation.

Grey Bruce Withdrawal Management Service (WMS), Grey Bruce Health Services

- Grey Bruce Withdrawal Management Services offers 24-hour withdrawal management assistance (detox) for people wishing to withdraw from any substance.
- The program offer referrals for any ongoing service needs.
- One evening per week, the Centre offers a Structured Relapse Prevention program to support individuals in maintaining their abstinence or harm reduction goals.

Community Addiction Treatment Services (CATS), Grey Bruce Health Services

- The program offers a Day Treatment Program, which runs a 4-week course Monday to Thursday from 9AM to 3PM.
- Individuals attending the Day Treatment Program who require temporary lodging due to distance or other factors may be permitted to stay at the Centre.
- Programming is provided only during day time hours.

Canadian Mental Health Association: Court Support Services

- Case management, court support, urgent response and release planning is provided to persons involved with the courts, including those being released from jail with mental health disorders, developmental delays, dual diagnosis, and acquired brain injury.

Family Physicians

- Provide primary medical care to patients which may include referral to other services.

Grey Bruce Health Unit

- Offers a Family Health Program that includes home visiting and working with higher risk families.
- Works in partnership with the Children's Aid Society of Bruce County and the Owen Sound and the County of Grey Children's Aid Society with families with current/suspected substance use. As appropriate, youth/young families are referred to the Centre for Addiction and Mental Health for information or to local addiction treatment programs for direct services (New Directions/Choices (community treatment); Community Addiction Treatment Services (addiction day treatment program), Grey Bruce Withdrawal Management Services (detoxification)).

Tough Love Parent Support Group

- Offers support for parents of children abusing any drug. Meets on a weekly basis.

5.2.5 Integration and Coordination of Services Across Pillars

- In response to concerns about problems associated with crystal meth use local service agencies:
 - Established a Steering Committee to secure funding for and guide a planning project, and;
 - Encouraged the engagement of clients, family members, local elected officials and other stakeholders in the planning project.

6. Identified Challenges and Suggested Service Enhancements

The following presents a summary of the challenges and needs or opportunities for service enhancement expressed by service providers, family members and clients.

6.1 System Wide Challenges and Opportunities

Challenges	Needs/Opportunities for Service Enhancement
<ul style="list-style-type: none"> • Due to the immediate severity of meth use it rises to the top for attention and action. It then draws attention away from the ongoing, insidious action of other drugs that slowly “eat away” at the community, i.e. alcohol abuse, binge drinking. • The community continues to see some drugs as acceptable and others not; alcohol abuse as acceptable and meth use not acceptable. • Facts on meth use in Grey and Bruce are needed to provide a more concrete understanding of the scope of the issue. • Once facts and numbers are clearer, then advocacy and action can begin for the issues identified. • The fear, unknown aspects, and issues with crystal meth need to be addressed first before the community will address other drug issues. • There does not seem to be a consistent funding source for substance abuse initiatives. Therefore, finding an ongoing funder is essential. Once the problem is identified - with actual statistics, then a comprehensive approach can be created to deal with the issues. 	<ul style="list-style-type: none"> • Define more clearly the issues that meth is presenting in the community, in order to identify how the issues can be addressed. • Obtain a better picture of meth use in the community to provide more direction as to how to address the issues of its use. Knowledge empowers a community to take action and this is a community of action. • We need a consistent, comprehensive approach to deal with crystal meth use/enforcement to reduce sales and labs/community awareness of crystal meth use and all drugs of choice in Grey Bruce, including alcohol and medicinal drugs • Opportunities include utilizing current partnerships for prevention and treatment to work together with a focus on crystal meth. A longer term goal could be to develop an alcohol and drug strategy for Grey and Bruce. Shorter term goals could be resource expansion to develop treatment responses with a more intensive outreach model coordinated between prevention, enforcement, treatment and other partners. • Inform and involve politicians and media. • Forge closer links / communication / cooperation between agencies – everyone working together is necessary. • Bring attention to this issue – this should be of concern for all people of Grey and Bruce. We need to all work together to help educate and fight against this. • Mobilizing other community stakeholders such as local mayors and town councils. • It is a concern for a large number of agencies and community groups and in numbers lies strength and resources. • The health care system, social system, and justice system all need to work together. • Tap into the successes or resources of Perth County for dealing with this problem. • Provincial recognition of the impacts of crystal meth use and a corresponding response through resource enhancement.

6.2 Enforcement

Challenges	Needs/Opportunities for Service Enhancement
<p><u>Court sentences</u></p> <ul style="list-style-type: none"> Users charged released on recognizance by court-lenient sentences. 	<p><u>Stronger Sentencing</u></p> <ul style="list-style-type: none"> Concentrate on sending a message of deterrence specific to individual users and the public at large – more to sentencing than punishment. Those in possession of, trafficking, and producing crystal meth will face serious sentencing penalties. This is not a soft drug, so no discharge, fines, etc. for first time use. Those involved will be facing jail. A court dedicated to drug related offenders. Court release with strict conditions and surety collection. Deterrent of serious sentences for drug convictions. Laws demanding rehab for youth
<p><u>Capacity of Enforcement, Court and Probation Personnel to deal with Complex Issues Associated with CM Use</u></p> <ul style="list-style-type: none"> Drug-addicted legal aid clients are often less reliable, are more difficult to work with because of unpredictable behaviour, unreliability, difficulty with communication, and often may exhibit poor judgment when making important decisions. Large caseloads within adult probation allows for limited time to spend with clients. Police capacity to respond to mental health issues, incidents of violence, youth - family disputes challenging. 	<p><u>Enhance Resources and Promote Communication Collaboration Among Service Providers</u></p> <ul style="list-style-type: none"> Decreased caseloads in Adult Probation. When legal aid clients are working with a social worker, and we have the client's permission to talk to the worker, this makes things easier.
<p><u>Costs/manpower requirements for Police</u></p> <ul style="list-style-type: none"> Costs and manpower requirements with the investigations into the drug subculture. Street level crime accompanies organized crime and vice versa 	<p><u>Additional resources</u></p> <ul style="list-style-type: none"> More manpower; additional resources/funding. Possible equipment/training to assist in investigations. Create a heavier police presence specifically dedicated to the investigation and ultimately prosecution of people involved in the creation and sale of this drug. Discuss these issues with recovering meth addicts and draw information from them to create our resources.
<p><u>Violent crimes and property crimes associated with drugs</u></p> <ul style="list-style-type: none"> Increased criminal activity by crystal meth users to pay for their drug use (property offenses), with potential for crimes of violence putting themselves, family, and community members at risk of harm. 	<p><u>Increased Community Awareness</u></p> <ul style="list-style-type: none"> Community understanding, public and police awareness to the general activities of the persons involved.

6.3 Harm Reduction

Challenges	Needs/Opportunities for Service Enhancement
<p><u>Harm to Children from Parent's Use</u></p> <ul style="list-style-type: none"> • Parents that are neglecting their kids and their own health to use meth. • Increase in meth users among parents. 	<p><u>Enhance Support for Children Exposed to CM or at Risk</u></p> <ul style="list-style-type: none"> • From the "Grey Bruce Health Unit Resolution 2008-136: Government of Ontario identify the Healthy Babies, Healthy Children program as fundamental to a poverty reduction strategy and provide an increase to the base funding for the Healthy Babies, Healthy Children program" (Nov. 26, 2008) • Must identify need for increased servicing for children exposed to crystal meth / other substances in utero and postpartum during their early childhood: potential for increased delivery required from various services to monitor, refer and provide service delivery to ensure meet developmental milestones. • Must ensure continued support for such children with transition into school, when attending school, etc.
<p><u>Approach/Understanding among Medical Staff re Effects of CM on Users</u></p> <ul style="list-style-type: none"> • Medical staff at local hospitals not always aware of the effects on psychological functioning for those who have been on a binge and have not slept, ate, drank as they continue to use. Often describe them as addicts and may not provide the same treatment as someone that presents with the same symptoms but are not using crystal meth. 	<p><u>Enhance Linkages Between and Training for Allied Professionals</u></p> <ul style="list-style-type: none"> • Enhance linkages with and provide training or information to other health and community support providers.
<p><u>Costs of Drug Screening for CAS</u></p> <p>Cost related to drug testing to identify problem.</p>	<p><u>Easier access to drug screening</u></p> <p>Assess need for enhanced drug screening.</p>
<p><u>Safety of First Responders and In-Home Care Workers</u></p> <p>Possible concerns for worker safety when home visiting.</p>	<p><u>Enhanced Training of First Responders and In-Home Care Worker</u></p> <p>Assess needs for education related to meth use and worker safety if they enter homes with meth labs.</p>

6.4 Prevention and Education

Challenges	Needs/Opportunities for Service Enhancement
<p><u>Getting the Message out About the Dangers</u></p> <ul style="list-style-type: none"> • Getting the education out there that it's not "cool". • Students don't recognize the effects of crystal meth; see many as benign; • The accessibility of the drug. 	<p><u>Extensive Education and Awareness Campaign</u></p> <ul style="list-style-type: none"> • Massive public awareness campaign giving information to public (especially young people) about effects of crystal meth. • More education in the schools, on the deadly and addictive nature of meth. • Education at the elementary school level is imperative. Be consistent with providing this information. • Awareness and education campaign to include the horrendous pictures of the physical changes in face and mouth (which are repulsive to young people), information about what to look for in individuals using crystal meth (in the hope of early intervention), information on where to go for help, etc. • Information sessions for students and parents by qualified professionals on the topic of substance abuse in general and meth in particular. • More education of media, police and fire as well.
	<p><u>Targeted Awareness Such as Meth Watch</u></p> <ul style="list-style-type: none"> • We could attempt to ensure that all businesses are encouraged to join a "Meth Watch" program. • Pharmacy program such as meth watch – Grey Bruce wide. • Awareness raising with potential suppliers of raw materials for drug manufacture; service workers, e.g. meter readers, fuel deliverers for signs of lab.
	<p><u>Bring More Work Opportunities to the Community</u></p> <ul style="list-style-type: none"> • Perhaps if there is money to be made in legal venues this drug or any other drug would be less accessible in the community. So an opportunity of action would be to invest in large businesses that employ large numbers of individuals and bring more work opportunities to the area instead of closing industries in the community.

6.5 Treatment

Challenges	Needs/Opportunities for Service Enhancement
<p><u>Limited Capacity and Accessibility of Existing Treatment Resources</u></p> <ul style="list-style-type: none"> • Client group frequently does not ask for help or show for treatment appointments booked in advance. • Reluctance of students to come to someone at school thinking that it will lead to disciplinary action. • Too long of a waiting period to access treatment. Once a person decides they are willing/ready to quit, there's nowhere for them to go in this area – and long waiting periods for treatment outside of the area. • Counsellors have limited time available to spend with school students - they have so many kids that they need to see. • Given rural community, access to services that may be available in larger centres is limited. • Lack of outreach and/or residential treatment resources to provide a quick response to clients seeking treatment. A client in crisis typically will not wait for treatment without returning to drug use. • Limited access to residential treatment appropriate for young people, particularly girls. • Due to limited resources, outreach services provided by Choices are generally confined to working within school settings and these clients are frequently absent or expelled from school. • Transportation is an obstacle to accessing treatment because of the wide geographic area of the two counties. • Clients often require more time; they are often involved with numerous other agencies and a concerted effort has to be made to ensure a seamless service. Time is needed to do follow up and to keep the client engaged. Crises are common, meaning that it can be difficult to have the client stick to a “plan” for treatment. • Limited time for existing treatment staff to focus on any specialized training available related to the treatment of people with crystal meth problems. • There is no facility that specializes in the treatment/counselling of persons involved with meth, court ordered or voluntary. 	<p><u>Enhance Capacity of Local Treatment Resources</u></p> <p>a) Ensure a timely response</p> <ul style="list-style-type: none"> • Increased rehab / treatment resources which can respond quickly to referrals; improve early identification and intervention capacity. • Involvement of treatment resources within the Walkerton Jail so that, ideally, client goes directly to residential treatment upon release from jail. • Outreach offered in more communities, in locations clients will access, more often; rehab resources willing to travel to rural areas – with flexible work hours. • Assist with transportation if access a problem. • Make treatment available locally during evening hours. <p>b) Ensure an appropriate response</p> <ul style="list-style-type: none"> • Sensitive and supportive of the clients' needs (e.g. age, gender, free and confidential for students). • Youth Specific Services. • A Rehab program rather than just throwing them in jail or through the courts. • Client group could benefit from a recuperation/stabilization period in a residential setting that focuses on providing a safe drug-free environment where the client can focus on sleep and food. This may assist the client to overcome ambivalence and embrace change. • Establish a specialized treatment/counselling facility within our area to provide concentrated recovery/counselling to assist with rehabilitation. • Access to psychiatric consultation. • Research into strategies that work.
<p><u>Client Readiness for Treatment</u></p> <ul style="list-style-type: none"> • Withdrawal management and residential treatment programs are a difficult fit for this client group. • Clients have very chaotic lives staying up for days, crashing for hours, etc. • Difficult to engage clients in treatment and many clients experience incarcerations that interferes with their treatment participation. • Clients are often exhausted, mal-nourished, and are not emotionally stable. (i.e., may be experiencing paranoia or other serious mental health concerns). • May have no money, safe shelter, no ID, no Health Card. 	

Treatment Challenges	Needs/Opportunities for Service Enhancement
<p><u>Multiple Organizations/Agencies</u></p> <ul style="list-style-type: none"> • There are many problems associated with meth use/dependence that impact on others and involve response from allied services including: medical problems, possible theft/aggression, legal concerns, child welfare concerns, domestic violence/abuse. • Few service providers and counselling staff outside of treatment services have been trained in addictions. They expressed concern about what they don't know about crystal meth, i.e., what to look for that signals crystal meth use in their clientele and the unique aspects of providing service their clients who are crystal meth users. 	<p><u>Enhance Linkages Between and Training for Allied Professionals</u></p> <ul style="list-style-type: none"> • Utilizing current partnerships for prevention & treatment to work together with a focus on crystal meth. • A longer term goal could be to develop an alcohol and drug strategy for Grey and Bruce. • Enhance linkages with and provide training or information to other health and community support providers. • Open communication with other service providers. • More liaison between CAS and the needle exchange program. • Collaborative relationships between CAS and addiction counselors.
<p><u>Families</u></p> <ul style="list-style-type: none"> • Family members often in crisis. • Long-term emotional stress and damage to family members. 	<p><u>Family Counselling</u></p> <ul style="list-style-type: none"> • Training in family/couple counselling for treatment staff.
<p><u>Health Impacts</u></p> <ul style="list-style-type: none"> • Long-term harm to users physically, mentally, emotionally. • We are seeing a number of clients using this drug and many are showing signs of physical deterioration. Some are qualifying for disability pensions because of the longer term effects of drug usage. • When people quit using, one outstanding issue is their teeth. It's difficult to have self-esteem with horrible teeth. 	<p><u>Enhanced Access to Mental Health Counselling</u> More mental health treatment availability would assist clients to deal with the range of mild-severe mental health issues that impact on /co-exist with substance abuse and can impact on recovery. These include problems that, while significant and disabling do not qualify as service priorities for the mental health system. .</p>
	<p><u>Assistance with Dental Care</u> Once someone is clean, help them with their teeth.</p>
	<p><u>Educational Materials for Former Users</u> Written material to help the former user understand what he/she is experiencing and what he/she can do to help him/herself.</p>
<p><u>Lack of Awareness of Services Available</u></p> <ul style="list-style-type: none"> • People tell me they never even knew we were here and are surprised to hear how long we have been in existence. People only look when they need something but maybe it shouldn't be so hard to see what help is available. • Families that meet to support each other have no funds to advertise their meetings or to encourage others to participate. 	<p><u>Increased Advertising of Available Services and Support</u></p> <ul style="list-style-type: none"> • More advertising dollars for advertising of the services which can help support those using and any significant others. • Financial support to advertise Family Support meetings.

Treatment Challenges	Needs/Opportunities for Service Enhancement
<p><u>High Potential for Return to Drug Use</u> It is difficult to come back into the community and stay clean because of peer pressure.</p>	<p><u>Enhanced Peer Support and Other Social Supports</u></p> <ul style="list-style-type: none"> • Support Group for people who are trying to stay off crystal meth. • Support Group for people using who want to at least reduce any harm they may bring to their family or friends. • More specific Street Outreach for people using drugs. • Transportation assistance (bus tickets/passes). • Available locations for the use of recovered alcoholics/meth addicts to be able to run a meeting geared to meth users in support of the community; schools would benefit from an alcohol or meth support group. • Housing/Emergency Housing. • Drop-In Centre for help with food, clothing, housing, or support in general. • Meaningful employment. • More Walk-In Clinics. • More Family MD's.

7 The Perth County Experience

7.1 Perth County Task Force on Crystal Meth

Problems associated with crystal meth were identified in Perth County in 2005. A small ad hoc committee made up of various groups throughout the community were invited to come together to discuss the meth problem in the County and how to deal with it. Interest and involvement grew with community awareness of the problem. With leadership from Dan Mathieson, Mayor of Stratford, a Task Force was created. It is Co-Chaired by the Mayor of Stratford and the Director of Health Protection from the Perth District Health Unit. Currently membership totals about 35 people from a variety of segments from the community, including police, politicians, fire, EMS, other health-care providers, addiction counsellors, and local social services, pharmacies and agriculture associations. The mandate of the Task Force is to:

1. Ensure a comprehensive and coordinated response to the problem of methamphetamine production and use in Perth County
2. Advocate for ongoing support and effective strategies to prevent and address methamphetamine use in Perth County
3. Provide a regular forum to facilitate stakeholder collaboration
4. Network with provincial, federal, and community groups who are addressing methamphetamine-related issues.

In 2007, the Perth County Task Force became a Provincial Pilot program as a result of receiving a \$1 Million grant from the Ministry of Community Safety and Correctional Services. Perth County has also received annualized funding from the Ministry of Health and Long Term Care for addiction treatment initiatives. A four pillar approach to addressing crystal meth production and use in Perth County was adopted and the Task Force developed working groups under each of the 4 pillars. The working groups are comprised of Task Force members and/or key community representatives or organizations that would provide service or have an impact on each particular pillar.

Since receiving funding, the Task Force has been involved in program development to address crystal meth production and use issues in Perth County. Programs implemented to date are described below.

7.2 Perth County Initiatives

7.2.1 A Coordinated Justice Response Program (Enforcement)

This program focuses on individuals involved with the criminal justice system who are experiencing problems related to substance use/abuse. Those who are motivated to receive treatment or support are connected with a social worker with addictions and justice specialties who co-ordinates a treatment response and delivers support while participants are in custody and during probation, conditional sentence or parole.

7.2.2 Youth Officer Program (Enforcement)

The Youth Officer program allocates an OPP officer to be present at secondary schools within the Town of St. Mary's and the Municipality of North Perth. The Task Force program is focused on these two specific municipalities as the remaining municipalities within Perth County currently have Youth Officers in place through alternate funding programs.

7.2.3 Radio System (Enforcement)

Funding will support the purchase of a dedicated radio system to provide secure radio communications for the Stratford Police Service Drug Enforcement and Criminal Intelligence unit as well as the OPP in Perth County. This technology provides a safe communications tool to effectively combat the distribution and production of Methamphetamine.

7.2.4 Law Enforcement Initiative (Enforcement)

The Stratford Police Drug / Intelligence Unit completed a five month drug trafficking investigation project. The project targeted traffickers of crystal methamphetamine and other controlled substances within the City of Stratford and Perth County. It resulted in the arrest of 12 Stratford and area residents on a number of drug trafficking and weapons related offences.

7.2.5 Equipment for First Responders (Harm Reduction)

Funding for the program supported the purchase of:

1. Ten Quick Deploy Decon collection pools, one for each Perth County fire station
2. Five Decon Shelter Systems, one for each Perth County Fire Department
3. Ten Compact Decon Kits, one for each Perth County fire station
4. Hazardous Materials Training: four Perth County fire fighters will receive training to the "Operations Level". A program will be developed and presented to other Perth County emergency responders regarding Decontamination Procedures.

Four Perth County representatives attended a week-long First Responders training course at the Ontario Fire College. Further training with other Perth County emergency responders is on-going.

7.2.6 Youth Leadership and Community Engagement Program (Education)

The Youth Leadership and Community Engagement Program engages the youth of Perth County in leadership development and community activities, in order to prevent substance misuse and other high-risk behaviours. The program has two components; to provide education and prevention messaging and activities on substance misuse to youth by youth (secondary school level), and to provide leadership skills training and leadership opportunities for youth at the elementary level.

7.2.7 Strengthening Families for the Future Program (Education)

Strengthening Families for the Future is a program designed by the Centre for Addiction and Mental Health (CAMH). The program offers a 14-week group counselling program for children between the ages of 7 and 11, and their parents, who may be at risk for substance abuse, depression, violence, delinquency and school failure.

7.2.8 Perth County Educational DVD & Website (Education)

MS2 Productions, a local production company, is creating an informative and engaging documentary using local youth and adults. The DVD production and circulation involves collaboration with youth from the Crossing Bridges Outreach program, THINK, and the Youth Leadership and Community Engagement program.

The DVD focuses on:

- encouraging families to talk about the risks of drugs and alcohol
- awareness and prevention of substance misuse
- promoting positive healthy lifestyles
- supporting the development of healthy self-esteem
- demonstrating that adults in the community value, respect, and care about youth
- building skills and encouraging youth to make healthy choices (decision making, goal setting, problem solving, communication, assertiveness, refusal and coping).

The DVD will be available to screen in schools, and will be distributed within Perth County at youth events and through community agencies.

MS2 Productions will also create a website for the Perth County Task Force on Crystal Meth. The website will provide prevention and education messaging to youth and adults, as well as provide important information and announcements from the Task Force.

7.2.9 Challenge Day Program (Education)

Challenge Day is a school program that helps Grade 10 students develop respect and empathy for others in their school, community, and for those they will encounter in the future. This program operates on the premise that every child should live in a world where he or she feels safe, loved and celebrated.

The Challenge Day program was put into action for the first time in Perth County in April 2008 at Northwestern Secondary School, with very favourable results. Funding provided by the Task Force will help implement the Challenge Day program in all Perth County Secondary Schools within both the Avon Maitland District School Board and the Huron Perth Catholic District School Board during the 2008/2009 school year.

7.2.10 Community Withdrawal Management Program (Treatment)

Community Withdrawal Management allows people to withdraw in a safe environment within their own community, often in their own homes, with the help of a support person. This program allows people access to a professional specializing in withdrawal management, who will be able to assess their withdrawal needs and provide the appropriate direction, on almost an immediate basis.

7.2.11 Augment of a Peer-to-Peer Outreach Program (Treatment)

Funding has expanded an existing Outreach Program for high risk youth and young adults, implemented by Choices for Change, Drug, Alcohol & Gambling Counselling Centre. A component of this program is to develop a peer-to-peer support network to provide support to other youth experiencing problems related to substance use or abuse and speak to young people about their own experiences.

7.2.12 Crystal Meth Specialist (Treatment)

The Choices for Change, Drug, Alcohol & Gambling Counselling Centre has created a Meth Specialist position within their organization. The person in this position will apply their expert knowledge and understanding of Crystal Meth to develop 'best practice' treatment initiatives within Perth County.

8. Summary and Conclusions

Over the past year considerable concern has been expressed about the negative health impacts from the use of methamphetamine in Bruce and Grey Counties by some of our residents. This concern was first identified by a group of Bruce and Grey County service providers at community meetings. In response to the degree of concern expressed at the stakeholder meetings, the Grey Bruce Community Health Corporation, which provides addiction treatment services, sought and received approval to allocate \$10,000 from its budget to undertake a planning process to gather more information about the extent and impact of the problem and produce a report to guide future action.

Information was collected through: community consultations, key informant surveys, a parent focus group meeting and other input from families, and client surveys. The emerging picture is very disturbing.

8.1 Local Concerns

The concerns identified include the following.

8.1.1 The Increasing Prevalence of Crystal Meth Use

It is of great concern that the number of people presenting to the local courts or service agencies with crystal meth problems are increasing. The age at which young people use the drug is decreasing. Families of 14 year olds are seeking support for their children's drug use.

8.1.2 The Addictive Nature of the Drug with Long-Term Negative Consequences

Crystal meth is addictive and is made with highly toxic chemicals. Family members told us *“It is not a drug, it is a poison that is killing our kids. It gets a hold of them before they know it.”* Its use can result in violent behaviour, weight loss and users often have rotting teeth. It causes increased heart rate and blood pressure, which can lead to strokes and death. Other effects include risk of convulsions, respiratory problems, irregular heartbeat, and extreme anorexia. With long-term use, psychosis can develop which will last after the person has stopped using the drug.

8.1.3 The Profound Impact of Use on a User's Loved Ones

“Parents are neglecting their kids and their own health to use meth.” There are long-term implications of parental/maternal crystal meth use on the health and development of the fetus and children born to meth users. The quality of life for both users and family members is negatively affected. Family members are extremely distraught and their lives are very chaotic. Community attitudes and the stigma associated with crystal meth use make the family's journey *“a very dark and tumultuous process.”*

8.1.4 The Negative Impact on the Service System and the Broader Community

Safety hazards to others in the community include violent behaviour common to those who use the drug. The costs to taxpayers are increasing as a result of the loss of quality of life for users and the increasing number of crimes committed to procure the drug. The production of crystal meth results in toxic contamination of the space where it is produced and where the waste products are discarded, and there is significant risk of fire or explosions at meth “labs”.

8.1.5 The Lack of Parent and Community Awareness

The fact that many parents do not understand the side effects of crystal meth and how much damage this drug will do is of concern. Some parents have given up – don’t know where to go for support and help. There is little or no information available to increase public awareness of this growing problem which is becoming a significant issue in our communities.

8.1.6 The Response of the Justice System

There are not enough deterrents to the use, production and sale of crystal meth. Users who receive sentences and/or early release without the provision of rehabilitation services and ongoing support are at increased risk of continued and escalated drug use. A strong message must be sent that those in possession of, trafficking, and producing crystal meth will face serious penalties.

8.1.7 Locations Where Crystal Meth Use is Considered Most Prevalent

Survey respondents indicated that crystal meth is being used in communities throughout Grey and Bruce Counties. Many of the respondents expressed the belief that based on their experience the problem is most prevalent in the Walkerton, Hanover, Durham, Chesley, and Kincardine areas. Other identified communities of concern were: Port Elgin, Paisley, Wiarton, Lucknow, Meaford, Dundalk, Mildmay, Cargill, Teeswater, and Owen Sound.

8.2 Developing a Comprehensive “Four Pillar” Community Response

The best practice model for a comprehensive and coordinated drug strategy is one that addresses four distinct but inter-related issues: Enforcement, Harm Reduction, Prevention and Education, and Treatment. The complex nature of drug related concerns requires integration and coordination of services across the four Pillars, and the development of new approaches that will promote relationships among community members, associations, and organizations. Working together to maximize assets and leverage additional resources is key to an effective drug strategy.²³

²³ *The Windsor-Essex County Community Drug Strategy Framework*, pp. 15-16, City of Windsor, April, 2008.

The active engagement of service providers from all sectors in the information collection process is a very positive first step. Continued work is needed to *“forge closer links, communication and cooperation between agencies.” “We need to all work together to help educate and fight against this.” “A consistent comprehensive drug and alcohol strategy is needed.”*

8.3 The Challenges and the Needs or Opportunities for Service Enhancement

The challenges that we need to address, and the needs or opportunities for service enhancement suggested through the planning process are summarized below for each of the four pillars.

Challenges	Needs or Opportunities for Service Enhancement
Enforcement	
<ul style="list-style-type: none"> • court sentences • capacity of enforcement, court and probation personnel to deal with complex issues associated with crystal meth use • costs/manpower requirements for police • violent crimes and property crimes associated with drugs 	<ul style="list-style-type: none"> • stronger sentencing • dedicated resources to promote communication and collaboration among service providers • additional resources • increased community awareness
Harm Reduction	
<ul style="list-style-type: none"> • harm to children from parent’s use • approach/understanding among medical staff re effects of crystal meth on users • costs of drug screening for CAS • safety of workers who provide in-home care 	<ul style="list-style-type: none"> • enhance support for children exposed to crystal meth or at risk • enhance linkages between and training for allied professionals • easier access to drug screening • training for first responders and in-home workers
Prevention and Education	
<ul style="list-style-type: none"> • getting the message out about the dangers 	<ul style="list-style-type: none"> • extensive education and awareness campaign • targeted awareness such as “Meth Watch”
Treatment	
<ul style="list-style-type: none"> • lack of best practice guidelines and specialized treatment resources for meth • limited capacity and accessibility of existing treatment resources • client readiness for treatment • multiple organizations/agencies • negative impact on families • health impacts • lack of awareness of services available • high potential for return to drug use 	<ul style="list-style-type: none"> • enhance local treatment resources to ensure a timely and an appropriate response • enhance linkages between and training for allied professionals • family support and counselling • enhanced access to mental health counselling • assistance with dental care • educational materials for former users • increased advertising of available services and support • enhanced peer support and other social supports

9. Community Consultation

A draft of this Report was released at a community meeting March 27, 2009 in Walkerton. The meeting was attended by approximately 90 people including: Bruce County and Grey County Councillors, the MPP for Huron Bruce, family members, and representatives of the Southwest Local Health Integration Network, the Ministry of Health and Long Term Care and a number of organizations involved in the provision of service to people impacted by crystal meth use including the Project Steering Committee members.

The following panel members provided their response to the draft Report and recommendation for action:

- Dr Hazel Lynn, Medical Officer of Health, Grey Bruce Health Unit
- Claude Anderson, Executive Director, Canadian Mental Health Association
- Clayton Conlan, Federal Crown Attorney, Owen Sound
- Kent Smith, Area Manager, Ministry of Community Safety and Correctional Services
- Sandy Stockman, Executive Director, Grey Bruce Community Health Corporation

The panel members expressed agreement with the proposed recommendations for action. It was noted by one panel member that meth use is a community problem and there is a compelling need for a timely, locally response. Other participants at the meeting reinforced the magnitude of the problem, the types of local concerns identified in the Report and the need for community action.

Minutes of the community meeting are included in Appendix F.

10. Recommendations for Action

The following are the recommendations for action to address the issues identified in the Report.

Develop a Coordinated Local Response

1. Establish a Task Force to lead a comprehensive coordinated four pillar strategy to respond to the challenges associated with crystal meth use identified in this Report.
 - Engage local elected officials from Bruce and Grey Counties in the planning process and encourage them to provide leadership to the Task Force
 - Invite representatives from each of the sectors that make up the four pillars: enforcement, harm reduction, prevention and education, and treatment, to participate on the Task Force or working groups
 - Invite family members and recovering addicts to participate
 - Suggested mandate of the Task Force to include:
 - Ensure a comprehensive and coordinated response to the problem of methamphetamine production, sale and use in Grey-Bruce
 - Secure funding from the Ministry of Community Safety and Correctional Services and the Ministry of Health and Long Term Care and other sources to design and implement strategies to prevent and address methamphetamine use in Grey-Bruce
 - Provide a regular forum to promote and facilitate stakeholder collaboration
 - Network with provincial, federal, and community groups who are addressing methamphetamine-related issues.

Enforcement

2. Work with the court system to:
 - Strengthen the penalties for persons convicted of crystal meth offences, particularly production and trafficking, and;
 - Improve linkages between the criminal justice system and treatment providers to collaboratively develop strategies to engage users in treatment.
3. Work with local police services to identify their needs and develop strategies for:
 - Implementing policing methods dedicated to the investigation, prosecution and conviction of people involved in the making and sale of crystal meth
 - Acquiring investigative equipment/training.

Harm Reduction

4. Work with first responders (police, fire and ambulance) and others that work with at risk families (e.g. Children's Aid Societies, Healthy Babies Healthy Children) to more clearly define needs for:
 - enhanced support for children exposed to crystal meth or at risk of improper care
 - education related to meth use and worker safety if they enter homes with meth labs

- safety equipment for local enforcement staff when inspecting meth labs
- enhanced linkages between and training for allied professionals
- easier access to drug screening.

Education

5. Implement a large scale education, awareness and prevention campaign Grey Bruce wide. Elements of the campaign should include:
 - Education of students beginning at Grade 6 on the dangers of crystal meth use
 - Community programs such as “Meth Watch”
 - Community education on the dangers of crystal meth use including the effects on children exposed to crystal meth
 - Pro-active education to increase awareness and acceptance of treatment and support services for those using meth as well as their families or friends.

Treatment

6. Enhance the capacity of the local addiction system to serve people affected by crystal meth use.
 - Ensure ready access to residential withdrawal management services that can provide a quick response and a safe supportive environment in which clients can withdraw from crystal meth use. Services should include: assessment, supportive counseling, referral to ongoing treatment services, and access to peer support.
 - Community treatment services targeted specifically to crystal meth. Services should include: comprehensive assessment, individual and group counseling, service coordination and case management.
 - Programs specifically for youth.
 - Enhanced outreach services in more communities, in locations that are frequented by/acceptable to the target population.
 - Assistance with transportation to services if required.
 - Counselling, education and support for families of meth users.
 - Increased access to mental health counseling to ensure a timely response and services for those with co-occurring mental health and addiction problems, including those with moderate mental health problems who are not currently eligible for service as a priority population for the mental health system.
 - Educational materials, peer support and relapse prevention supports for former users.
7. Develop strategies to enhance linkages between and training for professionals in all human service sectors that deal with the at risk population to increase capacity for early identification and intervention.
8. Work with relevant stakeholders to enhance peer support and other social supports including street-based outreach and drop in programs in high risk communities.

9. Increase advertising of available services and support, and provide financial resources to family support groups to offset the cost of meeting space, supplies and advertising of group meetings.
10. Provision of affordable dental health care for former users.

Appendix A

Grey Bruce Crystal Meth Steering Committee

Revised Terms of Reference (January, 2009)

Statement of Purpose:

The Crystal Meth Steering Committee meets to guide the development of a report regarding the state of crystal meth use in the Grey Bruce area and proposed recommendations for next steps.

Role and Responsibilities:

- Ensure comprehensive community representation on the Crystal Meth Planning Committee
- Guide the consultation process including liaising with the consultant and providing input and feedback on the consultation process
- Oversee the project activities to fulfill funding deliverables
- Contribute to the development of a report and recommendations based on the findings of the planning process
- Develop and maintain good communication with the larger Planning Committee

Structure/Membership:

Chair: Jill MacArthur, Program Director, New Directions for Alcohol, Drug and Gambling Problems and CHOICES: Drug & Alcohol Counselling for Youth

Marie Barclay, Coordinator Grey Bruce FOCUS Project

Donna Beatty, Centre for Addiction and Mental Health

Barb Fedy, Director of Social Services, Grey County

Denna Leach, Program Manager, Youth Team, Grey Bruce Health Unit

Marie Lerant, Program Manager, Court Support Services, CMHA

Dave Roy, Program Supervisor, Choices Drug and Alcohol Counselling for Youth

Terry Sanderson, Director of Social Services, Brue County

Kent Smith, Area Manger, Ministry of Community Safety and Correctional Services

Frequency of Meetings:

The Steering Committee will meet monthly during the consultation phase at the call of the Chair.

Appendix B

Crystal Meth Key Informant Survey

A group of agencies in Grey and Bruce Counties have established a Crystal Meth Steering Committee. The Committee is working on a collaborative project to:

1. Better understand crystal meth use in Grey and Bruce Counties and respond to the issues that arise from using the drug.
2. Consider what action we can take in our community to reduce any harm to people that can result from crystal meth use.

To assist us with our work we are collecting information from service providers as well as those who use crystal meth or have used it.

We hope that you will assist us in our work by completing the attached key informant survey.

Name:

Organization:

Telephone:

E-Mail Address:

1. Describe the nature of the problem from your perspective, including:

- What specifically are you concerned about?
- Where do you see the problem being most prevalent?
- Who do you work with that is affected by crystal meth use (users, parents, children, community)?
- Do you have statistics or can you estimate how many people within each of these groups you are working with today?

2. What initiatives does your organization currently have in place to deal with crystal meth use?

- What challenges does your organization/program face related to crystal meth use?
- What would assist your organization/program with these challenges?

3. What do you see as issues or opportunities for action in Grey and Bruce to deal with the problem as you see it?

4. Are you interested in receiving information about upcoming community meetings regarding this project and the outcome of our work?

Appendix C Crystal Meth Client Survey

A group of agencies in Grey and Bruce Counties have established a Crystal Meth Steering Committee. The Committee is working on a collaborative project to:

- Better understand crystal meth use in Grey and Bruce Counties and respond to the issues that arise from using the drug.
- Consider what we can do in our community to reduce any harm to people that can result from crystal meth use.

To assist us with our work we are collecting information from those who use or have used crystal meth.

We hope that you will assist us in our work by completing the attached survey.

THIS SURVEY IS ANONYMOUS
and should not be signed

Crystal Meth Survey

If you have completed this survey before **please do not complete it again.**

Male _____ Female _____ Approximate Age: _____

1. How did you first get involved with crystal meth?

- I heard about it at school and wanted to try it out
- A friend introduced me to it
- A group of friends were using it and I decided to use it too
- I was having a really rough time and I needed a way to escape
- Other _____

2. How long have you used/did you use crystal meth?

- A few months
- A year or so
- 2 or 3 years
- More than 3 years

3. How many people do you know that use crystal meth?

- 1 or 2
- 3 to 5
- 6 to 10
- More than 10

4. Are the people that you know who use crystal meth generally

- Younger than you
- About your age
- Older than you

5. Were you ever charged or convicted of a crime associated with your crystal meth use?

- Yes charged with possession of crystal meth
- Yes charged with a crime like theft or assault
- Yes convicted for possession
- Yes convicted with a crime like theft or assault
- No

6. Have you ever approached anyone to get help with your drug use or with problems related to your drug use? If so, who did you approach:

- Talked with my family doctor or another health care professional
- Talked to a counsellor from _____
- Went to treatment at _____
- Went to Ontario Works for financial support
- Other _____

7. Are you or have you been in treatment for crystal meth use?

- Yes I am in treatment now
- I was in treatment once but not now, and I am using crystal meth now
- I was in treatment more than once, and I am using crystal meth now
- I was in treatment and am not using crystal meth now
- Other _____

8. Have you run into any problems when trying to get help? If so, what did you experience? (Check all that you have experienced)

- Haven't had any problems
- Don't have a family doctor
- Don't have ID
- No Health Card
- Automated telephone answering system at helping agency
- Waiting list is long
- Discrimination
- Agency has bad location
- Don't want to be seen at agency
- Don't have transportation
- Anxiety due to possible discrimination or being charged by police
- City transit does not meet my needs (times, routes, etc.)
- Can't access agency due to court restrictions
- Services not offered in my community
- Not aware of services in my community
- Other: (please explain)

9. What services would you like to see available?

- Support Group for people using who want to at least reduce any harm they may bring to their family or friends
- Support Group for people who are trying to stay off crystal meth
- Drop-In Centre for help with food, clothing, housing, or support in general
- More Family Doctors
- More Walk-In Clinics
- More specific Street Outreach for people using drugs
- Youth Specific Services
- Written materials to help understand what I am experiencing and what I can do to help myself
- Transportation assistance (bus tickets/passes)
- Housing/Shelter Services
- Other: (please identify)

10 a. Would you be comfortable if we created a brief story about your situation that we would include in the Report we are preparing. We do not need your real name. If you are interested, we would speak with you again to develop a few paragraphs about your situation. Your story would then be shared with the many people in our communities that are interested in learning about how to better assist those who are using the drug or those trying to stop using crystal meth?

Yes _____ No _____

If yes contact information for person to follow-up with _____

b. If you are comfortable being totally open (i.e. sharing your name, where you live, etc.) about your situation, would you be prepared to speak to local groups, the media or others about your situation?

Yes _____ No _____

If Yes First Name and Telephone Number _____

11. Other comments and suggestions

Thank you very much for helping us with this survey.

Appendix D Summary of Client Survey Responses from Persons Who Have Used Methamphetamine

	Responses (N= 23) ²⁴
Gender	
Males	17
Females	6
Age	
Under 20	4
20-29	10
30-39	5
40+	2
None noted	2
How did you first get involved with crystal meth?	
A friend introduced me to it	13
A group of friends were using it and I decided to sue it too	4
I was having a rough time and needed a way to escape	2
Other Parents At a party Heavy drinking and involved with other drugs Couldn't find cocaine	4
How long have you used/did you use crystal meth?	
A few months	3
A year or so	3
2-3 years	8
More than 3 years	9
How many people do you know that use crystal meth?	
1 or 2	2
3 to 5	2
More than 10	19
Are the people that you know who use crystal meth generally	
Younger than you	9
About your age	18
Older than you	14
Were you ever charged or convicted of a crime associated with your crystal meth use?	
No	14
Yes - possession	9
Yes – theft, stolen goods, assault	5
Yes – possession and making it	1

²⁴ Six (6) surveys returned were not included in the sample as those responding had not used methamphetamine or had not fully completed the survey.

Have you ever approached anyone to get help with your drug use or with problems related to your drug use? If so, who did you approach:	
Talked to a counsellor from (New Directions, EAP, Huron Addiction Service, CMHA, Closing the Gap, Choices)	14
Went to treatment at (OS Withdrawal Management and ADTP, New Directions, Westover and ADTP, ADTP)	7
Talked with my family doctor or another health care professional	6
No	2
Other: employer and referred myself Friend AA NA CA CMA Probation Officer told me to go to New Directions Mandated First counselling session today	6
Are you or have you been in treatment for crystal meth use?	
Yes I am in treatment now	9
I was in treatment and am not using crystal meth now	4
Other No (7) Quit on own Choices Several times but not using now New Directions also for concurrent disorders and addictions	11
Have you run into any problems when trying to get help? If so, what did you experience?	
Haven't had any problems	10
Don't have transportation	4
Waiting list too long	4
Services not offered in my community	2
Anxiety due to possible discrimination or being charged by police	2
Don't have a family doctor	1
Don't have ID	1
No Health Card	1
Not aware of services in my community	1
Automated telephone answering system at helping agency	1
Other: Financial Problems Lack of self motivation I had no trouble but wasn't ready until I became sick after 10 years Counsellor not here enough Family was sick of me	5

What services would you like to see available?	
Support Group for people who are trying to stay off crystal meth	14
Transportation assistance (bus tickets/passes)	9
More specific Street Outreach for people using drugs	9
Youth Specific Services	8
Housing/Shelter Services	8
More Family Doctors	7
Support Group for people using who want to at least reduce any harm they may bring to their family or friends	7
More Walk-In Clinics	6
Written material; to help understand what I am experiencing and what I can do to help myself (Education)	6
Drop-In Centre for help with food, clothing, housing, or support in general	6
Other: Available locations for the use of recovered alcoholics/meth addicts to be able to run a meeting geared to meth users in support of the community; schools would benefit from an alcohol or meth support group, maybe one a week Need more immediate help. Detox then treatment One to one counselling best More public education about crystal meth use. Disease process. Addiction is an illness. Contact helpline for crystal meth users like kids helpline. I don't know how to answer because it was so different for me. I got sick and then wanted help. People have to want to stop and the high is too good.	5
Other Comments	4
It is a drug that is widely used by anyone whether rich, poor, working class or at home and age is of irrelevant to the use of the drug	
If enforcement cracks down hard enough and keeps people away from it long enough there's hope for them to get off it	
Public education about crystal meth use. Disease process i.e. addiction is an illness. Contact hot line like kids help line	
It is good to see people trying to help the crystal meth community	

Appendix E Crystal Meth Family Survey

The Impact of Crystal Meth Use on Families

Information collected through this survey is ANONYMOUS

- 1. What impact has your family member's involvement with crystal meth use had on your family? For example:**

Have you or your spouse experienced any health issues?
Have your children experienced any health issues?
Have you or your spouse lost time at work?
Have your children lost time at school?
Have you experienced marital conflict?
Have you experienced isolation from other family members or in your community?
Other

- 2. Have you or other members of your family ever approached anyone to get help with problems related to your family member's drug use? If so, who did you approach:**

For example,
Talked with my family doctor or another health care professional
Talked to a counselor
Talked to others who are dealing with the same issue
Other

- 3. Have you run into any problems when trying to get help for yourself or others impacted by your family member's drug use? If yes, what kinds of things have you experienced?**
- 4. Are there services that you would you like to see available for families affected by crystal meth use? If yes, what services would you like to see?**
- 5. What do you see as a key issue or opportunity for action in Grey and Bruce to deal with the problem as you see it?**

Other comments and suggestions

Age of family member who is using or has used crystal meth: _____

Name of the community you live in: _____

Thank you very much for helping us with this survey.

Appendix F

Crystal Meth Community Meeting Friday, March 27, 2009 Bruce County Administrative Offices Council Chambers Walkerton, Ontario 1:30 – 4:00 p.m.

Welcome

Bill Goetz, Warden of Bruce County, welcomed all present to the meeting.

Introduction

Jill MacArthur introduced herself as Chair of the Steering Committee for the CM Project. She then introduced the CM Steering Committee members, Bruce County Council members, Grey County Councillors, family guests, panel members and representatives of the Southwest Local Health Integration Network and the Ministry of Health and Long-Term Care.

Background

Glenda Clarke reviewed the agenda for the meeting and provided background information. She noted that the emerging picture of crystal meth use in Grey-Bruce is very disturbing with devastating impacts on families and the community. The study revealed: what crystal meth is and how easily it is made; that cm is highly addictive; that use can result in violent behaviour, weight loss and other serious health effects; that with long term use, psychosis can develop which will last after the person has stopped using the drug, and; that production is dangerous and produces toxic waste with risk of fire and explosion.

The Human Toll

Craig Brown related his experience as a parent of a cm user and member of the Tough Love support group for the past six years. He related his journey starting with the school system where, in his experience, the Freedom of Information Act prevents parents from knowing what is wrong with their child and the schools downplay the use of drugs. Acknowledging the problem is a very important first step. He noted that he lost touch with his son at age 18 and consulted with the police in the hope of getting him charged, as it is important that they face the consequences of their addiction. Initially, the police response to a known cm house in Hanover (a well known beacon of drug activity that is now up for sale) was discouraging, however, he acknowledged that the police are very much more active than in the past and thanked the South Bruce, Hanover, Walkerton

and West Grey police services for making the biggest changes to address the issue. He emphasized the need for the court system to impose harsher penalties and seriously urged this community to demand a stronger voice for the courts.

He identified a challenge with hospital and emergency personnel who found nothing wrong in spite of his son's threat to commit suicide. The attending doctor admitted that the medical community was unaware, unprepared, and lacked knowledge of the issues faced by cm users. He stressed the need for more youth focused rehabilitation. He noted that Alwood outside of Ottawa has only 15 beds and that there are less than 50 treatment beds for youth in the province. G & B House was of help to his son, however, he is unsure of the availability of residential treatment services for female crystal meth users. He closed with a message of hope indicating that his son is currently clean and enrolled in first year psychology at the University of Guelph.

Jane, a single mother of three related her experience. Her daughter was 15 when she started using crystal meth and claims she was addicted the first time she used it. She described crystal meth as a poison and the predatory nature of dealers. She emphasized the need to intervene to save someone who is poisoning him/herself. Pressures on the family create strained relationships due to lost time at work to care for the user and to attend court dates. Friends try to be empathetic but tire of hearing about the situation. She couldn't have survived the journey without the support of members of the Tough Love parent group who have been her life line. She encouraged harsher penalties for cm users; acknowledged the valuable assistance of Choices and the Canadian Mental Health Association programs, however, she emphasized the need for a residential treatment program because cm is stronger than the addict can handle on their own. Health care workers and counsellors need more training in effective treatment for cm users.

Glenda Clarke read the story of a crystal meth user who she had hoped would be able to attend the session. The young man was introduced to crystal meth by a friend when he was 20. He used it every day for six years, describing his development of anger and financial problems which resulted in not being able to hold a job and the loss of the support of family and friends. He tried quitting but had no motivation to do anything, so he returned to using. He ultimately attempted suicide. After 9 days in hospital he was ready to make a change and went to treatment in Thamesville. He is now living with his family and was unable to attend today's meeting because he started a full-time job on Monday.

Study Overview

Glenda indicated that the magnitude of the problem in Grey Bruce is difficult to determine because the drug is illegal, the stigma associated with this drug, and the limited data available from the police. The study indicated that there is an increasing prevalence of cm use which is of broad concern to families and

service providers. The problem appears to be most prevalent in Walkerton, Hanover, Durham, Chesley and Kincardine. The use of crystal meth among youth is of particular concern. The patterns of use in the report are based on a small sample of 23 (17 male, 6 female) responses to a Client Survey.

Summary of Local Concerns

- Extremely harmful effects of drug – some long-term.
- Profound impact of use on user's loved ones.
- Negative impact on service system and broader community.
- Lack of parent and community awareness.
- Response of the justice system.

Developing a Comprehensive Response

The best practice model is a four pillar approach involving Enforcement, Harm Reduction, Prevention and Education, and Treatment and the active engagement of the four pillars in Grey Bruce through the study process is a positive first step in addressing the issue here.

Perth County Experience

Problems with crystal meth were identified in Perth County in 2005 and a Task Force was established. Working groups for each of the four pillars resulted in recommendations for action. In 2007 the Task Force received a \$1 million grant from the Ministry of Community Safety and Correctional Services to become a Provincial pilot program. The community also received annualized treatment dollars from the Ministry of Health and Long-Term Care. A number of positive programs to address the cm issue have been implemented with the funds available.

Challenges and Needs for Service Enhancement in Grey Bruce/ Recommendations

- Establish a Task Force to lead a comprehensive coordinated four pillar strategy.
- Work with local police and the court system to strengthen enforcement strategies.
- Work with first responders on harm reduction strategies.
- Implement a large scale education awareness campaign Grey-Bruce wide.
- Implement a number of treatment strategies for people affected by crystal meth use.

Panel Member Remarks

Dr. Hazel Lynn, Medical Officer of Health, noted the Grey Bruce Health Unit's support of the recommendations in the report and outlined the role of the GBHU in implementing recommendations in the areas of primary prevention and education. She emphasized the value of providing encouragement to every child, noting that children who have the social competencies which result from feeling loved, cared for and supported, are better equipped to make choices that will direct them away from drug use.

Claude Anderson, Executive Director, Canadian Mental Health Association emphasized the importance of recognizing that often we are talking about people who have been part of the mental health system and are particularly vulnerable as targets for the drug. He indicated that 60-70% of referred clients to the CMHA Court Support program have been involved with crystal meth. The major effect of crystal meth use is on mental health (users become chaotic, agitated, highly anxious, and psychotic even with short term use). He noted the erroneous tendency to believe that the drug-induced mental health issues which arise from cm use need to be treated differently. He emphasized that psychosis is psychosis and mental health workers need to be at the table during treatment.

There is a long period of time needed for people to clear up; the drive to get high is so intense that clients are in tears when released from jail because they know they are going to use again once they are released. There is a need to mobilize collaborative support. He expressed concern about watching court support workers and jail release planners who are increasingly providing assistance to their clients with their doors open due to fear for their safety. Confidentiality is being compromised because of the need for worker safety and more and more services are needed to deal with the complex issues resulting from crystal meth use. The CMHA believes that successful recovery from cm use is possible if all service providers work together effectively.

Clayton Conlan, Federal Crown Attorney, Owen Sound thanked Craig and Jane for their personal stories. He outlined the various criminal codes, youth criminal justice and controlled substance acts, policy memorandums, and practice directions that he must follow as the federal prosecutor for drug offenses. He described two ways he is exercising discretion in his attempt to send a strong message to crystal meth offenders specifically, drug offenders and the general public. First, he will very rarely plea bargain down to a lesser offense. Second, if you are charged with crystal meth the penalty will be harsh, even for a first offender. His decisions are not always popular, however, his over-riding concern is protection of the public at large. He explained the need to balance specific deterrents of denunciation (straight punishment for breaking the law) designed to prevent users with general deterrents (sending a message to the broader community). He highlighted some of the files he is currently working on which outline the wide cross-section of offenders (from a 56 yr old male with a long criminal record; to a 16 year old youth with no prior record, to a female in

her 20's). He noted the thoroughness of the CM Report and stated that he is in strong agreement with the report findings that cm is an increasing problem in Grey-Bruce counties and with the report recommendations.

Kent Smith, Area Manager, Ministry of Community Safety and Correctional Services explained that in his role as manager of Probation Officers he has noticed clients have become more volatile, display unpredictable behaviour, are unwilling to involve themselves in counseling and employment, and that while there is frequently a drug problem involved, crystal meth is one that is quite different and causes severe adverse impacts on the user, service providers and the community at large. He indicated that there is a ribbon of drug use which has taken hold in the communities identified in the CM Report that calls for a clear and effective response.

He described the Probation Officer's role in identifying the issues that result in criminal behaviour and developing a plan of care, including counseling and treatment. The need to intervene immediately is evident and the Probation Officers' efforts to intervene have been frustrated by a referral process that cannot respond quickly (due to a small window of opportunity, i.e. a couple of days at most, the opportunity for treatment of a cm user is lost due to the intense drive for the drug).

He emphasized the need for a residential program as the wait is too long if not next to impossible to get into treatment in other communities. The unpredictable behaviour of users puts family members and counsellors at risk and concerned about their own safety. Of 200 probation clients in this area, 25% are involved with cm. The severe impacts of cm use and the limited treatment resources available are more compelling in this region. For whatever reason, crystal meth is taking over and service providers are struggling to deal with this problem. He emphasized that this is a community problem which the community needs to find options for dealing with and to develop alternative treatment services for users. If not, the issue will continue to grow and the community will suffer greatly.

Sandy Stockman, Executive Director, Grey Bruce Community Health Corporation said that their agency recognizes that cm is not the most pervasive problem, but that it is the most devastating. She indicated that we'll never know exactly how many use because, unlike alcohol, the production and sale of meth are not regulated or tabulated by government but we do know that a growing number are using. There are 80 people who have accessed treatment through GBCHC and report using crystal meth (9% of admitted clients during the past year, which is a higher percentage than the average for the province and the SW LHIN. We have reached the tipping point – meth use is not an individual problem – it is a family problem and a community problem.

Parents in particular need to be more knowledgeable about the drug and the associated risks and service providers need to be equipped with the knowledge

and skills to deal with the problem. We must figure out what to do – the current lack of knowledge leads to discomfort in talking about the problem and, therefore, dealing with it effectively. The high rate of binge drinking among youth in the region makes them a vulnerable population in terms of other high risk substance use. She noted that the treatment system is already operating beyond capacity. At the same time, there is a compelling need for a timely, locally available response. While we need to increase the capacity of the local health, criminal justice and social service systems to address the issue, there also needs to be a comprehensive community response and she invited everyone to join in the efforts to tackle the problem as a community.

Points Raised in General Discussion

- Charlie Bagnato was encouraged by progress on the issue since he was involved in meetings about crystal meth use in 2006.
- Clayton Conlan noted that he is determined to become a lot more serious with these offenders and will emphasize the importance of enforcement accompanied by effective treatment to ensure better outcomes in future, as we know that every day a kid will try crystal meth.
- We need to learn from Stratford and to lobby for funding.
- Marie Barclay from FOCUS, a community based organization, noted that youth see the issue and want to be a part of the plan to work against the use of crystal meth. She described a youth prevention initiative in the form of a youth driven (peer to peer) play entitled *Crystal Clear: Death by Meth*, a 1-¼ hour long docudrama that will be enacted at the Bijou Theatre in Chesley on May 12. The play began in a local drama class with students who were concerned about the impact of cm and shows how everyday kids can become hooked on meth and its effect on family and friends. FOCUS and the students hope to make this script available to other drama classes in the region.
- Karen Rhody, Chesley Hospital Emergency Unit, emphasized the need to change the legislation which currently hampers intervention. We need to be able to refer people with signs and symptoms of crystal meth use directly to treatment and not release them back into the community. Emergency staff, health care providers and physicians need to be educated about how to identify and treat crystal meth users in distress.
- Parents noted that the window of opportunity to engage someone in treatment is very limited: 48 hours or less. However, the opportunity is often lost because of delays in getting access to treatment. It is very important to establish a safe house (most addicts are victims and want out but don't know how) to bridge the gap between the time when an individual is motivated to take the first step towards change the the time when they can be admitted to a treatment program.
- Heather Hodgson-Schleich (FOCUS) noted an increase in very young children having street knowledge of the effects of crystal meth and she stressed the importance of starting an awareness campaign as young as

preschool. She said that students in Grades 6 and 7 are trading sex for crystal meth.

- it was noted that Hepatitis and Aids could be on the rise due to needle use as a means of injecting crystal meth.
- Shannon Logie, a Student Success Teacher, indicated that parents don't know about meth and may therefore be underestimating the dangers of meth use. They need to be made aware of the devastating effects of cm.
- Hilde Johnson, Mental Health Court Support Worker, suggested that it is important to access church support for addressing the problem. She noted that churches are a valuable resource for education campaigns, harm reduction efforts, and the establishment of safe homes.
- Ron Shaidle, Hanover Police Services noted that they have implemented an intensive 6 week DARE drug awareness program from which 224 students from Grades 6 and 8 graduated in February
- Mardy MacArthur, Grey County Social Services, reinforced the need for long term treatment
- If there is still some doubt about the magnitude of the problem, a participant recommended placing an ad in a local newspaper asking for information from local residents. She suggested that there would be an overwhelming response from the community about the magnitude of the problem.

Ministry of Health and Long Term Care

Ministry representative, Martha Black provided an overview of the Ministry's initiatives with respect to Mental Health and Addiction Services, citing a Minister's Advisory Group comprised of 24 consumers/survivors, service providers, researchers, and experts from across the province who are developing recommendations for a long-term strategy for mental health and addictions that will focus on system design, healthy communities, and consumer partnerships. She noted that LHIN's will be organizing opportunities for local input and that web comments are welcome through the Minister's Mental Health Group link www.health.gov.on.ca/index.tml. The first progress report was posted in March 2009.

Terry Sanderson asked for a description of the process for accessing funding. Martha Black indicated that the local LHIN is responsible for distributing funds. Clayton Conlan asserted the need to establish specialized drug courts outside of the GTA. Claude Anderson explained the recent establishment of Therapeutic Courts (Mental Health Courts in Walkerton and Owen Sound) which are designed to reduce the adversarial relationship between the Crown and defense with a priority to put forward a treatment plan that is acceptable to the judge and all parties.

Eric Ferguson asked for information about the Ministry's intent with respect to developing appropriate infrastructure for treatment and placement facilities – Martha Black said that she would report back.

Closing Remarks

In closing, Sandy Stockman said that she was encouraged by the turnout for the meeting and noted that because this issue is not just a health, legal or social services issue, and because it is a localized issue, it is very easy for it to fall through the cracks. In order to address it, we will require a concerted effort and a broad-based approach involving stakeholders from many sectors and from the community at large. .

Terry Sanderson, Director of Social Services in Bruce County and a member of the Steering Committee conveyed a special thank you to the family members who related their personal stories. He noted that the agreement conveyed by all panel members about how to effectively deal with this issue is encouraging for the successful outcome of future efforts.