

SPEED TRAP: FIGHTING A DEADLY DRUG

Introduction

Focus

This *News in Review* story examines the drug known most widely as speed. We look at the effects of speed on the user, the user's family, and Canadian society.

Definition

Illicit means not permitted by custom or law.

 Sections marked with this symbol indicate content suitable for younger viewers.

Speed (methamphetamine) is a synthetic drug discovered by the Japanese in 1919. The drug was initially used to treat nasal congestion. Athletes have used it to enhance their performances, soldiers have used it since the Second World War to stay awake and alert, and people have used it as a diet pill. Today, its only legal use is to treat such conditions as hyperactivity or narcolepsy.

Speed is also used illegally. By injecting or smoking speed the user has an almost immediate sensation called a "rush," and the effect can last for hours. Speed can produce euphoria, increased alertness, feelings of increased energy, and a general sense of well-being. Users may also experience intense chest pain or an inability to sleep or eat properly. They may become paranoid or violent, hallucinate, have convulsions, suffer from fever, brain hemorrhage, or cardiovascular collapse. Speed users may slip into a coma or even die.

It is difficult for people who do not use speed or other illicit drugs to understand why others do. People turn to drugs for many reasons. They use them to ease physical pain, to relax, to lower inhibitions, or to cope with personal problems. Some use speed looking for pleasurable sensations; others hope for a sense of "belonging." Some have a desire to experiment.

For many reasons illicit drug use has

increased in Canada. This type of drug use has particularly affected Canada's aboriginal population and street kids. It has contributed to an increase in HIV among drug users who share needles, as well as a higher rate of crime in the country.

Some Canadian communities are choosing to fight back by seeking help from police, government, and health-care workers.

There is no single way to treat a drug problem. Individual assessment and referral are usually the first steps for someone with a substance-abuse problem. The type of treatment pursued, whether it is through a self-help group or a professional, depends on the person and the specific situation. Treatment in Canada is the responsibility of the provinces and territories.

If someone is seeking treatment, one place to start is a territorial, provincial, or municipal Web site. The health-care sections of these sites provide directories of treatment services. Two other options for finding help are using the Addictions Organizations of Canada database and the public phone book to look up a treatment program or facility closest to home. If the person searching does not have the means to look up what is needed on the Internet or in a phonebook, another option would be to go to the nearest hospital to ask for help.

Discussion Questions

1. Why do you think illicit drug use has increased in Canada?
2. What could be done to minimize illicit drug use?

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Video Review

Answer the questions on this and the following page as you view the video. If necessary take a few moments after viewing to clarify your answers before discussing the results.

Quote

"I consider the Yellowhead the superhighway of meth. It moves through here like you would not believe. Every small community, every large community. It's there. Until people become aware that it's there, it's going to be one of the biggest problems that this country has ever seen." — Dan Brady, *CBC News in Review*, May 2004

1. List three street names for methamphetamine.

2. What have speed users done to get the attention of police?

3. Using specific examples describe the effect that using speed had on Dan Brady's life.

4. Using specific examples describe the effect that using speed had on Dan Brady's crew at work.

5. List three reasons why it is difficult to quit using speed.

6. a) What is used to make speed?

- b) Where do the ingredients come from?

- c) How long does it take to make speed?

- d) Who can afford to buy speed?

- e) Describe how speed can make a user feel.

- f) Describe the physical effects of speed.

7. List five things the mayor, parents, and police officers of Hinton, Alberta, do to fight back against the use of speed in their community.

8. What do people in the town of Drayton, Alberta, want Ottawa to do? Provide specific details.

9. a) Why did Melissa quit using speed?

- b) How did Melissa quit?

10. a) Why did Dan quit?

- b) How did Dan quit?

Post-Viewing Discussion

Consider moving into small groups to discuss these questions. Be prepared to share your findings with the class.

1. What do you think is the most common reason teenagers use drugs? Explain your answer.
2. How would you feel about someone who was using speed?
3. What would you do to help someone who wanted to stop using speed?
4. Is speed a serious problem in your community?

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All About Speed

Did you know . . . “Pep pills” are still used today in the U.S. military to keep troops and pilots alert during periods of heavy, continued action? When U.S. pilots accidentally bombed Canadian forces in Afghanistan in 2002, it was suggested that their judgement was clouded by the use of combat stimulants.

Speed, also known as crystal meth, crystal, crank, ice, and glass, is a synthetic drug that stimulates certain parts of the brain as well as the nervous system. This drug is composed of highly toxic ingredients including: ephedrine (cold tablets), acetone, rubbing alcohol, toluene (brake cleaner), ether (engine starter), sulfuric acid (drain cleaner), methanol (gasoline additives), salt, lithium (batteries), ammonia (farm fertilizer), sodium hydroxide (lye), red phosphorous (matches), muriatic acid, iodine, trichloroethane (gun scrubber), sodium metal, and MSM (methyl-sulfonyl-methane, a cutting agent). Speed can be swallowed, injected, snorted, or smoked.

History of Speed

The Japanese created methamphetamine in 1919. This new drug was a crystalline powder soluble in water. In the late 1920s, scientists discovered it was good for opening the bronchial passages and stimulating the central nervous system. By the late 1930s it was available by prescription in tablet form to treat nasal congestion. High-performance athletes were choosing it as their performance-enhancing drug of choice. The drug was used widely during the Second World War to keep soldiers awake and alert. U.S., British, German, and Japanese soldiers were issued speed to combat fatigue and heighten endurance.

By the 1950s, tablets of methamphetamine were legally manufactured and available to the public. Truck drivers, Olympic athletes and businesspeople used them. Students popped them as “pep pills” to cram for exams, and

speed was prescribed by doctors as diet pills. Crystal methamphetamine, also known as ice, crystal, and quartz, started showing up in the late 1960s, when the term “Speed kills” was coined.

Methamphetamine is rarely prescribed today because of the dangerous side effects associated with its use. Now it is only used medically to treat such conditions as hyperactivity or narcolepsy, an illness that causes people to suddenly fall asleep.

Recently a number of speed substitutes, called “look-a-likes” or “street stimulants,” have turned up on Canadian streets. These drugs are passed off as legal stimulants, but actually contain weaker stimulants such as caffeine, ephedrine, or phenylpropanolamine. But they are dangerous because large doses can cause abnormally high blood pressure and a rapid, irregular heartbeat. Deaths have resulted from their use.

Effects

By injecting or smoking speed the user has an almost immediate sensation called a “rush,” and the effect can last for hours. Low doses of speed can produce euphoria, increased alertness, feelings of increased energy, a general sense of well-being and a loss of appetite. Yet a low dose can also cause increased heart and breathing rates, plus heart palpitations. The user may also feel nervous or anxious.

Higher doses, however, can make any of these effects more intense. Users may experience angina, or intense chest pain. Heavy speed users may not sleep or eat properly, lowering their resistance to infection and disease. They

may also become extremely restless or unreasonably suspicious of others. They often hallucinate, behave bizarrely, or become violent.

An overdose of speed can cause convulsions, fever, brain hemorrhage, cardiovascular collapse, coma or death. Some deaths associated with speed use, however, are due to the violence or accidents in which the user is involved while under the drug's influence. Anyone using a shared needle runs the risk of becoming infected with HIV, the virus that causes AIDS.

The long-term effects of methamphetamine use include chronic insomnia, paranoia, hallucinations, arrested personality development, malnutrition, and anti-social tendencies. Withdrawal symptoms include restlessness, mental confusion, and depression.

Adapted from *Centre for Addiction and Mental Health*, <http://sano.camh.net/infoline/tp26.htm> and *CBC News* www.cbc.ca/news/background/friendlyfire/gopills.html

Questions

1. Of what substances is methamphetamine made?

2. List the ways in which this drug can be administered.

3. List the alternate names for methamphetamine.

4. When was the drug first discovered? _____

5. List the uses of this drug since its discovery.

6. List two other reasons why someone would use speed.

7. What are the short-term effects of this drug?

8. What are the long-term effects of this drug?

9. Despite the adverse effects of the drug people continue to use it. Explain why you think this happens.

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Drug Wars in Canada

Further Research

The most recent Canadian statistics compiled on drug use are from 1999. A national survey was carried out from January to March 2004 and is being compiled at the time of publication of this issue of *News in Review*. It will be available soon. An updated Canadian alcohol and other drugs survey, available at www.ccsa.ca/ceca/pdf/ceca-newrel-20031216-e.pdf is currently underway. Findings will be reported in spring 2004.

The most complete and accurate report available on drug use statistics in Canada is called the *Canadian Profile 1999*. It was published jointly by the Canadian Centre on Substance Abuse and the Centre for Addiction and Mental Health. Below is a condensed version of the report found at www.ccsa.ca/index.asp?menu=&ID=43.

Illicit Drugs

- In 1994, the most commonly reported drugs used on a lifetime and past-year basis were cannabis (23.1% and 7.4%, respectively); LSD, speed, or heroin (5.9% and 1.1%); and cocaine (3.8% and 0.7%).
- Although current national data are not available, past-year cannabis use increased from 4.2% in 1993 to 7.4% in 1994. Use of cocaine and LSD,

speed, or heroin showed negligible increases.

- Rates of illicit drug use in 1994 varied significantly by region. In most instances, drug use was highest in British Columbia and lowest in Newfoundland.
- In 1997, Canadian drug enforcement agencies seized 244 949 kg of marijuana, 439.6 kg of cocaine, and 10.5 kg of heroin.
- In 1995, there were 804 deaths in Canada attributable to illicit drugs. Suicides (329 deaths) and opiate poisoning (160 deaths) accounted for almost two-thirds of all drug-related deaths. The 804 deaths resulted in 33 669 potential years of life lost. In 1995-96 there were 6 947 hospitalizations attributable to the use of illicit drugs.

Special Populations Indigenous Canadians

Indigenous Canadians have relatively high rates of illicit drug use.

Street Youth

Compared with mainstream adolescents, street youth report elevated rates of heavy illicit drug use. As well, the percentage using cannabis ranges from 66% to 88%, while the percentage using cocaine ranges from 18% to 64%.

AIDS

Estimates of the number of injection drug users in Canada vary from 50 000 to 100 000, with high numbers in Montreal, Toronto, and Vancouver. These drug users are at a high risk of HIV infection and AIDS. Injection drug use is a primary means by which the AIDS epidemic has spread to the heterosexual population.

Workplace

Impairment from drugs is a major cause of unemployment and absenteeism. It also contributes to the numbers of workplace accidents. Annual productivity losses in Canada due to substance abuse of illicit drugs have been estimated at \$823.1- million.

Economic Aspects

Illicit drugs cost the Canadian economy \$1.4 -billion in 1992. These costs include police and health-care services and legal costs.

Crime

In 1996 there were 65 106 drug offences, an increase of 5.6% over the previous year. Cannabis was involved in 72% of these offences, while cocaine and heroin offences accounted for an additional 17% and 2%, respectively. Of the cases (not including cannabis cases) reaching disposition, 71% of those charged were convicted and 61% of the convictions resulted in jail terms. Drug offences account for 3% of adult admissions to federal correctional facilities and 6% of adult admissions to provincial correctional facilities.

Adapted from *Canadian Centre for Substance Abuse, Canadian Profile 1999*
www.ccsa.ca/index.asp?menu=&ID=43.

Inquiry

1. What is the most commonly reported illicit drug used by Canadians?
2. Has illicit drug use increased, decreased, or stayed the same in Canada?
3. Which Canadian province rates the highest for illicit drug use?
4. Which Canadian province rates the lowest for illicit drug use?
5. Offer an explanation for these results.
6. What accounts for the majority of drug-related deaths in Canada?
7. Who are the special populations referred to in the *Canadian Profile 1999* report?
8. Why are they considered "special"?
9. How does illicit drug use affect the workplace?
10. How does illicit drug use affect the economy?
11. How does illicit drug use affect the crime rate in Canada?
12. Why do you think this is so?

Extension Questions

1. After reading the results of the *Canadian Profile 1999* report, what three things surprised you the most? Explain why you were surprised.
2. Do these statistics reflect what you know about your community? Explain.
3. Brainstorm a list of ways to solve the problem of illicit drug use in Canada.

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Getting Help and Staying Clean

Further Research

To learn more about the work and programs of the Canadian Assembly of Narcotics Anonymous, consider visiting www.cana-acna.org/new/main.html.

There is no single way to treat a drug problem. How the problem is treated depends on the individual. What program is recommended for substance abusers depends on their age, the drugs they use, how much they use, whether they have a stable home environment, whether they are employed, and how their substance abuse is affecting their lives. Assessment and referral are usually the first steps for someone with a substance abuse problem. Substance abusers are interviewed about their problem, and then a recommendation is made for a treatment program best suited to their needs.

Detoxification

Addicts' bodies adapt to a drug-free state while they stay at a detox centre and refrain from any drugs for several days. Detoxification sometimes requires medical supervision, but most centres follow a non-medical model. Once the addicts are drug-free, they are encouraged by detox staff to seek further help such as a treatment program or a self-help group.

Self-Help Groups

The self-help group Narcotics Anonymous is based on what's called a 12-step program. The steps include admitting you're addicted, and putting yourself in the hands of a higher power to help you abstain from using drugs. The goal in self-help groups is abstinence, never to use drugs again. There are also self-help or mutual support groups for family members and friends who are having problems because of someone else's drug use. Self-help groups are often run by volunteers and recovered substance abusers.

Professional Help

In concert with traditional treatment, a growing number of substance abuse programs also screen for and provide services for mental health and gambling problems. Outpatient care is one option available for receiving professional help. Outpatient programs can range from having the substance abuser attend a treatment centre for eight hours a day for five days a week, to one or two hours of counselling each week. Such programs are a good choice if the problems aren't severe, if the person needs support in quitting the addiction, and if the person can schedule other commitments around the program.

Inpatient care is another option available for receiving professional help. This involves having a substance abuser living at a treatment centre for several weeks or several months. Inpatient care is often recommended if outpatient treatment has not helped, or if the substance abuser needs to be away from family or workplace in order to focus on treatment.

Treatment techniques include drug education, individual problem-solving counselling, group therapy, or training (for example, stress management, assertiveness, and behavioural self-control therapy) to teach a substance abuser how to lead a healthier, more balanced life. Inpatient and outpatient treatment facilities offer follow-up services to help maintain changes and support a healthy lifestyle. This follow-up treatment ranges from regular meetings with a professional to weekly sessions with a support group. The length of the follow-up treatment depends on the substance abuser being treated.

Not everyone in treatment succeeds fully, but approximately one-half to two-thirds of the people who enter a treatment program show some improvement at its conclusion. This improvement can range from reducing drug use to quitting altogether.

Possible Signs of Substance Abuse

- an unexplained lack of interest and attention in work
- frequent memory lapses or lack of concentration
- a loss of interest in hobbies and other regular activities
- money missing frequently from purses, other household areas, or bank accounts
- withdrawal from family life
- rapid changes in emotions, or emotions that seem too intense, uncontrolled or unrelated to the moment
- being defensive or deceptive when explaining unusual behavior
- being evasive about friends, about who they are, and what they do

Contact

Drug treatment in Canada is generally the responsibility of the provinces and

territories. The federal government provides treatment for populations under federal jurisdiction (i.e., Aboriginal populations, federal offenders, and military personnel). Each province and territory has its own directory of local treatment centres. Links to this information can be found on provincial and municipal government Web sites. Addictions Organizations in Canada (www.ccsa.ca/index.asp?ID=84) is a database that lists federal, provincial, and territorial government departments or agencies involved with addiction issues and treatment providers. The Internet is a good source for information on treatment and support centres. Phone numbers and addresses can be found in local public phone books. Identifying and treating a problem as early as possible, and matching the person to the right program, vastly improves the odds for effective treatment.

Adapted from Centre for Addiction and Mental Health <http://sano.camh.net/infoline/tp72.htm> and Canadian Centre on Substance Abuse www.ccsa.ca/index.asp?ID=22&menu=&page=87&full=yes

Analysis

1. What is usually the first step in treatment for a substance abuser?

2. What is detoxification?

3. What is Narcotics Anonymous?

4. What is the goal of Narcotics Anonymous?

5. For what do substance abuse programs screen their patients?

6. Why would they do this?

7. Briefly describe the difference between inpatient and outpatient care.

8. List the treatment techniques available for substance abusers.

9. Does everyone in treatment succeed? Explain your answer.

10. How do substance abusers or people concerned about a substance abuser find help for the abusers and/or themselves?

11. Assess the value or importance of treatment centres. Do you think the three levels of government should continue to increase the amount of money used to offer treatment to substance abusers and/or their families? Explain your answer.

Further Research

1. a) Locate the treatment centre for substance abusers closest to where you live by using a local government Web site, the Canada-wide Addictions Organizations Database, or your local phone book.
 - b) What is its name?
 - c) What is the address?
 - d) What is the phone number?
2. Methadone substitution is also becoming increasingly available to people who are addicted to narcotics. What is methadone? How does it work?
3. Describe the process of detoxification. Include the physical and emotional effects of this on a substance abuser as well as the detoxification procedure from a treatment worker's point of view.

Extension

Consider visiting a local treatment centre or inviting a worker from a treatment centre to visit your class to share information and answer questions.

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Interview

Date of interview: April 28, 2004

Name of Interviewee: Rachel Lazarus

Occupation: Police Officer, Peel Region, Ontario

Profile: “I have been a member of a large police services in Ontario for the past four years. I worked as a front-line officer for three years and have spent the majority of time over the past year as a Community Officer, where one of my functions includes giving presentations to the public on safety and security issues.”

Why do you think teens use drugs?

“I think that teens often start using drugs primarily for acceptance by their peer groups. Different groups will legitimize the level of drug use or non-use in different ways.”

In what context do they use drugs, (at school, at parties, to study)?

“I think that the level of the youth’s submersion in the drug culture, and/or the types of drugs that they are comfortable using, will largely determine whether they choose to use drugs in their everyday lives, and/or strictly at social gatherings.”

How easy is it for teens to purchase drugs?

“I believe that it is very easy for teens to purchase drugs. I am quite certain that the vast majority of teenagers know who is involved with drugs within their school.”

What is the going price for drugs?

“A few of the street names for methamphetamine include speed, ice, chalk,

crank and crystal meth. The going price for this drug ranges from \$5 - \$7 per hit to about \$100-\$150 per gram, depending on what it is made with. A widely used drug among teens is Ecstasy, which is also known as the ‘club drug.’ Ecstasy sells for about \$20-\$40.00 a pill.”

How can you tell if a teen is using drugs? What are the signs?

“Different drugs have different effects on users. For example, the effects of Ecstasy, to name a few, are appetite loss, jaw clenching, fatigue, restlessness, nausea, nervousness, shivering or tremors, tooth grinding, dry mouth, and headaches. The effects of methamphetamine are increased energy, decreased appetite, rapid breathing, sweating, dilated pupils, and dry mouth. The user may become more talkative, restless, excited, feel powerful, superior and aggressive, or behave in a bizarre, repetitive fashion.”

What can you do to help prevent teens from starting to use drugs?

“I think that in order to prevent teens from starting to use drugs, they have to be educated at an appropriate age about the perils of short- and long-term drug use. In addition, different supports have to be available for the teen so that their recreational time is occupied by participation in activities that contribute to their self-fulfilment, whether they be sports teams, artistic groups, hobbies, etc. Teens also need ongoing encouragement and reinforcement of their participation in these types of activities.”

What can you do to help teens already using drugs?

“Ideally, once the teen using drugs is identified, they should be encouraged to enter the appropriate programs designed to treat the problem.”

How aware are the parents about their sons and daughters using drugs?

“I think that parents’ awareness regarding the drug use of their teen is dependent on the atmosphere at home. Some parents recognize the symptoms of drug use very quickly, while others do not.”

Is there a relationship between teens using drugs and engaging in illegal activities?

“I would say that a relationship could be drawn between teens using drugs and engaging in illegal activity. For one thing, possession of illicit drugs is an offence itself under the Controlled Drugs and Substances Act. The drug use would indicate that the teen has raised the bar with respect to what he or she is willing to risk.”

Is there a relationship between teens using drugs and running away from home?

“Often teens who use illicit drugs will withdraw from their families. If the teen sees their family members as obstacles in their ability to access the drugs it could follow that they would run away to connect with the people in their lives who accept and legitimize the drug use.”

Is there a relationship between teens using drugs and skipping or doing poorly at school?

“I think that skipping and doing poorly in school can be symptomatic of drug use.

Instilling good values in children, and nurturing their confidence are both important, ongoing tasks that parents should take seriously from an early age. Also, parents should not become intimidated by their teens and should continue to take an active role in their sons’/daughters’ lives, asking lots of questions about the teens’ peers, whereabouts, work in school, etc. Teens need structure in their lives, and to believe that their parents care about what they are doing.”

Questions

- 1. What additional questions would you have liked to ask Officer Lazarus?

- 2. How well does Officer Lazarus understand the world of teen drug abuse? Explain.

3. What two questions would you ask a person addicted to drugs?

4. a) What new information did you learn from reading this interview?

b) What information did you already know?

c) What answer surprised you the most? Why?

5. If you were a parent what would you say to your children about using drugs?

6. Summarize the possible effects of drug use on a teen's life.

7. How might a person's life be changed by using drugs in the teenage years?

8. Do you know people suffering the effects of drug abuse? Have you tried to help them? Explain.

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Final Activity: Learning Through Role-play

Instructions

Students are divided into groups of three to five. Each group creates a brief role-play that demonstrates one of the following scenarios:

Helping those on drugs

A friend of yours is using speed and you notice drastic changes in his or her behaviour. This scenario has a positive ending. Demonstrate how you can help a friend stop using drugs.

OR

A friend of yours is using speed and you notice drastic changes in his or her behaviour. This scenario has a negative ending. Demonstrate how in some cases it is difficult or impossible to stop a friend from using drugs.

Why people use drugs

Speed is becoming a popular drug of choice at your high school. Your friend becomes a speed user. Demonstrate some of the reasons why teens are not able to resist the temptation of using drugs.

OR

Speed is becoming a popular drug of choice at your high school. Your friend is tempted, but ultimately resists becoming a speed user. Demonstrate some of the reasons why teens are able to resist the temptation of using drugs.

Impact of using drugs

Someone in your family is a speed user. Demonstrate the effects of this on your family.

OR

Someone in your group of friends is a speed user. Demonstrate the effects of this on your group of friends.

OR

Someone you work with is a speed user. Demonstrate the effects of this on co-workers and the employer-employee relationship.

Instructions for the Presenters

- Each group's role-play must include a setting (e.g., the workplace, home, school, friend's house, or the mall) and a specific situation as indicated by the scenario assigned to the group.
- Each group will have the freedom to develop the scenario assigned to it, but the scenario must include factual information and knowledge gained on the use of speed to make the role-play as realistic as possible.
- Your role-play must be at least two minutes in length.
- Each group member must have a speaking role.

Instructions for the Audience

- In three to five sentences identify the scenario being presented.
- Rate the role-play on a scale of one to five for its realistic qualities (one being not realistic and five being very realistic). Explain your rating.