



Presentation on the Impacts of Methamphetamine Use in Canada to the House of Commons Standing Committee on Health

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Good afternoon, Mister Chair, and members of the committee. My name is Matthew Young and I am a senior research and policy analyst at the Canadian Centre on Substance Use and Addiction, or CCSA, and an adjunct research professor of psychology at Carleton University. CCSA was created in 1988 and we are Canada's only agency with a legislated national mandate to reduce the harms of alcohol and other drugs on Canadian society. With me today via videoconference is Dr. Sheri Fandrey, knowledge exchange lead at the Addictions Foundation of Manitoba and member of the Canadian Community Epidemiological Network on Drug Use.

We welcome the opportunity to speak to you today and assist you in your study of the impacts of methamphetamine use on Canadians. To respect your time constraints, my presentation today will be brief. Many of the statistics I will refer to are included in the methamphetamine drug summary that CCSA released earlier this month and that was provided to the committee in advance of today's meeting.

What Is Methamphetamine

Methamphetamine is a synthetic drug classified as a central nervous system (CNS) stimulant. The immediate effects of methamphetamine include alertness, energy and self-confidence. It is important to note that these effects differ from the sedation and respiratory depression produced by opioids.

What We Know about Methamphetamine Use in Canada

Since 2015, approximately 0.2% of Canadians report using methamphetamine in the past year. However, national survey data only tells a very small part of the story. There is considerable variation across jurisdictions in rates of methamphetamine use, and problematic use tends to be concentrated among populations that are under-represented in national surveys.

Although there are gaps in data, what we have suggests that since about 2010 there has been an increase in the availability, use and harms associated with methamphetamine in most provinces in



Canada, but mainly in the western provinces. Specifically, between 2010 and 2015, the rate of people seeking treatment for stimulants in a hospital setting increased over 600% in Manitoba, almost 800% in Alberta and almost 500% in British Columbia. During the same timeframe, rates of those hospitalized for poisonings in Saskatchewan, Alberta and British Columbia doubled. Though these hospitalizations include other stimulants besides methamphetamines, data from other sources lead us to believe these increases are largely driven by an increase in harms associated with methamphetamine use. For example, between 2010 and 2017, there was an almost 600% increase in charges for possession of methamphetamine and the percent of methamphetamine present in the top 10 seized controlled substances increased in all provinces except Newfoundland and Labrador, Nova Scotia and the Northwest Territories.

Unique Considerations about Methamphetamine

Short-term effects of the drug

In contrast to people under the influence of opioids or other depressive/sedative drugs, individuals using methamphetamine can be animated and energetic early on and feel increasingly lethargic, dysphoric, depressed and hopeless with intense craving as the drug wears off. This means that people who use methamphetamine can be challenging to treat and when in public spaces can attract attention from the public or authorities.

Implications of an unregulated, illicit market

In addition to public health concerns about dependence and other health harms directly arising from its use, methamphetamine is bought and sold in an unregulated market. Therefore, methamphetamine can contain adulterants and contaminants that can cause health harms. There is some evidence from drug-checking programs that there have been samples of methamphetamine testing positive for opioids. This fact is a significant concern as overdoses are more likely among people who do not and are not expecting to use an opioid. It is challenging however to know how common this is or why this may be occurring; many suspect inadvertent cross-contamination.

Poor quality data on harms at the national level

However, as noted, the data we have at the national level is poor and data that we have at the provincial level is often very different from province to province. As a result, not only is it difficult to assess accurately the harms associated with methamphetamine use in Canada, but it is challenging to know where to target efforts aimed at reducing these harms.

Stigma

Finally, it is important to note that methamphetamine use is a very stigmatized behaviour, not only among the general population, but also among service providers and people who use drugs. This stigma further increases the marginalization experienced by people who use methamphetamine and places additional barriers to seeking and accessing help.

I'll now turn to Dr. Fandrey to speak about the impact of methamphetamine at the community level. Dr. Fandrey is a member of the Canadian Community Epidemiology Network on Drug Use, or CCENDU. Led by CCSA, CCENDU is a nation-wide network of community-level partners who share information about local trends and emerging issues in substance use, and exchange knowledge and tools to support more effective interventions and data collection.



Methamphetamine at the Front Lines

One consequence of there being abundant, high potency and inexpensive methamphetamine widely available in Manitoba is an increased likelihood of those individuals injecting methamphetamine using very large doses. This likelihood increases the potential for challenging behaviours and serious overdose. Further, powdered cocaine is frequently adulterated with or substituted with powdered methamphetamine. This substitution can lead those who purchase the product thinking it is cocaine to use too much, with an increased potential for adverse physical and psychological effects.

Manitoba systems and services struggle to address the harms of methamphetamine on several fronts:

- Emergency room (ER) visits related to methamphetamine use have increased in Winnipeg from an average of 10 per month in 2013 to 240 per month by July 2018. Presentation at the ER is frequently related to psychiatric symptoms, including paranoia, delusions and aggressive behaviour. These psychiatric symptoms generally result from high doses of methamphetamine and can distract from critical and potentially life-threatening effects on the heart and brain. This complex presentation requires a coordinated response from medical, mental health and social services.
- For people who use methamphetamine at a high intensity, intravenous injection is the preferred route of administration, further stressing both medical and harm reduction services. Injection poses risks related to sexually transmitted and blood-borne infections, such as hepatitis C, HIV and bacterial endocarditis. People who use methamphetamine at a high intensity and who are street involved can be reluctant to engage with medical services due to stigma and the requirement to be abstinent. Not completing the course of treatment reduces its effectiveness and can increase the possibility of treatment resistance with corresponding increases in intensity and cost of treatment. Enhancing supportive harm reduction services is critical to increase awareness of risk, reduce harmful practices and engage a reluctant, transient population in accessing further services, including addiction treatment.
- The first two to three weeks after stopping methamphetamine use present a range of challenges, including volatile mood, profound depression and excessive need for sleep, as well as cognitive and memory deficits. The window of opportunity for someone using methamphetamine to access detox or addiction treatment can be short. Ready access to non-medical detox can be a critical step in the process of recovery, as it allows an individual to withdraw from methamphetamine use in a supportive environment, which increases the potential for success. Increasing the length of detox to provide support to an individual throughout this vulnerable period would enhance the potential success of the next steps in addiction treatment and recovery. Ensuring smooth transitions from detox to treatment or supportive housing is key to success.
- Prior or ongoing trauma is common in people who use methamphetamine at a high intensity. In many cases, methamphetamine use is a direct response to experiences of physical and sexual abuse and trauma. Restricting services and resources to those requiring abstinence ignores this reality. All services for this population need to be trauma informed and must include resources for those who cannot or will not stop using.
- Methamphetamine use occurs across a spectrum, from occasional use of snorted powder to daily intravenous injection. While attention and resources must be allocated to those experiencing the greatest harms, effective prevention and early intervention are key to limiting the scope of use and ensuring lower intensity use does not escalate.



Recommendations

We suggest that though the rise in methamphetamine harms observed over the last five to 10 years is not as great as those associated with opioids, this increase should not be ignored. The federal government could capitalize on those investments already made to address the opioid crisis by using them to address the increase in the use of methamphetamines. These measures include:

- Continue prioritizing and investing in better data and knowledge sharing on drug use and harms in Canada through the continued development of the Canadian Drugs Observatory and support for CCENDU;
- Investing upstream to reduce inequities in the social determinants of health and to increase resiliency and self-efficacy in youth;
- Reducing stigma by promoting understanding of substance use as a health issue;
- Increasing the availability and accessibility of an evidence-informed, client-centred continuum of services and supports;
- Supporting interventions to reduce harms specific to methamphetamine use, such as outreach education, needle exchange, pipes that reduce burns and cuts, and other methods to reduce the spread of communicable disease; and
- Investing in low threshold housing.

CCSA will continue to coordinate collective efforts, connect partners, gather and share evidence, identify emerging issues, and address stakeholder needs according to our mandate. On behalf of Dr. Fandrey and CCSA, I would like to thank the committee for the opportunity to speak today on this important issue. We will be pleased to respond to your questions.

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