



# The Emerging Issue of Crystal Methamphetamine Use in First Nations Communities

*A Discussion Paper*



**First Nations Centre  
May 2006**



National Aboriginal Health Organization (NAHO)  
Organisation nationale de la santé autochtone (ONSA)  
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# **TABLE OF CONTENTS**

## **INTRODUCTION**

### **PART I**

CRYSTAL METHAMPHETAMINE: WHAT IS IT?

WHO USES CRYSTAL METH

HOW CRYSTAL METH IS USED

HOW CRYSTAL METH IS MADE

HOW CRYSTAL METH AFFECTS THE BODY, MIND, RELATIONSHIPS AND  
THE ENVIRONMENT

### **PART II**

GOVERNMENT, ORGANIZED CRIME AND THE PHARMACEUTICAL  
INDUSTRY IN THE UNITED STATES

CRYSTAL METH AND ILLEGAL DRUG STRATEGIES IN CANADA

FIRST NATIONS AND CRYTAL METH TREATMENT STRATEGIES

### **PART III**

TALA TOOTOOSIS' STORY

CRYSTAL METH ON THE NAVAJO NATION

## **CONCLUSIONS**

### **APPENDIX A**

## INTRODUCTION

Crystal methamphetamine<sup>1</sup> use among people in some First Nations communities (both in Canada and the United States) has evolved into an issue that is requiring more and more attention. Indicative of this, in July of 2005, the Assembly of First Nations (AFN) in Canada passed a resolution specifically directed at this emerging issue.<sup>2</sup> As a result of this resolution, the AFN has identified the need for the development of a First Nations National Task Force on Crystal Meth to develop a Strategic Action Plan to Address the Emerging issue of Crystal Meth in First Nations Communities.

Generally speaking, this paper provides basic information about crystal methamphetamine as well as information that is First Nations specific. The first part of the paper discusses: what crystal meth is; who is using it; how it used; how it is made and; how it affects the body, mind, relationships and the environment.

In Part II, interactions between governments<sup>3</sup> (e.g.: health/drug strategies), large pharmaceutical companies and organized crime are examined (e.g.: production levels of amphetamines). The role that these entities play in activities surrounding the production and sale of crystal methamphetamine—with an emphasis on issues related to First Nations—is articulated. First Nations crystal meth treatment strategies are also examined.

Part III, aspires to put a ‘human face’ on the rising problem of crystal methamphetamine addiction in First Nations communities. Tala Tootoosis’ (Plains Cree/Nakota) story is briefly stated and the crystal meth addiction situation across the border on the Navajo Nation is commented upon. These examples aim to illustrate how crystal meth addiction has negatively affected a First Nations individual and the devastating impact the drug has had on one Native American community.

It is important to recognize from the outset of this paper that crystal methamphetamine is not a First Nations specific problem and should not be perceived as one. Some communities have a problem with it, while others do not. This does not, however, mean that communities and leadership should not be proactive and on the forefront of this emerging issue. This important observation was provided at a workshop by the prevention Awareness and Community Education (P.A.C.E) team —based out of the Saskatchewan Indian Institute of Technology (SIIT). P.A.C.E was founded on the principles that education and awareness are key measures in protecting First Nations communities against the dangers of using crystal methamphetamine.

Another important idea to consider from the outset is that while the emergence and use of crystal meth is a relatively new phenomenon (i.e.: compared to other mind altering agents), the issue of addiction is nothing new. While it is important to focus on the

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<sup>1</sup> In this paper, crystal methamphetamine is referred to as: “crystal methamphetamine”, “crystal meth” or “meth”.

<sup>2</sup> Please see **Appendix A** for the full content of this resolution.

<sup>3</sup> This includes input from First Nations leadership.

specifics of how to most effectively deal with meth production and use, it is also just as important not to overly focus on it. For instance, Michael Siever of the Stonewall project in San Francisco notes that even with the introduction of crystal methamphetamine into the addiction picture, the crack cocaine problem is still as prevalent as ever (Huff, 2005). Thus, just because crystal methamphetamine is now part of the ‘addictions picture’ does not mean addictive behaviours with regard to other substances will magically go away. Thus, effective holistic substance abuse strategies should be taken into consideration. One such example is the work undertaken by the First Nations and Inuit Mental Wellness Advisory Committee of the First Nations and Inuit Health Branch - Health Canada. This committee has developed a Strategic Action Plan for First Nations and Inuit Mental Wellness (includes Mental Health and Addictions).

## **PART I**

### **CRYSTAL METHAMPHETAMINE: WHAT IS IT?**

#### *Historical Development of Amphetamines and Their Use*

To understand what crystal methamphetamine is it is necessary to know a bit about the origins of amphetamines and methamphetamines in industrialized societies.

Amphetamine was first synthesized in Germany in 1887. Its more powerful cousin, methamphetamine, was then synthesized in Japan in 1919. Into the mid 1900’s methamphetamine was used by troops on both sides of battle (in WWII, Korean Wars, Vietnam War) and could often be found in soldiers field kits.<sup>4</sup>

After WWII, California biker gangs produced methamphetamine or ‘speed’ in the 60’s and 70’s —smuggling it in the “crank” case of motorcycles (one of the many slang terms for methamphetamine is “crank”) (Huff, 2005). Today, crystal meth has become the most widespread and popular form of the drug, largely because it is so easy to make that anyone can set up a lab (instructions are widespread on the World Wide Web), but also because motorcycle gangs, which are becoming dominant in organized drug trafficking, usually sell the drug (CBC, 2004).

Like penicillin (another wartime drug)<sup>5</sup>, amphetamines and methamphetamines have been found to have limited medical use. Medical professionals have used methamphetamines in small doses with some success to treat Attention Deficit Disorder ADD. (Farley 1997). Methamphetamine was also marketed to women primarily as an appetite suppressant for the purpose of losing weight (a side effect of the drug) (Huff 2005). It was and continues to be used non-medically and is commonly known as ‘speed’.

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<sup>4</sup> In 2004 troops started using Provigil, also called “go pill”. Use of drugs in military situations is actually something important to recognize. Like today, as is the case with methamphetamines, future drugs used in military contexts may also cause problems as they find their ways into the streets of civilian communities.

<sup>5</sup> Before the invention of penicillin, soldiers might often die of gangrene if wounded by bullet because there was nothing available (as strong as penicillin) to combat the infection.

In contemporary society ephedrine or pseudoephedrine, the key ingredient that is extracted in the crystal methamphetamine ‘cooking’ process, is an ingredient in over-the-counter sinus/cold medication. It provides sinus relief and also, for some gives a boost of energy (PBS, n.d.).

### ***Crystal Meth: The ‘Super-speed’ in today’s society***

Crystal Methamphetamine Hydrochloride —or crystal methamphetamine— that is sold illegally on the streets in contemporary communities is a super-concentrated form of methamphetamine. It is derived through a cooking process that cannot be completed without the inclusion of ephedrine or pseudoephedrine. Other ingredients that can be used in the cooking process to pull the ephedrine or pseudoephedrine out include toxic substances such as: engine starter, lithium battery strips, anhydrous ammonia (Mental Health and Addictions Division et al, 2005). Ingesting (swallowing), snorting, smoking or injecting crystal meth are ways to take the substance. It produces an often highly addictive feeling of temporary euphoria and energy enhancement.

Methamphetamine hydrochloride is called crystal methamphetamine because it often comes in the form of clear chunky crystals resembling ice. Glass, crystal, tina, ‘g’ and ice are sometimes used on the street to refer to this particular form of methamphetamine (Huff, 2005). On occasion, one may find crystal meth that has a yellowish colour. This can often mean that the product is associated with Asian manufacturers. Slang terminologies for this version of crystal meth are ‘amber’ or ‘shabu’. P.A.C.E. representatives note that in Saskatchewan crystal methamphetamine is often called ‘jib’ or ‘gak’. In Saskatchewan’s rural areas, P.A.C.E indicates that it can often be referred to as ‘ladies speed’, ‘crank’ or ‘mye’. (Mental Health and Addictions Division et al, 2005)<sup>6</sup>

The many ways of referring to meth can be confusing, especially since some of the terms used —like ‘crank’ or ‘speed’, are the same for other derivatives of methamphetamine (as mentioned in the *Historical Development of Amphetamines and Their Use* section above). Thus, one of the better ways to identify crystal meth would seem to be by its crystal like appearance rather than through what it may be referred to at the street level.

### ***Costs***

Crystal meth is relatively cheap for a dealer to make and for a user to buy. According to P.A.C.E representatives, all materials can be purchased to make significant batches of crystal meth for less than one-hundred dollars (Mental Health and Addictions Division et al, 2005). The street value of meth ranges from 80-120 dollars per gram and 15-20 dollars a point (Saskatchewan Indian Institute of Technologies, 2004a). The fact that crystal methamphetamine can be both made and bought at a relatively cheap price makes

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<sup>6</sup> The most common street name for methamphetamine is simply "meth" or "crystal meth. The slang used for methamphetamine in your area may include some of the following terms or include entirely new ones: Meth, crank, crystal, crystal meth, ice, speed, C.R., go, go fast, geek, gack, geet, glass, red rock, tweak, amp, prope dope, P2P, poor man’s coke, pink glass, chalk, zip. (*In the Know Zone*, n.d.).

it economically desirable to both produce and consume. The high, which is sometimes compared to cocaine, is said to be much longer and more intense. This furthers the danger of addiction as a user gets “more bang for their buck”. Crystal meth’s cheap price along with: the fact that it can be taken into the body in many different ways (which may increase the number of users given the several methods of administering it to one’s self) and; the fact that it can be made using over-the-counter items, means that it is a rather lucrative choice —insofar as illegal drugs are concerned. First Nations youth, who do not have a lot of money and are in urban or rural areas, may be amongst the more vulnerable user populations.

## **WHO USES CRYSTAL METH?**

As already indicated, amphetamine and/or methamphetamine use in the industrialized world occurred sometime around when it was first synthesized — amphetamines 1887 in Germany and methamphetamines 1919 in Japan. Thus, although we are primarily concerned here about users of crystal meth, methamphetamine use is not a particularly new phenomenon.

Currently, with respect to the use of crystal methamphetamine, P.A.C.E representation indicates that there is no single profile (e.g.: socioeconomic status, ethnicity) (Mental Health and Addictions Division et al, 2005). The profile of a user seems difficult to pin down (at least until the point where they encounter law enforcement agents as a result of illegal activities somehow related to meth). Patricia Case (Huff, 2005), a social medicine professor from Harvard and a specialist on American stimulant use, notes that the drug fits well with the ‘quick fix’, fast society exemplified in the United States, and indeed North America.

Basically, there appears to be some statistics gathered profiling subpopulations who use crystal methamphetamine, but more work needs to be done in this area, particularly amongst First Nations peoples in Canada.<sup>7</sup> For example while Yorkton Saskatchewan, an area with a high concentration of First Nations, reports a 33% user rate of crystal methamphetamine (Saskatchewan Indian Institute of people Technologies, 2004a), it does not differentiate between First Nations and non-First Nations.

The statistics and profiles found in the research for this paper were mostly American. If they were Canadian, like the Yorkton case, they did not specify First Nations ancestry. Nonetheless, the statistical data that was found is presented here because there is at least some congruency between meth usage and meth addiction behaviours in Canada and the United States. Indeed, the crystal meth problem that became an epidemic in some American states has in the past few years began to creep north of the border.

### ***Age***

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<sup>7</sup> This type of statistical information on crystal methamphetamine use amongst First Nations peoples in Canada might be considered as a section in the next round of the First Nations Regional Health Survey.

Crystal Meth users (Saskatchewan Indian Institute of Technologies, 2004a) often range from 14-33 and typical ones are 15-22. These statistics have been gathered from users in Saskatchewan that have come into contact with law enforcement. Thus, there may still be hidden subpopulations of varying ages that use crystal methamphetamine.

### *Ethnicity, Subpopulations and Gender*

Although 'official' data is sparse with regard to First Nations and crystal methamphetamine use, it can nonetheless be deduced that some First Nations communities are encountering problems with crystal amphetamines through various strategies that are being implemented by governments and leadership.

For instance, we have already noted that the Assembly of First Nations passed a resolution to focus in on the emerging issue of crystal meth in communities.<sup>8</sup>

In Saskatchewan, for instance, the target populations for their crystal methamphetamine strategy are: youth, Aboriginal people, street individuals and northern residents (Saskatchewan Health, 2004). That Saskatchewan Health has developed a strategy that includes First Nations makes sense for at least two reasons: Firstly Saskatchewan as a prairie province has a higher concentration of First Nations peoples than many other provinces; secondly, there is generally greater usage of crystal meth in western Canada than there is in central or eastern Canada.

In the United States some statistics have been gathered on crystal methamphetamine use broken down by ethnicity. Huff (2005) indicates crystal meth use is relatively low in the African American community compared to Caucasian and Native American communities which are significantly higher and relatively the same. Other observations note that people who use most are Caucasian, blue collar (20-30), unemployed, in high school or college. However, it is noted that other communities, particularly Native American ones, are reporting large increases in meth usage (The Anti-Meth Site, n.d.).

In Canada, based on data collected from mental health workers, police and research scientists, profiles of meth use point to: young ravers from dance club crowds; large numbers of rural and small town poor in North America; people who want to loose weight and; gay males into the dance scene, bath houses and what are known as circuit parties (Mental Health and Addictions Division et al, 2005)<sup>9</sup>.

Some statistics also indicate that women are more likely to use meth than cocaine (Huff, 2005). This may be due to the increased energy that meth gives. It could also be

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<sup>8</sup> See introduction.

<sup>9</sup> Generally speaking, in context of sexual activity, using crystal meth can heighten libido and impair judgment. Impaired judgments due to decreased levels of inhibitions can lead to risky sexual activity. As well, those users that use intravenously increase their chances of contracting HEP B or C or HIV/AIDS. Crystal methamphetamine is not necessarily an aphrodisiac, but through increasing the level of dopamine through triggering the release of powerful brain chemicals, it may increase sex drive. Ironically, while desire and stamina are increased, it ultimately decreases the users' sexual desirability and performance (PBS, n.d.).

connected with the fact that crystal meth can suppress one's appetite. Given the over-emphasis, particularly of mainstream media images, on the 'ideal woman' being one who is thin, some women who use and abuse crystal methamphetamine may be partially dealing with a negative body image.

## **HOW CRYSTAL METH IS USED**

Crystal methamphetamine can be ingested, snorted, injected or smoked. It thus appeals to multiple arrays of people in society because it can be taken in so many ways. This is perhaps why it was indicated by P.A.C.E that there is no single profile of a crystal meth user. The following data has been taken from police statistics on meth users in Saskatoon:

- 3% of people ingested
- 12 % of people snorted
- 25% of people injected
- 60% of people smoked

Constable Joanne Smallbones from the Integrated Unit in Saskatoon notes that smoking and injecting users are those who are most vulnerable to heavy addiction. This is most likely due to the experience of an almost immediate euphoric rush (Saskatchewan Indian Institute of Technologies, 2004a). People who ingest crystal meth wait about 1-3 hours to feel the effects and those who snort the drug feel effects in 3-5 minutes. There is no 'rush' associated with snorting or ingesting.

While not representative of the entire user population, a clear fact about how crystal methamphetamine is used can be formulated through viewing the police statistics from Saskatoon. The statistics illustrate that it is important to differentiate and notice the method by which a user is taking crystal methamphetamine. If someone is smoking or injecting it intravenously, they are much more likely to run into some type of trouble with the law. It seems that addiction to smoking and injecting crystal meth can cause a persons behaviour to radically deviate. Deviant behaviour however is associated with all types of addiction and not just addiction to crystal methamphetamine. Since crystal meth is a relatively new phenomenon, it should be noted, however, that more research is still needed on how the addiction of a crystal meth user differs from other addictions that have been a part of society for a longer period of time.

## **HOW CRYSTAL METH IS MADE**

There are a few different ways that crystal methamphetamine can be manufactured. The labs are easy to set up in the home. Common areas include a bedroom or a bathroom. Crystal meth is easier to make compared to other drugs as the chemical process is rather easy. Instructions can be found on the internet and a book available for purchase by Uncle Fester, "Secrets of Methamphetamine Manufacturers", claims you can

‘make meth just like the real cooks’. Books like this are dangerous because they do not talk about the dangers to the individual (and others) from operating a meth lab.

Ingredients can include elements such as: engine starter, lithium battery strips, anhydrous ammonia. Meth cannot be made without ephedrine or pseudoephedrine —found in many cough syrups. Making or ‘cooking’ meth is an extracting process where the other chemicals are used to pull the ephedrine or pseudoephedrine out (Mental Health and Addictions Division et al, 2005). All ingredients to make crystal meth can be purchased legally.<sup>10</sup>

The following descriptions taken from the National Drug Intelligence Centre (2003) in the United States are ‘cooking’ methods through which crystal methamphetamine can be manufactured:

#### ***Hydriodic acid/red phosphorus method***

The principle chemicals are ephedrine or pseudoephedrine, hydroiodic acid and red phosphorus. This method can yield multi-pound quantities of high quality d-methamphetamine and often is associated with Mexican organized crime and criminal groups.

#### ***Iodine/red phosphorus method***

The principal chemicals are ephedrine or pseudoephedrine, iodine and red phosphorus. The required hydroiodic acid in this variation of the hydroiodic acid/red phosphorus method is produced by the reaction of iodine in water with red phosphorus. This method yields high quality d-methamphetamine

#### ***Iodine/hypophosphorus acid method***

The principal chemicals are ephedrine or pseudoephedrine, iodine and hypophosphorous acid. The required hydroiodic in this variation of the hydroiodic acid/red phosphorus method is produced by the reaction of iodine in water with hypophosphorous acid. Known as the hypo method, this method yields lower quality d-methamphetamine. Hypophosphorous acid is more prone than red phosphorus to cause a fire and can produce deadly phosphine gas.

#### ***Birch method***

The principal chemicals are ephedrine or pseudoephedrine, anhydrous ammonia and sodium or lithium metal. Also known as the Nazi method (because German government used it during World War II) this method typically yields ounce quantities of high quality d-methamphetamine and often is used by independent dealers and producers.

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<sup>10</sup> Some pharmacies in Canada now have in their windows a “Meth Watch” sticker meaning that the store employees are aware that cough medicines can be used to make crystal meth. Thus, they are now mindful of suspicious purchases (e.g.: purchasing large amount of pseudoephedrine based cough syrup medication).

### *Phenyl-2-propanone method*

P2P - The principal chemicals are phenyl-2-propanone, aluminum, methylamine and mercuric acid. This method yields lower quality dl-methamphetamine and traditional has been associated with OMG's (outlaw motorcycle gangs).

## **HOW CRYSTAL METH AFFECTS THE BODY, MIND, RELATIONSHIPS AND THE ENVIRONMENT**

Forming a crystal meth habit can be detrimental to an individual's body, mind, relationships and the environment. For many, it is a highly addictive substance. With meth, it is dangerous because we are not talking about the amount used (because the hit is so powerful) but the frequency of use. An individual chronically addicted to crystal meth can cause severe or permanent damage to themselves and negatively affect their relationship to the web of life.

### *The Body*

Taking crystal meth increases the heart rate and rapidity of breathing. It releases high levels of the neuro-transmitter dopamine which stimulates the brain cells enhancing mood and body movement (Saskatchewan Indian Institute of Technologies, 2004a). Long term use can cause tooth decay, strokes, kidney failure and seizures (Huff, 2005). As well, over time, this drug can cause reduced levels of dopamine which can result in symptoms like those of Parkinson's disease. With long term usage of Crystal meth, brain damage can be permanent. Other complications include cardiovascular collapse, respiratory problems, irregular heart beat and death.

Some studies compare the effects of meth and cocaine because they are both substances that are highly addictive. It is noted that usage of cocaine produced dopamine release levels of 400% whereas usage of crystal meth boosts dopamine levels up to 1500%. This fact alone shows how crystal meth can be dangerously addictive (Saskatchewan Indian Institute of people Technologies, 2004a). Meth also stays within the body for a much longer time than cocaine and other drugs. In prisons, to give an idea, new inmates who are meth users often are able to sell their urine for the crystal meth component in it. (Mental Health and Addictions Division et al, 2005).

P.A.C.E representatives explain that users indicated the drug takes complete control of who you are. This is partially due to the high levels of dopamine that crystal meth releases into one's system. For First Nations who still may be experiencing some form of historical trauma (e.g.: residential schools, abuse, adapting to mainstream society), effects could be compounded due to underlying symptoms.

New research on pregnant women out of the University of Toronto suggests that the first hit of meth can affect the fetus. Some babies are being born with a meth addiction and mothers put meth into the babies' food to calm babies down. Meth penetrates the blood brain barrier protection (only certain substances do this) and kick-starts the pleasure centre (dopamine) section of the brain in a very extreme way. One neuro-scientist indicated it was like putting your foot to the floor of an accelerator in a car for a very long period of time (a cocaine rush would be considered minimal compared to this). The user then experiences a devastating crash and the only way to get up again is to take more meth. This is the cycle of addiction. The neurological change takes over an individual's will power so that the craving for meth dominates the user rather than the other way around (Mental Health and Addictions Division et al, 2005).

### *The Mind*

There are most definitely mental health complications that can arise from crystal meth use and addiction. Symptoms include paranoia (resulting in homicidal or suicidal thoughts) depression, fatigue, cravings, dilated pupils, psychotic behaviors and auditory hallucinations (Narcotics Anonymous Southern California, n.d.). Other symptoms include seeing shadows and other illusions. Paranoid psychosis can develop in the long-term as dopamine levels become depleted. Bipolar disorders and schizophrenia may also result. Any of these symptoms may be labeled methamphetamine post acute withdrawal syndrome or PAWS.

As stated above, crystal meth addiction may increase the possibility of committing suicide to a level described as 'very high risk'. This risk increases when a person is coming down off meth (Saskatchewan Indian Institute of people Technologies, 2004b). The majority of First Nations youth have not considered committing suicide (78.9%), but within the communities females were more likely than males to have endorsed thoughts of suicide (First Nations Centre, National Aboriginal Health Organization, 2006). Nevertheless, First Nations suicide levels, particularly for youth, are much higher than the Canadian average. In particular, the year 2000 edition of the *Health of Canada's Children* from the Canadian Institute of Child Health found that suicide occurs roughly five to six times more often among First Nations youth than non-Aboriginal (Health Canada, n.d.).<sup>11</sup> This would suggest that for First Nations youth, crystal meth might pose a more serious threat than for other groups.

Mental instability among users is often evident to authority figures (police officers, addiction workers and others) as they intervene. In fact, they are taught to talk in a low

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<sup>11</sup> It is, nonetheless, important to recognize that while overall suicide rates are increasing, there is a wide variation in suicide rates depending on tribal council and language group (Chandler, M & Lalonde, C. (1998) "Cultural Continuity as a Hedge Against Suicide in Canada's First Nations", *Transcultural Psychiatry*, Vol.35(2) in Health Canada (n.d.). This fact might be an important one to consider with regard to the urgency for crystal meth programming in a particular community. It is also an important piece of public information because it helps combat the kind of collective stereotypical negative imaging that First Nations peoples have been subjected to in the past.

calm voice due to distorted perceptions of the user (lights brighter, sounds lower and movements quicker). (Saskatchewan Indian Institute of people Technologies, 2004a). They have to do this because a person on meth adopts a 'fight or flight' mentality and one does not want to further alarm the person (Mental Health and Addictions Division et al, 2005).

Other mental problems that can arise include "tweaking". This is when the meth user ends up in state where they repeat an activity (obsessive compulsive behaviour) for hours and hours without being aware that they are doing it. This is described as one of the more dangerous phases of meth use (Mental Health and Addictions Division et al, 2005).

Severe and chronic levels of crystal meth use may cause the user to perceive 'meth bugs'. This is a clear sign of the deterioration and desperation of someone on meth. Often, users have the sensation of bugs crawling under their skin. To get at that irritation, users will pick at their arms, legs, faces, wherever they feel the "bugs." The result is open sores which take on a grayish leather-like appearance, sores which get infected... If the user is separated from his meth supply for too long, he will resort to picking the meth bug scabs and eating them to ingest the last of the chemicals into his body (Meth Bugs, n.d.)

### ***Relationships***

Crystal meth usage and the manufacturing of crystal meth in a home can severely disturb relationships with ones family and community. In any case where there is addiction, one's family/friends are going to be affected.

With meth, however, the added risk of psychotic episodes occurring from chronic use can put added strain on family and friends. Further, a manufacturer of crystal meth may often have weaponry in the home which further contributes to a potentially volatile situation for friends and family. Children who are in a home where crystal meth is being manufactured are in danger of being exposed to the toxic chemicals produced from the 'cooking procedure. The explosive nature of the cooking process makes it dangerous to others in the immediate vicinity (e.g.: next room). (Mental Health and Addictions Division et al, 2005).

Crystal methamphetamine abuse can affect a human life in its earliest stages. Fetal exposure to methamphetamine also is a significant problem in the United States. At present, research indicates that methamphetamine abuse during pregnancy may result in prenatal complications, increased rates of premature delivery, and altered neonatal behavioral patterns, such as abnormal reflexes and extreme irritability. Methamphetamine abuse during pregnancy may also be linked to congenital deformities. (Narcotics Anonymous Southern California, n.d.).

With regard to relationships to one's community, crime and violence have been attributed to crystal meth manufacturing and abuse. Loyd Dolha (2004) notes that Particularly in Winnipeg, Regina and Edmonton, Aboriginal gangs have been known to traffic

marijuana, crack and crystal meth. In Alberta, according to criminal intelligence Canada, gangs that primarily existed in prison are now recognizing benefits of trafficking hard drugs such as crystal meth on reserve. In April of 2004, 12 Aboriginal gangs were identified with over 400 members and 2000 known gang associates (Dolha, 2004).

Saskatchewan Health (2004) noted an increase in criminal activity due to meth. In 2003 there were 58 arrests and seizures related to meth compared to only 20 arrests in 2000. During the first 6 months of 2004, there were already 38 arrests and seizures. In Oregon, a state that has had a severe problem with crystal meth, city sources estimate that approximately 85% of property crimes are committed by meth addicts. (Byker, n.d.).

### ***The Environment***

Manufacturing crystal methamphetamine takes a heavy toll on an already strained environment. The physical effects of producing meth extend far beyond the individual. Aside from the danger of lab explosions<sup>12</sup>, a house becomes contaminated by the fumes. Real-estate agents in the United States now look for meth indicators in properties. The clandestine production of crystal methamphetamine runs against the grain of general principals of traditional First Nations earth based philosophies. Making 1 kilogram of crystal meth, results in approximately 7 kilograms of toxic waste (Mental Health and Addictions Division et al, 2005).

## **PART II**

This section of the paper discusses: how the United States government strategized to reduce production of crystal meth and the roadblocks they ran into as a result of organized crime and large pharmaceutical companies; drug policy in Canada —with a particular emphasis on First Nations and; crystal meth treatment strategies in Canada — again with a particular emphasis on First Nations.

### **GOVERNMENT, ORGANIZED CRIME AND THE PHARMACEUTICAL INDUSTRY IN THE UNITED STATES**

It is relevant to examine the example here which outlines the relationship between government, organized crime and the pharmaceutical industry in the United States because the production and use of crystal amphetamine has been a problem for a longer period of time in the United States than it has in Canada. There are, thus, some lessons that can be learned. We have already noted that the primary ingredient in crystal meth is ephedrine or pseudoephedrine —found in over-the-counter cold medicines and sinus medication. It provides sinus relief and also, for some gives a boost of energy. Notably, the cold medication industry is multi-billion dollar business.

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<sup>12</sup> Fewer than 10% of lab cooks have any knowledge of basic chemistry. Its portability means that someone could, for example, rent a hotel for a night set up a lab and make it. The potential for explosions of the 'cooking process' puts others in the vicinity in danger (Mental Health and Addictions Division et al, 2005).

### ***Meth and Supply Side Economics: Battling Organized Crime***

Basically, to curb illegal crystal methamphetamine production, the United States government attempted to battle the problem of small independent meth production labs and super meth production labs from the perspective of supply side economics. This makes very good sense because the key ingredients of meth are produced only by a few large manufacturers and there are only 9 factories in the world that produce ephedrine. In the 1990's large amounts of high quality crystal meth was being pumped into the United States by the meth superlab operations of the Amezcua brothers from Mexico. At one time, the brothers purchased 170 tonnes of ephedrine (from the same companies in India that the pharmaceutical companies bought it from) which translates into 2 billion hits of meth (Byker, n.d.).

The United States was lucky in shutting down this Mexican connection when by accident the Drug Enforcement Administration (DEA) discovered an airplane carrying a large amount of ephedrine. Nevertheless, pseudoephedrine was still available. For meth production ephedrine and pseudoephedrine are interchangeable.

Next, Canada became more involved in the United States production of crystal meth when large amounts of cold medicine pills were being smuggled into United States from Quebec to California. The DEA and the Canadian government uncovered this operation and subsequently shut it down.

Currently the Mexican drug cartels find Mexican pharmacies amenable to producing meth in that they also sell pseudoephedrine. Investigative reporting found that the product was very easy to get even though they are supposed to be restricted to selling three boxes per person. Currently, the meth cooks in Mexico are cooking at home and then smuggling the finished product across the boarder.

### ***Meth and Supply Side Economics: Battling the Pharmaceutical Industry***

Jean Hayslip of the Drug Enforcement Administration (DEA) wanted to go after the chemical components in meth to beat it. He was successful in doing this with the quailood problem in the United States. Companies were convinced to stop producing chemicals that went into quailoods and they, subsequently, all but disappeared off the street.

A Bill was introduced to the United States Congress targeting the production of ephedrine and pseudoephedrine, but unfortunately the billions of dollars involved in the cold medicine industry was too much, for the Bill to have a significant impact. Some pharmaceutical representatives of the pharmaceutical industries complained they were being treated like Columbian drug lords for producing products for medical purposes and they managed to get cold medicine exempt from the Bill (Byker, n.d.). It seems that the pharmaceutical companies should take more responsibility because they benefit regardless if a genuine consumer or a meth producer purchases their product.

Recently, a study done in the city of Portland on convenience stores uncovered that approximately 75% of pseudoephedrine sold was used to make meth. Still spokespersons for pharmaceutical companies remained opposed to supply side intervention (Byker, n.d.). In not being more proactive in something that they are directly involved in, it would seem that these companies still prefer to protect profits over safety.

## **CRYSTAL METH AND ILLEGAL DRUG STRATEGIES IN CANADA**

It is noted in *Canada's Drug Strategy* (Government of Canada, 1998) that amongst its basic principles is a notion that reflects a balance between reducing the supply of drugs and reducing demand for drugs. With respect to the activities of First Nations, The Assembly of First Nations in Canada is gearing up to tackle the crystal meth issue in First Nations communities head on.

### ***Demand***

Reducing the demand for crystal meth in particular is primarily done through education, awareness and prevention campaigns. For First Nations, P.A.C.E, which has been mentioned several times in this document, is such a program. P.A.C.E was founded on the principles that education and awareness are key measures in protecting First Nations communities against the dangers of crystal methamphetamine use. Being a relatively new phenomenon, there have not been any specific or widely accepted medications or treatments developed as of yet to combat crystal methamphetamine addiction (e.g.: such as in the case with methadone programs for heroin addiction).

### ***Supply***

It was noted above those efforts by the United States government to control the supply of ephedrine and pseudoephedrine focused on both organized crime and the pharmaceutical industry. Canadian Drug Policy (Government of Canada, 1998) has a supply side mechanism built into its strategy, but it states that Canadian targets mainly consist of upper echelon people in organized crime. It is possible that this strategy was developed when crystal meth abuse was not such a big concern in Canada.<sup>13</sup> Since crystal meth is a substance that can be substantially controlled from a supply perspective, it might be beneficial if Canada took a supply side approach much like the United States. For meth, Canada could continue to target organized crime but in addition, also target pharmaceutical giants. It is possible that the Canadian government might have more success in dealings with these companies, particularly since, unlike the United States, the Canadian medical system is a public rather than a private one (i.e.: more governmental influence).

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<sup>13</sup> It is however becoming a problem. Canadian Addiction Survey (CAS) indicated that amphetamine/methamphetamine use went from 1.1-1.3% and for youth, amphetamine/methamphetamine use now sits at 4%. These methamphetamine statistics could also be skewed because of unreported gaps from the homeless, street youth and injection users (Health Canada, 2005). Voiced concerns from various communities and the appearance of combatitive strategies that deal specifically with crystal methamphetamine are also indicative of this.

## ***Crystal Meth, Canadian Drug Policy and First Nations People***

Currently, the Assembly of First Nations (AFN) in Canada is preparing to take direct action with regard to crystal meth. The AFN's Resolution (Appendix A) has a particular focus on First Nations youth and working with federal, provincial/territorial governments and agencies so that this issue can be adequately and effectively addressed.

***Canada's Drug Strategy*** (Government of Canada, 1998) noted that when surveys were conducted in 1991, whilst public awareness generally increased, certain groups including street youth and Aboriginal people were not being reached by current initiatives. A question of concern is whether or not this has changed almost 15 years later. The situation did appear to be changing with the First Ministers Meeting and the Kelowna accord. Many health specific transfers that were to result from this agreement are currently on hold. For example, the Aboriginal Health Transition Fund, the Aboriginal Health Human Resources Initiative, National Aboriginal Youth Suicide Prevention Strategy and the Aboriginal Diabetes Initiative (First Nations and Inuit Health Branch, 2005). Current First Nations concerns about crystal meth could have been adequately addressed under some of these initiatives.

In another national drug framework policy document, entitled ***Answering the Call: A National Framework for Action to Reduce the Harms Associated with Alcohol, Other Drugs and Substances in Canada*** (Health Canada, 2005), it is noted that the vision is for "all people in Canada to live in a society free of harms associated with alcohol, other drugs and substances. The framework, which resulted from 10 roundtables followed by focused thematic workshops, noted that crystal methamphetamine and oxycotone (prescription pain killers) abuse has significantly increased in recent times. This framework further notes that Aboriginal peoples are disproportionately affected by harms associated with substance abuse (SA). This is gathered from the facts that they are overrepresented in sex trade, inner cities and prison systems. In drawing on literature from the ***Environmental Scan of First Nations and Inuit Mental Health Services***, the framework also states that addictions appear to be increasing (2002).

In 'Priority Area 3 the framework addresses: 'Needs of Key Populations'. Included in this section is that First Nations agenda of "Supporting First Nations, Inuit and Métis Communities in addressing their needs (20). In this section it acknowledges barriers of language, geography and lack of culturally sensitive services. It also mentions the need to coordinate off and on reserve services.

While noted that the framework reflects the contribution of researchers, addiction and mental health workers, youth, Aboriginal service providers and others, can the document be truly reflective of all? For example, is it truly reflective of First Nations without the input of First Nations Elders? Secondly Canada's Aboriginal communities are extremely diverse. It is therefore, difficult, to reflect the *entire* Aboriginal population in one document. For substance abuse issues in general and for crystal meth issues in particular, it would be beneficial if Canada consulted more directly with First Nations representation (e.g.: AFN, regional bodies, national organizations, and individual First Nations

populations that are having difficulties with crystal meth use) in order to ensure that First Nations specific barriers are effectively addressed.

## **FIRST NATIONS AND CRYSTAL METH TREATMENT STRATEGIES**

While certain program elements for substance abuse and addiction may remain the same, what seems to be currently lacking for crystal meth treatment regimes (First Nations or other) are programs where specific detoxification protocols have been developed supporting the unique nature of the drug (e.g. meth is unique in the tremendous amount of dopamine it releases into the system or in the possibility of a person developing various types of psychosis). Thus, although *similar* to other drug/alcohol addictions there are always differences that can be mapped out in order to make treatment more effective.

Currently, some provinces are having greater difficulties with crystal meth than others. Saskatchewan is one of these provinces and this is why in 2004, Saskatchewan Health developed a strategic plan for crystal methamphetamine and other amphetamines. Saskatchewan has a highly concentrated First Nations population and openly notes that they are adopting a holistic approach to reducing crystal methamphetamine abuse. Holistic approaches are rooted in Aboriginal world views and are now well documented in several initiatives. The report asserts the integrated holistic approach will touch other areas such as employment, education, criminal behaviour and mental health (Saskatchewan Health, 2004).

A second approach for First Nations that shows promise for treating crystal methamphetamine addiction is **asset mapping** (Mental Health and Addictions Division et al, 2005). Brenda Merasty notes that asset mapping is a community based approach currently being used for Fetal Alcohol Syndrome (FAS) in First Nations communities. This approach tends to work well for First Nations because it operates from a strength based core rather than one based in weakness. This is of particular significance to First Nations as every day First Nations are pummeled with statistics and health observations that indicate they have the highest rates of one thing or another. Merasty explains that always putting out messages focusing on First Nations deficits does not encourage youth to walk around with their own heads up.

The asset mapping approach asks the question, “What is community? The community defines such parameters of community such as: vision, values, culture, tradition children etc. People in the community come together and discuss their situation rather than just leaving it to service providers. Merasty notes that becoming dependent on a service provider can cripple a community when it comes to something critical —like dealing with a meth addiction— because everyone thinks that if the service provider is getting paid for it they are the ones who should deal with the problem. Along with service providers, elders, students, band council members, community leaders and others need to get involved.

The asset mapping technique can be adapted to reflect a First Nations approach. For example, Merasty states that for the FAS asset mapping training, communities can be

taught with two medicine wheels<sup>14</sup>. A particular community can begin to start mobilizing by counting up their assets in various areas. The first wheel places the child in the middle, then —moving outwards— the mother, family, kinship, community. Second wheel has spiritual in the middle and —moving outwards— emotional, intellectual, physical and social. People seem to like the process because it is fun, positive and does not involve the securing of any funding. The benefits are that if a community needs to spend money on a program in the future, rather than scrambling for an idea at the last minute, they already have a concrete plan to work from that can be adapted into a funding proposal (Mental Health and Addictions Division et al, 2005).

### **Part III**

This final section of this document articulates the rising concern about crystal meth use in First Nations communities through the individual stories of a former First Nations youth user and Native American community in the United States. These examples illustrate, on a more personal level, how crystal meth addiction can negatively affect First Nations people and communities.

#### **TALA TOOTOOSIS' STORY**

The Native Youth Magazine in early March 2006 posted the story of Tala Tootoosis. The story serves as a powerful personal message to First Nations youth about the dangers associated with crystal methamphetamine addiction. Tootoosis, a 22 year old Plains Cree/Nakota Sioux describes herself as “a mother, a daughter, a sister, a granddaughter, a cousin, a niece, a friend and a human being” (Tootoosis, 2006). She articulates how crystal meth became more important than anything...including her life.

In this personal account, Tootoosis talks about the highly addictive nature of crystal meth and how she lost everything, including her daughter. Medical complications of meth addiction are evident in Tootoosis as she indicates that she still has an irregular heartbeat from the experience. Mental health issues also arose for Tootoosis. She relates how she became extremely paranoid, and isolated herself from everyone she loved because they seemed as if they were trying to hurt her. She asks the reader if they would ever want to put themselves in a position where they would have to fight to get their life and their body back.

In fighting her addiction to meth she experienced, hallucinations and shakes. The addiction was so powerful, she notes that she even relapsed after 28 days of treatment, 90 days of narcotics anonymous, a Sun Dance and sweat lodge ceremonies. The relapse was entered into through alcohol. One drink turned into a night of drinking and led Tala to relapsing into using meth again.

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<sup>14</sup> The medicine wheel originates in the First Nations traditions of the Great Plains. Originally a medicine wheel was conducted rather than taught (Thrasher, Michael, 1999). In contemporary times, the medicine wheel is being used as powerful methodological vehicle for conveying First Nations holistic perspectives and traditions (Castellano-Brant, Marlene, 2000).

Tootoosis indicates that in a First Nations context, one loses their relationships and connection to the web of life (as a daughter, mother, granddaughter, cousin, niece, a proud First Nations youth ... but also to the natural world). Today, Tala is lucky to have regained all of these things. In other areas of her life where she has excelled, Tala is the current representative of the Youth Justice Relations Committee (YJRC) for the F.S.I.N. (Federation of Saskatchewan Indians). She sat on the Youth Advisory Council, the Prince Albert Addictions Strategy Council and tried to put herself to use in any way she could. She likes to perform with her friend who is a hip hop emcee and promotes a drug and alcohol free lifestyle. She also has started dancing fancy shawl again and really remembers the passion she has for her culture and way of life.

Tootoosis still attends addiction meetings almost twice a week and continues to go to sweats to complete her healing. She is now a motivational speaker who can speak out about the dangers of crystal meth and other drugs that she has done. She now works in the community to help to promote awareness of the drug that took over her life and how she was able to take her life back (Tootoosis, 2006).

### **CRYSTAL METH ON THE NAVAJO NATION**

*'G' Methamphetamine on the Navajo Nation* (DeLaRosa, Shone, Lowe, Blackhorse, Larry, 2004), is a compelling documentary that examines the effects of crystal methamphetamine (also known as "G," glass, or, meth) use on the Navajo Nation. Michelle Archuleta (Paiute/Shoshone, Irish/German), Director of the HP/DP (Health Promotion/Disease Prevention) Program in the United States, says, "This film offers Native communities a rare opportunity to see firsthand how methamphetamine use can destroy families and their dreams. It offers the viewer a visual medium for generating public awareness and helps to bring attention on how prevalent meth use is on the Navajo Nation. This documentary was truly a community effort and we hope that it offers families an opportunity to begin talking with one another about methamphetamine use".

The documentary articulates a general perspective of how drugs contribute to dismantling a community. Navajo police note that particularly the West Frontier of Navajo Nation lends itself to clandestine crystal meth labs. With ¼ of the rez unemployed, alcoholism is six times the average in the United States. Rominger, an agent with the FBI indicates "Instead of just one violent act, which is what we see with alcohol, it becomes five random acts of violence when someone is up for days on a 'meth run' (Frosch, 2004). Meth users, a community doctor, a law officer and the Vice President of the Navajo nation are interviewed in the documentary.

#### ***Meth: Perspectives from Users***

A previous meth user from Sawmill, Arizona indicates that meth is cheap, affordable and it lasts a long time. Amongst his experiences with crystal meth was one in Window Rock where he saw someone lie, steal and get their throat cut. He reminisces about his father and his addictions and how he never got out... how he saw himself doing the same thing. This example is indicative of possible intergenerational effects of addiction.

A female user from Chinle Arizona states that her meth abuse began with other substance she started using as a youth. These substances led her to try crystal meth. She indicated that she was constantly on the move and even kept two jobs: one for food and one to support her meth addiction. The addiction eventually led her to the street where she started prostituting to get meth. In retrospect, she showed strong regret and did not realize at the time how meth was getting a hold on her life. She states that in her unawareness, molestation was occurring in her very own home while her and others were taking meth.

A user in Tuba City, Arizona who was involved in gang life described how crystal meth promoted disconnection and dishonesty. His gang that dealt crystal meth talked about the love that existed between members. In the end actions spoke louder than words as he noticed for himself and the other members, that there was no love because the drug had become everything. He states that meth provides a good feeling at first, but then his eye pupils become dilated, he started sweating profusely, had a tense neck, was paranoid, fidgety, and violent. He describes at some point there is no control or no turning back.

A female user in Greasewood, Arizona indicated she kept using meth because it gave her the ability to move around, she lost weight, kept her up and it was fun. As her meth addiction spiraled downward, she abandoned her family, spirituality and herself. She became unhealthy and describes her sense of responsibility as 'having gone out the window'. The connection to crime was evident as she describes how guns were sold, bad cheques were written and how her house was raided by the authorities. She states, "You don't want to have to go to jail in order to make you quit". In Greasewood, she says, "there are still a lot of dealers and kids of all ages are doing it".

A user from Le Chee, Arizona started in middle school and then got hooked. He notes that the path that eventually led him to jail is one where, "you see things that you don't want to see". This user stopped for a bit and then went back to using. "Meth is very bad on the rez", he states. The importance of family and community is noted here as he asserts that only his family was there for him when nobody else was.

### ***Meth: Medical Perspectives***

Thomas Drouhard, the general surgeon of Tuba City Health facility on the Navajo Nation notes that 25% of the high school aged students were exposed to the drug. "Every kid knows what "glass" is. They also know where to get it and it is sold in the high school and smoked in the restrooms". In tightly knit First Nations communities like Navajo, it is difficult to kick the habit once it is formed because quitting requires isolation from former friends that might be users.

In the Tuba City emergency room on the Navajo Nation, a large number of patients screen positive for meth, they exhibit bizarre behaviour and may often be the victims of strange accidents. Drouhard notes that every other trauma is related to meth.

Pregnant mothers and young mothers are involved with meth. Whereas other usage of drugs is often male dominated, half of the cases that Drouhard sees are female. Drouhard explains that this creates a serious problem at home and in the community because children are neglected.

Chronic meth use can result in permanent brain damage, permanent mental health issues and problems with personality disorder. Drouhard explains how in reality, this totals 50 years of problems for the community because people with mental health issues require special care.

At the hospital in Tuba, they have seen cases of hypertension in people as young as 12 years old and fatal heart attacks of people in their 30's. Cardiomyopathy in youth (heart transplants) and psychiatric disorders occur where people have to be treated as mentally ill. Effects have been noticed in the unborn in that fetuses have been lost due to miscarriages.

### ***Meth: Perspectives from Law Enforcement***

In the documentary, an officer explains that, in some instances, because of the introduction of crystal meth, the level/intensity of physical abuse has increased immensely. It is noted that a meth binging + 72 hours of being awake + drinking + partying is a recipe for disaster. With other drugs, there was not the intense increase in violence that seems to accompany meth addiction.

### ***Meth: Perspectives of Tribal Leadership***

Vice President of the Navajo Nation, Frank Dayish Jr. indicates that they are trying to be very proactive in addressing the problem of crystal meth and other addictive substances. The department of Behavior Health and the Navajo Health Director did a presentation in both Navajo and English to all levels of government (Federal as well as State officers in New Mexico). Dayish stressed the importance of becoming involved and aware with the crystal meth problem holistically on all levels (e.g.: government, community, family, friends, etc.). The logic here is that, the more hidden the problem is, the more destructive it can become.

Recently, the Navajo Nation Tribal Council passed a Bill making the possession or sale of a controlled substance, including methamphetamine, punishable with up to a year in tribal jail and a \$5,000 fine. Previous to this bill there was no law on the books to criminalize the sale, possession or manufacture of methamphetamine on the Navajo Nation at the tribal level.

### ***Healing***

A lesson learned for Navajo from making the documentary was the realization that many families did not know how to access help for addiction recovery. With the focus on

educating the public on the signs and symptoms of meth use, they found that there were limited resources and other barriers to accessing care that would help addicts in their battle with meth addiction.

All in all, the documentary making process was described as “a journey that has brought our Navajo Nation communities together; it has bridged the gap between age, gender, substance abuse addictions, territorial boundaries, agendas and culture. We have learned how to show compassion, applaud courage, take a stand and speak to have a voice” (Indiancountrytoday, n.d.).

## **CONCLUSIONS**

Being a relatively new issue, there is not a tremendous amount of open literature available on crystal methamphetamine use in First Nations communities. At the same time given the information presented in this paper, it would be beneficial for Native communities and governments on both sides of the border to share information. South of the border—although crystal meth in some communities is still an issue that they are battling— Native communities have, relatively speaking, been experiencing problems related to crystal methamphetamine longer than First Nations communities in Canada. At the same time, what is being strategized or what is working/not working for First Nations in Canada may be of some benefit to Native American communities south of the boarder.

More effort should be put into education and awareness campaigns so that individuals, community members, community health workers, tribal leadership, policy makers and others are aware of the basic kind of information about crystal methamphetamine that was outlined in Part I of this paper. Awareness and education campaigns may help to stimulate research creating a more accurate profile of a person who uses and/or abuses crystal methamphetamine (e.g.: personality, economic status, living situation, previous criminal record, etc). Awareness and education also can help spur the development of protocols specific to crystal methamphetamine detox centres and effective culturally based treatment methodologies. Surveys, like the First Nations Regional Health Survey (RHS) could begin to collect data specific to First Nations communities and crystal methamphetamine. At the same time, programs, services and efforts that have been put forth towards combating other addictions in First Nations communities should not fall by the way side.

Governments and pharmaceutical companies should collaborate more and become proactive in developing mechanisms to curb the misuse and abuse of pharmaceutical products containing ephedrine and pseudoephedrine. Lessons can be learned from the roadblocks the United States government experienced in dealing with their meth problem. It would also be beneficial if real governmental influence and impact on both public and private health care systems, particularly on issues related to abuse of pharmaceutical products, was further articulated.

Lastly, accounts like the one of Tala Tootoosis and the documentary produced by the Navajo Nation Sheephead films of the Navajo Nation can have a powerful impact on people in communities. More people, like Tootoosis, should be encouraged to come forward and talk to others first hand about the devastation they experienced as a result of their addiction to crystal methamphetamine. Media that is used for educational purposes, such as the Navajo documentary, can also be an effective tool in discouraging people from using. It can educate them to the dangers and devastation in one's life that can result if one makes the choice to use crystal methamphetamine. The fact that nobody plans to become addicted is an important message to share.

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## APPENDIX A

### RESOLUTION 33

**Annual General Assembly**

**Resolution no. 33/2005**

**July 5, 6 & 7, 2005, Yellowknife, NWT**

**Subject: STRATEGY TO ADDRESS THE CRYSTAL METH EPIDEMIC AND OTHER EMERGING ADDICTIONS**

Moved By: Chief Allan Adam, Fond du Lac First Nation, SK

Seconded By: Chief Shirley Clarke, Glooscap First Nation, NS

Decision: Carried (see resolution #20/2005 – Outstanding Resolutions)

WHEREAS a growing number of First Nations children, youth and adults are becoming addicted to crystal meth and other emerging addictions; and

WHEREAS youth are being solicited as pushers of the illegal substance because they face less prosecution under the Young Offenders Acts; and

WHEREAS crystal meth is more accessible to First Nations youth because of its cheap cost and local production; and

WHEREAS only recently has a commitment been made by Western Premiers to support a collaborative youth addictions strategy between First Nations and the province of Saskatchewan; and

WHEREAS there is no other federal or provincial government initiatives specifically targeted to crystal meth for First Nations, including funding, training, justice remedies etc; and

WHEREAS the Assembly of First Nations has been invited to participate in the development of a National Framework for Action on Substance Use and Abuse in Canada, led by Health Canada, with other federal key partners of Public Safety and Emergency Preparedness Canada and Justice Canada, and joined by the Canadian Centre on Substance Abuse; and

WHEREAS the First Nations and Inuit Health Branch of Health Canada has made a unilateral decision to spend the additional \$1M per year it receives as of 2004-05 from the Canada Drug Strategy on training for workers of the National Native Alcohol and Drug Abuse Program (NNADAP) without any due consideration of the new threats that crystal meth poses to First Nations communities.

THEREFORE BE IT RESOLVED that the Chiefs in Assembly call on the National Chief to immediately raise the urgency of the crystal meth epidemic among First Nations children, youth and adults to the attention of the federal, provincial and territorial Ministers of Health and Leaders; and

FURTHER BE IT RESOLVED that the Assembly of First Nations support the creation of a Chiefs Task Force to develop a national strategy to address the crystal meth and other emerging addictions in First Nations communities, and present the national strategy at the December 2005 Confederacy; and

FURTHER BE IT RESOLVED that the National Chief insist that federal, provincial and territorial governments recognize and respect regional strategies currently in development and implementation to combat crystal meth usage in First Nations communities; and

FURTHER BE IT RESOLVED that the National Chief negotiate resources for development and implementation of the national, regional and community strategies to address the crystal meth epidemic; and

FURTHER BE IT RESOLVED that the National Chief call for stricter restrictions of base ingredients for manufacturing crystal meth by meeting with the Canadian Pharmaceutical Association, Health Canada and the Public Health Agency of Canada; and

FINALLY BE IT RESOLVED that the National Chief call for a strong emphasis on the crystal meth epidemic among First Nations youth and the need for support to address this issue and other emerging addictions, during the September 2006 International Conference on Harm Reduction from Substance Abuse in Vancouver.