



METHAMPHETAMINE REPORT

FOR

**FEDERAL-PROVINCIAL-
TERRITORIAL MINISTERS
RESPONSIBLE FOR JUSTICE**

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TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
SUMMARY OF RECOMMENDATIONS	2
SECTION I – THE COORDINATING COMMITTEE OF SENIOR OFFICIALS (CCSO) DRUG ISSUES WORKING GROUP AND ITS MANDATE	5
SECTION II – OVERVIEW OF THE METHAMPHETAMINE PROBLEM.....	6
1. Methamphetamine.....	6
1.1 History.....	6
1.2 Types of Methamphetamine	7
1.3 Drug Composition and Use.....	7
2. Legislation	8
3. Recent Initiatives	8
3.1 Western Minister’ Meeting.....	9
3.2 National Coordinating Committee on Organized Crime – National Strategy	9
SECTION III - NATIONAL CONCERNS AROUND METHAMPHETAMINE USE	11
4. Effects of Use	11
5. Evidence of Trends	12
6. Impact of Methamphetamine on the Criminal Justice System	13
6.1 Police.....	13
6.2 Courts.....	15
6.3 Correctional Facilities.....	16
7. Production and Trafficking.....	17
7.1 Methamphetamine Labs in Canada.....	18
8. Social and Community Impacts	19
SECTION IV - ANALYSIS OF ISSUES AND RECOMMENDATIONS	21
9. Demand Reduction – Preventing Use and Treating Addiction.....	21
9.1 Preventing Use	21
9.2 Harm Reduction	23
9.3 Treatment and Intervention.....	24
10. Supply Reduction.....	31
10.1 Clandestine Labs.....	32
10.2 Availability of Precursor Chemicals and the Equipment to Produce Methamphetamine	34
10.3 Regulatory Controls	38
10.4 Proposed New Offences under the <i>Controlled Drugs and Substances Act</i>	40
10.5 Detection and Response to Laboratories.....	44
10.6 First Responders.....	45
10.7 Provincial, Municipal Levels of Responses.....	45



10.8 Dismantling of the Laboratories, Storage and Clean-Up.....48

11. Links to Organized Crime.....50

12. Effective Sentencing for Drug Offences.....53

SECTION V – CONCLUSION57

REFERENCES58

APPENDIX 1 – TABLE OF RECOMMENDATIONS61



EXECUTIVE SUMMARY

The purpose of this paper is to examine the nature and extent of methamphetamine use across Canada and to provide recommendations to reduce its consumption, production, trafficking, and community impact. The paper is divided into five different sections, which highlight various governmental responsibilities and the history of methamphetamine use. It includes 25 recommendations addressing six different areas of government action: legislation, stakeholder collaboration, research, database development, program development, and resourcing.

Section I provides an overview of the Working Group created to address this problem. The mandate of the group is described, along with the tasks and responsibilities of its members.

Section II gives an overview of the historical and medical use of methamphetamine, including a detailed description of its current production and use. Existing legislation dealing with methamphetamine is described, along with the regulations to control the chemical precursors of methamphetamine production. Recent initiatives to address methamphetamine use in Canada are discussed, including regional collaborative efforts among the western provinces and federal government.

Section III provides greater insight into the recent trends of methamphetamine production, trafficking and use. Evidence of recent concerns is discussed, along with the impact of the drug on the criminal justice system, communities, and family members. An overview of production is provided, along with the current picture of clandestine laboratories in Canada.

Section IV outlines recommendations that are proposed to reduce supply and demand. Highlights include:

- strategies to increase public awareness about the harm of the drug;
- proposals for integrating treatment options within the criminal justice process;
- options for ensuring precursors, whether in bulk form or other retail cold remedies, are controlled; and
- changes to legislation at the municipal, provincial, territorial, and federal level that may assist in reducing the production of methamphetamine in Canada.

Section V concludes the report by providing an overview of the themes highlighted in the paper and the need to monitor the future trends of methamphetamine use.

SUMMARY OF RECOMMENDATIONS

Legislation

The Working Group recommends the following amendments to the *Controlled Drugs and Substances Act* (CDSA):

- Establish a new offence prohibiting the possession of Class A precursors for the purpose of producing methamphetamine (Recommendation 14).
- Establish a new offence prohibiting the production and trafficking of Class A precursors (Recommendation 15).
- Establish a new offence prohibiting the possession of equipment, chemicals, and other materials for the purpose of producing methamphetamine (Recommendation 16).
- Establish a new offence prohibiting the sale of equipment, chemicals, and other materials for the purpose of producing methamphetamine (Recommendation 17).
- Amend section 10 of the CDSA to make an aggravating factor in sentencing the presence of children, or other dependent persons, when methamphetamine is being produced (Recommendation 18).
- All provinces, territories, or local governments should evaluate the feasibility of legislative responses for sales, costs, and civic remedy associated with methamphetamine (Recommendation 22).

Collaborative Action

The Working Group recognizes that strong collaboration by various stakeholders is essential if there are to be any significant, enduring outcomes. This approach should:

- Ensure that information campaigns directed at reducing methamphetamine use are consistent among all levels of government (Recommendation 1).
- Enhance partnerships and program delivery between Justice and Public Safety Ministries and others that support promising and emerging intervention programs for youths (Recommendation 3).
- Develop and support innovative approaches to addressing methamphetamine use and related problems in the community (Recommendation 4).
- Develop common approaches among all levels of government controlling the access to and sale of single ingredient ephedrine or pseudoephedrine products (Recommendation 9).



- Develop a national methamphetamine dismantling protocol to guide local jurisdictions in the proper authorizations required and safe shutdown of clandestine labs (Recommendation 23).
- Establish appropriate national guidelines for the decontamination and remediation of clandestine laboratory sites and by-product chemical dumpsites (Recommendation 24).

Research

- Identify best practices for the involuntary treatment of methamphetamine users across North America (Recommendation 5).
- Research the viability and utility of committing adult offenders into involuntary methamphetamine treatment programs (Recommendation 6).
- Reassess the requirement to further monitor the domestic sales and importation of ephedrine and pseudoephedrine. This reassessment should cover the period since the National Association of Pharmacy Regulatory Authorities (NAPRA) scheduling has been implemented and Health Canada has completed its mapping exercise tracking movement of ephedrine into and throughout Canada (Recommendation 8).
- Continue to monitor the implementation of *Precursor Control Regulations* (PCR) licensing amendments respecting law enforcement concerns for a two-year period to determine the effectiveness of the measures (Recommendation 10).
- Encourage provinces to consider adopting “safer communities” or similar legislation as has been implemented in Saskatchewan and Manitoba (Recommendation 21a).
- Encourage federal, provincial, territorial, and First Nations governments to work together to ensure that “safer communities” legislation can be applied or adopted on reserves (Recommendation 21b).
- Support Health Canada’s recent initiative to evaluate gaps in regulations, practices, and jurisdictional inconsistencies in the remediation and decontamination of land (Recommendation 22).
- Determine whether the rescheduling of methamphetamine to Schedule I of the CDSA is resulting in harsher penalties for drug traffickers and users (Recommendation 25).

Database Development

- Establish a drug resource website for law enforcement professionals, with a tracking system providing comprehensive information about clandestine methamphetamine labs, and with details on existing intervention strategies (Recommendation 7).
- Examine the possibility of establishing a suspicious-transaction database to monitor the supply and sale of ephedrine, pseudoephedrine, and other precursors. (Recommendation 11).





Program Development

- Establish trained regional teams within the Canadian Border Service Agency to inspect and take samples from suspicious and potentially dangerous shipments of precursor chemicals (Recommendation 12).
- Expand Health Canada's compliance program by hiring more officers to ensure uniform compliance and enforcement of the PCR within each region (Recommendation 13).
- Establish new or maintain existing clandestine drug lab teams in all jurisdictions to ensure uniform national suppression efforts (Recommendation 19).
- Develop national training standards and protocols for first responders to ensure consistency in approaches to protect first responders and the public from associated hazards (Recommendation 20).

Resources

- Ensure appropriate levels of government support for information and prevention programs delivered by communities to address problems associated with the production, trafficking, and use of methamphetamine (Recommendation 2).



SECTION I – THE COORDINATING COMMITTEE OF SENIOR OFFICIALS (CCSO) DRUG ISSUES WORKING GROUP AND ITS MANDATE

The Working Group's mandate is to provide a comprehensive overview of methamphetamine use in Canada and to make recommendations that will mitigate the prevalence of its production, trafficking, sale and use.

Co-chaired by British Columbia and Justice Canada, the Working Group consists of representatives from Alberta, Saskatchewan, Manitoba, Ontario, Quebec, Nova Scotia, Yukon and Public Safety Canada. The Working Group has also established linkages with Health Canada.

Originally conceived in 2002, the Working Group was established by Federal-Provincial-Territorial (FPT) Ministers to explore the issues related to the use, production and trafficking of illicit drugs and recommend ways to reduce the problem. In 2003, the FPT Deputy Ministers further expanded the focus of the group from solely marijuana grow-operations to include intoxicating inhalants and methamphetamine.

Following the directions of FPT Deputy Ministers in June 2005, the Working Group has collaborated with the National Coordinating Committee on Organized Crime (NCC) to address the production and trafficking of methamphetamine.

At the November 2005 meeting of FPT Ministers Responsible for Justice, the NCC tabled a national strategy for addressing marijuana grow operations and synthetic drug production. At this meeting, Ministers asked the Drug Issues Working Group to examine options for restricting the importation of bulk precursors into Canada. Ministers also noted the need for additional compliance officers for the enforcement of the *Precursor Control Regulations* (PCR).

In completing its work on methamphetamine, the Working Group has relied on the work of other national initiatives, including the development of the National Framework for Action to Reduce the Harms Associated with Alcohol, Other Drugs and Substances in Canada (National Framework for Action). Health Canada and the Canadian Centre on Substance Abuse held a series of roundtables at which federal, provincial, territorial, municipal and community stakeholders identified a number of common principles, goals and priorities to reduce the use and abuse of substances in Canada.



SECTION II – OVERVIEW OF THE METHAMPHETAMINE PROBLEM

1. Methamphetamine

Methamphetamine is chemically related to amphetamine, but its effects on the central nervous system are longer lasting and more toxic. Both of these drugs belong to a class of drugs known as stimulants.

1.1 History

Methamphetamine has been traced to the production of amphetamine in 1867 and was first synthesized in Japan in 1893. In the 1930s, amphetamines were prescribed for a wide range of medical conditions, including asthma, epilepsy, obesity, schizophrenia, narcolepsy, and hyperactivity in children. These drugs were also used in World War II to help military personnel stay awake and productive, and later by truck drivers on long-haul operations. Following the War, the use of amphetamines became epidemic in Japan, as military supplies of the drug became available on the black market. Following the tightening of regulations to reduce the supply, many people turned to illicitly produced methamphetamine.¹ At the same time, the addictive characteristics of methamphetamine were increasingly being recognized.

In the 1960s, intravenous methamphetamine became increasingly available, and concern about the increased popularity of the drug led to severe restrictions in the availability of licit methamphetamine. As a result, the market in illicit methamphetamine grew.² By 1975, use of methamphetamine had declined and it became a low-status drug.³ Since the 1980s, a different and more potent form of the drug has been available.⁴ This may have contributed to its re-emergence in the 1990s.⁵

Today, methamphetamine, also known as “speed,” “meth,” “chalk,” “ice,” “crystal,” “crank,” and “glass,” is easily accessible, cheap to buy, and being used in both rural and urban areas.

Methamphetamine hydrochloride comes both in the crystallized and powdered form. The chemical structure of both forms is the same. Crystal methamphetamine, however, is generally sold for a higher price as it is believed (falsely) to be more pure.

1.2 Types of Methamphetamine

Methamphetamine exists in two forms: d-methamphetamine and l-methamphetamine. They are mirror images of each other, just like your right and left hand. In the 1960s, an equal mixture of the two, called d,l-methamphetamine, became popular. D,l-meth, is produced when phenyl-2-propanone (P-2-P) is the precursor. Note: Two other Class A precursors, phenylacetic acid and acetic anhydride, react to form phenyl-2-propanone, which then reacts to form d,l-methamphetamine.

¹ Suwaki, H. et al. (1997). Methamphetamine Abuse in Japan: Its 45-Year History and the Current Situation. In H. Klee's *Amphetamine Misuse: International Perspectives on Current Trends*.

² United Nations (2003). *Ecstasy and Amphetamines: Global Survey*. Vienna: Office on Drugs and Crime.

³ Cook, D. (2003). *Pharmacology of Methamphetamine*. Lecture Notes. Edmonton, Alberta University of Alberta. September 9.

⁴ Canadian Community Epidemiology Network on Drug Use and the Addictive Drug Information Council (2003). *Methamphetamine Environmental Scan Summit, Final Report*. January, 6.

⁵ Cook, *supra* note 2, 1.





D-methamphetamine (d-meth) emerged in the early 1990s in the United States. An important chemical distinction between the two drugs is that the newer d-meth uses ephedrine or pseudoephedrine as a precursor. This change produces d-meth, which is twice as strong as its predecessor, d1-meth, and easier to produce. Although d-meth is largely used today, there is evidence that d1-meth is making a comeback in Canada.⁷

1.3 Drug Composition and Use

Methamphetamine has a chemical structure similar to that of amphetamine, but has more pronounced effects on the central nervous system.⁶ The onset and the nature of the high vary according to the route of administration but are nearly immediate and can last for up to 12 hours.^{7 8} Novice users can obtain a high by ingesting 1/8 gram (125mg) of methamphetamine, while a regular user ingests more to get this effect (250 mg). On a “run” or binge lasting several days the user may take multiple grams of methamphetamine.

Unlike many other abused drugs, methamphetamine is a neurotoxin. This means that it not only affects the release and reuptake of certain brain chemicals such as dopamine, but also damages the neural tissue within the brain. Methamphetamine exposure can damage the areas of the brain related to both cognition and memory. In some cases, even years after discontinuation of use, some brain functioning may not be fully restored to pre-methamphetamine levels. For this reason methamphetamine addiction places an individual at heightened risk of long-term cognitive and psychological problems,⁹ including episodes of violent behaviour, paranoia, anxiety, confusion, and insomnia. Long-term use has also been associated with psychotic behaviour, including paranoia, auditory hallucinations, mood disturbances, and delusions.

The effects of methamphetamine, such as increased attention, decreased fatigue, increased activity, and decreased appetite, together with its low cost and variety of administration routes, make it a drug of choice for street youth and partygoers. Unlike other synthetic drugs, methamphetamine is quite simple to produce. Hundreds of recipes are available on the Internet, and the tools and chemicals needed to produce methamphetamine can be found in hardware stores and pharmacies. Producing methamphetamine as such can be done almost anywhere. There is a tremendous appeal for users, and addicts have the ability to produce their own supply – easily, quickly, and inexpensively.

While the current focus of public attention is on the use and production of methamphetamine, it should be noted that both the production and use of this drug are closely associated with other synthetic drugs. An analysis of 175 samples of chemical drugs seized from raves in 2004 in BC showed that most (54%) samples of ecstasy contained methamphetamine, usually in addition to MDMA and/or MDA. The methamphetamine in these cases had been added deliberately to enhance the effect of the ecstasy dose. A similar analysis of 165 samples seized at raves in 2005, showed that 76% of the ecstasy samples contained methamphetamine. This information, while

⁶ National Institute on Drug Abuse (2002). *Research Report Series: Methamphetamine Abuse and Addiction*. Bethesda, MD. <http://www.nida.nih.gov/PDF/RRMetham.pdf>

⁷ Rawson, R., Gonzales, R., and Brethen P. (2002). Treatment of Methamphetamine: An Update. *Journal of Substance Abuse Treatment*. 23: 146.

⁸ Rawson, supra note 5, 145

⁹ Falkowski, C. (2004). *Spectrum: The Journal of State Government*. April.



limited, seems to suggest that cross-contamination is not only common but increasing in frequency.

2. Legislation

Methamphetamine use, production, and distribution are regulated under the *Controlled Drug and Substances Act* (CDSA). Production, possession, trafficking for the purpose of trafficking/exportation, and importation/exportation (with certain exceptions) are illegal in Canada.

Until August 2005, methamphetamine was listed under Schedule III of the CDSA, a Schedule that carries a lower level of maximum penalties for possession, trafficking, production, importing and exporting (from three to seven years). As a result of increased concern about methamphetamine use on individuals and society, the federal Minister of Health moved methamphetamine to Schedule I of the CDSA. Under this Schedule, the maximum penalty for possession is seven years, while life imprisonment could be sought for trafficking, producing, importing/exporting, or possession for the purpose of export.

Precursors used in the manufacture of methamphetamine are also controlled by the CDSA and the *Precursor Control Regulations* (PCR). These regulations, which came into effect in 2003, gave tools to monitor and control the sale/provision, import, export, production, and packaging of precursors frequently used in the production of illicit drugs. As it currently exists, only licensed dealers may sell Class A precursors, such as ephedrine or pseudoephedrine (except in small amounts in pharmaceutical products), and a person found guilty of importing, exporting, or possession for the purpose of export without the proper authorization is liable to 10 years' imprisonment for an indictable offence or 18 months' imprisonment upon summary conviction.

Health Canada has recently amended the PCR to list red and white phosphorus along with other substances as Class A precursors. As a result of this change, a licence will be required to sell or produce red phosphorus, with permits required to import the precursor into the country.

3. Recent Initiatives

Over the past two years, various levels of government, law enforcement, industry, and citizens, have undertaken initiatives to better understand methamphetamine supply-and-demand issues and develop better approaches and initiatives relating to the use of the drug. In June 2005, the Western Ministers of Health, Justice and Public Safety met and developed recommendations to address methamphetamine problems. In November 2005, the Marijuana¹⁰ Grow Operations Working Group of the National Coordinating Committee on Organized Crime jointly developed with Federal-Provincial-Territorial Ministers a National Strategy to Combat the Production and Distribution of Marijuana and Synthetic Drugs and the Diversion of Precursor Chemicals. The National Strategy was approved by Federal-Provincial-Territorial Ministers Responsible for Justice in November 2005.

¹⁰ Although the Working Group spelled the drug as “marihuana” we have chosen to spell the drug “marijuana” to be more in line with the more common spelling of the word and to have consistency throughout the paper.

3.1 Western Ministers' Meeting

In May 2005, the Western Premiers asked for a meeting between the Health and Justice Ministers to discuss strategies to address methamphetamine use. The Premiers also asked that the Federal-Provincial-Territorial (FPT) Working Group on Drug Issues accelerate its work on methamphetamine and subsequently report to the meeting.

On June 10, 2005, Ministers of Health, Justice and Public Safety from the four western provinces and the three territories, as well as the Attorney General of North Dakota, met and discussed the growing problem of addictions, and in particular the increased use of methamphetamine. The FPT Working Group on Drug Issues provided an update on issues under consideration the timing of its report.

As a result of this meeting, Ministers committed themselves to:

1. restrict the sale of products containing ephedrine and pseudoephedrine;
2. hold a Western Canada clinical conference to discuss best practices in prevention and treatment; and
3. build existing treatment programs on best practice literature.

Ministers also urged the federal government to:

4. implement harsher penalties for methamphetamine possession and trafficking;
5. expand legislation to create offences for possession of key precursors of methamphetamine;
6. tighten licensing controls on precursors;
7. commit adequate resources to enforcement of precursors controls; and
8. develop a national methamphetamine campaign.

At a subsequent meeting of the Premiers (the Council of the Federation), in August 2005, agreement was reached on the need to prevent the spread of drugs from region to region. With respect to methamphetamine, the Premiers agreed to:

1. develop a national awareness campaign to make young people and parents more aware of the dangers of methamphetamine and other addictive drugs;
2. sponsor a national conference in Saskatchewan to share information on the best and most promising educational and clinical practices in the prevention and treatment of addictions; and
3. develop strategies to better manage the sale of products containing the key ingredients in methamphetamine to reduce the use of these products in its production.

3.2 National Coordinating Committee on Organized Crime – National Strategy

The *National Strategy to Combat the Production and Distribution of Marijuana and Synthetic Drugs and the Diversion of Precursor Chemicals* is a national law enforcement and public safety response to the importation, exportation, production and distribution of marijuana and synthetic drugs, and the diversion of precursor chemicals. It is an integral element of the overall response supporting the CDSA and municipal/provincial/territorial strategies. This approach targets marijuana and synthetic drug production and distribution operations, including the production and distribution of methamphetamine. The Strategy was approved in principle by FPT Ministers



Responsible for Justice in November 2005. The strategic directions and activities of the National Strategy are supportive of efforts to address the issues identified in this paper.

The National Strategy has four strategic directions:

- **Modernizing legislation and improving its application** by reviewing and updating current legislation and regulations, including the CDSA, to support effective enforcement and public safety, and by applying more effective sentencing to reflect the seriousness of the crime.
- **Strategically targeting the links to organized crime** by guiding federal enforcement capacity and targeting the proceeds of crime and offence-related property. As well, strengthening the availability of tools to target criminals and to increase the risk of consequences to perpetrators.
- **Enhancing health and public safety** by training first responders, implementing safety guidelines for dismantling and remediation of buildings used for production operations and by developing a comprehensive public information campaign and enhancing strong partnerships with commercial and community partners.
- **Improving information management, evaluation and research** by establishing a national repository for holding/sharing data, models and best practices, maintaining annual national threat assessments, supporting research on the nature and scope of the issue, and evaluating the progress of the Strategy.



SECTION III - NATIONAL CONCERNS AROUND METHAMPHETAMINE USE

Across Canada there has been a growing concern about the use, production and trafficking of methamphetamine. This section provides a comprehensive review of the demand and supply issues related to methamphetamine, and the proposed approaches to addressing these concerns.

4. Effects of Use

The acute effects of methamphetamine include increased heart rate, body temperature, blood pressure and alertness. Methamphetamine consumption induces a strong feeling of euphoria and is highly psychologically addictive. This potent central-nervous-system stimulant affects the brain by acting on the mechanisms responsible for regulating the biogenic amines or monoamine neurotransmitters. This broad class of neurotransmitters is responsible for regulating heart rate, body temperature, blood pressure, appetite, attention and responses associated with alertness or alarm conditions.

Individuals who use methamphetamine will experience increased focus and mental alertness, the elimination of the subjective effects of fatigue, and decreased appetite. Many of these effects are broadly interpreted as euphoria or a sense of well-being, intelligence and power. It is a common belief that methamphetamine gives people "super-human strength." Methamphetamine users often become heavily immersed in what they are doing and are prone to violent outbreaks. Other side effects include twitching, jitteriness, repetitive behaviour (known as "tweaking"), and jaw clenching or teeth grinding. Some users exhibit sexually compulsive behaviour and may engage in unprotected sexual encounters with one or more individuals. Chronic methamphetamine use attacks the immune system, and users are often prone to various types of infections. There are also short- and long-term health effects, including paranoia, liver damage, brain damage and depression.¹¹

The rapidity of the effects of methamphetamine depends on the route of administration. Oral ingestion of pills or tea leads to a reaction within 20-30 minutes. Intranasal ingestion (snorting) is quicker, and leads to effects in 3-5 minutes. The quickest absorption and physiological effects are gained by injection or inhalation (smoking). The user may experience an intense rush within 7-15 seconds¹² that lasts for only a few minutes but is extremely pleasurable. This rush is followed by a prolonged euphoria (or "high"). The half-life of methamphetamine (the time it takes for 50% of the drug to be removed from the body, either by metabolism or excretion) is 12 hours, with effects lasting potentially as long (4-12 hours).¹³ The table below shows the rapidity and duration of effects.

¹¹ Ibid.

¹² National Institute on Drug Abuse (NIDA) (2002). *Research Report Series: Methamphetamine Abuse and Addiction*. Bethesda, MD. <http://www.nida.nih.gov/PDF/RRMetham.pdf>

¹³ Zickler, P. (2004). *Long-Term Abstinence From Methamphetamine Damage*. NIDA Notes. Vol. 19, no.4 http://www.drugabuse.gov/NIDA_notes/Nnvol19N4/LongTerm.html.

Table 1: Effects and Duration on Intake of Methamphetamine¹⁴

Method	Effects Felt	Duration
Injection	<2 minutes	3-7 hours
Smoke	< 2 minutes	3-7 hours
Snort	5-10 minutes	4-10 hours
Swallow	20-60 minutes	5-12 hours

A 10-20mg dose of methamphetamine is sufficient to produce an effect. According to the *Drug Analysis Report on Designer Drugs Seized in Quebec, October 2002-April 2004*, doses from seized ecstasy samples ranged from 4.4mg methamphetamine/tablet to 6.1mg/tablet. In this case, the methamphetamine was usually found in addition to one of the ecstasy drugs (MDMA or MDA). In humans, the toxic dose varies considerably due to individual variations and the development of tolerance. Fatalities have been reported following ingestion of doses as low as 1.3 mg/per kg of body weight, while tolerance has been developed up to 1000mg at a time and up to 5g a day.¹⁵

The reported cost of methamphetamine ranges from \$10 to \$20 for 100mg. The cost varies depending on the point of purchase – a gram could be obtained for \$60 in Vancouver while a “hit” of 100 mg could cost more at a club scene. It has also been reported that it could cost less than \$5 a day to maintain the habit.¹⁶

Methamphetamine is highly addictive and, as of yet, there is no pharmacological treatment for users. There is, however, research ongoing into ‘replacement’ approaches similar to methadone replacement for heroin.¹⁷ Approaches commonly used, such as behaviour modification treatment, can take from six months to three years. While withdrawal symptoms are less pronounced than for alcohol or opiates such as heroin, they are no less physiological in nature, and may include seizures, narcolepsy and stroke.¹⁸

For an addict, the acquisition and use of the drug is the primary focus of life in spite of negative consequences that are directly attributable to drug use (loss of employment, family, personal relationships, and physical and psychological health). The insatiable compulsive craving for the drug will cause addicts to do almost anything to obtain it. This can include behaviours never considered prior to the addiction.¹⁹

5. Evidence of Trends

The most recent Canadian Addictions Survey (CAS), conducted in 2004, indicates that 6.4% of Canadians age 15 and older had used speed (counting all amphetamines, including methamphetamine) at least once during their lifetime. The highest lifetime usage rates were found in Quebec (8.9 %), British Columbia (7.3%), and Alberta (6.1%), while the Atlantic

¹⁴ Crystal Methamphetamine Working Group Report (2006). *Recommendations to the Government of Ontario*. Unpublished Draft. Version #14.

¹⁵ Health Canada (2005). *Drug Analysis Report on Designer Drugs Seized in Quebec October 2002-April 2004*. Ottawa, Ontario. <http://dsp-psd.pwgsc.gc.ca/Collection/H21-233-2004E.pdf>

¹⁶ Ibid.

¹⁷ Hunt D., Kuck S., and Truitt L. (2005). *Methamphetamine Use: Lessons Learned*. Cambridge, MA: Abt Associates, Inc.

¹⁸ Ibid.

¹⁹ Falkowski, C. (2004). Hazelden Foundation, *Spectrum. The Journal of State Government*. April, 30.



provinces show the lowest (1.2-4.5%). The percentage of Canadians who reported using methamphetamine in the past ten years was 0.8%.

The Western Summit on Methamphetamine Consensus Panel Report suggests that methamphetamine use remains relatively low in the general population but seems to be on the rise. It is thus necessary to infer trends through the examination of other sources of data.

In 2005, Health Canada reported that the number of seized methamphetamine samples analyzed had increased sevenfold since 1999, tripled since 2000, and doubled since 2002. The RCMP dismantled 39 clandestine labs in 2003 versus two in 1998. Greater numbers of clandestine lab seizures in Canada indicate that the industry is expanding, although admittedly not all clandestine labs produce methamphetamine.²⁰

A recent survey conducted by Ontario's Perth County Centre for Addiction and Mental Health found that 51.5% of the service providers who responded had seen an increase in the number of clients with methamphetamine addiction concerns over the previous year. Youths aged 19-24, were primarily responsible for this increase, comprising 38% of all of the methamphetamine cases reported.

Use among street youths also seems widespread in metropolitan Toronto. The Youth Link Inner City conducted a survey of homeless youths and found that 37% of those surveyed had used methamphetamine. The number could be higher, given the inclusion of methamphetamine in other drugs.²¹

The presence of methamphetamine in ecstasy tablets, as previously mentioned, is of great concern as it represents the unintentional use of methamphetamine by drug users. The Centre for Addiction and Mental Health found that ecstasy tablets often contained methamphetamine even though they were sold as ecstasy only. Rintoul and MacKillican (2001) reported that, in Vancouver, only 20% of 110 samples provided by the RCMP Drug Awareness Service contained only MDMA, while the remaining 80% contained a combination of drugs, including methamphetamine, heroin, ephedrine and caffeine.²² The RCMP reported that, in January 2006, about 60 samples of drugs seized over the past two years by different Nova Scotia police agencies were analyzed as methamphetamine. Police also reported that buyers likely mistook the methamphetamine for the more popular ecstasy. This analysis suggests that individuals may be consuming methamphetamine even though they may not actually be choosing to do so.

6. Impact of Methamphetamine on the Criminal Justice System

6.1 Police

Police report increased levels of crime in communities where methamphetamine is prevalent. High-speed pursuits, property crimes and identity theft are associated with methamphetamine use. Many of these crimes are committed in pursuit of funds to sustain consumption. Property crimes, thefts, robberies, fraud and identity theft fall into this category. However, some crimes

²⁰ Regulatory Impact Analysis Statement (2005). *Canada Gazette*. Part II Vol. 139 no.17 SOR 2005-235

²¹ Crystal Methamphetamine Working Group Report (2006). *Recommendations to the Government of Ontario*. Unpublished Draft. Version #14.

²² Rintoul, S. and MacKillican, C. (2001). *Designer Drugs and Raves*. Addictive Drug Information Council. Second edition. http://www.popcenter.org/Problems/Supplemental_Material/Raves/RCMP_rave.pdf





appear to be a result of the state that the methamphetamine user is in after consuming the drug, such as dangerous driving, vandalism, assault and threatening behaviour.

Police frequently report that illicit drug use, trafficking and production are associated with violence and offences involving firearms. In Quebec, for example, there have been over 2,415 firearms offences related to drug crimes over the past 10 years.²³ Communities have also reported changes that may be attributed to an increase in methamphetamine use, production and trafficking. For example, the involvement of organized crime has been linked to an increase in violence in communities where methamphetamine labs exist. Some research has noted that guns are frequently found in these labs. Methamphetamine use is linked to an increased tendency to commit violent crimes, both because of the need to support the habit and as a result of the cognitive changes that result from consuming the drug.²⁴

Disorderly and disruptive behaviour by methamphetamine users has been a concern to communities, which report that quality of life has decreased as the number of users increased. As noted earlier, methamphetamine users are likely to be erratic, paranoid, aggressive, brazen, energetic and violent. Law enforcement has reported increases in levels of violent crimes and those crimes that require attention such as identity theft, and computer crimes such as “phishing.”²⁵

The Edmonton Police Service received information in the fall of 2004 that a group of Edmonton criminals was involved in fraudulent activities involving the Internet, e-mail and cell phones. Examination of data provided by an Internet Service Provider (ISP) revealed there were over 500 personal profiles that included names, dates of birth, addresses, bank account information, credit card numbers, mother’s maiden names, SIN and passwords. It was determined that this information was gathered through “phishing” scams targeting Pay Pal. Most of the victims of the scam were American citizens. Several individuals have been arrested in relation to this operation. All of the individuals involved in this case are reported to be either methamphetamine users or traffickers.

In 2005 a Joint Forces Operation (JFO) involving the Edmonton Police Service Methamphetamine Team, the Edmonton Police Service and RCMP Auto Theft sections was successful in targeting a business heavily involved in the methamphetamine trade. This sting resulted in eight people being arrested, 42 charges laid, \$87,710.00 in property recovered, and the seizure of numerous items of personal property (mail, credit cards and identification).

In Ontario, as part of a recent operation in the counties of Huron, Bruce and Grey, the Drug Enforcement section of the OPP, in conjunction with local municipal police forces, seized approximately \$640,000 of illegal drugs destined for area counties. Methamphetamine comprised a large proportion of the drugs seized.

²³ Province of Quebec (2005). *Dossiers Où il y a Simultanément Possession, Trafic, Possession Pour Trafic, Production ou Culture et une Infraction aux Armes à Feu*. Unpublished database search.

²⁴ Diplock J., Kirkland, S., Malm, A., Plecas, D. (2005). *Clandestine Drug Laboratories in British Columbia*. International Centre for Urban Research Studies, University College of the Fraser Valley, Abbotsford BC.

²⁵ “Phishing” is the act of tricking someone, for the purpose of identity theft, into giving out confidential information that they would not normally disclose.





In Vancouver, drug addicts increasingly are responsible for high-speed police pursuits. The police now indicate that in almost every stolen vehicle/high-speed pursuit the perpetrator is impaired by methamphetamine or crack cocaine.²⁶ In June of 2005, all of the seven police pursuits involved active addicts with a long list of prior offences. What is even more disconcerting is that the number of police pursuits is reaching record levels in the metro-Vancouver area.

6.2 Courts

Drug users make up a large proportion of those appearing in criminal court and are a significant drain on resources and time. They also commit a large proportion of criminal offences to maintain and feed their addiction. If convicted, drug users often are not able to obey or comprehend court orders, leading to a revolving door within the criminal justice system.

One indicator of this drug use and its impact on the courts is data on drug use within federal correctional facilities. Table 2 outlines the number of inmates involved in the Offender Substance Abuse Pre-Release Program (OSAPP) as of March 2000.²⁷

Table 2: Number of Inmates Involved in the Offender Substance Abuse Pre-Release Program (OSAPP) as of March 2000

Use of OSAPP	National
March 2000 incarcerated population	12,929
Offenders with substance abuse problem (67%)	8,663
Offenders with serious substance abuse problem (50% of above)	4,333
Average number of years served prior to first release	2.1
Approximate number of OSAPP seats required per year (Offenders with serious problems divided by Years to first release)	2,051
OSAPP Enrolments April 1, to September 31, 2000 (Prorated for one year)	1,920
Overage/(Shortfall)	(131)

The table indicates that 67% of the offenders housed within federal correctional institutions have substance-abuse problems and that 50% of these are considered to be serious. Since these assessments tend to be subjective, they are most likely to be conservative.

According to a 2002 Canadian Centre on Substance Abuse report, the life of many inmates is characterized by scattered periods of freedom interspersed with periods of parole, arrest, detention in correction facilities and treatment. Changes in these conditions can often occur several times in a three-year period.²⁸

²⁶ Carrigg, D. (2005). Drug Addicts Behind Police Pursuits. *The Province*. July 11. p 16.

²⁷ Weekes, J. Ginsburg, J., and Chitty, P. (2004). *Increasing Offender Participation in Programs*. Reintegration Programs Division, Correctional Service of Canada. http://www.csc-scc.gc.ca/text/pblct/forum/e131/e131g_e.shtml

²⁸ Pernanen, K., Cousineau, M., Brochu S., and Sun, F. (2002). *Proportions of Crimes Associated with Alcohol and Other Drugs in Canada*. Canadian Centre on Substance Abuse. pg 53.



6.3 Correctional Facilities

Correctional facilities face some unique challenges with offenders addicted to methamphetamine. These challenges relate mostly to the actions of accused offenders coming into correctional facilities. Manitoba Corrections, for example, notes bizarre behaviours of offenders from remand including aggression, uncontrollable rages and hallucinations. Staff information packages have been developed to raise awareness of these behaviours and the personal and offender safety issues around them.

In Alberta, approximately 51% of adult admissions to custody and nearly 80% of young offenders admitted to custody between September 2004 and April 2005 reported using illicit drugs in the month prior to admission. Approximately one out of every eight adults or young offenders (13.2%) reported using methamphetamine in the month prior to admission. Use of methamphetamine by adult female admissions, however, was higher (approximately 16%) and significantly higher for young female offenders (approximately 24%). Many who are admitted initially deny they use methamphetamine because they are ashamed of the drug use. Methamphetamine is classified as a “dirty” drug, with more stigmas attached to its use than crack or cocaine. Female offenders in particular seem to initially deny methamphetamine use, as prostitution is generally associated with this drug.

Adult offenders in remand and correctional facilities in Alberta are subject to random and targeted urinalysis testing for drugs. Consistent with drug-testing programs in other jurisdictions, the majority of positive results in 2004-2005 were for THC (cannabinoids). Results, from April 1, 2005 to September 17, 2005, as a percentage of all random and targeted positive tests are described in the table below.

Table 3: Type of Drug Use among Adult Offender in Alberta Remand and Correctional Facilities (April 1 – September 17, 2005).

Amphetamines 2.7%
Barbiturates 0.7%
Benzodiazepine 4.8%
Cocaine 19%
Opiate (Morphine, Codeine) 19%
PCP 0.7%
TAC (Tricyclics, i.e., anti-depressants) 9.5%
THC (Cannabinoids) 41.5%
Methamphetamine 2% ²⁹

The Correctional Service of Canada (CSC) reports that neither production nor use of methamphetamine within federal institutions is a concern. During the fiscal year 2004-2005, CSC conducted primarily random urinalysis of 5,439 offenders. Of those offenders tested, 670 were found positive for drugs. Only eight were found positive for amphetamines.

²⁹ From April 1, 2005, to September 17, 2005, three offenders tested positive for methamphetamines in Alberta correctional facilities.

This information seems to confirm that concerns related to methamphetamine in correctional facilities in Canada lies predominantly within the remand population.

7. Production and Trafficking

Domestic production and trafficking of methamphetamine has increased, resulting in serious problems for some regions of Canada. These drug-production operations are extremely lucrative and sometimes linked to criminal organizations.

Methamphetamine recipes are easy to obtain from “cooks”³⁰ and other resources, including the Internet. There are many non-essential chemicals that can be used interchangeably to produce methamphetamine. These include acids, bases and solvents. These are all dangerous chemicals unless handled in a proper fashion. Finished products may have different colours and textures due to the differences in the methods by which methamphetamine can be produced.

There are two main methods currently used in making d-methamphetamine in Canada. Both include either ephedrine or pseudoephedrine as a precursor. The Phosphorus-Acid method is the most popular, followed closely by the Birch Reduction method. There is evidence that the older P-2-P methods are about to make a comeback because of recent precursor seizures and clandestine laboratories.

The Phosphorus-Hydriodic acid method involves the use of ephedrine or pseudoephedrine and red phosphorus and either hydriodic acid or iodine. In addition to these essential components, many of the non-essential chemicals mentioned previously are needed. This method yields high-quality d-methamphetamine, and is suitable for, and used for, producing small or large batches – from 60gm to 50kg.

A variation on the Phosphorus-Hydriodic acid is the hypophosphorous acid or “Aussie” method. Hypophosphorous acid and iodine are mixed to produce hydriodic acid, which acts on ephedrine or pseudoephedrine to make methamphetamine. This method is at least as hazardous as the Phosphorous-Hydriodic acid method.³¹ When undertaking either the Phosphorus-Hydriodic acid method or the Aussie method, if the reaction mixture is overheated, it can form deadly phosphine gas. This has resulted in several deaths in the United States.

The Birch Reduction method, sometimes referred to as the “Nazi” method, involves the use of ephedrine or pseudoephedrine, lithium and anhydrous ammonia. Lithium is obtained from lithium batteries. Anhydrous ammonia is commonly used as a fertilizer in agricultural areas and has properties similar to propane. Storage of anhydrous ammonia in unsuitable containers has resulted in several container failures which have caused injuries and deaths.

The older methods of making methamphetamine can be called the P-2-P method. This is the method that was popular during the 1970s and 1980s and makes the mixture d,l-methamphetamine. In addition to phenyl-2-propanone and methylamine, a reducing agent is needed. The most common reducing agents found at in the P-2-P clandestine laboratories are aluminium amalgam (which is made from aluminium and a small amount of mercuric chloride)

³⁰ This term refers to the producers of methamphetamine who mix and process the chemicals.

³¹ National Drug Intelligence Center (2003). *Hypophosphorous Acid in Methamphetamine Production. Information Brief*. Johnstown PA. http://www.indianadea.com/public_docs/pubs4/4825/#Hypophosphorous

and sodium borohydride. Other reducing agents have been used, such as hydrogen and a metal catalyst, but are much less common. The main toxin and environmentally significant compound from this reaction, even though it is used in small quantities, is mercuric chloride. It is not clear whether waste from a clandestine laboratory using aluminium amalgam would release its mercury into the environment.

There are two general types of clandestine drug labs. One is the “economic-based lab” or “super lab,” which is a large, highly organized lab that can produce from a few hundred grams to 50kg in one production cycle. The other type is smaller labs, often referred to as “mom and pop,” “Beavis and Butthead,” or “addiction-based” labs. These labs generally manufacture only one to four ounces of methamphetamine per production cycle. These operators typically produce enough drugs for use by themselves and their close associates, with extra to finance the purchase of additional precursor chemicals.

7.1 Methamphetamine Labs in Canada

One of the problems associated with methamphetamine labs is the difficulty in detecting where they are located. Unlike marijuana grow operations, where monitoring power supplies can assist in detection, methamphetamine labs have no such power requirements. Therefore, the number of labs already detected in Canada may not accurately reflect the extent of the problem. The following table represents the number of methamphetamine labs identified and dismantled in Canada in 2005:

Table 4: Location of Identified Methamphetamine Labs in Canada – 2005

Province	Number of Labs Dismantled
Ontario	6
Saskatchewan	1
Alberta	2
British Columbia	20
TOTAL	29

British Columbia is of interest due to the large number of labs dismantled relative to other jurisdictions. In September 2005, a report was produced from the University College of the Fraser Valley entitled *Clandestine Laboratories in British Columbia*. Researchers reviewed all of the files in cases of clandestine methamphetamine drug labs that came to police in British Columbia for a two-year period. Of the 33 labs discovered (from April 1, 2003, to March 31, 2005),³² approximately half (16) were operational. Ten of the labs were non-operational in that they were either established to begin production or production had already taken place. The final seven labs were “box labs” – in a dismantled state for storage, shipping or hiding.

This report noted that most of the labs discovered had the capacity to produce a significant amount of methamphetamine. The report also noted that most labs reviewed were makeshift and

³² Diplock, J., Kirkland, S., Malm, A., and Plecas, D. (2005). *Clandestine Drug Laboratories in British Columbia*. International Centre for Urban Research Studies, University College of the Fraser Valley, Abbotsford BC.



used dangerous chemicals posing significant hazards to public safety. It was also determined, not surprisingly, that individuals with lengthy criminal histories operated these facilities.

The increase in this methamphetamine production and the proliferation of labs also seems to be evident in the traces of pseudoephedrine and ephedrine at crime scenes across the country. These precursors, which are essential to the methamphetamine production process, are commonly found in cold medications easily purchased at pharmacies. In a recent investigation in Ontario for example, approximately 8,772 tablets in various packaging were found on a property where a methamphetamine lab was expected. This amount, with modest calculations established by Health Canada, would yield approximately 157 grams of methamphetamine.³³

8. Social and Community Impacts

The quality of life among users and dealers of methamphetamine is typically greatly diminished. Addicts and dealers may experience dissolution of relationships, social isolation, altered personality, difficulty with academics, loss of employment, involvement in crime, exacerbation of pre-existing mental illness, drug-related psychosis and brain damage, health-risk behaviours including risky sexual encounters and declining physical fitness. Furthermore, individuals may be unmotivated to seek help, as methamphetamine use can create seemingly high levels of energy and productivity.

Methamphetamine use and production also have social impacts on our communities. Communities can become vulnerable to petty crime, social disorder, associated risks to health, increases in violence and increases in large scale labs and drug trafficking.

Methamphetamine production operations also pose serious public safety and health hazards to those in and around production operations. These operations can result in serious physical injury from explosions, fires, chemical burns and toxic fumes. They produce environmental hazards, pose clean-up problems and endanger the lives and health of community residents. In addition, first responders are also placed in extraordinarily dangerous situations when responding to calls where clandestine labs exist.

The collateral damage of methamphetamine identified at the Alberta Workshop on Methamphetamine (2004) included effects on families, school staff and students, law enforcers, fire department, paramedics, health care practitioners, businesses and property owners. These individuals experience second-hand symptoms of methamphetamine use. As previously noted, first responders may experience exposure to production by-products (fire or explosion hazards) and may be subject to the violence and aggression from addicts, or frustration and stress from inadequate resources or judicial restraints preventing them from taking action. Parents may also experience emotional and financial stress as a child goes through treatment, strain from missing work, fear, embarrassment, shame and guilt. The family may also encounter gang-related crime, contamination, violence and disciplinary problems as the child continues to abuse the drug. Furthermore, siblings and children may experience neglect, abuse, contamination and negative influence from familial role models. Staff and students in the schools may face users with behavioural problems, classroom disruptions, absenteeism, negative peer influence, the stress of having insufficient resources (knowledge or time) to handle these issues, and, once again, possible contamination. The community in general may be exposed to violence, property

³³ Crystal Methamphetamine Working Group (2006). *Recommendations to the Government of Ontario*. Unpublished Draft. March 16. Version 14.





damage, identify theft, decreased public safety, contamination of public areas from disposal of cooking by-products and an unreliable or decreased work force that impedes the safety of co-workers.

There are also significant health risks and costs associated with dismantling labs, and removing processing agents from these locations. Currently, certain expenses are borne by the responding police services, property owners and insurers.



SECTION IV – ANALYSIS OF ISSUES AND RECOMMENDATIONS

9. Demand Reduction – Preventing Use and Treating Addiction

9.1 Preventing Use

Prevention is an important area to address from a justice standpoint given that methamphetamine use leads to serious individual and community harms. Mandates to address crime prevention and drug education and awareness are found within most provincial ministries of justice. Irrespective of responsibility, demand reduction, especially among youths is crucial to addressing this issue. Coordinated and collaborative prevention efforts are called for both by *Canada's Drug Strategy* (CDS) and the *National Framework for Action to Reduce the Harms Associated With the Use of Alcohol, Other Drugs and Substances, 2005* (National Framework).

The CDS, a strategic federal initiative renewed in May of 2003, was established to address the underlying factors associated with substance abuse. It includes education, prevention and health promotion initiatives as well as enhanced enforcement measures. The Strategy aims to have all Canadians live free of the harms associated with substance abuse, by reducing both the demand for and supply of drugs.

The CDS is based upon a four-pillar approach:

- **Prevention** – education about the dangers of substance use and providing information on how to adopt healthy behaviors;
- **Enforcement** – preventing the unlawful import, export, production, distribution and possession of illegal drugs;
- **Treatment** – helping those with an unhealthy dependency on substances; and
- **Harm reduction** - limiting the secondary effects of substance use, such as the spread of infectious diseases like HIV/AIDS and Hepatitis C.

The Strategy envisions prevention measures including:

- community-based initiatives addressing a range of prevention, health promotion, treatment and rehabilitation issues;
- public education campaigns on substance abuse, with the specific focus on youths; and
- a biennial, national conference with all stakeholders to set research, promotion and prevention agendas.

Similarly, the National Framework identifies responses required to reduce the harms associated with alcohol and other drugs. The National Framework notes that such initiatives require culturally appropriate, comprehensive and balanced responses to ensure a range of appropriate activities, programs and policies.

Education and awareness efforts around drugs traditionally focus on the health impacts of using these drugs. The health impacts, described earlier in this paper, are considerable and long-lasting. While youths often resist “scare” tactics about health impacts, there is some evidence that objective and accurate information from “credible sources” effectively prevents use. Drug

education, however, should be grounded in science that provides accurate information.³⁴ In some measure, this may already be occurring through RCMP/Municipal Police liaison initiatives in the school. Nevertheless, some youths may believe that they are avoiding the dangers of methamphetamine by using drugs that they believe are more acceptable, such as ecstasy. As it is, there are no quality controls in the production or sales of these drugs, and tablets sold as ecstasy may well contain methamphetamine.

Of primary importance in these campaigns should be exploring ways in which those at highest risk can be provided with information about the dangers of methamphetamine use. Research has shown that certain segments of the population have a greater likelihood of experimenting with methamphetamine. In the Consensus Panel Report that followed the Western Summit on Methamphetamine (2004) it was noted that 71% of street youths in Vancouver had tried some form of amphetamine type stimulants (ATS), and that 57% of them had used them more than ten times. The *Sex Now* survey (2004) reported that 25.4% of gay men living in Vancouver had used methamphetamine.³⁵

Key to creating awareness about the dangers of methamphetamine abuse is ensuring that all information providers are working together to get a consistent message across. As identified at the Western Summit, too often governments and service providers work independently and with inadequate collaboration to target specific groups. Clearly this must change if government efforts are going to have an impact on the problem.

Recommendation 1:

Ensure that information campaigns directed at reducing methamphetamine use are consistent among all levels of government. Achieve this by:

- **building upon existing collaborative efforts; and**
- **targeting populations that are harder to reach and that are more likely to engage in use.**

Some police departments have worked with municipal officials to target the lifestyle of the methamphetamine addict and to exert pressure that could lead to the person seeking help. Victoria Police have focused on cleaning up illegal camping areas populated by homeless people. The objective is to disrupt theft and fencing operations run by methamphetamine addicts from these locations.

A number of communities across Canada are developing strategies to deal with local methamphetamine issues, including providing support for those affected by methamphetamine use and developing ways to rid their communities of methamphetamine labs. In Maple Ridge, British Columbia, for example, a Crystal Methamphetamine Task Force was established in the summer of 2004. This group is working to combat the use and production of methamphetamine in their community. A similar group has been formed in Victoria, British Columbia. Similarly, Alberta drug coalitions have been established in a number of communities. The work of volunteers, community agencies and coalitions directly affects individuals and families who are experiencing

³⁴ Haley, K. (2000). A Strange Time in the Drug War – the Youth Feel the Heat. *WireTap*.
<http://www.alternet.org/story/9386>

³⁵ Western Canadian Summit on Methamphetamine (2005). *Bringing Together Practitioners, Policy Makers and Researchers, Consensus Panel Report*. Vancouver BC.



alcohol and other drug problems. Communities are in the best position to identify needs, resources, concerns and gaps in service, and they play a key role in planning and implementing local initiatives.³⁶

Provincial governments have identified support for local community activities as an avenue for addressing the specific methamphetamine issues that each community faces. For example, British Columbia has a Crystal Methamphetamine Secretariat that administers a community grant fund assisting local groups to develop specific strategies for local problems of concern. This corresponds well to initiatives promoted in Canada's Drug Strategy.

Recommendation 2:

Ensure appropriate levels of government support for information and prevention programs to address problems associated with the production, trafficking, and use of methamphetamine.

9.2. Harm Reduction

Harm reduction refers to approaches which minimize the health, psychological and physical risks associated with drug use. This approach does not require abstinence, and therefore can impact a broader range of drug users. Caution, however, must be used when considering this strategy with methamphetamine, given the highly addictive and destructive nature of the drug.

Harm reduction and cognitive behavioural approaches complement abstinence models by providing a broader range of available program options. Research supports community-reinforcement models, which combine several methods focusing on the social functioning of the client. This approach changes the client's environment to make abstinence more rewarding than substance use, along with establishing a range of interventions to help the addict gain control of their addiction. The idea is to reduce the harm being done to the person by their use of drugs, rather than to rely on punishment, to reduce the overall cost of addictions to the social support system, to manage the addictions risks better, and to promote the ability of the individual to address the addictions.

The characteristics of methamphetamine use present a unique challenge when implementing harm-reduction approaches. This is evident in that methamphetamine users are often poly-drug users, and there is a lack of concrete evidence in the field as to what works. Nevertheless, certain harm-reduction practices may be useful, especially those which support positive behaviour change and target high-risk populations.³⁷

³⁶ Alberta Alcohol and Drug Abuse Commission (2005). *Alberta Drug Strategy A Provincial Framework for Action on Alcohol and Other Drug Use*. Edmonton Alberta. http://corp.aadac.com/content/corporate/about_aadac/ab_drug_strategy_framework.pdf

³⁷ Jobe-Armstrong, M. (2005). *Community Guide: Strategies and Interventions for Dealing with Crystal Methamphetamine and other Emerging Drug Trend*. Victoria BC. p.33



9.3 Treatment and Intervention

As would be expected with a drug with the addictive qualities of methamphetamine, treatment is difficult. The literature review conducted for the Western Summit on Methamphetamine, revealed that research on effective treatment and best practices is limited at best.³⁸

The Western Summit on Methamphetamine sought to identify the clinical challenges related to methamphetamine abuse. In doing so, the group examined the various stages that the methamphetamine user goes through in the “treatment” process. First, detoxification for users requires behavioural and psychological stabilization in conjunction with addressing poor health conditions. The stabilization period can vary in length depending on the individual user’s level of impairment. The risk of relapse is high during the early period of withdrawal. The interventions with the strongest empirical support all require intensive outpatient programming, which includes several individual sessions per week. Nevertheless, a major limitation of these treatment interventions is cost. These approaches require intensive treatment for the first several weeks, and continuing with two to three sessions per week for at least 90 days. Finally, to support the initial stages of withdrawal and crisis stabilization, methamphetamine users often require safe houses and structured environments, which can involve lengthy stays. Assessments are also required to determine if cognitive impairment has occurred and if such impairment is permanent.³⁹

A central theme of best treatment practices identified at the Alberta Methamphetamine Environmental Scan Workshop involved developing a multidisciplinary approach involving municipal, provincial and federal governments, businesses and universities. Approaches reviewed at the workshop included treatments that are residential, specialized, secure/locked, uniform and comprehensive (no exclusion criteria). Research on the merits of these treatments is still in the early stages. However there should be no waiting period between detoxification, treatment, transition, and involvement in post-treatment support groups. Family and peers should be included in counselling, treatment and referral procedures. There should be various support mediums like school programs, online help, telephone help lines, youth groups and healing circles.⁴⁰

At the meeting of Western Ministers of Health, Justice and Public Safety held in Regina, June 10, 2005, Ministers agreed to sponsor a Canadian conference on treatment and prevention to disseminate information on best and promising practices in prevention and treatment.

Service providers believe that the lag time between detox and treatment is a major barrier to participation in treatment. Very often there is a gap between when a person completes a detox program and when a space becomes available at a treatment centre. Due to the highly addictive nature of methamphetamine, the user can suffer severe cravings, often triggered by a location or

³⁸ Western Canadian Summit on Methamphetamine (2005). *Bringing Together Practitioners, Policy Makers and Researchers, Consensus Panel Report*. Vancouver BC. p.24

³⁹ Ibid, p. 26

⁴⁰ Canadian Community Epidemiology Network on Drug Use and the Addictive Drug Information Council (2003). *Final Report*. Methamphetamine Environmental Scan Summit. Vancouver BC. January, 6. p.13-14.

meeting with a methamphetamine-using friend. Therefore, simply returning to the community after detox limits successful recovery.⁴¹

9.3.1 Youth

The use of methamphetamine by youths poses specific problems. In addressing youth addictions, strong consideration must be given to the enhancement of prevention programs. This is separate and apart from education and awareness. Ministries responsible for justice and public safety must support and enhance preventative efforts within other ministries. This requires recognition of the protective factors that increase youth resistance towards drug use, such as the youth's attachment to family, school and communities.

Youths who are already involved with illicit drugs and are in school must be selected for innovative interventions. Although these interventions are costly to support within schools, the societal costs are far too substantial not to consider and support. Research suggests that methamphetamine and other drugs have a heightened and longer-term effect on youths, due to the sensitive development of neural structures.

What is required is an integrative approach that seeks to build upon the collective efforts of different ministries. These approaches are geared at different aspects of the individual's life and help them make more positive life choices.

Recommendation 3:

Enhance partnerships and program delivery between justice and public safety ministries and others that support promising and emerging intervention and prevention programs for youths.

9.3.2 Problem-Solving Courts:

Methamphetamine not only damages the user but has serious broader effects on communities. Problem-solving courts have been developed as a way to addressing both the underlying problems that result in criminal behaviour and rectifying some of the damage that result from certain types of crime and disorder. Problem-solving courts focus on finding solutions. To do this, the courts rely less on adversarial processes and more on collaborative solutions developed by all parties, including the defence counsel, prosecutor and judge. While problem-solving courts have taken various forms, there are several unifying principles:

- **Case outcomes** – problem-solving courts focus on tangible outcomes, such as reductions in recidivism, increased sobriety for addicts and healthier communities.
- **Judicial monitoring** – judges use their authority to try to solve problems and to change the behaviour of offenders, typically staying involved with the case throughout the post-adjudication process.
- **Informed decision making** – improved quality and quantity of information on the offender, sufficient and available to all parties as they work toward appropriate resolutions of a case.

⁴¹ Jobe-Armstrong, M. (2005). *Community Guide: Strategies and Interventions for Dealing with Crystal Methamphetamine and other Emerging Drug Trend*. Victoria BC. p.33



- **Collaboration** – partnerships are developed between the criminal justice system, other government agencies and community agencies in order to provide the best information on the offender and options for resolution.
- **Non-traditional roles** – the adversarial approach is replaced by joint problem solving.
- **System change** – problem-solving courts promote reform in the policies and practices that impact on cases dealt within court.

Problem-solving courts have taken a variety of forms in the United States, and to a lesser extent in Canada. For example, literature is readily available on specialized courts in the fields of domestic violence, mental health, firearms, family dependency, gambling and other models within “problem-solving” categories.⁴² This section focuses on two forms: drug courts and community courts.

Drug courts use a court’s authority to reduce crime by changing the substance abuse behaviour of the person who has committed a drug-related offence. Offenders agree to participate in judicially monitored substance abuse treatment and if they successfully complete the program, they either receive a reduced sentence or have their charges dismissed. In recent years, drug courts have become an increasingly popular alternative to regular courts. These courts have been developed in virtually every state in the United States; in June 2001, there were a total of 697 drug court programs in operation in the United States and another 427 planned. Currently, there are 6 drug courts either in place or planned in Canada. The Toronto and Vancouver programs have been operational for several years, and similar courts have been or are being set up in Ottawa, Edmonton, Regina, and Winnipeg.

Drug treatment courts (DTCs) reflect many of the principles noted earlier for problem-solving courts in general:⁴³

- justice system case processing;
- non-adversarial approaches that emphasize teamwork;
- eligible participants defined early and promptly placed in drug court programs;
- participants provided with access to a continuum of alcohol, drug and other related treatment and rehabilitation services;
- abstinence monitored by frequent alcohol and drug testing;
- a coordinated strategy that governs drug court responses to participants’ compliance and non-compliance; and
- ongoing judicial interaction with each drug court participant.

In Canada, the drug treatment approach is a promising model being evaluated under Canada’s Drug Strategy, which is aimed at reducing drug dependency and crime through court-monitored treatment and community service support. Programs are intended for non-violent offenders to reduce the harm they do to themselves, to deal with their addictions and improve their social stability, and reduce criminal behaviour associated with substance abuse. The objectives of the drug treatment court funding program in Canada are to:

⁴² See, for example: West Huddleston, III, C., Freeman-Wilson, K., and Boone, D (2004). *Painting the Current Picture: A National Report Card on Drug Courts and Other Problem-Solving Court Programs in the United States*. Washington DC. Bureau of Justice Assistance. US Department of Justice.

⁴³ As outlined by the US Department of Justice’s Drug Court Programs Office (1997).



- promote and strengthen the use of alternatives to incarceration, with a particular focus on youths, Aboriginal men and women, and street prostitutes;
- build knowledge and awareness among criminal justice, health and social service practitioners, and the general public about drug treatment courts; and
- collect information and data on the effectiveness of DTCs in order to promote best practices and the continuing refinement of approaches.

The programs generally consist of an early assessment and intake phase, during which the offender's readiness and need for a program are gauged. There is a list of eligible offences that can be dealt with through DTC and a range of offender characteristics that make them ineligible. A team approach is used to assess the candidate's suitability for the program, which includes defence attorneys, Crown prosecutors, addictions workers and police. Finally, the offender must plead guilty to the offence before being allowed into the program. Following a guilty plea he or she may undergo further assessment and begin a treatment program, which may take a year or more to obtain stability. During that time the offender will be released under conditions that require compliance with the drug treatment program. This may include regular substance-abuse checking, lifestyle counselling and reporting regularly to court on their progress and conditions of release.

Offenders may have relapses of drug use during this time, which may be dealt with by sanctions in the program or by changing conditions of the court review. However, if they are purposefully non-compliant or wish to quit the program, they return to court and are sentenced in the usual manner. If they complete the program or make progress in the program, this is taken into consideration when sentencing.

There is a sizeable body of literature on the evaluation of drug courts in the United States. A recent summary of this literature⁴⁴ indicated that drug court participants generally had lower re-arrest and conviction rates than comparison groups. In most studies, the recidivism reduction extended for some period of time after the participants had completed the program. No definitive research exists however on what factors are key to this success.

Canadian drug courts are a more recent phenomena and only the Drug Treatment Court of Vancouver (DTCV) and the Toronto Drug Treatment Court, have been evaluated to date.⁴⁵ The Toronto Drug Treatment Court accepts individuals addicted to cocaine and/or opiates that have been charged with possession of, or trafficking in, small quantities of crack/cocaine or heroin. The Vancouver program accepts a broader clientele, including anyone who has been charged under the CDSA, with possession, possession for the purpose of trafficking and/or trafficking, and who was motivated by addiction when they committed the offence.

The Vancouver evaluation illustrates some of the challenges associated with evaluating a drug court. The population from which the participants were drawn was the Downtown Eastside of Vancouver, an area inhabited by drug users who have a very high risk of recidivism. "Success" in the program was measured by graduation from the program and negative urinalysis tests. While the evaluation suggests that the DTCV produces positive outcomes of reduced recidivism

⁴⁴ United States Government Accountability Office (2005). *Adult Drug Courts: Evidence Indicates Recidivism Reductions and Mixed Results for Other Outcomes*. Washington DC: Report to Congressional Committees. February.

⁴⁵ An interim evaluation of the Toronto Drug Court was available at the time of writing. The Vancouver evaluation was not yet released.

for offenders who complete the program, the rate of graduation and completion was low. An interim evaluation of the Toronto program⁴⁶ showed a lower recidivism rate among the participants who graduated from the program compared to those who were expelled. However, the data available from this evaluation does not allow comparing the outcomes for the participants in the court with those who did not participate. It should be noted that neither of these programs had methamphetamine users as primary clients. While methamphetamine addicts were accepted into the Vancouver program, only about 15% of participants (as of December 2005) were methamphetamine users.

In May 2005, a review of drug courts for methamphetamine users in the U.S. concluded that “drug courts are the most effective tool available to restore communities, reduce recidivism, reunite families and promote abstinence from methamphetamine.”⁴⁷ This review noted that key components for success in treating methamphetamine users were added accountability, service coordination, and the creation of a milieu in which evidence-based treatment is practiced.

Another form of problem-solving court is the community court model. The community court and the drug court share similar principles, such as focusing on solutions rather than the adversarial process of determining guilt. A community court recognizes that the community has been harmed by crime and should be involved in solutions. These courts hold offenders to a higher level of accountability, and sentences often reflect the view that offenders owe something back to the community. Creative partnerships with businesses, schools, and other community stakeholders allow the court to link offenders with multiple programs and services that are determined to be relevant to curbing the offender’s criminal activity. Many community courts work with advisory boards to identify priorities for increasing public safety and quality of life. These priorities can then determine the type of offender sent to community court and the levels of service available (as many of the services, such as job training, will be offered by the local merchants or agencies).

Community courts in the United States, a process which includes active community participation and community based sanctioning, has been evaluated on the basis of outcomes such as “holding offenders accountable,” “community perceptions,” “processing efficiency,” and “reducing crime”⁴⁸ However, the challenges associated with evaluating these models are significant and have led to a lag between setting up the court and measuring indicators of success. For example, only the Midtown Community Court in New York City has evaluated its impact on the community. While limited in scope, this evaluation had found that the court was successful in reducing crime. It is nevertheless clear that more research of these courts need to be done, especially as they relate to methamphetamine abuse and the potential that they may have.

Recommendation 4

Develop and support innovative approaches to addressing methamphetamine use and related problems in the community. Drug

⁴⁶ Centre for Addiction and Mental Health (2002). *Toronto Drug Treatment Court: Interim Project Evaluation Findings – Centre for Addiction and Mental Health*. <http://ww4.psepc-sppcc.gc.ca/en/library/features/dtc/factsheet.html#7>

⁴⁷ Huddleston, C. (2005). *Drug Courts: An Effective Strategy for Communities Facing Methamphetamine*. Bureau of Justice Assistance Bulletin. May. <http://www.ojp.usdoj.gov/BJA/pdf/MethDrugCourts.pdf>

⁴⁸ Center for Court Innovation (2005). <http://www.courtinnovation.org/uploads/documents/cc%20research.pdf>



courts and community courts offer governments and communities promising alternatives in developing these approaches.

9.3.3 Involuntary Treatment: In the Community and in Custody

Involuntary treatment has been suggested to address both the harms to the methamphetamine user and the community in which he or she resides. “Involuntary” treatment, is sometimes called “leveraged” treatment, and can be either “coercive” or “mandatory.” “Mandatory” treatment is generally used to refer to treatment that involves legislated forced confinement, whereas “coerced” treatment refers to treatment offered to persons who risk losing something important to them, such as freedom, if they refuse treatment.⁴⁹

Both the terms “mandatory” and “treatment” can be problematic, however. “Mandatory” suggests that the person truly has no choice but to accept treatment. While this may be true when applied to children, adults do have choices, although they may be somewhat limited (e.g., accept treatment or risk staying longer in jail). Similarly, “treatment” can take on different meanings. Is “treatment” simply detox? Does it involve counselling or physical treatment such as the use of medication?

The Canadian Centre on Substance Abuse (CCSA), after reviewing the issue of mandatory and coerced treatment, found evidence that coerced treatment can lead to diminished drug use. These effects can be found in substance-abuse treatment programs delivered within federal prisons. The CCSA noted evidence of success from coerced treatment on a person’s substance abuse behaviour, and less evidence of success in mandatory treatment programs.

It could be argued that problem-solving courts, and drug courts in particular, employ coerced treatment because they use the court’s authority to force offenders into accepting treatment and services. Treatment required in custodial settings may be considered “mandatory” as release dates can be contingent upon the offender accepting and completing treatment. However, whether in the community or in custody, coercive approaches to treatment do raise concerns about fairness and effectiveness. Some critics believe that providing forced treatment at a time when the resource needs for voluntary treatment are not being met creates the unusual situation where someone needs to be arrested before they can receive help.

Currently, treatment can be ordered in sentencing under a probation order. This requires the offender’s agreement and the offender can satisfy the order by merely attending treatment, whether they actively participate or not. Failure to attend is seen as a breach of the probation order. The offender can also be required to participate in treatment as part of a conditional sentence order. Yet again, lack of compliance is deemed a breach of the order and the offender can satisfy the order by attending but not actively participating in the treatment. Drug treatment courts thus provide a greater capacity for the system to measure the offender’s commitment to treatment and reward the offender for success at the sentencing stage.

⁴⁹ Mugford, J. & Weeks, J. (2006). *Mandatory and Coerced Treatment*. Canadian Center on Substance Abuse. Ottawa ON. <http://www.ccsa.ca/NR/rdonlyres/379BFB3A-02A1-49B3-9ABB-CCEF7EF9A811/0/ccsa0036482006.pdf>



9.3.4 Correctional Facilities

9.3.4.1 Admissions and Management

Correctional facilities have identified challenges associated with admission and management of offenders with methamphetamine addictions. Alberta Correctional Services report that dealing with methamphetamine abusers is increasingly resource-intensive for correctional programs. Methamphetamine addicts require intensive medical and program intervention. With specific respect to youth admissions, it suggests that:

- when admitting young offenders to centres undertake a medical assessment of the youth must be undertaken as quickly as possible;
- if there are concerns about a possible drug overdose, the centre requires the youth to be taken immediately to an emergency doctor within a community medical facility;
- youths suffering from “withdrawal,” may need to be placed in isolation and/or be continuously monitored by camera until the symptoms subside;
- the offender may be placed on formal observation checks to ensure early detection of changes in their physical and mental health status;
- ongoing intervention from an addictions counsellor should then be initiated; and,
- increased fluids and food are offered, as a means to encourage recovery.

9.3.4.2 Youths in Custody

The issue of compulsory involuntary treatment has been suggested for youths from 12 to 17 years of age. This is a response to concerns about the profound long-term effects of methamphetamine use.

Alberta and Saskatchewan have introduced legislation to allow children to receive mandatory assessment/detoxification and to provide protection to children involved in severe substance misuse or addiction. Alberta adopted this legislation during the spring 2005 sitting of the legislature, and will proclaim it July 1, 2006. The legislation calls for a five-day period in which a youth can be held for detoxification purposes with the intention of movement into a youth voluntary treatment program. Work towards implementation is ongoing including the identification of detox facilities throughout the province and operational considerations such as the development of regulations, court processes and transportation issues. Unfortunately the empirical evidence evaluating the utility of this type of intervention is inconclusive at best.⁵⁰

Saskatchewan, on the other hand, passed legislation in 2005 that was proclaimed April 1, 2006, which allows for a youth to be apprehended by police if in immediate risk of harm or immediate danger to himself or others and to be taken to a physician for assessment. As well, a youth worker, parent, or other person with whom a youth has a close personal relationship may lay an information before the court where a youth aged 12 to 17 is alleged to be suffering from severe drug addiction or abuse, at risk of serious danger to self or others, in need of detainment to ensure his or her safety or the safety of others or to facilitate the youth's detoxification and stabilization and in need of being examined by a physician. A judge may issue a warrant for the youth's apprehension and the police may proceed to apprehend and take the youth to a physician to be examined. Subsequently the youth may be placed on a community order or a detoxification

⁵⁰ Ibid, p.24



order on the opinion of two physicians. A detoxification order provides the youth must remain in involuntary detoxification for up to 5 days with a possibility of extension for up to 15 days. A community order provides for a youth to undergo detoxification and stabilization outside a facility for up to 30 days. Within the first month that the legislation was in place, five court applications were made.

Recommendation 5

Identify best practices across North America for the involuntary treatment of methamphetamine users. Monitor the effectiveness of legislative efforts in Alberta and Saskatchewan, which have introduced such measures for youths.

9.3.4.3 Adults in Custody

In recent months, there have been discussions in British Columbia by the Solicitor General and Attorney General's Departments about the possibility of committing methamphetamine addicted offenders to involuntary treatment (similar to that under provincial mental health legislation) or refusing their release from custody until they successfully complete a drug treatment program. A promising practice that has been identified, which increases the likelihood of success, is for practitioners to involve their patients/clients directly in their treatment plan following the disposition requiring treatment.⁵¹

Involuntary treatment may be more difficult in provincial correctional facilities since they generally house offenders for very short periods of time. Treatment, whether voluntary or involuntary, may have better outcomes in federal correctional facilities because the length of custodial time in these institutions allows for more comprehensive drug treatment programs. Research on the dynamics of successful involuntary treatment, however, must take place to see if this is a viable option for provincial and federal correctional facilities alike.

Recommendation 6:

Research the viability and utility of committing adult offenders into involuntary methamphetamine treatment programs.

10. Supply Reduction

While police report that most of the methamphetamine sold and used in Canada comes from domestic production, there is some evidence that methamphetamine is also imported into Canada. Canada Customs for example, seized 96 kilos of methamphetamine at the Port of Vancouver in June 2002, after it was imported from China.⁵² Similar seizures of related drugs, in particular MDMA (ecstasy) were made in BC. In August 2003, 260 kilos of ecstasy were seized after being hidden in a container from Europe, while in August 2004, 71 kilos of MDMA and 1800 kilos of the liquid precursor MDP2P were smuggled from Asia. Furthermore,

⁵¹ Wild, C. (2005). Lecture Notes. Edmonton Alberta. University of Alberta. December 17.

⁵² Rintoul, S. (2004). What is the Scope of the Methamphetamine Issue? *Local and Western Canadian Perspectives*. Paper presented at Western Canadian Summit on Methamphetamine, Vancouver BC. November 15-17.



Operation Diversion in Ontario (2004) established that there were large quantities of ephedrine transported between multiple Canadian and American cities.

Perhaps the most recent shift in illicit synthetic drug activity has been the continuing rise in methamphetamine trafficking and availability. In contrast to the ecstasy trade, the bulk of methamphetamine available in Canada is derived from domestic clandestine labs. The traditional involvement of regional independent entrepreneurs and users, and to a lesser extent outlaw motorcycle gangs (OMG) continues to hold true. There is mounting evidence of independent and Asian organized crime networks and increased OMG involvement in methamphetamine production, trafficking, and distribution in Western Canada and Quebec.

Approximately 95% of the methamphetamine sold on the mainstream illicit market originates from multi-kilo operations. By contrast, most of the methamphetamine labs seized in Ontario over the last two years were small labs operated by individuals in rural areas in the southern part of the province. In Quebec, methamphetamine traffickers are distinctive in that they are manufacturing and marketing mostly in tablet form, which is consistent with the growing demand by users in the rave/club scene environment. There is also growing evidence that Mexico is a principal source of foreign produced methamphetamine available in the US. It is also possible that this methamphetamine production could be moved into Canada.

The National Drug Intelligence Center: National Drug Threat Assessment 2006⁵³ provides a broad assessment of how different factors impact the drug trade in the United States. Some of these include:

- Decreased domestic methamphetamine production in both small- and large-scale labs – as a result of law enforcement pressure, public awareness campaigns, and increased regulation of the sale and use of precursor and essential chemicals used in methamphetamine production – is reducing wholesale supplies of domestically produced methamphetamine;
- Decreases in domestic methamphetamine production have been offset by increased production in Mexico;
- Methamphetamine availability is not likely to decline in the near term, with Mexican drug producers ensuring a steady supply of the drug to established markets, and facilitating the further eastward expansion of methamphetamine.

10.1 Clandestine Labs

There is not a clear understanding of the nature of methamphetamine labs in Canada and whether or not they are addiction or economic based. Nevertheless, the table below identifies the number of methamphetamine labs seized across the country in the past five years.

⁵³ National Drug Intelligence Center (2006). *National Drug Threat Assessment*. United States Department of Justice. <http://www.usdoj.gov/ndic/pubs11/18862/index.htm>

Table 5: Number of Identified Methamphetamine Labs in Canada 1999 - 2004⁵⁴

The study *Clandestine Drug Laboratories in British Columbia*⁵⁵ recommends a more comprehensive data monitoring and tracking system to provide accessible multi-jurisdictional analysis, and comparisons of intervention strategies in different jurisdictions on methamphetamine labs. Such a tracking system would undoubtedly provide pertinent information vital to future programs, policy, legislative planning, and sentencing.

1999	2000	2001	2002	2003	2004
14	24	13	25	37	40

Recommendation 7:

Establish a drug resource Web site for law enforcement professionals and partners with a tracking system providing comprehensive information about clandestine methamphetamine labs and information on existing intervention strategies.

Little space or specialized equipment is needed to produce methamphetamine. Labs may be located in houses, high-rise apartments, motels, barns, storage sheds, or vehicles. Recipes for producing methamphetamine are readily available on the Internet, although surveys suggest that most producers learn from other “cookers.” The production involves precursor chemicals (raw materials – e.g. pseudoephedrine), reagents (substances that react chemically with the precursor – e.g. red phosphorous), and solvents (substances used to cool, mix, and cleanse impurities from the finished product – e.g. camping fuel), and equipment that can be bought in retail stores. Production of methamphetamine in large-scale laboratories and, to a lesser extent, in some smaller labs, is linked to distribution of the drug for profit. Production is linked to trafficking where large quantities of methamphetamine are produced. However, the reverse is not true: trafficking in methamphetamine does not necessarily indicate local production, as methamphetamine may be produced in one jurisdiction and trafficked in another.

In dealing with clandestine labs, there are at least 3 major areas of concern:

1. Availability of precursor chemicals and the equipment and other materials required to produce methamphetamine.
2. Detection of and response to the laboratories.
3. Dismantling of the laboratories, storage and clean up.

⁵⁴ RCMP (2005). Unpublished statistics.

⁵⁵ Diplock, J., Kirkland, S., Malm, A & Plecas, D. (2005). *Clandestine Drug Laboratories in British Columbia*. International Centre for Urban Research Studies, University College of the Fraser Valley. Abbotsford BC.

10.2 Availability of Precursor Chemicals and the Equipment to Produce Methamphetamine

One aspect of deterring the production of methamphetamine involves provincial legislation to control the sale of precursor retail products, such as cold medication, that contain ephedrine and pseudoephedrine. Such medications can be used to develop methamphetamine in “addiction-based” lab operations.

While “addiction-based” labs⁵⁶ are not yet commonplace across all of Canada, these smaller labs have become a serious threat to safety in the U.S. where the longer exposure to methamphetamine has perhaps created a more “mature” addict climate. In the U.S., much activity has gone into combating the smaller “mom and pop” or “addiction-based” labs which are believed to produce 20% to 30% of the methamphetamine in the country. As a result, 17 states have moved to cut off supplies by restricting the purchase of cold medications that contain ephedrine and pseudoephedrine. Most have some form of restriction on where these products can be purchased – whether they are controlled behind the pharmacist counter, the quantity of sale is restricted, the sale to young people is restricted, and whether people buying ephedrine products need to sign a register. As well, Oregon has enacted legislation to require prescriptions from doctors in order to purchase medications that contain pseudoephedrine. Oklahoma, the first state to restrict access to retail products containing ephedrine, witnessed an 80% drop in methamphetamine labs seized.

It has been suggested that the one way to maintain strong monitoring of the bulk commercial sale of pseudoephedrine and ephedrine is to limit the number of licensed commercial dealers in Canada. Nevertheless, it is difficult to limit the number of companies which can import ephedrine and pseudoephedrine. Health Canada indicates that until it has a better understanding of the market need for these substances, this type of restriction would be unfeasible as it would likely create unwanted monopolies.

Presently, there are other means to control the importations of ephedrine and pseudoephedrine into Canada. A licensed dealer requires an import permit for each importation. Prior to the permit being issued, Health Canada verifies the legitimacy of the importation by checking the client list and asking the prospective purchaser to verify their intention to purchase and the intended use of the precursor.

Based on the import and export permit information collected by Health Canada, about 75% of the pseudoephedrine imported into Canada is also exported out of Canada, mainly to the United States. Generally, the raw material and bulk pharmaceutical products containing pseudoephedrine are imported into Canada for the purpose of manufacturing and/or packaging finished products by Canadian custom manufacturers and packagers for their clients in the United States. Canada also exports finished pharmaceutical products. Such legitimate cross-border trade in pseudoephedrine supports the integrated manufacturing nature of the pharmaceutical industry.

Health Canada is currently examining the licensed dealers of ephedrine, including importers, through a mapping exercise in order to better understand who is using ephedrine and where it is going once the commercial licensee sells it. In this way the Department anticipates having a

⁵⁶ Labs established solely to produce methamphetamine for self-consumption

better understanding of the ephedrine market should further controls be necessary. Nevertheless this is a very challenging task that poses numerous logistical problems and concerns.

Globally, there is pressure for countries producing ephedrine to provide annual estimates of their legitimate requirements for these substances to the International Narcotic Control Board (INCB), and to use the utmost care to verify the authenticity of each export authorization for these substances and preparations containing them. Importing countries are urged to exercise continuing vigilance to ensure that the quantities of these substances and preparations containing them are commensurate with their legitimate requirements for manufacture or domestic consumption. As well, countries are being urged to provide information on all shipments of pseudoephedrine and ephedrine, bulk and pharmaceutical preparations through pre-export notification to the INCB. One country, Mexico, has developed a method of determining its requirements for pseudoephedrine, and is adjusting its quantities accordingly.

Given the mapping initiative by Health Canada, the change in retail environment due to the National Association of Pharmacy Regulatory Authorities (NAPRA) scheduling of ephedrine and pseudoephedrine products and global efforts to track the movement of ephedrine and pseudoephedrine, it is not suggested to limit the number of licensed commercial dealers.

Recommendation 8:

Reassess the requirement to further monitor the domestic sales and importation of ephedrine and pseudoephedrine since the NAPRA scheduling has been implemented and Health Canada has completed its mapping exercise tracking the movement of ephedrine into and throughout Canada.

10.2.1 Retail Cold Medications

When the Western Ministers of Justice, Health and Public Safety met in Regina, they were presented with information about the drug situation in Canada and the United States. At this meeting it was suggested that Canada may start emulating the methamphetamine problem in the U.S, in witnessing an exponential growth of “addiction-based” or “mom and pop” labs servicing an ever-increasing methamphetamine user population. The risk posed by easier access to ephedrine and pseudoephedrine as a retail drug translates into increased development of smaller labs.

The single-ingredient ephedrine and pseudoephedrine products should be restricted as a preventive management strategy. In terms of mixed products containing multiple ingredients including pseudoephedrine, this situation should be monitored to determine if their accessibility is used for manufacturing methamphetamine. Through restricting access to single-entity products by moving them to behind-the-counter status, there is an opportunity to increase surveillance, detect potential abuses, monitor sales, reduce thefts and detect potential abuses.

For this reason, Western Ministers are committed to restricting the sale of products containing ephedrine and pseudoephedrine. The following outlines a recommended common approach presented to Western Ministers of Justice, Health and Public Safety by officials in October 2005:

Phase 1:

Western jurisdictions agree to put single-entity pseudoephedrine products on Schedule II. Schedule II requires that the sale of the products be restricted to pharmacies, so that the products are kept behind the pharmacy counter, and that pharmacists monitor the sale of the products. The proposed process for putting these products on Schedule II follows:

- Western jurisdictions jointly request that NAPRA put single-entity pseudoephedrine products on Schedule II of the national drug schedules.
- Jurisdictions would work collaboratively with NAPRA and the provincial Colleges of Pharmacists to develop standards of practice, tools and information regarding the sale of single-entity pseudoephedrine.
- Those provinces that do not schedule drugs by reference to the national drug schedules will amend bylaws/regulations of the College of Pharmacists to place single-entity pseudoephedrine on Schedule II of the provincial drug schedules.
- Those jurisdictions that do not schedule drugs by reference to national drug schedules will request that pharmacies voluntarily comply, and that non-pharmacy outlets refrain from stocking single-entity products. Territories will also consider amendments to relevant legislation/regulations to give the legislative authority to support this option.

Phase 2:

Officials propose a second phase to the approach, which should be implemented if evidence suggests that multiple-entity products are being used to manufacture methamphetamine in Canada:

- Request NAPRA to put multiple-entity ephedrine and pseudoephedrine products on Schedule III to require that the products be sold in pharmacies, but may be purchased without consulting a pharmacist.
- Develop a further list of other cold medications that may be included on multiple-entity products on Schedule II.

Recommendations were also made with respect to volume controls. It was recommended that the sales of single-entity pseudoephedrine be limited to 3600 mg per transaction. This is the limit suggested to its members by the Alberta College of Pharmacists.

It was suggested that there be no age restriction on the purchase of cold remedies at this time. The collection of identification, such as the use of photo ID, in connection with the purchase of legitimate cold medications was not recommended. The identification information collected would be subject to the federal *Personal Information Protection and Electronic Documents Act* (PIPEDA), to provincial/territorial legislation protecting the privacy of personal health information, and to provincial/territorial legislation governing freedom of information and protection of privacy, and would likely be subject to legal challenges under such legislation as well as under the *Canadian Charter of Rights and Freedoms*. Further, the tracking of sales of the restricted products by means of pharmacy databases was not recommended. The use of pharmacy databases for the purpose of tracking sales of Schedule II products may be considered an invasion of personal privacy. It would create an additional workload for pharmacists, and would be difficult to enforce, as it would rely on the pharmacist to collect the information.

If records are required to be kept, then questions also need to be asked about how, and for what purpose, these records can be used and monitored. A master list of purchases may not demonstrate anything suspicious. Rather, records need to be accumulated and cross-checked to determine if “smurfing”⁵⁷ is taking place or if other suspicious transactions are occurring. Should this direction be taken, a new organization may be required and/or police may require new resources. This may not be the most effective use of resources as compared to surveillance or undercover operations. With time and resources in high demand, closer examination of our priorities must take place.

Despite the challenges of these concerns Alberta, Saskatchewan and Manitoba have announced the restriction of the sale of single-ingredient pseudoephedrine products to behind the counter in pharmacies.

Since April 10, 2006, the National Association of Pharmacy Regulatory Authorities has included single-entity pseudoephedrine and ephedrine products in Schedule II. While a prescription is not required, drugs in this Schedule are available only from the pharmacist and must be retained within an area of the pharmacy where there is no public access and no opportunity for customer self-selection.

Combination products containing pseudoephedrine or ephedrine will be included in Schedule III. These drugs are to be sold from the self-selection area of the pharmacy which is operated under the direct supervision of the pharmacist, subject to any local professional discretionary requirements which may increase the degree of control. Such an environment is accessible to the customer and clearly identified as the “professional services” area of the pharmacy. The pharmacist is available, accessible and approachable to assist the customer in making an appropriate self-medication selection. Some provinces incorporate this scheduling by reference, and others will require further action before it is law.

Over-the-counter ephedrine products, although approved and labelled as a nasal decongestant, do not seem to be sold through these types of retail outlets. More often, they are sold in health food stores and other venues. Adoption of the NAPRA schedule has assisted provinces in determining where these products are being sold to consumers.

Ephedrine is also used in veterinary medicine, primarily as a treatment for urinary incontinence. It has been used in the treatment of respiratory conditions like bronchitis in small animals; however, other drugs are more often prescribed.⁵⁸

In humans, ephedrine injections are used to treat symptoms of bronchial asthma, chronic bronchitis, emphysema, or other lung disease. It is also used to treat low blood pressure in patients who have received certain types of anaesthesia, undergone a specific type of surgery, or received an overdose of a drug that can lower blood pressure.⁵⁹

It is important to recognize that while the steps taken to restrict the sales of pharmaceutical precursors are important, they are only a part of a comprehensive strategy to reduce the use of methamphetamine.

⁵⁷ The term refers to the process of gathering pseudoephedrine products for the purpose of producing methamphetamine.

⁵⁸ Szust, K. (2006). *Drug Library: Ephedrine*. www.petplace.com

⁵⁹ Health Encyclopaedia (2006). *Ephedrine*. www.online-ambulance.com

Recommendation 9:

Develop common approaches among all levels of government controlling the access and sale of single- or multiple-ingredient ephedrine or pseudoephedrine products.

10.2.2 Equipment and Other Chemicals

Equipment needed to produce methamphetamine includes Pyrex dishes, jugs, paper towels, coffee filters, thermometers, cheesecloth, rubber tubing, pails, tape, strainers, aluminium foil, propane cylinders, hotplates, plastic storage containers, measuring cups, laboratory glassware, and heating mantles. Chemicals beyond those identified as precursors include alcohol, toluene (paint thinner), sulphuric acid (battery acid), salt, iodine, lithium (from batteries) anhydrous ammonia (farm fertilizer) hydrochloric acid (muriatic acid or pool cleaner), sodium hydroxide (lye), acetone, lantern fuel and kitty litter. Obviously, these products have legitimate uses, and it is the collective presence of these products that signals the intended use. Law enforcement may encounter supplies of such materials in combinations or in circumstances which lead to a reasonable belief that the purpose of possession is to produce methamphetamine. Western Ministers of Health, Justice and Public Security inquired if new offences under the CDSA could be created to deal with the issue of possession of equipment used in making methamphetamine. This area will be explored in greater detail in the analysis of proposed new offences.

10.3 Regulatory Controls

The *Precursor Control Regulations* (PCR) came into force from January 2003 to January 2004. Prior to this, precursors were controlled by export permits issued under the *Export Control List*, a system of voluntary reporting and cooperation, and *Letters of No Objection* which were issued to the industry importer. These letters had no legal status, but assisted with tracking of substances. The regulatory and administrative controls, however, were seen by police as weak, and the PCR were introduced to establish greater controls over precursors. The regulations provide for the control and monitoring of precursor chemicals frequently used in the clandestine manufacturing of illicit drugs. The PCR also provides the framework in which Canada meets its international obligations under the *United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988* (1988 UN Convention).

When the PCR were published in the *Canada Gazette*, Part II, in October 2002, they were introduced as a first step for Canada in the control of precursors. Only those chemicals that were included in the 1988 UN Convention were included in Schedule VI of the CDSA and the PCR at that time. The federal government committed to an ongoing assessment of the legitimate use and diversion of precursors in Canada and to further development of effective regulatory policy and enforcement strategies.

Since its coming into force there have been concerns that the PCR did not include all precursors used in the production of methamphetamine. Concerns have also been raised over the licensing.

Health Canada has recently amended the PCR. The amendments add six substances used in the illicit manufacture of methamphetamine and GHB to Schedule VI of the CDSA and regulate them as Class A Precursors under the PCR: red phosphorus; white phosphorus; hypophosphorous



acid; hydriodic acid; gamma butyrolactone (GBL); and, 1,4 butanediol (BDO). Other amendments strengthen the regulatory framework and eliminate unintended regulatory burdens imposed on legitimate industry with respect to preparations that have a low risk of diversion to the illicit production of controlled substances. The amendments came into force in November 2005 and January 2006.

A number of the issues identified by law enforcement agencies are addressed by these amendments. The RCMP is satisfied with these changes, as they represent an important step in the evolution of the precursor regulatory framework.

The Drug Strategy and Controlled Substances Programme at Health Canada, in consultation with industry and law enforcement agencies, will continue to monitor the impact of all the amendments to the PCR. Further changes will be considered should it be determined that the regulations pose an unnecessary regulatory burden on industry in certain circumstances or that the control framework requires further strengthening to address the problem of diversion of the chemicals. The trends in the production of synthetic drugs, such as methamphetamine and ecstasy, change constantly. As chemicals are subject to stricter controls, methods of production are adapted to utilize non-controlled substances and clandestine laboratory operators become more creative in their efforts to obtain precursor chemicals. To this end, it is expected that there will be more amendments to the CDSA and PCR in the future.

Recommendation 10:

Continue to monitor the implementation of PCR licensing amendments addressing law enforcement concerns for a two-year period to determine the effectiveness of the measures. Have Public Safety Canada and Health Canada lead the examination with input from all jurisdictions.

The *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* requires listed financial institutions to report transactions which are suspected of being related to money laundering or terrorist financing. These suspicious transactions are reported to the Financial Transactions and Reports Analysis Centre of Canada (FINTRAC). After FINTRAC has analysed these reports along with other related data, it will forward certain information to the appropriate law enforcement agency for follow-up. There is, at the present, no requirement to report suspicious transactions involving the sale of precursors listed in the PCR. Under the present regime, suspicious transactions must only be recorded and not reported. A reporting system similar to the one used in the money laundering and terrorist financing areas may be useful to law enforcement.

Recommendation 11:

Examine the possibility of establishing a suspicious-transaction database to monitor suspicious sales of ephedrine, pseudoephedrine, and other precursors. This could be accomplished by creating a tracking system similar to FINTRAC that could collect all information related to the diversion of precursors.





In the past, Canada was considered as an exporting source of precursors, particularly pseudoephedrine, used in the production of methamphetamine. Canada has worked to tighten the controls on the importation of precursor chemicals and, in cooperation with the U.S., has undertaken several joint force operations targeting those moving synthetic drugs and precursor chemicals across the border. Information on what types of chemicals are imported into, and exported out of, Canada has been difficult for law enforcement to obtain, particularly by the Canada Border Services Agency (CBSA). Currently, there is no readily available process or mechanism for the CBSA to thoroughly examine or sample suspicious chemical shipments at our ports of entry and exit. This undermines the Agency's ability to fulfill its requirements to prevent the diversion of substances that can be used to produce synthetic drugs. The CBSA has established export-control officers and regional intelligence officers to monitor and control the trades of these chemicals and substances.

Recommendation 12:

As proposed in the NCC Strategy, establish trained regional teams within the Canada Border Services Agency to inspect and take samples from suspicious and potentially dangerous shipments of precursor chemicals.

Preventing the diversion of precursor chemicals used to manufacture illicit drugs in clandestine laboratories is a key objective for supply reduction. This requires not only the strengthening of legislation but also an integrated and innovative approach built upon a strong partnership between law enforcement, health and industry. At the meeting of Western Ministers of Health, Justice and Public Safety in Regina, Ministers expressed concern over the level of resources in place to monitor and enforce the PCR. Western leaders asked the federal government to move quickly to address these concerns and to provide the increased resources necessary. Health Canada has added eight health inspectors across the country to ensure compliance with the PCR. There is a general concern that these new compliance inspectors will be unable to adequately monitor the diversion of chemicals in Canada.

Recommendation 13:

Expand Health Canada's compliance program by hiring more officers to ensure uniform compliance and enforcement of the PCR within each region.

10.4 Proposed New Offences under the *Controlled Drugs and Substances Act*

At their June 2005 meeting, Western Canadian Ministers of Health and Justice and Public Safety urged the federal government to take a number of actions, including expanding legislation to create offences for possession of key ingredients of methamphetamine production.

In addition to the call from politicians for a new offence, law enforcement and prosecutors have recommended measures aimed at possessing property that is intended to be used to commit a production offence and selling property knowing that it will be used to commit a production offence. Law enforcement will investigate sites where dangerous and toxic chemicals and apparatus are present but where no methamphetamine is found. Since charges are often not laid in these instances, the criminal justice system is often unaware of circumstances where people



and communities have been put at risk, particularly innocent bystanders or children who may be living in or around these sites.

10.4.1 Offence of Possession of Precursors for the Purpose of Production

The ease with which methamphetamine can be manufactured is a major contributing factor to the increases in its use. The manufacturing of methamphetamine is easy because it does not require complex production techniques but is easily "cooked" up by anyone in makeshift labs.

A new offence of possessing precursors for the purpose of methamphetamine production could be created to combat this occurrence. This offence would prohibit the possession of a precursor where the possessor intends, or knows, that it will be used for the purpose of producing methamphetamine. While a similar sort of prohibition already exists in the PCR, this offence could be modeled on the offence of possession for the purpose of trafficking contained in subsection 5(2) of the CDSA. The Crown would have to prove both possession of the precursor and the intent to produce or knowledge that it was intended to be used to produce a substance listed in one of the three Schedules.

With a new offence of this nature, the Crown would not need to prove that methamphetamine was being produced or that the precursor was actually used to produce methamphetamine.

The new offence would not capture those who possess precursors in good faith, such as manufacturers and vendors, but rather only those who intentionally possess precursors and intend to make methamphetamine. Nevertheless, the requirement of proving subjective knowledge or intent would make this offence difficult to enforce.

Recommendation 14:

Establish a new CDSA offence prohibiting the possession of Class A precursors for the purpose of producing methamphetamine.

10.4.2 Offences of Production and Trafficking in Precursors

Currently, there are no offences in the CDSA for production or trafficking of precursor chemicals. However, the PCR contains a number of regulatory offences dealing with importation, exportation, packaging, etc. A person found guilty of contravening one of these controls may be fined a maximum of \$5,000 and/or be sentenced to a maximum of three years imprisonment.

New offences of production and trafficking in precursors could be added to the CDSA. These offences would prohibit the production, sale and distribution of precursors (substances listed in Schedule VI of the CDSA) except as authorized under the PCR. They would be modeled on the sections of the CDSA that prohibit these activities in relation to controlled substances (substances listed in Schedules I through V of the CDSA).

The main advantage of establishing these offences in the CDSA would be to remove them from the regulatory field. By placing these prohibitions in the CDSA it will be possible to increase the maximum penalties for offences related to illegal production and trafficking in Class A precursors.

Recommendation 15:

Establish a new CDSA offence prohibiting the production and trafficking of Class A precursors.

10.4.3 Offence of Possession of Equipment for the Purpose of Production

Section 10.2.2 of this report sets out the type of equipment and chemicals used in the production of methamphetamine. It also notes that all these products have legitimate uses. Nevertheless, a new offence of possession of equipment for the purposes of producing methamphetamine could be created. This offence would prohibit the possession of equipment where the possessor intends, or knows, that it will be used for the purposes of producing methamphetamine. This offence could be modeled on the offence of possession for the purpose of trafficking contained in subsection 5(2) of the CDSA. The Crown would have to prove both possession of the equipment and the intent to produce, or knowledge that it was intended to produce, methamphetamine.

Recommendation 16:

Establish a new CDSA offence prohibiting the possession of equipment, chemicals, and other substances for the purpose of producing methamphetamine.

10.4.4 Offence of Selling Equipment for the Purpose of Production

In order to deter the sale of commonly available equipment for the purposes of methamphetamine production, a new offence of selling equipment for the purpose of producing a drug could be created. This offence would prohibit the sale of equipment where the vendor intends, or knows, that it will be used for the purpose of producing a drug. It would not be necessary to prove that the equipment was actually used for production. The term “sale” could be modeled on the definition of “sell” found within the CDSA.

The Crown would have to prove both the sale of the equipment and the intent to produce or knowledge that it was intended to be used to produce a drug listed in the *CDSA*.

The main advantage of creating such an offence would be that the actual use to which the equipment is put need not be proven. The offence would act to deter persons who sell equipment knowing that it will be used to produce drugs and persons who are wilfully blind in the sale of equipment.

The main disadvantage of creating such an offence would be the need to prove knowledge of the future use of the equipment or the intent that the equipment be used to produce a drug. Notwithstanding, measures must be taken to effectively combat possession of equipment that can facilitate so much harm.

Recommendation 17:

Establish a new CDSA offence prohibiting the sale of equipment, chemicals, and other materials for the purpose of producing methamphetamine.

10.4.5 Aggravating Factors

Section 10 of the CDSA contains a list of aggravating factors with respect to designated substance offences (all drug offences other than possession offences). If a court is satisfied that one or more of these aggravating factors are present, it is required to give reasons for not imposing a sentence of imprisonment. These aggravating factors include committing an offence with a weapon or with the use of violence, trafficking in or near a school, and using a youth to commit a drug offence.

In the case of clandestine methamphetamine labs, there are special circumstances that merit adding to this list of aggravating factors.

The presence of children or other vulnerable individuals in a lab has been an issue of concern. Child endangerment is reported by several sources, including information from police in Canada and the United States. The Office of National Drug Control Policy for example, reported that 10% of the 14,260 methamphetamine lab cases law enforcement dealt with involved children who were residing or present at these labs.

Children who live in close proximity to methamphetamine labs or dump sites face risks in addition to those posed to cooks and first responders. These risks are attributable to the following factors:

1. *Specific Behaviours*: Children engage in hand-to-mouth and object-to-mouth behaviours. They also play in the yard and on floors. These actions result in greater skin-surface contact with toxic materials. Further, lack of knowledge, awareness and caution may result in greater chemical exposure.⁶⁰
2. *Growing and Developing Organism*: Children breathe more per body weight than adults and consume proportionally more food. This may result in greater chemical exposure, causing damage to their brains and other organ systems that are not yet fully mature. Also, children have less ability to process and eliminate chemicals from their bodies.⁶¹
3. *Longer Lifespan*: Children have a longer lifespan in which to manifest health problems associated with chemical exposure.⁶²
4. *Inadequate Supervision*: Children whose parents or caregivers are involved in producing methamphetamine are often inadequately supervised due to parental preoccupation with methamphetamine production and/or abuse, thus heightening the danger that these children will be exposed.

When children are exposed to methamphetamine labs or dump sites, their health is placed at risk. However, while there is evidence that an increasing number of children in the U.S. have come in contact with toxic chemicals as a result of the drug being produced in or near their homes, the

⁶⁰ Drug-Endangered Children Resource Center (2000). *Drug-Endangered Children Health and Safety Manual*. May. p.12.

⁶¹ Ibid.

⁶² Ibid.

total remains small.⁶³ Further, to date there have been no known cases prosecuted in Canada where children were present in a clandestine methamphetamine laboratory.

Similar risks are borne by other individuals who, although adults, are in a position of dependency in the home by reason of old age, infirmity, or disability. Like children, they tend to have immune systems that are particularly susceptible to toxic exposure and their relationship of dependency makes them unable to take steps to protect themselves.

To date, there have been no cases prosecuted in Canada where children or other dependents have been found living in clandestine labs.

Recommendation 18:

Amend section 10 of the CDSA to include as an aggravating factor in sentencing the presence of children, or other dependent persons, where methamphetamine is produced.

10.5 Detection and Response to Laboratories

Although there is no national data on synthetic drug production, the RCMP has reported a steady rise in these production operations. In the years 2002-2004, the RCMP seized 25, 51 and 60 labs respectively. Of the 60 seized in 2004, 17 were producing ecstasy (MDMA/MDA), while 40 were producing methamphetamine.

In 1999, 733 methamphetamine exhibits were analyzed by the Drug Analysis Services of Health Canada. This number increased to over 5,500 in 2004, stretching capacity beyond its limits. In some areas of the country police agencies are becoming concerned about the increasing number of these operations and/or toxic waste dumpsites around their operation. Internal capacity, resources and training must increase to manage the emerging trend of production operations.

The public is not fully informed of the health and public-safety hazards associated with methamphetamine operations. Average houses and apartments in residential areas can be converted to both small- and large-scale production operations, which can result in serious physical injury from explosions, fires, chemical burns and toxic fumes.

An essential component in reducing the risk of these hazards comes from better informing the public of potential dangers and building community capacity to assist in detection and enforcement efforts against production operations. The NCC has determined that communities and individuals are not well informed of the health and safety risks created by these production operations. The NCC National Strategy identifies the need for better information, including the links between domestic production and demand for illicit substances. The NCC also noted that communities that recognize these operations could better ensure that dismantled operations are not re-established in their neighbourhoods. At the same time, awareness of the seriousness of the issue also builds support for enhanced enforcement activity and the application of appropriate sentences for offenders. Involvement and engagement by citizens, organizations and communities is also needed to build community interest in these issues that will translate into action.

⁶³ National Drug Intelligence Center (2000). *Information Bulletin: Children at Risk*. United States Department of Justice. July. pp. 1-2.



All jurisdictions require the support of the federal and provincial governments in establishing teams dedicated to the investigation and dismantling of drug labs. As methamphetamine produced is often distributed across boundaries, it is increasingly a national concern and one that requires federal attention.

Recommendation 19:

Establish new, or maintain existing, clandestine-drug-lab teams in all jurisdictions to ensure uniform national suppression efforts.

10.6 First Responders

First responders, including medical, public health, law enforcement, firefighters, and child protective services, are potentially at risk in any building or structure that could be used as a production operation. They need to be aware of and understand their role in identifying these operations, safety measures that must be taken around them, how to secure them, how to protect the public, and how to deal with children found at these operations. Educating police and fire officials about production processes and the chemicals used in these operations can help prevent on-scene injuries and reduce harm to the environment and community. A comprehensive training course for first responders has been created by the RCMP and should be distributed across the country. The role of first responders is ever changing, and detailed information and training will only enhance their ability to respond to public needs.

Recommendation 20:

Develop national standards of training and protocols for first responders to ensure consistency in approaches to protect first responders and the public from associated hazards. Federal, provincial and territorial governments should explore funding opportunities to support the development of these standards.

10.7 Provincial, Municipal Levels of Responses

Provinces and local authorities may also take other steps to detect, deter, or eliminate illegal production of methamphetamine and the risks to the community it presents. For example, legislation or bylaws can be considered to regulate the suppliers of equipment used for production operations and to require appropriate reporting (of hydroponics retailers, for example). Unfortunately, much of the equipment used can be used for legitimate gardening or agricultural purposes. Balance is needed between trying to suppress production and allowing for normal commerce and activities.

As well, provinces can look at whether they can improve the detection and the shutting down of clandestine labs through legislation and the dedication of increased resources to support increased capacity to respond to community concerns about illegal drug houses. For example, Manitoba and Saskatchewan have “safer communities” legislation that seeks to improve community safety by targeting and, if necessary, shutting down residential and commercial buildings, and restricting the use of property for specified illegal activities such as possession or trafficking of illegal drugs or other substances. The legislation addresses habitual use of





property for specified uses, including the possession or trafficking of illegal drugs, prostitution, child sexual abuse, and the unlawful sale and consumption of alcohol. The legislation allows for confidential complaints to be received from citizens. These can be used to alert property owners of concerns by notice and follow-up agreement. Alternatively, a court can order the vacating of property, the termination of a lease, the closure of property for up to 90 days, etc. Inspection of the property is also authorized to ensure that orders are complied with.

This legislation has been supported in Saskatchewan and Manitoba with dedicated resources to ensure that complaints can be responded to in a timely way. This combination of legislation and dedicated resources has been very successful in responding to community safety needs, including the need to crack down on drug houses. In Saskatchewan in 2005, the Safer Communities unit investigated a total of 236 drug files, and these investigations resulted in 96 property closures.

In Manitoba, there were 49 closures of illegal operations under *The Safer Communities and Neighbourhoods Act* between April 1, 2005, and March 31, 2006. These operations generally involved a combination of drug and prostitution offences; it is rare that an operation would be restricted to illegal drug activity. While statistics specific to methamphetamine production or trafficking are not available, methamphetamine has played a part in many of these cases. In most instances, the investigators and the police coordinate enforcement efforts to ensure a comprehensive response to the offending and community concerns. Saskatchewan increased the number of investigators to eight in 2005-2006 from the original four, given the perceived success of this program. Manitoba has four investigators as well as a Video Surveillance Analyst.

There are several features of “safer communities” legislation that make it more effective than traditional approaches in ridding communities of places where illegal activities occur:

1. The *Criminal Code* and the CDSA do not provide appropriate tools to respond to these situations. If an undercover police investigator goes to one of these residences and makes a drug purchase, the police may be able to arrest and remove the individual who sold the drugs. However, the revolving door of drug trafficking that occurs at that residence may be generally unaffected by the arrest. Associates of the arrested drug trafficker may continue to sell drugs from that location, or the arrested individual may return after being released on bail. “Safer communities” legislation addresses the revolving door rather than just removing the individual.
2. These are investigations that the police will not undertake on their own because they are too resource intensive. The property must be kept under surveillance for a period of time (the average surveillance period in Manitoba has been 40 hours per property). Police vice units are under-resourced to the point where they are not able to dedicate that amount of time to a single property. The result is that, if the province does not take action to address these problem residences, the situation will continue unabated.
3. “Safer communities” legislation provides immediate results in terms of shutting down problem locations. Once the surveillance period has been completed, authorities can move immediately to put an end to the illegal activities that are taking place. A criminal prosecution takes much longer and, more importantly, does not stop the activities that are taking place at that location.



Nova Scotia and Yukon have tabled “safer communities” legislation similar to that of Manitoba and Saskatchewan. In addition, Nova Scotia will be investing in a new public safety investigative unit to address complaints through a civil-enforcement process.

A particular concern is the interaction between the “safer communities” legislative approach and the *Indian Act* land-ownership provisions. Arguably, provincial legislation of general application applies on reserve, but because land ownership is dealt with under the *Indian Act*, provincial provisions may conflict with the ownership and land-control processes on reserves. There are questions as to whether band by-laws can adopt the provincial scheme or establish parallel schemes as this could conflict with section 20 of the *Indian Act*, which sets up land-ownership provisions. However, it appears that at least one case has recognized a band authority to control possessing or promoting the use of alcohol on reserve and to disentitle individuals to Band housing for non-compliance. (*Gamblin v. Norway House Cree Nation Band Council*, [2001] 2C.N.L.R. 57 (FCTD)). Reserves may be particularly vulnerable to clandestine labs, given their remote locations and the difficulties in surveillance and civil intervention. This is an issue that needs to be resolved in order to ensure that the legislation is applicable in all jurisdictions in the province.

Provincial and local governments might also consider legislation in relation to the remediation of property where illegal drugs have been produced. Surrey, Abbotsford, and Vancouver have enacted bylaws that can require occupants to vacate property, allow for inspection of the premises and allow for the issuance of a new occupancy permit. A charge-back for the costs of clean up may be billed back by the city to the property owner. If the owner fails to pay, the costs are added to the property taxes, and the sale can be forced if these are not paid on time. Costs can range from a few hundred to a few thousand dollars. Surrey is reported to have collected over \$1 million in the past five years. This type of bylaw encourages property owners to be diligent about the use of their property.

Another area to consider is whether any legislation is required to provide a clear remedy for victims of methamphetamine traffickers for the harms suffered. In the US, specific legislation allows civil suits for damages against drug dealers.⁶⁴ *The Drug Dealer Liability Act* offers an added new approach to illegal drugs and a form of “market liability” so a plaintiff need only prove that a defendant was distributing illegal drugs in the community of the user, that the distributor was distributing the same type of drug used by the user, and that the defendant’s distribution in that community was during the period of time that the user was using. Cases can be brought by guardians of drug babies, those injured by a drugged driver, families of adolescent users, employers and public hospitals that pay for treatment of drug babies and others. Similar actions may be started under existing tort law, but legislation might carry its own benefit in terms ensuring a cause of action and in alerting those trafficking in methamphetamine or harbouring those who traffic to the financial risk they run. A civil suit recently was commenced in a Saskatchewan case.

⁶⁴ *Model Drug Dealer Liability Act* – passed in Michigan, Oklahoma, Illinois, Hawaii, Arkansas, California, South Dakota, Utah, Georgia, Indiana, Louisiana, Colorado, South Carolina and the U.S. Virgin Islands. The first lawsuit brought under the Act resulted in a judgment on July 21, 1995, of expenses for \$1 million in favour of a drug baby and more than \$7 million to the city of Detroit’s expenses for providing drug treatment to inmates in Detroit jails. The order was against two Detroit dealers.

Recommendation 21:

- a) All provinces should consider adopting “safer communities” or similar legislation, as has been implemented in Saskatchewan and Manitoba.**
- b) Federal, provincial, territorial, and First Nations governments should work together to ensure that “safer communities” legislation can be applied or adopted on reserves.**

Recommendation 22:

All provinces, territories, or local governments should evaluate the feasibility of legislative responses to:

- regulate the suppliers of equipment used for production operations and require the appropriate reporting of sales;**
- develop ways to assist communities to defray the costs of cleaning up property from property owners;**
- require disclosure by realtors or seller of property of any use of the property for the illicit production of methamphetamine; and**
- ensure the victims of methamphetamine or their families have a clear civil remedy against the trafficker or those that harbour the trafficker.**

10.8 Dismantling of the Laboratories, Storage and Clean-Up

Once a methamphetamine lab has been detected there are several challenges that must be faced by law enforcement and government agencies. These include:

- arresting and removing criminals found at the site;
- determining what sort of protective gear must be worn by police and others who are required to enter the lab;
- seizing evidence from the site;
- dismantling the lab (including disposal of the chemicals and equipment found there);
- providing for the safety of children who lived in the lab or may be found in the lab; and
- decontaminating everyone who comes out of the lab, including police, individuals who are arrested inside, and individuals who must enter the building to perform any of the above tasks.

Each of these tasks requires special expertise, and no one group that is involved in these operations has all of the skills required to perform all of the tasks. For example, even when it comes to seizing evidence, the police will generally require the assistance of a Health Canada chemist to determine what substances are present in order to determine what needs to be seized. It is clear that many agencies are required to cooperate in responding to the issues presented by a methamphetamine lab.

Recommendation 23:

Develop a national methamphetamine dismantling protocol which guides local jurisdictions in the proper authorizations and procedures required for the safe shutdown of clandestine labs.

Once the methamphetamine lab has been taken down, there remains the further job of rehabilitating the site so that it is safe for future use. This involves cleaning up chemicals that may have contaminated the building or surrounding area. As with other chemical processes, the manufacturing of drugs results in the production of by-products and contaminants. The consequences of clandestine laboratory activity exist long after the laboratory has been dismantled, and there is evidence that by-products may cause significant environmental damage. Depending on the production method, every kilogram of manufactured methamphetamine produces 6 to 10 kilograms of hazardous toxic waste. In licit processes, chemical by-products are disposed of according to regulatory and waste-management guidelines. In illicit drug manufacturing, unwanted by-products, most notably sodium hydroxide, are often dumped into the environment, down sinks and drains, into rivers and streams and onto surrounding land. Furthermore, residual chemicals coat surfaces and can seep into the walls, floor and furniture of a property, so it remains contaminated for months or years after the initial manufacturing process.⁶⁵

There is presently no guarantee that these sites will be adequately cleaned up. There are several factors that contribute to this.

- It is often unclear who, if anyone, has responsibility for performing various tasks related to clean up. Responsibility can be dependent upon whether the contamination is inside a building or outside, whether it is within the geographical jurisdiction of a city or in a rural area and whether the lab is situated on residential property or commercial property. In addition, the willingness of certain agencies to become involved may be influenced by whether the property involved is a rental property or owner-occupied. The agency responsible for clean-up may not be notified of a situation requiring its attention.
- There is often a significant cost associated with cleaning up a methamphetamine lab and disposing of the waste products generated by it. This can lead to agencies or private individuals refusing to accept responsibility for these costs, with the result that clean-up does not occur. Alternatively, there may be a financial incentive to perform less-than-adequate remediation. In either case, future users or occupants of the site can be put at risk.
- There are no accepted standards for what constitutes adequate clean-up of a methamphetamine site. It is often impossible to remove all contaminants from a contaminated site. The most that can reasonably be expected is that contaminants will be reduced to an acceptable level. However, “an acceptable level” is often difficult to determine. The setting of clean-up standards will depend on many factors, including:
 - a) the expected use of the site;

⁶⁵ National Chemical Diversion Congress (2005). *The National Precursor Strategy and Legislative Change*. Attorney’s Department, Darwin, Australia. October. p.12

- b) who is expected to use that site;
- c) the length of time that people will be in close proximity to contaminants (e.g. if the contamination is in a bedroom where people will spend several consecutive hours, the extent of cleaning required will be greater than if the contamination is in a garage where people will only spend a brief period of time);
- d) whether the people who are likely to be exposed to the contamination are especially vulnerable in some way (e.g. the very young and the very old are generally at greater risk than healthy adults).

Rather than setting standards for every conceivable situation, it may be more realistic to have an agency with expertise in dealing with decontamination assess the site and make a determination of what remediation should take place. This is how environmental agencies generally determine how accidental chemical spill sites should be cleaned up.

What is required is a nationally consistent approach to ensure that premises previously used for clandestine drug production are fit for reclamation or that the sites where toxic waste from these labs have been dumped are properly decontaminated. With this in mind, engagement of departments of health may need to occur.

Recommendation 24:

Establish appropriate national guidelines for the decontamination and remediation of clandestine laboratory sites and by-product chemical dump sites. Convene a group of experts to develop these guidelines with the specific tasks of:

- reviewing relevant existing regulations, laws and guidelines relating to decontamination and remediation;
- identifying which authorities/agencies and jurisdictions are responsible for decontamination and remediation;
- outlining skills/processes necessary for effective decontamination and remediation; and
- identifying gaps in funding arrangements and developing proposals for funding.

11. Links to Organized Crime

The National Coordinating Committee on Organized Crime is responsible for the National Agenda to Combat Organized Crime. Marijuana grow operations were identified as a top priority in the National Agenda because of the strong links between organized crime groups and the increasing number of operations being discovered. In 2004, Ministers Responsible for Justice supported 11 recommendations promoting coordination, policy, legislation, research and public education. To address the increasing number of clandestine lab operations and their links to organized crime, the NCC broadened its focus to include synthetic drugs in July 2005. In the summer of 2005, the NCC worked with the Coordinating Committee of Senior Officials (CCSO), law enforcement and other key stakeholders to develop a National Strategy to address the proliferation of marijuana and synthetic drug production and distribution operations.



Reducing the production and trafficking of illicit drugs, including methamphetamine, is a priority for law enforcement across the country. In order to do so effectively, local producers/distributors need to be targeted, but so do larger organized criminal groups which are also involved.

More generally, the illicit drug industry, including the production and distribution of methamphetamine, operates outside the law: its “companies” are not listed on the stock exchange and not valued by any private accounting firm, and the dynamics of the drug industry are not regularly analyzed by forecasters. While the overall size of the illicit drug industry is known to be huge, the obscurity of the global illicit drug market makes the exercise of estimating its size extremely difficult. The same holds true for the Canadian drug market. This lack of information is not because the drug market does not behave like most others in terms of supply and demand; in fact, there is a growing acceptance that it does. It is because the most basic inputs needed for such an estimation (e.g. data on production, prices, quantities exported/imported/consumed) are often estimates themselves and based on incomplete data.⁶⁶

Estimates for the Canadian illicit drug market are between \$7 billion and \$10 billion annually. Although marijuana production is the most pervasive and lucrative organized crime activity and leads to significant spin-off criminal activity, including violent crime and money laundering, it is also important to note that methamphetamine production and distribution is expanding at a rate similar to the early growth of the marijuana industry.⁶⁷

A recent and significant shift in illicit synthetic drug activity is the continuing rise in methamphetamine availability and distribution. In contrast to the ecstasy trade, the bulk of methamphetamine available in Canada is derived from domestic clandestine laboratories. The level of sophistication of the lab set-ups, as well as the number of organized crime groups involved in this activity, has also increased.⁶⁸

There is very little opportunity for individual criminal entrepreneurs to participate substantially in this illicit trade if they are not in some manner aligned with, associated with, or supplied by a larger criminal group. As well, the various aspects of this illicit industry often require resources and expertise that only organized crime groups can provide or access. In Canada, organized crime either directly controls or indirectly influences all aspects of the illicit drug industry – production, manufacturing, importation, exportation or distribution.⁶⁹ Aside from significant quantities of marijuana and some synthetic chemical drugs, the bulk of illicit drugs consumed in Canada originates abroad, and must be smuggled into the country. This illegal movement requires planning and organizational capacities, as well as available financial and human resources. Typically, it is the more sophisticated organized crime groups in Canada which possess the necessary international criminal contacts in source and transit countries needed to conduct these operations.⁷⁰

According to the 2004 Criminal Intelligence Services Canada Annual Report, Asian-based organized crime groups are involved in, among others things, the importation and distribution of synthetic drugs such as methamphetamine and ecstasy and the precursor chemicals used in their

⁶⁶ United Nations (2005). *World Drug Report*. Vienna: United Nations Office on Drugs and Crime.

⁶⁷ RCMP “E” Division (2005). *The Scope and Impact of Organized Crime in British Columbia*. Surrey, BC, p 2.

⁶⁸ RCMP (Criminal Intelligence Directorate) (2004). *Drug Situation in Canada*. Ottawa, Ontario, p.16.

⁶⁹ Public Safety and Emergency Preparedness Canada (2004). *US-Canada Drug Threat Assessment-2004*. Government of Canada. Ottawa, Ontario.

⁷⁰ *Ibid*, p.36.





production. Outlaw motorcycle gangs (OMGs), particularly the Hells Angels, derive significant financial income from various criminal activities. However, drug trafficking, increasingly in methamphetamine, remains the primary source of illicit income for these groups. The involvement of organized crime groups in these lucrative operations increases the risk of violence in communities, and profits generated are customarily laundered to finance other criminal activities such as weapons smuggling, prostitution and gambling.

Intelligence also confirms the growing involvement of organized crime in methamphetamine production and distribution, particularly Mexican criminal groups in the U.S. and OMGs and Asian Organized Crime (AOC) in Canada. Each of these groups is entrenched in the cross-border methamphetamine trade. Members of Asian, Eastern European and Israeli organized crime groups, as well as OMGs, particularly the Hells Angels, are involved in cross-border MDMA trafficking. AOC groups based in Canada are known to be extensively involved in the production and importation of MDMA for the North American market. There is mounting evidence of increased cross-border activity involving U.S. and Canadian criminal organizations.⁷¹

Under the renewed Canada Drug Strategy (CDS), new resources were directed to help decrease the supply of illicit drugs. In January 2004, the RCMP established dedicated investigative teams to target and dismantle grow operations (\$21.9M over five years) and clandestine laboratories (\$17.3M over five years) that produce synthetic drugs, such as methamphetamine, in Canada. These teams were established in B.C., Alberta, Ontario, Quebec, and the Atlantic region, where organized crime operations are most prevalent. Investments have also been made to address the serious issue of drug impaired driving by training more officers in drug-recognition expertise. The CDS also increases support for the RCMP's national prevention and drug awareness initiatives.⁷²

Removing the financial incentive from criminal activity and attacking organized crime networks is also essential to countering drug production and trafficking. Organized crime groups are in the drug business for financial gain. The criminal organization provisions of the *Criminal Code* are essential to ensuring that organized crime figures are faced with enhanced sentences that truly reflect the nature of systemic and financially motivated criminal activities that have a most severe impact upon society.

The Integrated Proceeds of Crime (IPOC) initiative brings together RCMP investigators, Department of Justice Canada counsel, border officials from the CBSA, Canada Revenue Agency tax investigators, and forensic accountants and asset managers from Public Works and Government Services Canada. By targeting their illicit profits and, in turn, their incentive to operate, IPOC targets the core of what motivates criminal organizations, making it a fundamental component of the overall fight against organized crime in Canada. The 2004 Consulting and Audit Canada evaluation of the initiative noted that “attacking proceeds of crime is one of the best ways to impact organized crime groups and criminals, making it difficult for them to continue their criminal activities and ensuring that crime does not pay.”

There are also civil forfeiture laws which can directly attack the profit motive of drug production through civil forfeiture. Such legislation, which has been proclaimed in Ontario, British

⁷¹ Public Safety and Emergency Preparedness Canada (2004). *US-Canada Drug Threat Assessment – 2004*. Government of Canada. Ottawa, Ontario.

⁷² Ibid, p.23.





Columbia, Manitoba and Saskatchewan, provides for the forfeiture of real and personal property that is the product of, or owned by participants in organized crime. The burden of proof is lower (balance of probabilities) than the proof required in a criminal case, as this is a civil proceeding. If the court finds the property to be the product of organized crime it can order forfeiture of that property, and the proceeds of any sale, after return on costs, can be provided to victims or the Crown.

Federal action alone, however, is unlikely to result in a significant reduction in the demand for, and supply of, illicit drugs in Canada. Various partnerships have been established, recognizing the need to work together and assume a shared responsibility. A number of cities and provinces/territories have announced or implemented drug strategies that are based on the same four pillars as the CDS or that support similar or shared objectives.

The coordination, sharing and use of criminal intelligence are critical to success in countering the growth, sophistication and interconnectedness of organized criminal groups. Through leadership and partnerships, various strategies and tactical plans need to be developed and implemented on a priority basis to effectively address organized crime threats.

In order to be effective, enforcement capacity and prosecutorial efforts must be enhanced to keep pace with illicit drug and organized crime activity.

12. Effective Sentencing for Drug Offences

The Controlled Drugs and Substances Act came into effect May 14, 1997, replacing the *Narcotic Control Act* and Part III and IV of the *Food and Drugs Act*. An important part of the scheme involves schedules to the Act: Schedule I includes the most dangerous drugs and narcotics, such as heroin and cocaine; Schedule II lists cannabis and its derivatives; and Schedule III includes many of the more dangerous drugs, such as amphetamines.

There are four main offence types for drug offending: importing/exporting, trafficking, manufacturing/production, and possession. In relation to this there are two data sources to capture drug offending in Canada. The first is the Uniform Crime Reports (UCR), which track police-recorded incidents, and the second is the Adult Criminal Court Survey (ACCS), which tracks the outcome of charges laid.⁷³

According to the UCR (see Table 6), the vast majority of drug incidents reported by police are for cannabis or cocaine. While methamphetamine incidents are not isolated in the survey but are instead grouped with the “other drugs” category, the total percentage of this category demonstrates that cannabis and cocaine appear to comprise the bulk of drug incidents.

⁷³ The UCR covers almost 100% of police-recorded incidents, whereas the ACCS covers about 90% of the court data in Canada. Manitoba has only recently begun reporting to the ACCS and therefore is not included in these statistics.

Table 6: Total Police-Reported Drug Incidents⁷⁴

	Total Drugs	Heroin		Cocaine		Cannabis		Other Drugs	
		No.	%	No.	%	No.	%	No.	%
Actual Incidents	97130	792	1%	16837	17%	67832	70%	11669	12%

Most of the drug offences that are referred to the courts are for possession followed by trafficking (see Table 7). Regardless of the offence type, there are similar conviction rates.

Table 7: CDSA Charges – 2003 -2004.⁷⁵

	Total No.	Guilty		Acquitted		Stay/Withdrawn		Other	
		No.	%	No.	%	No.	%	No.	%
Possession	29641	10079	34%	76	0%	17515	59%	1971	7%
Trafficking	23343	6853	29%	296	1%	14268	61%	1926	8%
Import/Export	456	134	29%	4	1%	226	50%	92	20%
Production	5389	1636	30%	71	1%	3223	60%	459	9%

In terms of outcome for those convicted of a drug offence (see Table 8), those charged with possession most often received a fine, followed by prison and probation. For trafficking, most convicted offenders received prison followed by a conditional sentence. The most common sentence for an individual convicted of importing or exporting was prison followed by a conditional sentence. Lastly, for production offences, most offenders received a conditional sentence or prison sentence.

Table 8: CDSA Charges 2003/04 – Most Serious Sentence.⁷⁶

	Total Sentenced	Prison		Conditional Sentence		Probation		Fine		Other		Unknown	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Possession	10079	2950	29%	599	6%	2127	21%	3926	39%	442	4%	35	0%
Trafficking	6853	3496	51%	2043	30%	664	10%	458	7%	37	1%	155	2%
Import/Expor	134	104	78%	24	18%	1	1%	1	1%	4	3%	0	0%
Production	144	50	35%	57	40%	9	6%	27	19%	1	1%	0	0%

In the U.S., the most common offences to carry a mandatory minimum sentence are drug offences. These minimum sentences can be found at both the state and federal levels. There is a wide discrepancy among jurisdictions regarding the type of drug, amount of drug and the mandatory minimum sentence in place. Most of these sentencing reforms were introduced in the mid-1980s. In 1984, almost three-quarters (72.9%) of offenders convicted of a drug offence received a prison sentence, and by 1994, this had increased to 89%. The average sentence length also increased from 62 months in 1986 to 74 months in 1999, and the average time served went from 30 months to 66 months. As a result of these changes, the federal prison population averaged a 12% annual increase between 1986 and 1999.⁷⁷

⁷⁴ Statistics Canada (2004), *Uniform Crime Reports*

⁷⁵ Statistics Canada (2005). *Adult Criminal Court Survey*

⁷⁶ Ibid.

⁷⁷ In 1986, the number of drug offenders in federal prisons was 14,976, which increased to 68,360 in 1999.

Despite increases in the number of offenders prosecuted, the certainty of incarceration and the increases in sentence length, drug offending continues to be a major problem in the U.S. justice system.

Penalties for possession and trafficking are related to the schedule involved and range from a maximum of life for trafficking of Schedule I or II drugs and maximum possession penalties of seven or five years respectively. For Schedule III substances, the maximum penalty range is from a maximum of three years for possession to a maximum of ten years for trafficking. There are no minimum penalties.

While there are no minimum penalties in the CDSA, the old *Narcotic Control Act* set out a minimum penalty of seven years for importing and exporting. This minimum penalty was found to be unconstitutional by the Supreme Court of Canada in 1987 in the case of *R. v. Smith*, and accordingly was not included in the *Controlled Drugs and Substances Act*.

The difference in penalty between Schedule I, II and III drugs was raised as a concern by the courts when faced with arguments that the difference implied that the penalty for possession or trafficking in methamphetamine was not as serious for the same activity related to Schedule I or II substances. Provincial/territorial Ministers Responsible for Justice raised this concern with the federal Minister of Justice when they met in January 2005. Western Ministers of Health, Justice and Public Safety also raised this issue. They specifically recommended that the federal government implement harsher penalties for methamphetamine possession and trafficking.

On August 11, 2005, the federal government announced that the maximum penalty for possession, trafficking, importation, exportation and production of methamphetamine had been increased by moving methamphetamine to Schedule I of the *Controlled Drugs and Substances Act*.

While there is some concern about the overall adequacy of sentences for dangerous substances, it is too early to assess whether the rescheduling of methamphetamine will have the intended consequence of ensuring that serious penalties are meted out.

In terms of minimum mandatory penalties, it should be noted that in 2001 the Sentencing Working Group presented Deputies and Ministers responsible for Justice with an analysis of the mandatory minimum penalties, based on research undertaken by Thomas Gabor (2001). In 1999, the *Criminal Code* contained 29 offences carrying mandatory minimum sentences (MMPs). Proponents argue that the penalties act as a deterrent and provide a broad public message of denunciation and so serve to educate or change social standards. Furthermore, they provide a guaranteed outcome of consequence, which speaks to their appeal among members of the public.

Opponents of MMPs, in contrast, argue that these sentences do little to deter offending conduct, as most offences are not committed with significant foresight or in expectation of being caught. They also maintain that MMPs install rigidity in the law, which is at odds with our approach to looking at individual responsibility and proportionate sentencing. MMPs can lead to perverse results in terms of plea bargains or conviction decisions, which are intended to circumvent what is seen as overly harsh penalties in specific circumstances. There can also be significant fiscal pressures on court proceedings and corrections as a result of MMPs, as those facing such serious results may be more likely to contest their guilt and if convicted, may serve longer sentences in

custody. Finally, MMPs can exacerbate racial/ethnic⁷⁸ biases in the justice system if they are applied disproportionately to minority groups.

Despite the contentiousness around the value of MMPs, there has been an expression of interest in implementing this as a strategy in combating drug crime. However, in 2001, a review of the research commissioned by the Department of Justice Canada concluded that using mandatory minimum sentences to deter drug-related crime was ineffective.⁷⁹ One of the main factors that contributed to this ineffectiveness was the wide variation in the type and nature of drug offending. A blunt instrument such as mandatory minimum sentences was unable to provide sentences that could address these differences. For example, an individual convicted of importing or exporting may be committing the offence for financial incentives, whereas an individual convicted of possession may be dealing with a substance-abuse problem. Even within certain offences, there are offender differences. With trafficking, there is a difference between a low- and high-level trafficker.⁸⁰ As such, unique sentencing strategies to address the differences in the nature of the drug crime may be more effective.

The Working Group suggests that, before proceeding with mandatory minimum sentencing for drug offences, further innovative approaches be considered to determine if there are effective new ways of addressing the specific problem of methamphetamine offences. With this in mind, it is essential first to see whether previous efforts to address the problem are having their intended effect.

Recommendation 25:

Determine whether the rescheduling of methamphetamine to Schedule I of the CDSA is resulting in harsher penalties for drug traffickers and users. FPT officials should take the lead role in this evaluation and report back to Ministers as soon as information becomes available.

⁷⁸ Gabor, T. (2001). *Mandatory Minimum Penalties: Their Effects on Crime, Sentencing Disparities, and Justice System Expenditures*. Department of Justice Canada. Ottawa, Ontario.

⁷⁹ Gabor, T. & Crutcher, N. (2001). *Mandatory Minimum Penalties: Their Effects on Crime, Sentencing Disparities, and Justice System Expenditures*. Ottawa: Department of Justice Canada.
<http://canada.justice.gc.ca/en/ps/rs/rep/2002/rr2002-1a.pdf>

⁸⁰ A low-level trafficker is usually a first-time offender trafficking in small quantities, who can easily be replaced. Conversely, a high-level trafficker may have multiple convictions, may have been arrested with large quantities, and may play a larger role in the drug market.

SECTION V – CONCLUSION

The outcomes of both methamphetamine production and use are complex and serious in terms of the effects on the health and safety of Canadians and their communities. Those addicted to methamphetamine require help in a timely manner. They interact with multiple public agencies at great public expense: criminal justice, human services, environmental health, child protection and emergency medicine. Therefore, coordination of effort and collaboration is essential as we develop strategic solutions.

Adequate resources are required so that communities can absorb the costs of methamphetamine lab clean-up and government can provide effective treatment and supported aftercare for those who need it. Coordinated services are essential so that law enforcement can deliver a timely response to suspected methamphetamine lab activity and community services can keep up with the challenges presented by methamphetamine addicts and their families.

The Working Group acknowledges the significant magnitude and far-reaching dimensions that methamphetamine can have on our communities and have outlined recommendations to address these issues with an appropriate high-level and coordinated response. Working within existing resources will not curtail the rising tide of methamphetamine abuse.

This paper has outlined both demand and supply issues. It is through providing the appropriate level of resources, legislative response, collaboration and ultimately coordinated activity to address issues of demand and supply that an effective response will be realized. Legislation alone will not solve these complex problems. We have seen that legislating the control of precursors is largely ineffective without the resources necessary to meet the enforcement obligations of these regulations. The same will hold true for restricting precursors at the retail level. Without the ability to enforce this action the effect could be minimal. Resources for treatment, education and awareness and the proper remediation of contaminated property and safe disposal of waste from methamphetamine labs are necessary.

It is important to note that most of the recommendations as they pertain to legislation, the control of precursors, enforcement matters and site reclamation and decontamination are aligned with the actions called for in the appended National Coordinating Committee on Organized Crime's National Strategy –Marijuana and Synthetic Drug Production Operations.

Innovative approaches are required in order to keep up with emerging trends and new areas of vulnerability. The Working Group would particularly welcome any new ideas or issues raised and would be willing to consider any further proposals to assist in addressing the multitude of issues surrounding combating the production, trafficking and use of methamphetamine.

REFERENCES

- Alberta Alcohol and Drug Abuse Commission (2005). *Alberta Drug Strategy A Provincial Framework for Action on Alcohol and Other Drug Use*. Edmonton, Alberta.
http://corp.aadac.com/content/corporate/about_aadac/ab_drug_strategy_framework.pdf
- BC Ministry of State for Mental Health and Addiction Service (2004). *Crystal Meth and Other Amphetamines: An Integrated Strategy*. Victoria BC. http://www.health.gov.bc.ca/mhd/pdf/meth_final.pdf
- Canadian Community Epidemiology Network on Drug Use and the Addictive Drug Information Council (2003). *Final Report*. Methamphetamine Environmental Scan Summit. Vancouver. January, 6. pp.13-14.
- Carrigg, D. (2005). Drug Addicts Behind Police Pursuits. *The Province*. July 11. p 16.
- Cook, D. (2003). *Pharmacology of Methamphetamine*. Lecture Notes. University of Alberta. Edmonton, Alberta. September 9.
- Correctional Service of Canada (1999). *An Outcome Evaluation of CSC Substance Abuse Programs*. T3 Associates: Ottawa, Ontario.
- Criminal Intelligence Service Alberta (CISA) (2005). *Annual Report, April 2004 – March 2005*.
- Diplock, J., Kirkland, S., Malm, A and Plecas, D. (2005). *Clandestine Drug Laboratories in British Columbia*. International Centre for Urban Research Studies, University College of the Fraser Valley. Abbotsford BC.
- Falkowski, C. (2004). Hazelden Foundation. *Spectrum: The Journal of State Government*. April 30.
- Gabor, T. (2001). *Mandatory Minimum Penalties: Their Effects on Crime, Sentencing Disparities, and Justice System Expenditures*. Department of Justice Canada.
- Government of Canada and Government of the United States (2005). *United States and Canada Border Drug Threat Assessment – October 2004*.
http://www.psepc.gc.ca/publications/policing/pdf/drug_threat_e.pdf.
- Haley, K. (2000). A Strange Time in the Drug War – the Youth Feel the Heat. *WireTap*.
<http://www.alternet.org/story/9386>
- Health Canada (2005). *Drug Analysis Report on Designer Drugs Seized in Quebec October 2002-April 2004*. Ottawa, Ontario. <http://dsp-psd.pwgsc.gc.ca/Collection/H21-233-2004E.pdf>
- Health Canada (2004). *Canadian Addiction Survey (CAS): A National Survey of Canadians Use of Alcohol and Other Drugs*. November. p.7
- Health Encyclopaedia (2006). *Ephedrine*. www.online-ambulance.com



West Huddleston, III, C., Freeman-Wilson, K., Boone, D (2004). *Painting the Current Picture: A National Report Card on Drug Courts and Other Problem-Solving Court Programs in the United States*. Washington, DC: Bureau of Justice Assistance. US Department of Justice.

Hunt, D., Kuck, S., and Truitt, L. (2005). *Methamphetamine Use: Lessons Learned*. Cambridge, MA: Abt Associates, Inc.

Jobe-Armstrong, M. (2005). *Community Guide: Strategies and Interventions for Dealing with Crystal Methamphetamine and Other Emerging Drug Trends*.

Johnson-Listwan, S., Sundt J., Holsinger, A., and Letessa, E. (2003). The Effect of Drug Court Programming on Recidivism: The Cincinnati Experience. *Crime and Delinquency*. 49: 389-41.

Mugford, J. and Weeks, J. (2006). *Mandatory and Coerced Treatment*. Ottawa, Ontario: Canadian Centre on Substance Abuse. <http://www.ccsa.ca/NR/rdonlyres/379BFB3A-02A1-49B3-9ABB-CCEF7EF9A811/0/ccsa0036482006.pdf>

National Drug Intelligence Center (2006). *National Drug Threat Assessment*. United States Department of Justice. <http://www.usdoj.gov/ndic/pubs11/18862/index.htm>

National Drug Intelligence Center (2003). *Hypophosphorous Acid in Methamphetamine Production. Information Brief*. http://www.indianadea.com/public_docs/pubs4/4825/#Hypophosphorous.

National Drug Intelligence Center (2003). *Chemicals Commonly Used in Methamphetamine Production*. United States Department of Justice.

National Institute on Drug Abuse (2002). Methamphetamine Abuse and Addiction. *Research Report Series*. <http://www.nida.nih.gov/PDF/RRMetham.pdf>.

National Drug Intelligence Center (2000). *Information Bulletin: Children at Risk*. United States Department of Justice. July. pp. 1-2.

Office of National Drug Control Policy Report (2002). *Drug-Endangered Children*. http://www.whitehousedrugpolicy.gov/enforce/dr_endangered_child.html.

Pernanen, K., Cousineau M., Brochu S., & Sun, F. (2002). *Proportions of Crimes Associated with Alcohol and Other Drugs in Canada*. Canadian Centre on Substance Abuse.

Precursor Control Regulations, S.O.R./2002-359, s.7.

Province of British Columbia (2004). State of the Knowledge Report: Methamphetamine, Appendix I. *Crystal Methamphetamine and Other Amphetamines: An Integrated Strategy*.

Province of Quebec (2005). *Dossiers Où il y a Simultanément Possession, Trafic, Possession Pour Trafic, Production ou Culture et une Infraction aux Armes à Feu*. Unpublished database search.



Public Safety and Emergency Preparedness Canada (2004). *US-Canada Drug Threat Assessment-2004*. Ottawa Ontario: Government of Canada.

Rawson, R., Gonzales, R., & Brethen, P. (2002). Treatment of Methamphetamine Use Disorders: An Update. *Journal of Substance Abuse Treatment*. 23: 146.

Regulatory Impact Analysis Statement Canada Gazette Part II. 139(17) SOR 2005-235.

Rintoul, S. (2004). *What is the Scope of the Methamphetamine Issue? Local and Western Canadian Perspectives*. Paper presented at Western Canadian Summit on Methamphetamine. November 15-17. Vancouver BC.

Rintoul S., and MacKillican, C. (2001). *Designer Drugs and Raves*,. Addictive Drug Information Council. second edition

Royal Canadian Mounted Police "E" Division (2005). *The Scope and Impact of Organized Crime in British Columbia*. Surrey BC.

Royal Canadian Mounted Police, Criminal Intelligence Directorate (2005). *Drug Situation in Canada-2004*, Ottawa, Ontario.

Suwaki, H. et al. (1997). Methamphetamine Abuse in Japan: Its 45-Year History and the Current Situation. In *Amphetamine Misuse: International Perspectives on Current Trend*, ed. H. Klee. Cited in: Province of British Columbia. 2004. State of the Knowledge Report: Methamphetamine, Appendix I. *Crystal Methamphetamine and Other Amphetamines: An Integrated Strategy*.

Szust, K. (2006) *Drug Library: Ephedrine*. www.petplace.com

United Nations (2005). *World Drug Report*. Vienna: Office on Drugs and Crime.

United Nations (2003). *Ecstasy and Amphetamines: Global Survey*. Vienna: Office on Drugs and Crime.

United States Government Accountability Office (2005). *Adult Drug Courts: Evidence Indicates Recidivism Reductions and Mixed Results for Other Outcomes*. Washington DC: Report to Congressional Committees. February.

Weekes, J., Ginsburg, J., and Chitty, P. (2004). *Increasing Offender Participation in Programs*. Reintegration Programs Division, Correctional Service of Canada. http://www.csc-scc.gc.ca/text/pblct/forum/e131/e131g_e.shtml

Western Canadian Summit on Methamphetamine (2005). *Bringing Together Practitioners, Policy Makers and Researchers, Consensus Panel Report*. Vancouver BC.

Wild, C. (2005). Lecture Notes. Edmonton, Alberta. University of Alberta. December 17.

Zickler, P. (2004). Long-Term Abstinence From Methamphetamine Damage. *NIDA Notes*. 19(4).

APPENDIX 1

RECOMMENDATIONS

Recommendation 1

Ensure that information campaigns directed at reducing methamphetamine use are consistent among all levels of government. Achieve this by:

- building upon existing collaborative efforts; and
- targeting populations that are harder to reach and that are more likely to engage in use.

Recommendation 2

Ensure appropriate levels of government support for information and prevention programs to address problems associated with the production, trafficking, and use of methamphetamine.

Recommendation 3

Enhance partnerships and program delivery between Justice and Public Safety ministries and others that support promising and emerging intervention and prevention programs for youths.

Recommendation 4

Develop and support innovative approaches to addressing methamphetamine use and related problems in the community. Drug courts and community courts offer governments and communities promising alternatives in developing these approaches.

Recommendation 5

Identify best practices across North America for the involuntary treatment of methamphetamine users. Monitor the effectiveness of legislative efforts in Alberta and Saskatchewan, which have introduced such measures for youths.

Recommendation 6

Research the viability and utility of committing adult offenders into involuntary methamphetamine treatment programs.

Recommendation 7

Establish a drug resource Web site for law enforcement professionals and partners with a tracking system providing comprehensive information about clandestine methamphetamine labs and information on existing intervention strategies.

Recommendation 8

Reassess the requirement to further monitor the domestic sales and importation of ephedrine and pseudoephedrine, since the NAPRA scheduling has been implemented and Health Canada has completed its mapping exercise tracking the movement of ephedrine into and throughout Canada.

**Recommendation 9**

Develop common approaches among all levels of government controlling the access and sale of single- or multiple-ingredient ephedrine or pseudoephedrine products.

Recommendation 10

Continue to monitor the implementation of PCR licensing amendments addressing law enforcement concerns for a two-year period to determine the effectiveness of the measures. Have Public Safety Canada and Health Canada lead the examination with input from all jurisdictions.

Recommendation 11

Examine the possibility of establishing a suspicious-transaction database to monitor suspicious sales of ephedrine, pseudoephedrine, and other precursors. This could be accomplished by creating a tracking system similar to FINTRAC that could collect all information related to the diversion of precursors.

Recommendation 12

As proposed in the NCC Strategy, establish trained regional teams within the Canada Border Services Agency to inspect and take samples from suspicious and potentially dangerous shipments of precursor chemicals.

Recommendation 13

Expand Health Canada's compliance program by hiring more officers to ensure uniform compliance and enforcement of the PCR within each region.

Recommendation 14

Establish a new CDSA offence prohibiting the possession of Class A precursors for the purpose of producing methamphetamine.

Recommendation 15

Establish a new CDSA offence prohibiting the production and trafficking of Class A precursors.

Recommendation 16

Establish a new CDSA offence prohibiting the possession of equipment, chemicals, and other substances for the purpose of producing methamphetamine.

Recommendation 17

Establish a new CDSA offence prohibiting the sale of equipment, chemicals, and other materials for the purpose of producing methamphetamine.

Recommendation 18

Amend section 10 of the CDSA to include as an aggravating factor in sentencing, the presence of children, or other dependent persons, where methamphetamine is produced.



Recommendation 19

Establish new, or maintain existing, clandestine drug lab teams in all jurisdictions to ensure uniform national suppression efforts.

Recommendation 20

Develop national standards of training and protocols for first responders to ensure consistency in approaches to protect first responders and the public from associated hazards. Federal, provincial and territorial governments should explore funding opportunities to support the development of these standards.

Recommendation 21

- a) All provinces should consider adopting “safer communities” or similar legislation, as has been implemented in Saskatchewan and Manitoba.
- b) Federal, provincial, territorial, and First Nations governments should work together to ensure that “safer communities” legislation can be applied or adopted on reserves.

Recommendation 22

All provinces, territories, or local governments should evaluate the feasibility of legislative responses to:

- regulate the suppliers of equipment used for production operations and to require the appropriate reporting of sales;
- develop ways to assist communities to defray the costs of cleaning up property from property owners;
- require disclosure by realtors or seller of property of any use of the property for the illicit production of methamphetamine; and
- ensure the victims of methamphetamine or their families have a clear civil remedy against the trafficker or those that harbour the trafficker.

Recommendation 23

Develop a national methamphetamine dismantling protocol which guides local jurisdictions in the proper authorizations required and the safe shutdown of clandestine labs.

Recommendation 24

Establish appropriate national guidelines for the decontamination and remediation of clandestine laboratory sites and by-product chemical dumpsites. Convene a group of experts to develop these guidelines with the specific tasks of:

- reviewing relevant existing regulations, laws and guidelines relating to decontamination and remediation;
- identifying which authorities/agencies and jurisdictions are responsible for decontamination and remediation;
- outlining skills/processes necessary for effective decontamination and remediation; and
- identifying gaps in funding arrangements and developing proposals for funding.



Recommendation 25

Determine whether the rescheduling of methamphetamine to Schedule I of the CDSA is resulting in harsher penalties for drug traffickers and users. FPT officials should take the lead role in this evaluation and report back to Ministers as soon as information becomes available.

