

# Understanding the Opioid and Fentanyl Crisis And Knowing What To Do About It

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# SESSION 1 - CLASSIFICATION OF DRUGS

## PSYCHOACTIVE DRUGS

- ▶ Mood-altering drugs also called psychoactive drugs—are drugs that can change or affect the way a person thinks, feels, or acts.
- ▶ These drugs usually have physical effects as well, but what sets them apart from other drugs is that they work on the mind and the senses. Most of these drugs work on the central nervous system (CNS) - the brain.
- ▶ Psychoactive drugs can be classified as
  - ▶ CNS depressants
  - ▶ opiates
  - ▶ CNS stimulants
  - ▶ hallucinogens
  - ▶ cannabis
  - ▶ solvents and inhalants

# CNS DEPRESSANTS

- ▶ These are drugs that act on the central nervous system, producing feelings of relaxation, and can lead to intoxication.
- ▶ These drugs lower blood pressure, respiration, and heart rate. In large doses, depressant drugs may lower these body functions to the point of death.
  - ▶ Examples of depressants include
    - ▶ alcohol (e.g., beer, wine, spirits, coolers)
    - ▶ benzodiazepines (minor tranquilizers or sleep medications)
    - ▶ barbiturates

# OPIATES

- ▶ These drugs were originally derived from the Asian poppy, but many drugs in this class are now produced by the pharmaceutical industry.
- ▶ These drugs are often prescribed by physicians and used under medical supervision to relieve and manage pain.
- ▶ Opiates can produce surges of pleasure followed by stupor.
- ▶ They also produce nausea, constipation, and slow breathing to a point where it may stop.
- ▶ Opiates have high addiction potential and can produce physical dependence at a prescribed dose.

# Examples of opiates

- ▶ morphine
- ▶ codeine
- ▶ heroin
- ▶ various prescription pain relief medications (e.g., OxyContin)

# CNS STIMULANTS

These drugs act on the brain and the body to cause a variety of effects, including increased blood pressure, heart, and respiration rates; raised blood sugar levels; increased energy and alertness; and decreased appetite.

- ▶ Examples of stimulants include
  - ▶ cocaine (including crack)
  - ▶ amphetamines (e.g., Benzedrine, speed, crystal methamphetamine)
  - ▶ diet pills
  - ▶ nicotine—tobacco products
  - ▶ caffeine—coffee, tea, chocolate, colas
  - ▶ methylphenidate (Ritalin)  
Methylenedioxymethamphetamine (MDMA - Ecstasy)\*  
\* a stimulant with hallucinogenic properties

# HALLUCINOGENS

- ▶ Sometimes referred to as “psychedelics,” these drugs act on the brain, intensifying all senses, dramatically affecting perception, and creating disorientation.
- ▶ Hallucinogens raise the heart rate and sensory activity and muddle perceptions of reality.
  - ▶ Examples of hallucinogens include
    - ▶ lysergic acid diethylamide (LSD, acid)
    - ▶ psilocybin (magic mushrooms)
    - ▶ mescaline (peyote)

# CANNABIS

- ▶ Cannabis products are considered in a classification of their own because they act like a hallucinogen, but also produce depressant effects.
- ▶ Cannabis effects include relaxation and slowed response time, as well as memory and concentration problems.
  - ▶ Examples of cannabis products include
    - ▶ marijuana
    - ▶ hash
    - ▶ hash oil
    - ▶ synthesized THC medicinal product (e.g., Marinol)
    - ▶ cannabis-based medicinal product (e.g., Sativex)

# INHALANTS AND SOLVENTS

- ▶ Solvents and inhalants are found in household and commercial products.
- ▶ They are used by pouring the product into a bag and inhaling.
- ▶ Effects range from effects similar to being intoxicated to serious and unpredictable results such as seizures, convulsions, brain damage, heart failure, and death.
  - ▶ Examples of solvents and inhalants include
    - ▶ gas
    - ▶ paint thinner
    - ▶ aerosols
    - ▶ plastic cement

# SESSION 2 - FAQ: METHAMPHETAMINE

## Q. WHAT IS METHAMPHETAMINE?

A. Methamphetamine is classified as an amphetamine-type stimulate (ATS). A Central Nervous Stimulate. (CNS - “The Brain”) There are two major subgroups of ATS:

- ▶ Amphetamines: amphetamine, dexamphetamine, methamphetamine
- ▶ Ecstasy - type substances (MDMA), 3,4-methylenedioxyamphetamine (MDA) and N-ethyl-methylenedioxyamphetamine (MDE or MDEA)

# WHAT IS THE HISTORY OF METHAMPHETAMINE?

- ▶ Amphetamine was first synthesized in Germany in 1887.
- ▶ Amphetamines were not released as a legitimate medication until the 1930's to combat nasal congestion.
- ▶ Later, they were found to be useful in the treatment of attention deficit hyperactivity disorder (ADHD), narcolepsy or sleep disorder, and obesity and depression.
- ▶ Amphetamines became widely used during World War II by the military personnel to maintain alertness.
- ▶ During the 1950's through the 1980's the production and distribution of methamphetamine was primarily controlled by OMG's.

# HOW DOES METHAMPHETAMINE ENTER YOUR BODY?

- ▶ Smoking
- ▶ Injecting
- ▶ Snorting
- ▶ Swallowing
- ▶ Rectum

# WHAT ARE THE BASIC CHEMICAL REQUIREMENTS TO MAKE METHAMPHETAMINE?

*The Betty Cracker Cookbook:*

“Take a pinch of red phosphorous, a smidgen of ephedrine, a dash of iodine and a skosh of lye. Add some distilled water and simmer for a few hours and hope it doesn’t explode and kill you.”

- ▶ *PRECURSOR - Essential - no substitution (for example, ephedrine or pseudoephedrine - methamphetamine).*
- ▶ *Phenylacetic Acid (PAA) - P2P*
- ▶ *REAGENT- Chemical which reacts upon precursor causing it to chemically change. (for example, iodine, sulfuric acid*
- ▶ *(Battery acid), Hydrochloric Acid, Sodium Hydroxide (Red Devils Lye - Drano, Epsom Salt, Thionyl Chloride*
- ▶ *CATALYST- Chemical which speeds up a reaction (for example, Lithium Metal, Sodium Metal, Red Phosphorous, Hydrogen)*
- ▶ *SOLVENT - Medium (Liquid) (for example, coleman fuel, starting Fluid, ether, naphtha, methanol)*

# WHAT IS THE COST OF METHAMPHETAMINE?

This will depend on the availability of chemicals, number and type of labs in the area, purity of product, geographic region, and the size, sophistication of the labs and the amount you buy.

# WHAT ARE THE PHYSICAL, BEHAVIOURAL & COGNITIVE EFFECTS OF METHAMPHETAMINE?

## *PHYSICAL:*

- ▶ *Increased heart rate, respiration and blood pressure*
- ▶ *Bad body order (especially breath)*
- ▶ *Frequent coughing*
- ▶ *Tightened jaw muscles, grinding teeth*
- ▶ *Reduced enjoyment of eating and weight loss*
- ▶ *Brain damage*
- ▶ *Teeth and gum disease*

- ▶ *Kidney damage and liver disease*
- ▶ *Blood clots*
- ▶ *Loss of appetite (anorexia), leading to poor nutrition and weight loss with heavy use*
- ▶ *Involuntary body movements (uncontrollable movement and/or twitches of fingers, facial & body muscles, lip-smacking, tongue protrusion, grimacing, etc.*
- ▶ *Decreased need for sleep (insomnia)*

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- ▶ *Dilated pupils, Heavy bags around eyes - no sleep*
- ▶ *Nasal damage from snorting*
- ▶ *Muscle tremors, convulsions*
- ▶ *Abdominal discomfort and ulcers*
- ▶ *Headaches, blurred vision, eye aneurysm*
- ▶ *Itching, welts or sores on skin*
- ▶ *Visual & auditory hallucinations (hearing voices)*
- ▶ *Nausea, vomiting, diarrhea*

- ▶ *Shortness of breath and chest pain*
- ▶ *Sore throat and lung problems*
- ▶ *Increased sex drive (loss of interest in sex, over time )*
- ▶ *Disturbed personality development*
- ▶ *Methamphetamine psychosis*
- ▶ *Death*

# BEHAVIOURAL EFFECTS

- ▶ *Excessive excitation, hyperactivity*
- ▶ *Moodiness & irritability*
- ▶ *Panic, suspiciousness & paranoia (distrust of others)*
- ▶ *False sense of confidence and power (delusions of grandeur)*
- ▶ *Aggressive and violent behaviour*
- ▶ *Irrational Anger, irritable, tense and aggressive*

- ▶ *Hypermania (excessive energy - out of character behaviour)*
- ▶ *Changes in work or school performance*
- ▶ *Changes in eating patterns - junk food*
- ▶ *Changes in attitudes toward engaged activities*
- ▶ *Changes in how a person handles anger - unreasonably angry or hostile over insignificant or imagined events*
- ▶ *Change in friends*

# COGNITIVE EFFECTS

- ▶ *Increased energy and alertness*
- ▶ *Increased confidence - the “superman” or “superwomen” complex*
- ▶ *Anxiousness & nervousness*
- ▶ *A sense of well being*
- ▶ *Loss of memory*
- ▶ *Poor concentration and difficulty in focusing*
- ▶ *Paranoia and hallucinations (for example, “crank bugs”)*
- ▶ *Severe depression, suicidal tendencies*

# WHAT ARE NEUROTRANSMITTERS AND HOW COME THEY ARE IMPORTANT IN UNDERSTANDING STIMULANTS

## METHAMPHETAMINE?

1. Dopamine;
2. Serotonin; and
3. Norepinephrine.

The neurotransmitters are able to elevate your mood, induce euphoria, increase alertness, reduce fatigue, decrease appetite, increase movement and speech, and provide a sense of increased personal power.

# WHAT ARE THE STAGES OF METHAMPHETAMINE ADDICTION?

- ▶ **RUSH** (3 - 5 minutes) - Feelings of euphoria.
- ▶ **HIGH** (2 - 4 hours) - The “superman, superwomen syndrome”.
- ▶ **BINGE** (3 - 4 days) - Mental and physical hyperactivity.
- ▶ **TWEAKING** - ( 20 minutes - 4 hours) DANGER STAGE - irritable and paranoid.

- ▶ **CRASH** (1 - 3 days) - Lethargic and sleeps.
- ▶ **NORMAL** (2 - 14 days) the user returns to a slightly deteriorated state, relative to how the person was doing prior to the drug episode.
- ▶ **WITHDRAWAL** (30 - 90 days) No immediate symptoms are evident, but depression and lethargy set in. Meth craving and suicidal tendencies may follow. A hit of meth during this period stops those unpleasant feelings - consequently a high percentage of meth addicts return to meth use.

- ▶ ***HIGH - INTENSITY ABUSERS*** often focus on the ***CRASH***.
- ▶ This state will usually not include a state of ***NORMAL*** or ***WITHDRAWAL***.
- ▶ Recovery of the ***HIGH - INTENSITY ABUSERS*** is a slow process

# WHAT MAKES METHAMPHETAMINE SO ATTRACTIVE TO CERTAIN GROUPS?

- ▶ The routes of use
- ▶ Cheap compared to other stimulates
- ▶ Availability - “mom & pop labs”
- ▶ The duration of the “high”
- ▶ The appeal to certain at - risk groups.

# WHO ARE THE AT-RISK GROUPS?

- ▶ Women of child-bearing age using methamphetamine
- ▶ Children at-risk in homes where parents or other family members are engaged in the use or production of methamphetamine
- ▶ Street youth and young adults (especially homeless)
- ▶ Youth and young adults attending rave dance scenes
- ▶ Youth, young adults and middle aged persons using methamphetamine to control weight

- ▶ Athletes
- ▶ Gay men and lesbians
- ▶ Super achievers
- ▶ Individuals committed to long term gaming
- ▶ Blue collar and service workers

# WHAT MAKE METHAMPHETAMINE SO ADDICTIVE?

- ▶ The user demands more of the drug to return to normal (+ pleasure).
- ▶ This pleasure/tension cycle leads to loss of control over the drug and addiction.

# WHAT IS THE RELATIONSHIP BETWEEN METHAMPHETAMINE USE AND VIRUSES LIKE HIV AND HEPATITIS?

Many people using methamphetamine tend to engage in unprotected and uninhibited sex and share syringes and injection supplies.

# WHAT MAKES THE PRODUCTION OF METHAMPHETAMINE MORE DANGEROUS THAN OTHER DRUGS?

- ▶ Methamphetamine production is different than other drugs because it poses hazards through all levels of production and handling.
- ▶ Also, each “meth cook” has a different way of producing the drug.
- ▶ Each method has its own inherent dangers.
  - ▶ Physical injury from explosions, fires, chemical burns
  - ▶ Toxic fume inhalation
  - ▶ Child endangerment
  - ▶ Pets, especially guard dogs can be harmed
  - ▶ Environmental hazards

# WHAT IS A “MOM and POP” OR “BEAVIS AND BUTTHEAD” METH LAB?

- ▶ Scale of operations and quality of equipment

# WHAT ARE SOME RESPONSES TO ADDRESS THE METHAMPHETAMINE PROBLEM

Some possible answers are:

1. Developing comprehensive community based prevention strategies. (For example, Meth Watch Program)
2. Identifying the users and at-risk groups to develop specific prevention and intervention strategies.
3. Arresting and prosecuting clandestine methamphetamine lab operators and cooks. Arresting and prosecuting dealer of methamphetamine.
4. Seizing and filing for forfeiture of clandestine methamphetamine lab operators' assets.
5. Enforcing environmental protection laws against clandestine methamphetamine lab operators.

6. Control the sale and distribution of the precursor chemicals and other ingredients used to manufacture methamphetamine.
7. Training parents, school teacher, health professionals, front line drug and alcohol workers and others to report suspected drug users and suspected clandestine methamphetamine lab operations.
8. Training sales clerks to detect and report suspicious chemical and equipment purchases.
9. Training police and other first responders to identify potential clandestine methamphetamine labs.
10. Providing child protective services to children exposed to clandestine methamphetamine labs.
11. Providing adequate treatment resources to treat methamphetamine addiction.

12. Providing a community court that deals with addiction as a health issue, not a criminal issue.

13. Providing after care resources to treat methamphetamine addiction.

*(See COPS. U.S. Department of Justice, Office of Community Oriented Policing Services, Clandestine Drug Labs, No. 16 - by Michael S. Scott)*

# SESSION 3 - FAQ - FENTANYL

## HISTORY OF FENTANYL

- ▶ Fentanyl was originally manufactured in the 1960s
- ▶ First introduced on the consumer market in the early 1990s
- ▶ Used for long-term pain management in chronic conditions, such as cancer.
- ▶ Common prescription forms of Fentanyl are Sublimaze, Actiq and Duragesic.
- ▶ OxyContin reformulated in 2012 called OxyNeo.
- ▶ With the removal of prescription OxyContin - counterfeit OxyContin pills containing the synthetically produced opioid Fentanyl as the active ingredient.

# WHY USE FENTANYL?

- ▶ **Searching for the “ULTIMATE HIGH”**
- ▶ Fentanyl laced heroin or cocaine (the combination of drugs) is widely sought by addicts.

# WHY IS FENTANYL DANGEROUS?

- ▶ Fentanyl is around 20 to 40 times more toxic than heroin and 50 to 100 times more toxic than morphine, which makes the risk of accidental overdose higher.
- ▶ When fentanyl is combined with other opioids (like heroin, morphine, methadone or codeine), alcohol, benzodiazepines, or cocaine or methamphetamines, it can further increase the risk of accidental overdose.
- ▶ Combining substances (including alcohol), intentionally or unintentionally, increases overdose risk.
- ▶ It's also important to be aware that drugs other than fentanyl can also be lethal, and that there is no quality control or regulated manufacturing process for illegal drugs.

- ▶ Manitoba, law enforcement agencies have found illicitly manufactured fentanyl being sold in:
- ▶ pill form sold as fake oxy's and other club drugs
- ▶ powder form sold as heroin or fent
- ▶ powder form mixed into other drugs like cocaine, crystal meth, and on blotter papers disguised as "blotter LSD"

# WHAT ARE THE SIGNS AND SYMPTOMS OF USING FENTANYL?

## PHYSICAL EFFECTS

- ▶ Severe gastrointestinal problems, including bowel obstruction and perforation
- ▶ Weakened immune system
- ▶ Increased Heart rate
- ▶ Swelling in hands and feet
- ▶ Difficulty breathing
- ▶ Seizures
- ▶ Fatigue
- ▶ Dizziness

# BEHAVIOURAL EFFECTS

- ▶ Cravings
- ▶ Tolerance - diminished effects while taking same dose
- ▶ The person has the desire to cut down or has unsuccessfully tried to cut down on the amount used
- ▶ The person continues to use the drug despite being aware it is causing them problems socially, academically or in the workplace
- ▶ Use leads to the inability to fulfil major life responsibilities
- ▶ The person gives up activities that were once important in their life
- ▶ The person uses the drug when in dangerous conditions
- ▶ The person continues to use the drug despite being aware it is leading to or worsening physical or psychological problems

# MENTAL EFFECTS

- ▶ Paranoia
- ▶ Social withdrawal
- ▶ Lack of motivation
- ▶ Personality changes
- ▶ Delusions or hallucinations

# LETHAL COMBINATIONS

- ▶ When combined with other street drugs like heroin that depress the central nervous system, the user is at increased risk of:
  - ▶ Respiratory distress
  - ▶ Coma
  - ▶ Death

# WITHDRAWAL SYMPTOMS 6 - 36 HOURS AFTER LAST DRUG USE

- ▶ Agitation and Restlessness
- ▶ Irritability
- ▶ Inability to think LOGICALLY
- ▶ Trouble concentrating
- ▶ Chills
- ▶ Sweats
- ▶ Insomnia
- ▶ Nervousness
- ▶ Feeling of overwhelmed by emotions

# IS THERE A TREATMENT FOR A FENTANYL OVERDOSE?

- ▶ Naloxone (pronounced "nah-LOX-own") is a drug that can reverse opioid overdose.
- ▶ When injected into the arm or thigh muscle, it can quickly reverse the effects of opioid drugs.
- ▶ Naloxone works as an antidote for opioid overdose. Naloxone binds to the same sites (receptors) in the brain as opioids.
- ▶ When naloxone is given it pushes the opioid from the receptor to restore a normal breathing rate.
- ▶ Naloxone can reverse slowed breathing within 1 to 5 minutes, but its effects will only last for 30 to 90 minutes. A second dose of naloxone may be needed if the first dose does not restore a normal breathing rate.

- ▶ After naloxone wears off, the opioid may still be present and it can bind to its receptors in the brain and cause breathing to slow down again.
- ▶ That means the overdose may return, requiring another dose of naloxone.
- ▶ This is why it is important to seek medical help as soon as possible by calling **9-1-1**, and be prepared with a second dose of naloxone if the overdose symptoms return.

- ▶ **National report: Apparent opioid-related deaths in Canada (released September 2018) - Government of Canada**

- ▶ **Key findings**

- ▶ The opioid crisis has affected every part of the country, but there are clear differences in death rates and the substances involved across provinces and territories.
- ▶ According to available data reported as of September 12, 2018:
  - ▶ there were more than 8,000 apparent opioid-related deaths between January 2016 and March 2018 (3,005 in 2016 and 3,996 in 2017)
  - ▶ from January to March 2018, there were at least 1,036 apparent opioid-related deaths; 94% were accidental (unintentional)

- ▶ National trends in 2018 (from January to March) continue to reflect those observed in 2017
  - ▶ most accidental apparent opioid-related deaths involved fentanyl or fentanyl analogues (73%)
  - ▶ most accidental apparent opioid-related deaths occurred among males (77%)
  - ▶ individuals between the ages of 30 and 39 represent the highest proportion (27%) of accidental apparent opioid-related deaths
- ▶ The number of accidental apparent opioid-related deaths involving fentanyl or fentanyl analogues increased by 16% compared to the same time frame in 2017, and doubled compared to the same time frame in 2016
- ▶ It is expected that these numbers will change as additional data become available.

# SESSION 4 - FOUR PILLARS APPROACH

## PILLAR ONE - PREVENTION

- ▶ **PRIMARY PREVENTION** - to prevent substance use altogether or delay the onset of substance use
- ▶ **SECONDARY PREVENTION** - aimed at early stages of substance misuse before serious use
- ▶ **TERTIARY PREVENTION** - focus on providing serious harm to people who have become addicted to drugs

# PILLAR ONE - PREVENTION PROGRAMS THAT WORK

- ▶ Realistic, achievable objectives and goals
- ▶ Identification of who the program is targeting
- ▶ Strong leadership
- ▶ Effective coordination among agencies
- ▶ Expertise in evidence-based strategies
- ▶ Long-term commitment of funding and resources

# PILLAR TWO - TREATMENT

- ▶ Treatment refers to a series of interventions and supports that enable an individual to deal with the addiction problems, make healthier decisions, and eventually resume their place in the community.
- ▶ In order to secure the best results, a continuum of care should be a central part of the treatment plan.

# CONTINUUM OF CARE - TREATMENT

- ▶ Detox
- ▶ Methadone
- ▶ Out-Patient
- ▶ Residential Treatment Program
- ▶ After Care
- ▶ Dual Diagnostic Program
- ▶ Programs for Women
- ▶ Program for Youth
- ▶ Aboriginal People and other ethnic populations

# PROBLEMS WITH TREATMENT AS A CONTINUUM OF CARE

- ▶ lack of availability of treatment and long waiting lists
- ▶ poor evaluation of existing programs and the tendency to throw more money into programs that don't work
- ▶ lack of early intervention, even though studies have shown that this is crucial to preventing a lengthy and harmful problem with drugs or alcohol
- ▶ fragmented service structures
- ▶ current treatment programs do not provide service for the most difficult street-involved addicts who continually remain isolated and marginalized from the treatment system
- ▶ lack of user involvement in evaluating programs

# PILLAR THREE - ENFORCEMENT

- ▶ Enforcement consist of a broad range of activities carried out by regulatory
- ▶ agencies, licensing authorities, police, the courts, and other sectors within or attached to the criminal justice system.

# PROBLEMS WITH ENFORCEMENT

- ▶ Police have few available tools to maximize the full impact of enforcement
- ▶ The sheer scale of the drug market and the sophistication and mobility of criminal organizations
- ▶ Current laws require enormous resources to gather evidence for trials
- ▶ Courts are backed-up
- ▶ Judges are reluctant to treat addiction as a criminal matter because the problem will not be solved by sending the person to jail or prison

# SUGGESTIONS TO IMPROVE ENFORCEMENT

- ▶ Establish community courts for immediate prosecution of minor offences and divert to community services, counselling or drug treatment programs and other social support
- ▶ Increase community policing with community members having an influence in policy and procedures
- ▶ increase the use of Community Impact Statements Establish drug courts which would have the option of treatment instead of jail or prison
- ▶ Increase cooperation among enforcement agencies
- ▶ Change the laws

# PILLAR FOUR - HARM REDUCTION

- ▶ Harm Reduction means accepting the fact that drug use does and will occur - and accepting the need to minimize the harm that as on communities and individuals
- ▶ And it means that abstinence-based strategies are often impractical and ineffective in dealing with street-entrenched drug scene.
- ▶ Harm to the individual may be physical, psychological, spiritual, social, and economic.

# PRINCIPLES OF HARM REDUCTION

- ▶ First, do no harm
- ▶ Respect the basic human dignity of persons who use drugs
- ▶ Maximize intervention options
- ▶ Focus on the harms caused by drug use, rather than drug use person
- ▶ Choose appropriate outcome goals

# EXERCISE

- ▶ Review the recommendations in the Four Pillar's approach to drug prevention.
- ▶ Are any of these recommendations applicable to you facility/school/community? Which recommendations (or others) would be suitable to developing your crystal meth drug prevention and intervention plan?
- ▶ Discuss and select an at-risk group that is applicable to your circumstances.
- ▶ Develop a four pillar's approach drug prevention and intervention plan.

# SESSION 5 - CRYSTAL METH & FENTANYL AS A PUBLIC HEALTH ISSUE

## WHAT IS PUBLIC HEALTH?

- ▶ “Public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole.
- ▶ Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases.
- ▶ Thus, public health is concerned with the total system and not only the eradication of a particular disease”.
- ▶ Source: <http://www.who.int/glossary/story076/en/>

# THERE ARE THREE MAIN PUBLIC HEALTH FUNCTIONS:

- ▶ The assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities.
- ▶ The formulation of public policies designed to solve identified local and national health problems and priorities.
- ▶ To assure that all population have access to appropriate and cost-effective care, including health promotion and disease prevention services.
- ▶ Source: <http://www.who.int/glossary/story076/en/>

# SESSION 6 - CRYSTAL METH & FENTANYL AS A LAW ENFORCEMENT ISSUE

## LAW ENFORCEMENT INITIATIVES IN DEALING WITH CRYSTAL METH AND FENTANYL

- ▶ General Law Enforcement Initiatives
- ▶ The Criminal Effect of Methamphetamine on Communities
- ▶ The Impact of Methamphetamine on Children
- ▶ The Controlled Drugs and Substance Abuse Act (CDSA) and Methamphetamine

- ▶ The Criminal Code and Methamphetamine
- ▶ Provincial (Territorial) Statutes and Methamphetamine
- ▶ Drug Abuse Resistance Education (DARE)
- ▶ Neighbourhood Meth Watch Programs
- ▶ Checklist for First Responders to a Clandestine Lab (Law Enforcement Officers)
- ▶ Checklist for First Responders to a Clandestine Lab (Guidelines for Staff other than Law Enforcement Officers)

# SESSION 7 - SPECIFIC PREVENTION & TREATMENT PROGRAMS

- ▶ Changes in Business Practices
- ▶ School Curriculum Changes
- ▶ Patch 4 Patch
- ▶ Health Alters
- ▶ Task Force & Working Groups
- ▶ Criminal Code Changes