

# [The emerging issue of cr ystal methamphetamine essay](https://assignbuster.com/the-emerging-issue-of-cr-ystal-methamphetamine-essay/)

INTRODUCTION Crystal methamphetamine 1 use among people in some First Nations communities (both in Canada and the United States) has evolved into an issue that is requiring more and more attention. Indicative of this, in July of 2005, the Assembly of First Nations (AFN in Canada passed a resolution specifica lly directed at this emerging issue. ) f 2 As a result o this resolution, the AFN has identified the n eed for the development of a First Nations National Task Force on Crystal Meth to deve lop a Strategic Action Plan to Address the Emerging issue of Crystal Meth in First Nations Communities.

Generally speaking, this paper provid es basic information about crystal methamphetamine as well as information that is First Nations specific. The first part of the paper discusses: what crystal meth is; who is using it; how it used; how it is made and; how it affects the body, mind, rela tionships and the environment. In Part II, interactio ns between governments 3 (e. g. : health/drug strategies), large pharmaceutical companies and organized crime are examined (e. g. : production levels of amphetamines). The role that these entitie s play in activities surrounding the production and sale of crystal methamphetamine—with n emphasis on issues related to First Nations— is articulated. First Nations crystal meth treatment strategies are also examined. Part III, aspires to put a ‘ human face’ on the rising problem of crystal methamphetamine addiction in First Nations communities. Tala Tootoosis’ (Plains Cr ee/Nakota) story is briefly stated and the crystal meth addicti on situation across the border on the Navajo Nation is commented upon. These examples aim to illustrate how crystal meth addiction has negatively affected a First Nations indivi dual and the devastating impact the drug has had on one Native American community.

It is important to recognize from the outset of this paper that crys tal methamphetamine is not a First Nations specific problem and s hould not be perceived as one. Some communities have a problem with it, while others do not. This does not, however, mean that communities and leadership should not be proactive and on the forefront of this emerging issue. This important obser vation was provided at a workshop by the prevention Awareness and Comm unity Education (P. A. C. E) team —based out of the Saskatchewan Indian Institute of Technol ogy (SIIT). P. A. C. E was founded on the principles that education a d awareness are key measures in protecting First Nations communities against the dangers of using crystal methamphetamine. Another important idea to consider from the out set is that while the emergence and use of crystal meth is a relatively new phenomenon (i. e. : compared to other mind altering agents), the issue of addiction is nothing ne w. While it is important to focus on the 1 In this paper, crystal methamphetamine is be refe rred to as: “ crystal methamphetamine”, “ crystal meth” or “ meth”. 2 Please see Appendix A for the full content of this resolution. 3 This includes input from First Nations leadership. 2 pecifics of how to most effec tively deal with meth production a nd use, it is also just as important not to overly focus on it. For instan ce, Michael Siever of the Stonewall project in San Francisco notes that even with the introduction of crystal methamphetamine into the addiction picture, the crack cocaine problem is still as prevalent as ever (Huff, 2005). Thus, just because crystal methamphetamine is now part of the ‘ addictions picture’ does not mean addictive behaviours with regard to other substances will magically go away. Thus, effective holistic substa nce abuse strategies should be taken into consideration.

One such example is the work undertaken by the First Nations and Inuit Mental Wellness Advisory Committee of the First Nations and In uit Health Branch – Health Canada. This committee has developed a Strategic Action Pl an for First Nations and Inuit Mental Wellness (includes Mental Health and Addictions). PART I CRYSTAL METHAMPHETAMINE: WHAT IS IT? Historical Development of Amphetamines and Their Use To understand what crystal methamphetamine is it is necessary to know a bit about the origins of amphetamines and methamphetami nes in industrialized societies. Amphetamine was first synthesized in Ge rmany in 1887.

Its more powerful cousin, methamphetamine, was then synthesized in Japan in 1919. Into the mid 1900’s methamphetamine was used by troops on both sides of battle (in WWII, Korean Wars, Vietnam War) and could often be found in soldiers field kits. 4 After WWII, California biker gangs produced methamphetamine or ‘ speed’ in the 60’s and 70’s —smuggling it in the “ crank” case of motorcycles (one of the many slang terms for methamphetamine is “ crank”) (Huff, 2005). Today, crystal meth has become the most widespread and popular form of the drug, larg ely because it is so easy to make that anyone can set up a lab (instruc ions are widespread on the World Wide Web), but also because motorcycle gangs, which are becomi ng dominant in organi zed drug trafficking, usually sell the drug (CBC, 2004). Like penicillin (another wartime drug) 5 , amphetamines and methamphetamines have been found to have limited medical use. Medical professionals have used methamphetamines in small doses with some success to treat Attention Deficit Disorder ADD. (Farley 1997). Methamphetamine was also marketed to women primarily as an appetite suppressant for the purpose of loosing weight (a side effect of the drug) ( 2005). It was and continues to be used on-medically and is commonly k Huff nown as peed’. ‘ s 4 In 2004 troops started using Provigil, also called “ go pill”. Use of drugs in military situations is actually something important to recognize. Like today, as is the case with methamphetamines, future drugs used in military contexts may also cause problems as they fi nd their ways into the streets of civilian communities. 5 Before the invention of penicillin, soldiers might often died of gangrene if wounded by bullet because there was nothing available (as strong as penicillin) to combat the infection. 3 In contemporary society ephedrine or pse doephedrine, the key ingredient that is extracted in the crystal methamphetamine ‘ cooki ng’ process, is an ingredient in over-the counter sinus/cold me dication. It provides sinus relief and also, for some gives a boost of nergy (PBS, n. d. ). rystal Meth: The ‘ Super-s peed’ in today’s society d be used ing an often highly ddictive feeling of temporary euph oria and energy enhancement. ur. This s ‘ ladies speed’, ‘ crank’ or ‘ mye’. (Menta l Health and Addictions Division et al, 2005) 6 (as rystal like appearance rather than through what it may be refe rred to at the street level. osts on et s e C Crystal Methamphetamine Hydrochloride —or rystal methamphetamine— that is sol illegally on the streets in contemporary comm unities is a super-concentrated form of methamphetamine. It is derived through a cooking process that cannot be completed without the inclusion of ephedrine or pseudoephedrine. Other i ngredients that can in the cooking process to pull the ephedrine or pseudoephedrine out include toxic substances such as: engine starter, lithiu m battery strips, anhydrous ammonia (Mental Health and Addictions Divi sion et al, 2005). Ingesti ng (swallowing), snorting, smok or injecting crystal meth are ways to take the substance. It produces a

Methamphetamine hydrochloride is called cr ystal methamphetamine because it often comes in the form of clear chunky crystals rese mbling ice. Glass, crystal, tina, ‘ g’ and ice are sometimes used on the street to refer to this particular form of methamphetamine (Huff, 2005). On occasion, one may find crystal meth that has a yellowish colo can often mean that the product is associated with Asian manufacturers. Slang terminologies for this version of crystal meth are ‘ amber’ or ‘ shabu’. P. A. C. E. representatives note that in Sa skatchewan crystal methamphetamine is often called ‘ jib’ or ‘ gak’. In Saskachewan’s rural areas, P.

A. C. E indicates that it can often be referred to a The many ways of referring to meth can be confusing, especially since some of the terms used —like ‘ crank’ or ‘ speed’, are the same for other de rivatives of methamphetamine mentioned in the Historical Development of Amphetamines and Their Use section above). Thus, one of the better ways to id entify crystal meth woul d seem to be by its c C Crystal meth is relatively cheap for a dealer to make and for a user to buy. According to P. A. C. E representatives, all materials can be purchased to make significant batches of crystal meth for less than one-hundred dollars Mental Health and Addictions Divisi al, 2005). The street value of meth ra nges from 80-120 dollars per gram and 15-20 dollars a point (Saskatchewan Indian Instit ute of Technologies, 2004a). The fact that crystal methamphetamine can be both made a nd bought at a relatively cheap price make 6 The most common street name for methamphetamine is simply “ meth” or “ crystal meth. The slang used for methamphetamine in your area may include some of the following terms or include entirely new ones: Meth, crank, crystal, crystal meth, ice, speed, C. R. , go, go fast, geek, gack, geet, glass, red rock, tweak, mp, prope dope, P2P, poor man’s coke, pink glass, chalk, zip. ( In the Know Zone, n. d. ). 4 it economically desirable to both produce and consume. The high, which is sometim compared to cocaine, is said to be much l onger and more intense. This furthers the danger of addiction as a user gets “ more bang for their buck”. Crystal meth’s cheap price along with: the fact that it can be taken into the body in ma ny different ways (which may increase the number of users given the severa l methods of administering it to one’s self and; the fact that it can be made using over-t he counter items, means that it is a rather ucrative choice —insofar as illegal drugs are concerned. First Nations youth, wh not have a lot of money and a es ) o do re in urba n or rural areas, may be amongst the more ulnerable user populations. HO USES CRYSTAL METH? 87 in t users of crystal meth, methamphetamine use is not a particularly ew phenomenon. ‘ quick fix’, fast society exemplified in the United States, and indeed orth America. use wan, ogies, 2004a), it oes not differentiate between Firs t Nations and non-First Nations. d the me merican states has in the past few year s began to creep north of the border. ge v W As already indicated, amphetamine and/or ethamphetamine use in the industrialized world occurred sometime around when it was first synthesized — amphetamines 18 Germany and methamphetamines 1919 in Ja pan. Thus, although we are primarily concerned here abou n Currently, with respect to the use of crys tal methamphetamine, P. A. C. E representation indicates that there is no si ngle profile (e. g. : socioeconom ic status, ethni city) (Mental Health and Addictions Divisi on et al, 2005). The profile of a user seems difficult to pin down (at least until the point where they enc ounter law enforcement agents as a result of illegal activities somehow related to meth).

Pa tricia Case (Huff, 2005) , a social medicine professor from Harvard and a specialist on Amer ican stimulant use, notes that the drug fits well with the N Basically, there appears to be some statis tics gathered profilin g subpopulations who crystal methamphetamine, but more work needs to be done in this area, particularly amongst First Nations peoples in Canada. 7 For example while Yorkton Saskatche an area with a high concentrati on of First Nations, reports a 33% user rate of crystal methamphetamine (Saskatchewan Indian In stitute of people Te chnol d The statistics and profiles found in the resear h for this paper were mostly American. If they were Canadian, like the Yorkton case, th ey did not specify First Nations ancestry. Nonetheless, the statistical data that was found is presented here because there is at least some congruency between meth usage and meth addiction behaviours in Canada an United States. Indeed, the crystal meth pr oblem that became an epidemic in so A A 7 This type of statistical information on crystal methamphetamine use amongst First Nations peoples in Canada might be considered as a section in the next round of the First Nations Regional Health Survey. 5 Crystal Meth users (Saskatchewan Indian In titute of Technologies, 2004a) often range from 14-33 and typical ones are 15-22. These st atistics have been gathered from users in askatchewan that have come into contact wi th law enforcement. Thus, there may still that use crystal methamphetamine. ations ommunities are encountering problems with crystal amphetamines through various at of First Nations peopl es than many other rovinces; secondly, there is ge nerally greater usage of crystal meth in western Canada the s high school or ollege. However, it is noted that other co mmunities, particularly Native American ones, le who want to loose ight and; gay males into the dance scene, bath houses and what are known as circuit f, S be hidden subpopulations of varying ages Ethnicity, Subpopulations and Gender Although ‘ official’ data is sparse with regard to First Nations and crystal methamphetamine use, it can nonetheless be deducted that some First N c strategies that are be ing implemented by governments and leadership. For instance, we have already noted that the Assembly of First Nations passed a resolution to focus in on the emerging issue of crystal meth in communities. 8 In Saskatchewan, for instance, the target populations for their cr stal methamphetamine strategy are: youth, Aboriginal people, st reet individuals and northern residents (Saskatchewan Health, 2004). That Saskatch ewan Health has deve loped a strategy th includes First Nations makes sense for at leas t two reasons: Firstly Saskatchewan as a prairie province has a higher concentration p than there is in central or eastern Canada. In the United States some statistics have been gathered on crystal methamphetamine use broken down by ethnicity. Huff (2005) indicates crystal meth use is relatively low in African American community compared to Caucasian and Native American communitie hich are significantly higher and relatively the same. Other observations note that people who use most are Caucasian, blue co llar (20-30), unemploye d, in c are reporting large increases in meth usage (The Anti-Meth Site, n. d. ). In Canada, based on data collected from ment al health workers, police and research scientists, profiles of meth use point to: young ravers from dance club crowds; large numbers of rural and small town poor in No rth America; peop w parties (Mental Health and Addictions Division et al, 2005) 9 . Some statistics also indicate that women are more likely to use meth than cocaine (Huf 2005).

This may be due to the increased ener gy that meth gives. It could also be 8 See introduction. 9 Generally speaking, in context of sexual activity, using crystal meth can heighten libido and impair judgment. Impaired judgments due to decreased levels of inhibitions can lead to risky sexual activity. As well, those users that use intrave nously increase their chances of contracting HEP B or C or HIV/AIDS. Crystal methamphetamine is not necessarily an aphrod isiac, but through increasing the level of dopamine through triggering the release of powerful brain ch emicals, it may increase se x drive. Ironically, while esire and stamina are increased, it ultimately decr eases the users’ sexual desirability and performance (PBS, n. d. ). 6 connected with the fact that crystal meth can suppress one’s appetite. Given the over emphasis, particularly of mainstream – media images, on the ‘ ideal woman’ being one who thin, some women who use and abuse cr ystal methamphetamine may be partially ealing with a negative body image. This is icated by P. A. C. E that th ere is no single profile of a crystal meth ser. The following data has been taken from police statistics on meth users in Sa • 25% of people injected ingest crystal meth wait about 1-3 hours eel the effects and those who snort the dr ug feel effects in 3-5 minutes. There is no or ll owever, that more research is still eeded on how the addiction of a crystal meth us er differs from other addictions that have d of time. s you can is d HOW CRYSTAL METH IS USED Crystal methamphetamine can be ingested, snor ted, injected or smoke d. It thus appeals to multiple arrays of people in society because it can be taken in so many ways. perhaps why it was ind u s katoon: • 3% of people ingested • 12 % of people snorted • 60% of people smoked Constable Joanne Smallbones from the Inte grated Unit in Saskatoon notes that smoking nd injecting users are those who are most vulne rable to heavy addiction. This is most likely due to the experience of an almost im mediate euphoric rush (Saskatchewan Indian Institute of Technologies, 2004a). People who to ‘ rush’ associated with snorting or ingesting. While not representative of the entire us er population, a clear fact about how crystal methamphetamine is used can be formulated through viewing the pol ice statistics from Saskatoon. The statistics illustrate that it is important to differentiate and notice the method by which a user is taking crystal me thamphetamine. If someone is smoking njecting it intravenously, they are much more likely to run in to some type of trouble with the law. It seems that addiction to sm oking and injecting crystal meth can cause a persons behaviour to radically deviate. Devi ant behaviour however is associated with a types of addiction and not just addiction to crystal methamphetamine. Since crystal meth is a relatively new phenomenon, it should be note d, h n been a part of society for a longer perio HOW CRYSTAL METH IS MADE There are a few different ways that crysta l methamphetamine can be manufactured. The labs are easy to set up in the home . Common areas incl de a bedroom or a bathroom. Crystal meth is easier to make compared to other drugs as the chemical process is rather easy. Instructions can be found on the internet and a book available for purchase by Uncle Fester, “ Secrets of Metham phetamine Manufacturers”, claim 7 ‘ make meth just like the real cooks’. Books like this are dangerous because they do not talk about the dangers to the individual (and others) from operating a meth lab. Ingredients can include elements such as: engi ne starter, lithium ba ttery strips, anhydr ammonia. Meth cannot be made without ephedrine or pseudoephedrine —found in many cough syru us ps. Making or ‘ cooking’ meth is an extracting process where the other hemicals are used to pull the ephedrine or pseudoephedrine out (Mental Health and he following descriptions taken from the Na tional Drug Intelligence Centre (2003) in h rough which crystal methamphetamine can be anufactured: ciple chemicals are ephedrine or pseudoephedrine, hydroiodic acid and red hosphors. This method can yield mu lti-pound quantities of high quality d- sociated with Mexican organized crime and criminal roups. rine or pseudoephedrine, iodine and red phosphorus. he required hydriodic acid in this variation of the hydri dic acid/red phosphorus method wate r with red phosphorus. This method yields igh quality d-methamphetamine ous the reaction of iodine in water with hypophosphorous acid. nown as the hypo method, this method yields lower quality d-methamphetamine. s acid is more prone than red pho sphorus to cause a fire and can produce eadly phosphine gas. and dium or lithium metal. Also know as the Nazi method (because German government sed it during World War II) this method typi cally yields ounce quant ities of high quality -methamphetamine and often is used by independent dealers and producers. c Addictions Division et al, 2005).

All ingredients to make crystal meth can be purchased legally. 10 T the United States are ‘ cooking’ methods t m Hydriodic acid/red phosphorus method The prin p methamphetamine and often is as g Iodine/red phosphorus method The principal chemicals are ephed T is produced by the reaction of iodine in h Iodine/hypophosphorus acid method The principal chemicals are ephedrine or pseudoephedrine, io dine and hypophosphor acid. The required hydriodic in this varia tion of the hydriodic acid/red phosphorus method is produced by K Hypophosphorou d Birch method The principal chemicals are ephedrine or pseudoephedrine, anhydrous ammonia o u d 10 Some pharmacies in Canada now have in their windows a “ Meth Watch” sticker meaning that the store employees are aware that cough medicines can be used to make crystal meth. Thus, they are now mindful of suspicious purchases (e. g. : purchasing large amount of pseudoephedrine based cough syrup medication). 8 Phenyl-2-propanone method P 2P – The principal chemicals are phenyl -2-propanone, aluminum, methylamine and ’s (outlaw motorcycle gangs). PS AND ith are not talk ing about the amount used (because the hit is powerful) but the frequency of use. An indi vidual chronically addicted to crystal meth vere or permanent damage to themselves and negatively affect their lationship to the web of life. As opamine which can result in mptoms like those of Parkinson’s disease. With long term usage of Crystal meth, brain s an tays within the body for a much nger time than cocaine and other drugs. In prisons, to give an idea, new inmates who dopamine that crystal meth leases into one’s system. For First Nations who still may be experiencing some form of mercuric acid. This method yields lower qua lity dl-methamphetamine and traditional has been associated with OMG HOW CRYSTAL METH AFFECTS THE BODY, MIND, RELATIONSHI THE ENVIRONMENT

Forming a crystal meth habit can be de trimental to an individual’s body, mind, relationships and the environment. For many, it is a highly addictive substance. W meth, it is dangerous because we so can cause s re The Body Taking crystal meth increases the heart rate and rapidity of breathi ng. It releases high levels of the neuro-transmitter dopamine wh ich stimulates the brain cells enhancing mood and body movement (Saskatchewan Indian Institute of Technologies, 2004a). Long term use can cause tooth decay, strokes, ki dney failure and seizures (Huff, 2005). well, over time, this drug can cause reduced levels of d y damage can be permanent. Other compli cations include cardi ovascular collapse, respiratory problems, irregular heart beat and death. Some studies compare the effects of meth and cocaine because they are both substances that are highly addictive. It is noted that usage of co caine produced dopamine release levels of 400% whereas usage of crystal me th boosts dopamine levels up to 1500%. Thi fact alone shows how crystal meth can be dangerously addictive (Saskatchewan Indi Institute of people Technologies, 2004a). Me th also s lo are meth users often are able to sell their urine for the crystal meth component in it. Mental Health and Addicti ons Division et al, 2005). P. A. C. E representatives explain that users in dicated the drug takes complete control of who you are. This is partia lly due to the high levels of re historical trauma (e. g. : resident ial schools, abuse, adapting to mainstream society), effects could be compounded due to underlying symptoms. 9 New research on pregnant women out of the Univ ersity of Toronto sugg ests that the f hit of meth can affect the fetus. Some ba bies are being born with a meth addiction a mothers put meth into the babies’ food to cal m babies down. Meth penetrates the bloo rain barrier protection (only certain substances do this) and kick-starts the pleasure centre (dopamine) section of the brain in a very extrem e way. One neuro-scientist indicated it was like putting your foot to the floor of an accelerator in a car for a very long period of time (a cocaine rush would be c onsidered minimal compared to this). user then experiences a devastating crash and the only way to irst nd d The get up again is to take more eth. This is the cycle of addiction. The ne urological change take s over an individual’s so that the craving for meth domin ates the user rather than the other way ound (Mental Health and Addic tions Division et al, 2005). th s and other illusions. Paranoid psychosis can develop in the long- rm as dopamine levels become depleted. Bipolar disorders and sc hizophrenia may also wal 4b). ut n ld Health found that suicide occurs roughly ve to six times more often among First Nations youth than non- Aboriginal (Health pose addiction workers and others) as they intervene. In fact, they are ta ught to talk in a low m will power a The Mind There are most definitely mental health comp lications that can arise from crystal me use and addiction. Symptoms include para noia (resulting in ho icidal or suicidal thoughts) depression, fatigue, cravings, dilated pupils, psychotic behaviors and auditory hallucinations (Narcotics Anonymo us Southern California, n. d. ) . Other symptoms include seeing shadow te result. Any of these symptoms may be la beled methamphetamine post acute withdra syndrome or PAWS. As stated above, crystal meth addicti on may increase the possibility of committing suicide to a level described as ‘ very high risk ’. This risk increases when a person is coming down off meth (Saskatchewan Indian Institute of people Technologies, 200 The majority of First Nations youth have not onsidered committing suicide (78. 9%), b within the communities females were more likely than males to have endorsed thoughts of suicide (First Nations Centre, National Aboriginal Health Organization, 2006). Nevertheless, First Nations suicide levels, particularly for youth, are much higher tha the Canadian average. In particul ar, the year 2000 edition of the Health of Canada’s Children from the Canadian Institute of Chi fi Canada, n. d). 11 This would suggest that for First Nations youth, crystal meth might a more serious threat than for other groups. Mental instability among users is often evid nt to authority figures (police officers, 11 It is, nonetheless, important to recognize that while overall suicide rates are increasing, there is a wide variation in suicide rates depending on tribal council and language group (Chandler, M & Lalonde, C. (1998) “ Cultural Continuity as a Hedge Against Su icide in Canada’s First Nations”, Transcultural Psychiatry, Vol. 35(2) in Health Canada (n. d. ). This fact might be an important one to consider with regard to the urgency for crystal meth programming in a particular community. It is al so an important piece of public information because it helps co bat the kind of collective stereo typical negative imaging that First Nations peoples have been subjected to in the past. 10 calm voice due to distorted perceptions of th e user (lights brighter, sounds lower and movements quicker). (Saskatchewan Indian Institute of people Technologies, 2004a). They ha ve to do this because a person on meth adopts a ‘ fight or flight’ mentality and one oes not want to further alarm the person (Men tal Health and Addic tions Division et al, d hours without being aware that they are do ing it. This is described as one of the ’. ers er is parated from his meth supply for too long, he ill resort to picking the meth bug scabs nd eating them to ingest the last of th e chemicals into his body (Meth Bugs, n. d. ) ystal meth in a home can severely disturb lationships with ones family and communit y. In any case where there is addiction, n ay often e explosive nature of the cooking process makes it dangerous to thers in the immediate vicinity (e. g. : next room). (Mental Health and Addictions l lex es and extreme irritability. Methamphetamine buse during pregnancy may also be linked to congenital deformities. (Narcotics ttributed d 2005). Other mental problems that can arise include “ tweaking”.

This is when the meth user ends up in state where they repeat an activity (obsessive compulsive behaviour) for hours an more dangerous phases of meth use (Mental H ealth and Addictions Division et al, 2005). Severe and chronic levels of crystal meth us e may cause the user to perceive ‘ meth bugs This is a clear sign of the de terioration and desperation of someone on meth. Often, us have the sensation of bugs crawling under their skin. To get at that irritation, users will pick at their arms, legs, faces, wherever they feel the “ bugs. ” The result is open sores which take on a grayish leather-like appearance sores which get infected… If the us se a Relationships Crystal meth usage and the manufacturing of cr re one’s family/friends are going to be affected. With meth, however, the added risk of psyc hotic episodes occurring from chronic use ca put added strain on family and friends. Furt her, a manufacturer of crystal meth m have weaponry in the home which further contributes to a potentially volatile situation for friends and family. Children who are in a home where crystal meth is being manufactured are in danger of being exposed to the toxi c chemicals produced from the ‘ cooking procedure. Th o Division et al, 2005).

Crystal methamphetamine abuse can affect a human life in its earliest stages. Fetal exposure to methamphetamine also is a signi ficant problem in the United States. At present, research indicates that methampheta mine abuse during pregnancy may result in prenatal complications, increased rates of premature delivery, and altered neonata behavioral patterns, such as abnormal ref a Anonymous Southern California, n. d. ) . With regard to relationships to one’s commun ity, crime and violence have been a to crystal meth manufacturing and abuse. L oyd Dolha (2004) notes th at Particularly in Winnipeg, Regina and Edmonton, Aboriginal angs have been known to traffic 11 marijuana, crack and crystal meth. In Albert a, according to criminal intelligence Ca gangs that primarily existed in prison are now recognizing benefits of trafficking ha nada, rd rugs such as crystal meth on reserve. In April of 2004, 12 Aboriginal gangs were 000. on, state that has had a severe problem with crystal meth, city sources estimate that of property crimes are committed by meth addicts. (Byker, n. d. ). es. ns earth based philosophies. Making 1 kilogram of rystal meth, results in approximately 7 k ilograms of toxic waste (Mental Health and ivi sion et al, 2005).