

Effectively Supporting Individuals Who Use Crystal Meth

PRESENTER

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Learning Objective:

- ▶ Discuss the successes, challenges and opportunities of modified service delivery for unhoused individuals using crystal meth

Why this particular topic?

- ▶ Social Services providers across Canada noting an increase in crystal meth use among individuals they work with
- ▶ Some agencies aware of challenges related to crystal meth use but lack capacity/training resources to better support this group
- ▶ Some agencies that have seen an increase in occurrence of critical incidents not yet making a connection to crystal meth use
- ▶ Lack of research (challenging keeping connected to individuals in this group) and lack of evidence-based practices
- ▶ Increases in awareness, knowledge and tools increase safety levels for all involved - staff, individuals with work with and community in general

Effectively Supporting Individuals Who Use Crystal Meth

- ▶ Increase in stimulant use across Canada
- ▶ Cheaper, easier to access
- ▶ Used in different contexts and for different reasons
- ▶ Practical aspects for someone unhoused - keeps you awake
- ▶ Half life of meth 12 hours (for a person to have metabolized half of the meth in their system), 7 hours for MDMA, 1 hour for cocaine

What led to Crystal Meth Pilot Project

- ▶ All Saints Drop-in was 1 of only 9 drop-ins in Toronto that continued services in person in 2020
- ▶ COVID-19 protocols combined with increased community needs resulted in frontline staff's reduced capacity to be engaged in prolonged de-escalation
- ▶ Self-identified needs:
 - ▶ Housing
 - ▶ Access to indoor spaces
 - ▶ More accessible supports

Systemic barriers for unhoused individuals using crystal meth

- ▶ More likely to have a service restriction in numerous spaces/service providers
- ▶ More likely to be involved in a critical incident
- ▶ More likely to engage with criminal justice system
- ▶ More likely to have 911 calls at agencies and in the community
- ▶ More likely to be labelled “uncooperative” by service providers
- ▶ More likely to be labelled “violent” or “dangerous”
- ▶ Less likely to have an ongoing case management relationship
- ▶ Less likely to get housed
- ▶ Less likely to maintain housing

*compared with other individuals experiencing homelessness

Crystal Meth Pilot Project

- ▶ Goal: increase service capacity, engage more meaningfully with target group & create evidence based best practices
- ▶ 1 year Resilient Communities funding from Ontario Trillium Foundation
- ▶ Staffing: Harm Reduction Case Manager & Harm Reduction Worker (lived experience)
- ▶ Case Management model that deviates from current standard practices
- ▶ Smaller case load, more time involved engagement

01

Increase meaningful engagement with individuals using crystal meth.

Ultimate goal - longer term engagement + higher success rate in reaching self determined goals

02

Reduced number of critical incidents (and service restriction) involving this particular demographic

03

Collect information that would aid in creation of evidence based best practices

Goals

WHAT WORKED

- ▶ All individuals engaged maintained engagement at 1 year mark
- ▶ Number of critical incidents reduced by 50%
- ▶ The rest of the team gained additional knowledge around supporting these individuals
- ▶ Prevention can and did reduce stress levels all around!
- ▶ *A number of individuals got housed (and continue to be housed)*
- ▶ Received 3 year funding from Toronto Urban Health Fund to continue the work/collect data/train community partners

WHAT WAS CHALLENGING

- ▶ Staff burnout (combination of factors including pandemic & pre-pandemic challenges)
- ▶ Relationship building and case management work more time involved than typical CM
- ▶ Maintaining relationships and supports in instances when there was incarceration involved

ADDITIONAL ELEMENTS TO THE PROJECT

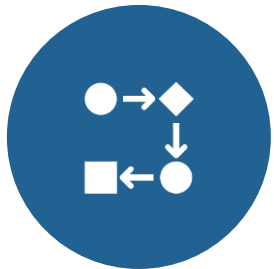
- ▶ Low barrier space/program/services
- ▶ Ongoing discussions on purpose of service restrictions
- ▶ Buy in from the entire team
- ▶ Importance of early intervention
- ▶ Ongoing process - needs to be revisited
- ▶ Connecting w/ people on their terms
- ▶ Changed how we debrief and how we talk about people and incidents
- ▶ Honoring lived experience (without putting “peer” in the job title)



Separating wellness debriefs from incident discussion



Language matters - factual/non-inflammatory



Was there anything we could've done better? (opportunity to learn and prepare for the future)



Who can I learn with/from?

What Do You Need to Know

- ▶ Many misconceptions about crystal meth use stem from those instances when people experience psychosis
- ▶ Not everyone who uses crystal meth will experience psychosis
- ▶ Spaces of our programs/service delivery can contribute to escalating situations
- ▶ Understanding that people are often acting out of fear increases our ability to connect with them and prevent crisis
- ▶ Having ALL of your staff (especially reception/admin staff) trained is key in increasing their comfort level in crisis interactions
- ▶ It's possible to overdose on crystal meth

RECOGNIZING CRYSTAL METH OVERDOSE SIGNS

- ▶ Signs of overdose:
 - Irregular heartbeat
 - Chest pains
 - Difficulty breathing
 - Extreme agitation, psychosis, or hallucinations
 - Hyperthermia (body temperature over 40C)
 - Hypertensive crisis (extremely high blood pressure)

- ▶ Can Result in:
 - ▶ Heart attack
 - ▶ Seizure
 - ▶ Cardiac arrest
 - ▶ Stroke

Treat this as a medical emergency!!!

QUICK TIPS FOR CRISIS INTERVENTION

- ▶ Tips for handling crisis:
 - ▶ Establish rapport
 - ▶ Show concern & attentiveness non-verbally & verbally
 - ▶ Remain calm
 - ▶ Use honesty
 - ▶ Take your time
 - ▶ Remove audiences

- ▶ If you have a staff who's an effective de-escalator/knowledgeable about crystal meth have other staff shadow them/learn from them

- ▶ Remember the goal is to increase safety for everyone!

QUICK TIPS FOR CRISIS INTERVENTION

- ▶ Tips for handling crisis:
 - ▶ Practice patience
 - ▶ Be aware of your body language and tone
 - ▶ Reduce fear
 - ▶ Avoid saying NO
 - ▶ Give people space
 - ▶ Reduce stimuli if possible!!!
- ▶ Remember the goal is to increase safety for everyone!

ELEMENTS TO CONSIDER

- ▶ What is our capacity to support people who use crystal meth?
- ▶ Do our staff need more training?
- ▶ What are the limitations of our space?
- ▶ How can we incorporate more preventative practices?
- ▶ Do we ask people who are involved in critical incidents/receive service restrictions what we could do differently?
- ▶ Do our policies contribute to escalating crisis situations?
- ▶ Who will benefit if we alter our practices?

Thank You for Your time & attention!

- ▶ If you have any questions or would like more information about our work, please do not hesitate to email:

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