



Good Practices for Working with Participants Who Use Crystal Meth

A Practical Guide for Drop-ins

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INTRODUCTION

As people who contribute to the running of a drop-in, whether we are staff, peers, or volunteer members, we have a shared responsibility to provide supports to the people who come to our spaces. This includes providing consistency in our supports: every member of a drop-in team should not only have the skills to effectively work with drop-in participants, but be able to apply them as well – including participants who use crystal meth.

Of course, it takes time and effort on behalf of both a drop-in team and all of its individual members to not only grow these skills, but feel comfortably able to work with drop-in participants who use crystal meth.

This tool is intended to help orient drop-in staff, peers, and volunteers toward some good practices in working with people both as a drop-in team, as well as individually. This includes ways we can work toward preventing crisis, in addition to effectively managing crisis situations once they arise.

The content of this tool was developed as an outcome of a cross-agency knowledge-sharing forum on Crystal Meth hosted by TDIN, with oversight by peers and staff involved in St. Stephen's Community House's Crystal Meth Pilot Project. It is also informed through a review of the literature presented at the end of this document.

WHAT IS CRYSTAL METH?

Methamphetamine is a strong stimulant that comes in various forms:

- “Ice,” a potent, crystal form of methamphetamine that can be smoked or injected;
- Base, an oily powder or paste that can be injected;
- Powder, which can be injected or ‘snorted’ into the nasal passage;
- Tablets, which are usually swallowed.

Often called by the street names Tina, Glass, or Crystal, all forms of methamphetamine can rapidly raise and sustain levels of the brain's neurotransmitters, especially dopamine, which is responsible for feelings of pleasure, memory, attention, and purposeful behaviour.

Over time, neurotransmitters like dopamine can become depleted, which can lead to lowered mood, lack of motivation, lethargy, fatigue, poor concentration, and trouble sleeping.

Although everyone experiences crystal meth slightly differently, common short-term effects include:

- Euphoria;
- Alertness;
- An increase in confidence;
- Wakefulness.

Higher doses of methamphetamine can cause:

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- Restlessness and agitation;
- Anxiety;
- Suspiciousness or paranoia and unusual beliefs;
- Irritability or hostility (often out of character);
- Impulsivity, erratic behaviour, or recklessness;
- Sweating and overheating;
- Tremors;
- Jaw-clenching and teeth grinding (bruxism);
- Fast speech and topic-jumping;
- Seeing or hearing things that others cannot.

Often, we notice the effects of higher dosages of drop-in participants in our spaces because of the above associated behaviours, especially agitation, anxiety, paranoia, irritability, and seeing or hearing things that other can't. These behaviours may also persist over long periods of time, from hours to several days with repeated crystal meth use.

People who use crystal meth are frequently labelled as “dangerous” or “difficult.” Many people who use crystal meth, especially if they are street-involved, have negative and often ongoing interactions with the criminal justice system, or find themselves being restricted from many services because of perceptions around their behaviours. While it takes time and skill to work with participants who are exhibiting these behaviours, we need to recognize that people who are experiencing the effects of higher dosages of methamphetamines are vulnerable, and in need our support.

BASIC PRINCIPLES OF WORKING WITH PEOPLE WHO USE CRYSTAL METH

When working with people who use crystal meth in a drop-in setting, there are some basic principles that support good practices:

- **UNDERSTANDING AT A SYSTEMS LEVEL:** When working with people who use crystal meth, reflecting on the intersections of substance use, poverty, and mental health underpin good practice. What are the systemic reasons people might use crystal meth? Reflect on these factors.
- **UNDERSTANDING AT AN INTERPERSONAL LEVEL:** Be honest and genuine in your interactions with someone who is using crystal meth. Participants feel when we are being authentic with them, and genuine kindness and empathy are not only felt – they can help us to grow our relationships with participants. This, in turn, can help to mitigate crisis before it happens, and de-escalate crisis once it occurs. A person who is using crystal meth also remembers what they are experiencing at the time, and they will remember your kindness and support in future interactions.
- **ACKNOWLEDGING BIASES:** To be honest and genuine, we also have to acknowledge our own biases. As drop-in teams and members, we aren't necessarily “meeting people where they're

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at”—rather, we’re meeting people where we perceive them to be. If we perceive someone as being a “problem,” this is where we are meeting them. Be aware of your biases, and how this can affect your ability to work effectively with participants who use crystal meth.

PREVENTING CRISIS

Working well with people who use crystal meth means preventing a crisis or incident whenever possible. While it takes time to work preventatively, it is often less of a time investment than if an incident occurs – including the time needed to engage in a debrief, write an incident report, plan for a participant’s return after a service restriction, and – most importantly – rebuild a damaged relationship with a participant. It is often in the best interests of everyone in the drop-in to prioritize spending time with a participant to prevent escalation.

TEAM PRACTICES

Having solid team practices is important for every drop-in, not only for working with people who use crystal meth, but for working with one another and the greater drop-in community. Good preventative practices as a team include:

- **CHECKING IN:** Build-in regular check-ins as a staff team at the beginning of a shift. This way you can recognize where each team member is at, and where the best place is for them to be doing their work. Often, when we check-in, we do so around participants – not around one another’s capacity to do the work that day.
- **SHARING THE WORK:** Build capacity within your drop-in team so that the work can be shared equitably. It is not sustainable or equitable for it to be one designated person’s job to work with a participant who is having difficult time. As co-workers, help each other to build supportive relationships between a participant and more than just one staff member.
- **STAYING CONSISTENT AND CURRENT:** There are many trainings and resources on crystal meth, but these should be put it into practice consistently. Share and build both the skill and comfort level around working with participants who use crystal meth among every member of your drop-in team.
- **ESTABLISHING A SHARED VISION:** Make it okay to have uncomfortable conversations as a drop-in team—in fact, dedicate time and space to it so that the team can build a common understanding of the goals, practices, and processes of your drop-in. For instance, if you are operating a low-barrier drop-in, create a common, shared definition and practice of what low-barrier means that is as accessible as possible for participants – including participants who use crystal meth.
- **BUILDING COMMUNITY UNDERSTANDING:** Take opportunities as a team to build the capacity for compassion within your drop-in community. Validate drop-in participants who are

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responding in a supportive fashion to someone who is not doing well. This is also a good way to build a common understanding among your drop-in community of restorative justice approaches.

INDIVIDUAL PRACTICES

. To prevent escalation, or to de-escalate a situation, the following individual practices are helpful:

- **PRACTICE SELF-AWARENESS:** Practice diligent self-awareness as a member of your drop-in team throughout a shift. What headspace are you in? Are your interactions with a participant more about meeting your own need than theirs? Tap out and give the participant space if that's what's needed, or tap in a co-worker to support the participant to meet their needs. Do not take a participant's behaviour or any criticisms personally.
- **PRACTICE PATIENCE:** People who use crystal meth may experience its effects for hours at a time. Listen to them, be patient with them, and maintain a calm, non-judgmental, and respectful approach. Speak in a calm voice.
- **TAKE THEIR LEAD:** We can't always guess what a participant needs most in the moment – listen to them, take their lead, and provide support accordingly. Ask for clarification if you're unsure about what is said or what is needed, i.e. "I really want to help, but I'm not sure what you need. Can you please tell me again?" However, don't ask too many questions – a participant who is using crystal meth may have a low tolerance for intense questioning.
- **DON'T SAY NO:** Even if you are unable to provide what a participant needs, no one likes to hear words like "no" or "can't." Think outside the box and offer options or alternatives instead.
- **REDUCE FEAR:** Remember that people who use crystal meth are often acting out of fear. That is, their fear may be the base of aggressive behaviours you are noticing or encountering; therefore, try to reduce fear, and recognize that someone who is feeling afraid is vulnerable. Remind them that they are safe, and validate their feelings of fear – although be careful not to validate things they may be seeing or hearing that others cannot, or any unusual beliefs they may have in the moment.
- **WALK PEOPLE THROUGH EXPERIENCES:** If someone has previously shared with you what they perceive as happening with them when they use crystal meth, you can share back with them common patterns and what they can expect. For example, you could say "Remember last time that you said that you felt a lot better when you were focused on drawing? Maybe you'd like to try that again."
- **BE AWARE OF YOUR BODY LANGUAGE:** People who use crystal meth may be hyper-aware of your body language. Communicate verbally to the participant in short, clear sentences your actions and why you are doing them. For example, "I'm just reaching into my pocket to get a pack of cigarettes." Move slowly. Mirror the body language of the participant, e.g. sit with a

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participant if they are seated, walk with them if they are pacing. Not only will this demonstrate empathy, it will ensure that you don't appear threatening (standing over the participant) or vulnerable (being seated while the participant stands).

- **PUT AWAY YOUR PHONE:** Technology can be triggering for people who use crystal meth! For example, be aware that repeatedly checking your phone can present as something quite different to someone experiencing paranoia.
- **GIVE THEM SPACE:** Allow the person more personal space than usual. Try to reduce noise, human traffic, or other forms of stimulation within the participant's immediate environment. Make sure that they have easy access to an exit.

MEETING PARTICIPANTS' NEEDS

Assisting people who use crystal meth to address their physical, emotional, and cognitive needs is effective in preventing a crisis situation, and in keeping people feeling safe and supported.

A participant who is using crystal meth may feel overheated, which sometimes manifests as them removing their clothes. They may also feel dehydrated, undernourished, or be craving something sweet. Offer items that can help them to stay feeling comfortable, such as:

- Freezies or popsicles to stay cool, hydrated, and to address a sugar craving.
- Ice packs to address overheating.
- Cool liquids like water or juice to stay hydrated and comfortable.
- Milk or high-protein drinks, shakes, or smoothies to address dehydration as well as the need for energy and nourishment.
- Chocolates or other sweets to address a physical craving for sugar.

People who use crystal meth may experience their environment more intensely, and be hyper-focused, in addition to often being unable to sleep or physically rest.

To help people to rest at your drop-in, you can:

- Have less-stimulating spaces available in your drop-in. Is there a quiet room or area in your drop-in where people can remove themselves from the main space and relax?

If there is no quiet area available, or a participant is finding it difficult to rest, you can address their wakefulness by asking them to help you with an activity, or to engage in activities on their own. For example you can:

- Have participants help you with sweeping or mopping. You can "employ" a participant in this manner and give them an honorarium or tokens for their efforts. This builds your relationship and gives the participant a sense of autonomy – and it shows that they are employable!

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- Start a focused initiative, like the Bike Shop at St. Stephen's the Corner Drop-in. Not only does it give people a focused activity, it also has a practical outcome – fixing bikes – and grows trusting relationships between community members engaged in the activity.
- Provide materials for a focused activity, like art supplies for drawing or colouring.
- Consider making a “fidget basket” that you can give to participants to help them focus as well as relax mentally, if not physically. A fidget basket can include craft supplies and small puzzles or toys in a variety of shapes, colours, and textures.

SUPPORTING PEOPLE WHO USE CRYSTAL METH AFTER A CRISIS

It isn't always possible to prevent a crisis in your drop-in. However, drop-ins can continue to support participants who use crystal meth after a crisis to help them maintain access to services and community whenever possible. Things to keep in mind:

- Preserving people's dignity. Having an episode in a drop-in can already be embarrassing for someone. Adding to this embarrassment by imposing a service restriction can be unnecessarily punitive and humiliating. It can also cause damage to the relationship between the participant and the drop-in that will take time and care to rebuild.
- It is not a service restriction to ask someone to go outside and take a walk, or to take a break. Asking a participant to take a break is neither punitive, nor is it based on their past history in the drop-in. Sometimes a break is helpful for a participant to help them feel calm.
- If a service restriction is necessary, involve the participant in a conversation around the period of time they are being asked to be away from the space. Demonstrate that you are concerned about them, even if they can't be in the drop-in space.
- Don't deny services to a participant or isolate them, even when they are asked to be away from the space. For example, give people access to a takeaway meal, harm reduction supplies, or to an on-site primary care doctor as needed.
- When a participant is ready to return to the drop-in and is feeling better, make sure you have a conversation with them. Ask them about what may be going on for them in their lives, if they are open to disclosing this to you, and what was helpful or harmful for them when they experienced a crisis in the drop-in.

As a drop-in team, good practice entails checking in with one another after a crisis has occurred:

- Debrief incidents and create a space where drop-in team members can openly speak to what role they played in an incident, ask uncomfortable questions, and acknowledge what they would do differently, or what could have been done better.
- From a managerial standpoint, create the support needed to do restorative justice as a drop-in team. Service restrictions have grave consequences for everyone, including seriously harming relationships with participants. However, it requires support from management to grow the capacity of the drop-in team to engage in effective restorative justice practice so as to minimize the need for service restrictions.

FURTHER RESOURCES

OHRN Webinars: Methamphetamine

The Ontario Harm Reduction Network has produced two webinars that are free to access on their website. The first outlines the basic of crystal meth, and the second specifically talks about working with and supporting people who use crystal meth.

<http://www.ohrn.org/webinars/>

Treatment Approaches for Users of Methamphetamine: A Practical Guide for Frontline Workers

Features useful processes regarding recognising and responding to intoxication and overdose.

[www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/8D2E281FAC2346BBCA25764D007D2D3A/\\$File/tremeth.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/8D2E281FAC2346BBCA25764D007D2D3A/$File/tremeth.pdf)

Responding to Challenging Situations Related to the Use of Psychostimulants: A Practical Guide for Frontline Workers

Includes useful, practical information that can be embedded into policy frameworks, including a section regarding responses in shelters/residential environments. Features a useful handout on de-escalation responses.

[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/07FF9B0DE1B39D7ECA25764D0080C854/\\$File/chall.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/07FF9B0DE1B39D7ECA25764D0080C854/$File/chall.pdf)

Comorbidity Guidelines

Features worksheets for staff as well as learning portals around comorbidity (aka dual diagnosis/concurrent disorders).

<https://comorbidityguidelines.org.au/guidelines/>

A Guide to Staying Off Crystal For a Day or Longer: Practical Tips from Gay and Bisexual Men

Provides strategies and resources for people that are looking to change or reduce the impacts of their crystal meth use, or who are looking to stop using all together.

<http://library.catie.ca/pdf/ATI-20000s/26477.pdf>

Tips for Preventing Overdoses from Crystal Meth

Practical tips for supporting participants who are experiencing the effects of crystal meth overdose.

<https://www.catie.ca/en/healthy-living/preventing-overdoses/meth>