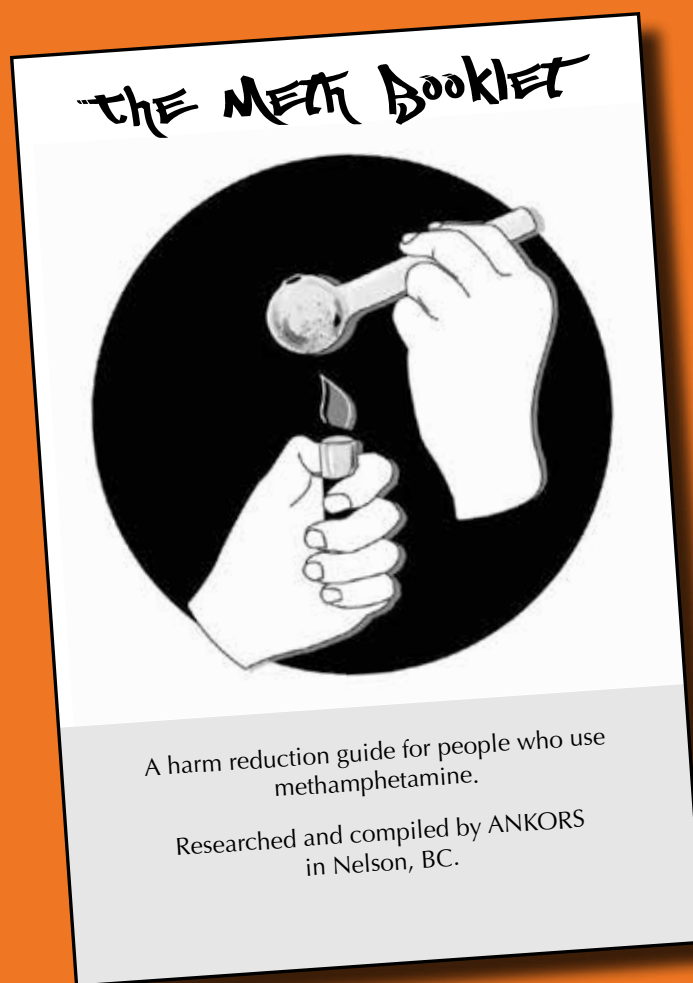


Meth Booklet Study Guide



*A companion study guide
for The Meth Booklet
by ANKORS in Nelson, B.C.*

METH BOOKLET STUDY GUIDE

You can access the ANKORS Meth Booklet at the following website:

[https://ankors.bc.ca/wp-content/uploads//2020/04/
Meth_Booklet_Print_Test3-1_compressed.pdf](https://ankors.bc.ca/wp-content/uploads//2020/04/Meth_Booklet_Print_Test3-1_compressed.pdf)

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The purpose of this study guide is to encourage the reader to learn more about meth, using the ANKORS Meth Booklet as a reference, and to think about their personal experiences with meth. This workbook is composed of questions about the content of the Meth Booklet and about the reader's personal experiences with meth use. The questions can be used as the basis for self-reflection, discussion and writing. We hope that by thinking about the questions in the workbook, the reader will understand more about meth, so that they can make more informed decisions and that thinking about their own drug use or that of someone they know will lead to a better understanding of themselves and those around them.

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Literacy Workbooks Available

Adult Survivors of Child Abuse
All My Relations (an Aboriginal Cultural Awareness Manual)
Blended Families: The Benefits and Challenges of Blending Families
Children and Parenting
Eating Right: A Food and Nutrition Manual
Gangs: Learning About Them, Living Without Them
Get Out & Stay Out
Getting a Job: Finding (and Keeping) Meaningful Employment
Getting Along: A Guide to Healthy Relationships
Hurting People: A Victim Awareness Manual
It's Your Country, Too: On Voting, Volunteering, & Making the World a Better Place
Learning to Talk and Listen Better
Living with Pain and Loss: A Manual on Grieving
Math: What's the Point?
Relapse Prevention
Repairing the Harm (an Introduction to Restorative Justice)
Staying Sober
Stress, Anxiety and Depression
Understanding Anger
Writing Made Easy

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Reflection Questions

Before you begin to learn more about meth, take some time to think about the following questions.

1. Why do you think people use drugs?

2. Do you know what caused you or someone you know to first use drugs? What situations trigger you to use?

3. Complete these sentences:

I first started using drugs when_____.

The biggest trigger for my drug use is _____

_____.

4. Do you think that drug use is related to feelings of pain and loss?

Complete the following sentences:

I feel frustrated when_____.

I feel disappointed when_____.

I feel threatened when_____.

Someone hurt me when they_____.

5. Why do you think some people develop addictions? Is there an addictive personality? If so, how would you describe it?

6. What are some ways that drug use impacts the lives of the users and the people around them?

7. How has drug use affected you personally or the lives of your family, friends, etc.

8. Why do people choose to use meth instead of other drugs?

9. How do you think meth is different from other drugs? What accounts for its popularity?

10. What advice would you give to someone currently using meth?

CHAPTER 1
Meth 101

1. What happens in your body when you use a stimulant drug like meth?
2. What causes the intense high created by meth?
3. What are the two forms of meth?
4. Does meth's smell or taste indicate anything about its purity?

5. Meth is a synthetic drug that doesn't contain any dangerous ingredients.
True or False?

6. The following are physical changes associated with a meth high. True or False?

T / F Pupils open wide

T / F Lack of confidence

T / F Feel alert, euphoric and focused

T / F Lack of interest in sex

T / F Becoming talkative or sometimes introspective

T / F Temperature rises, digestion slows, appetite decreases

7. If you have used meth, what physical changes have you been most aware of when using?

8. What are some of the health risks of using meth? Have you personally experienced any of these risks?

9. What did you learn about meth in this chapter that you didn't already know?

10. Did anything you learned in this chapter surprise you? Why?

11. Was the information useful? Why or why not?

History in Brief

1. Why was meth used during World War II?

During the 1930s-60s?



2. What do you think has led to the widespread use of meth now?

3. Why do you think people who use meth are so stigmatized?

Ways People Use

The tables below consists of information taken from pages 3-7 of the ANKORS Meth Booklet.

1. Swallowing

| Characteristics | Onset | Risks | Harm Reduction |
|--|----------------|--|--|
| <ul style="list-style-type: none"> *Least harmful way to use *Come on is slower than smoking, snorting or injecting, rush isn't as strong, but high lasts longer *Considered less addictive | *20-45 minutes | <ul style="list-style-type: none"> *Nausea, stomach pain, vomiting *Damage to the stomach lining *High is very strong and can be overwhelming | <ul style="list-style-type: none"> *If you experience stomach pain or nausea, consider switching your route, taking a break, or stopping altogether *Start with a lower dose |

2. Booty Bumping (Hooping)

| Characteristics | Onset | Risks | Harm Reduction |
|---|--------------|--|---|
| *Inserting liquified meth, powdered meth, or a shard of crystal into the anus | *3-5 minutes | <ul style="list-style-type: none"> *Tiny cuts in the rectum *Increases the risk of contracting / transmitting of HIV, Hepatitis C *Risky to have sex *Hemorrhoids, rectal bleeding, damage to the rectum | <ul style="list-style-type: none"> *Use your own syringe barrel, don't share gear *Use lube and a condom *Wash your hands before and after and/or use hand sanitizer |

3. Snorting powdered meth into a nostril

| Characteristics | Onset | Risks | Harm Reduction |
|--|--------------|--|---|
| <ul style="list-style-type: none"> *Come on is fast *Rush is intense | *3-5 minutes | <ul style="list-style-type: none"> *Damage to nasal passages, sinus infections, congestion, nose bleeds, contracting or transmitting HIV/ Hepatitis C | <ul style="list-style-type: none"> *Don't share snorting gear *Use finely crushed powder *Alternate nostrils *Keep nasal passages moisturized |

4. Hot Railing

| Characteristics | Onset | Risks | Harm Reduction |
|---|---------------|--|---|
| <ul style="list-style-type: none"> *Inhaling vaporized speed through the nose with a bent glass tube *Come on is fast *High is intense | *5-10 seconds | <ul style="list-style-type: none"> *Damage to nasal passages and lungs *Transmitting or contracting HIV, Hepatitis C | <ul style="list-style-type: none"> *Don't share gear *Clean tube with alcohol *Alternate nostrils *Keep sinuses moisturized |

5. Smoking

| Characteristics | Onset | Risks | Harm Reduction |
|--|---------------|--|--|
| <ul style="list-style-type: none"> *Inhaling meth heated in a bubble pipe through the mouth | *5-10 seconds | <ul style="list-style-type: none"> *HIV/Hepatitis C *Burns to the lips and fingers *Viruses passed through cuts, blisters, burns or sores *Damage to the lungs | <ul style="list-style-type: none"> *Use your own gear, or a rubber mouth-piece, or clean the mouth-piece with alcohol *If you are a heavy smoker, consider switching to swallowing or taking a break |

6. Injecting/Slamming — crushed meth mixed with sterile water is injected into a vein

| Characteristics | Onset | Risks | Harm Reduction |
|--|--|---|---|
| <ul style="list-style-type: none"> *Riskiest way to use meth *More addictive than other routes *High is very quick and intense, but shorter than smoking or swallowing *Tendency to be used more frequently *Tolerance builds quickly *Crash can be extremely hard | <ul style="list-style-type: none"> *15-30 seconds | <ul style="list-style-type: none"> *Transmission of HIV and Hepatitis C through shared needles *Antibiotic resistant staph infections *Cellulitis and abscesses *Blood clots *Vein damage *Circulation problems, heart attack, and stroke | <ul style="list-style-type: none"> *Get your drugs tested at a harm reduction centre *Don't use alone *If you are alone, keep the door unlocked for rescue *Use an overdose prevention site (OPS) whenever possible *Get training in naloxone and carry it at all times *Never share rigs-syringes, needles, ties, etc. *Use sterile water * Wash hands with hot soap and water, or hand sanitizer, a handy wipe or alcohol pad *Clean injection site *Rotate injection sites *Dispose used gear in a SHARPS container |

Use the tables to answer the following questions:

1. Which way of using meth has the slowest onset? Which ways have the fastest onset?

2. What is the most addictive method of using meth?

3. If you use meth by swallowing it, how can you reduce your risks?

4. What are some of the risks of Booty Bumping?

5. To reduce the risks of Booty Bumping, I should never _____.

I should _____ and I should _____.

6. What are the most important characteristics of snorting meth?

7. How can you reduce the risks of snorting meth?

8. To reduce the risk from smoking meth, a user should _____

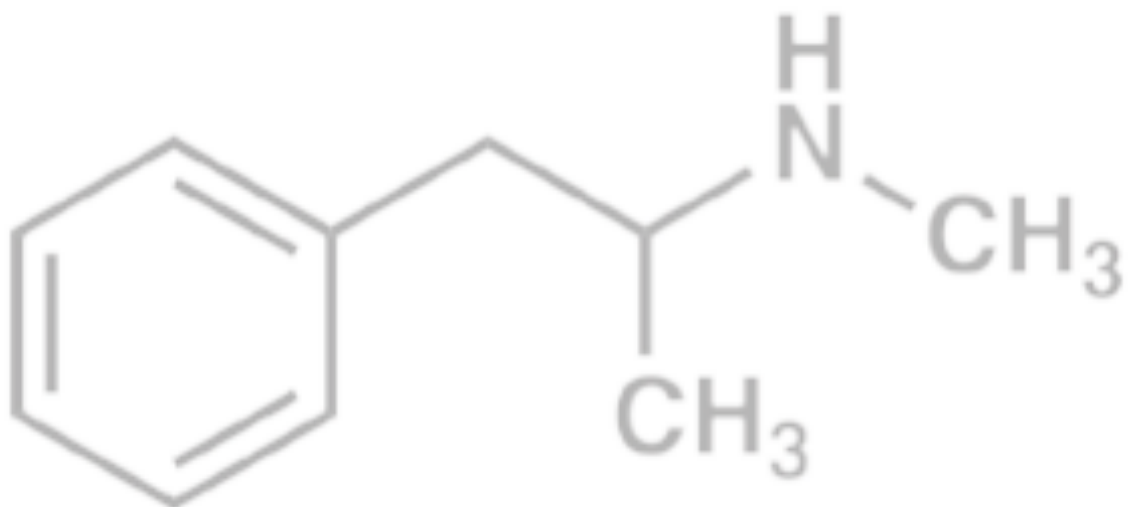
_____.

9. Injecting meth is so intense because _____

_____.

It's very risky because _____

_____.



10. If someone is injecting meth, how does the ANKORS Meth Booklet suggest reducing their risk?

11. What have you learned about meth use that can reduce your health risks?

Reducing Meth's Harm- Take Care of Yourself!

1. When using meth, we often forget our basic needs. We neglect our bodies by not eating and drinking, _____ and _____.

Our relationships are impacted when we _____ and if we engage in risky behaviour such as _____.

2. Have you noticed these kinds of neglect in yourself or meth users you know?

3. What are four essential needs of our bodies?

4. If we ignore these needs we become vulnerable because _____ and _____.

5. What is **tracking** and why is it helpful?

6. Why is it very important to eat well when using meth?

7. What are some ways of eating well suggested by the booklet?
What suggestions for healthy eating would you add?

8. The body needs water to function well. It is dependent on **hydration** for digestion, absorption, saliva creation, circulation and the transportation of nutrients. What are three negative effects of **dehydration**?

9. How can you stay hydrated?

10. Why is good **hygiene** important? How can you maintain good hygiene?

11. Why is **sleep** important? What are the negative effects of lack of sleep?

12. What does the ANKORS Meth Booklet suggest about **relationships**?

13. A supportive relationship with someone who doesn't use meth is very important. This person can help you _____, check in with you when _____ and help you find resources such as _____.

14. Do you have someone in your life who supports you in these ways?

15. What is **formication**? What is it dangerous? What are some things you can do to reduce the urge to scratch or pick?

16. You can care for sores on your skin by _____ and _____.

17. If the sores are hot, swollen, or oozing with puss, you should _____.

18. What are some ways that meth use can be bad for **oral hygiene**?

19. How can you take care of your oral hygiene?

Where Are You At?

1. Why is it a good idea to track your meth use?

2. Using the chart from the following page, which category of meth user do you (or someone you know) fall into?



| Type of user | Reason | Frequency | Risks |
|------------------|---|--|--|
| Experimental | | *Tried it once or twice — not your thing | |
| Periodic | *Enjoy the high-can take it or leave it *Helps to keep things in check | *Occasional | |
| To get shit done | *Studying for an exam, writing a paper, driving all night or completing a project *Students, artist, truckers, workers | | *Tricking yourself into thinking you can't perform without meth |
| For sex | *To enhance sex | *A few times a year? *Several times a month? *Every weekend? | *Can lead to dependency *Erectile dysfunction *Loss of interest in sober sex *Contracting / transmitting HIV, Hepatitis C or other STDs |
| Regular | | *Several times a week *Binging *Choosing meth over things you care about | *Tolerance is growing so you may need to spend more money to get high |
| Habitual | *Getting high is your priority, everything else-relationships, work, health-takes a back seat | | *Meth is the only thing that makes you happy *Staying awake for days, hearing voices, seeing shadow people |

3. What kind of users are the following people:

a. Mike: "I use it when I need energy."

_____.

b. Joanne: "I gave it a try, but it didn't do anything for me."

_____.

c. Bill: "Nothing matters to me but getting high."

_____.

d. Christine: "I use it a few times a week and sometimes binge."

_____.

4. Which is the most destructive kind of user? What can be some of the long-term effects of this kind of meth use?

Meth Psychosis

1. Match the words and definitions.

a. psychosis

1. a phenomenon that accompanies a disease and serves as an indication of it

b. hallucination

2. make something, for example suffering, less severe

c. paranoia

3. an experience involving the apparent perception of something that isn't there

d. symptom

4. the irrational and persistent feeling that people are 'out to get you

e. alleviate

5. a severe mental disorder in which contact is lost with external reality

2. What causes meth **psychosis** and what are two of its common symptoms?

3. What are some common hallucinations associated with meth use? Have you (or someone you know) experienced any of these hallucinations?

4. Three factors that affect how long your meth psychosis will last are _____, _____, and _____.

5. Meth psychosis is temporary and will pass. There are many things you can do to alleviate the symptoms. For example, you can find a mellow and safe place to ride out the episode, sip water or juice, put a packet of vitamin C powder in your water, or nibble something nourishing like fruit, vegetables, or nuts. What else can you do to alleviate meth psychosis?

6. What are some of the warning signs of meth psychosis?

7. How can you prepare in advance for an emergency?

8. Have you or someone you know experienced meth psychosis? How would you describe it? What did you do to reduce its effects?

The Crash

1. Four common symptoms of the crash are: _____,
_____, _____, and _____.

2. The ANKORS Meth Booklet gives several suggestions to get you through the crash. The booklet suggests:

- Eating nutritious food. What are some nutritious foods you could eat?
- Finding a safe place to chill is another suggestion. Where would that place be for you?
- Reaching out to a trusted friend or family member. Who would that person be for you?
- Avoiding triggering situations and people. What situations and people should you avoid?

- Finding a peaceful place in nature. Where is that place for you?

- Talking to a counsellor. Who would that be for you?

3. What would you suggest to a person experiencing a meth crash?



CHAPTER 8
Overdose

1. What are some of the symptoms of meth overdose discussed in the ANKORS Meth Booklet?

2. What are five things you should you do if you suspect that someone is having a meth overdose?

a.

b.

c.

d.

e.

3. If you are combining meth with opiates like down, fentanyl or heroin, the signs of overdose are different than with stimulants, so you need to:

a.

c.

c.

d.

Taking a Break

1. The acute withdrawal stage of taking a break or quitting meth can be very tough. You might experience exhaustion, depression, irritability, intense cravings for meth, sleeping a lot, paranoia, intense hunger and other symptoms. What are some ways of coping with these feelings?

2. What are some of the withdrawal symptoms after:

3 weeks: _____.

1 month: _____.

1-3 months: _____.

How can you deal with these symptoms?

3. What are some nourishing foods you can eat? What are some foods that aren't nourishing?

4. List three people who you can call upon to get you through the first few weeks.

1.

2.

3.

5. Do you have an addictions counsellor?

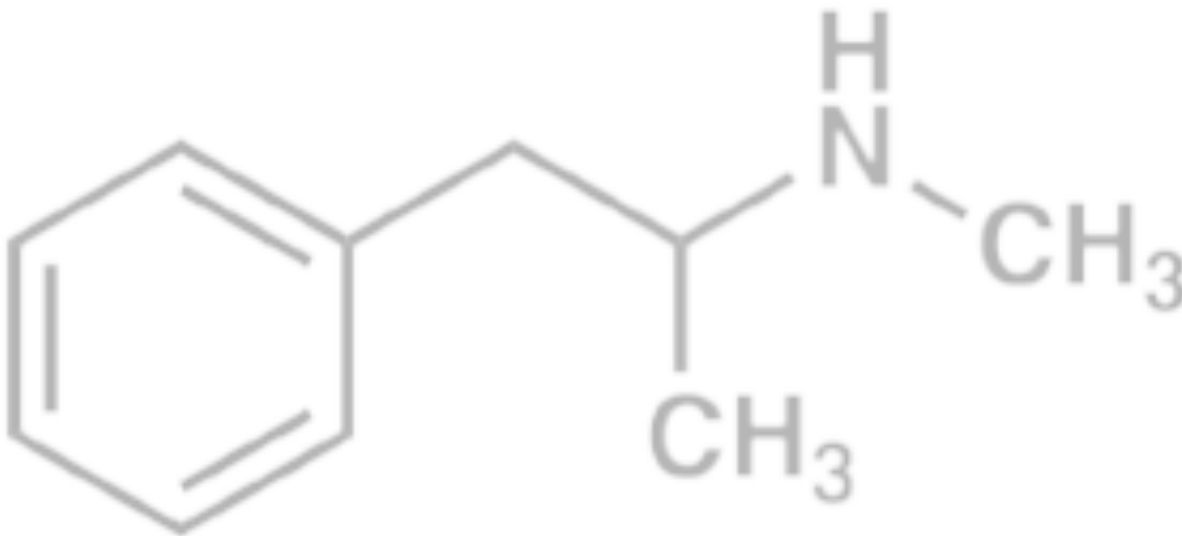
Yes, their name is _____.

No, but I can find one by calling _____.

6. What are some stressful situations in your life? What can you do to avoid them?

7. Who are some people who trigger you? What can you do to prevent that from happening?

8. Are there support groups in your area? Do you belong to one? How can you find one?



Sex and Meth

1. How does meth use affect sex?

2. Why does mixing meth and sex make you vulnerable?

3. If you are mixing meth and sex, you can protect yourself

by_____.

4. What is **chemsex** and what are the drugs associated with it?

5. Why is combining meth with sex risky?

6. What are some of the effects of repeated meth use in chemsex?

7. Because lines of consent can become blurred by meth use, what does the ANKORS Meth Booklet suggest before having sex?

8. If I want to reduce harm when combining meth with sex, I

should_____.

9. What is **PrEP** and why do people take it?

10. True or False. PrEP helps to prevent HIV and prevent all other infections. If this is false, what is the correct answer?

11. Do you or someone you know use meth to enhance sex?

Where Do You Go for Help?

Make a list of people and resources who you can call upon when you need help.

| Who? | Name | Phone number | Email address |
|--|------|--------------|---------------|
| A friend who has been through it before | | | |
| An elder | | | |
| A doctor at a clinic | | | |
| A public health nurse | | | |
| Your social assistance worker | | | |
| An Indigenous Friendship Centre | | | |
| Community centre workers | | | |
| A counsellor | | | |
| A crisis line | | | |
| Spiritual leader, minister, imam, pastor, rabbi... | | | |
| Canadian Mental Health Association staff | | | |
| A family member | | | |
| Emotions Anonymous, a 12-step program | | | |
| Someone else | | | |