

**Public Bills and Orders Other than  
Government Bills and Orders  
Second Reading**

**Bill 204  
Pharmacy and Drug (Methamphetamine Limiting)  
Amendment Act, 2005**

**Mr. Rodney:** Mr. Speaker, we all know that methamphetamine is a powerfully addictive stimulant that dramatically affects the central nervous system, and we also know that it is prepared in secretive laboratories using ephedrine or pseudoephedrine, which are contained in over-the-counter cold medications amongst many other products. Now, these two factors combine to make methamphetamine, a drug with high potential for widespread abuse.

Meth is a white, odourless, bitter-tasting crystalline powder that easily dissolves in water and alcohol. It increases activity, decreases appetite. A general sense of well-being and the effects of meth can last six to eight hours or much longer, but after the initial rush there is typically a state of high agitation in some individuals that often leads to extremely violent behaviour.

Now, whether we call meth by one of its names – speed, meth, chalk, or in its smoked form, ice, crystal, crank, or glass – whatever the case, Mr. Speaker, whatever we call it, the harms that hit those associated with the use and production of crystal meth destroy families, leave individuals and communities and others in desperate situations.

Bill 204 is an important part of the overall approach in that it makes products containing ephedrine and pseudoephedrine less readily available to those individuals looking to purchase them for the illegal manufacture of methamphetamine. There is no comprehensive research data available yet on methamphetamine use, abuse, and dependence in Alberta, but the proportion of AADAC clients, for instance, reporting using amphetamines and stimulants in 2003 was charted at 11.9 per cent. The year before, in 2002, AADAC's Alberta youth experience survey found that 5.3 per cent of Alberta youth in grades 7 to 12 had tried club drugs, including ecstasy and crystal meth, at least once in the previous year. In contrast – and this is worthy of note – 56.3 per cent of youth had abused alcohol, and 27.6 had used cannabis.

Now, Bill 204 gives Alberta an opportunity to deal with the diversion of methamphetamine precursor drugs that are found in some over-the-counter cold remedies. In other words, if we take away the ingredients of this lethal concoction, we can remove one of the avenues that this drug finds its way to Albertans. In the case of crystal meth the harms associated with its use and production can potentially be reduced. Bill 204 is not offering a simple answer to these problems. Bill 204 is providing additional momentum to ease the choke hold that this horrific drug has on so many of our youth and older folks.

I am told that methamphetamine use is on the rise in various parts of Alberta, where it is said to be taking over from cocaine as the third most common drug abuse after alcohol and cannabis. There seem to be a number of factors that are driving this change. First of all, it became widely available because it's made from substances that are openly purchased, as we've discussed; secondly, it's much cheaper than cocaine, which must be smuggled into Canada; and thirdly, the effects are very similar to those of cocaine, but they do last longer. However, this drug has high liability for addiction and very serious physical harm. Lastly, the availability of crystal meth has increased the drug's popularity because smoking it gives the quick effects of injected meth without the inconvenience and dangers of intravenous use.

Mr. Speaker, trends in illicit drug use show a generational cycle

of increase and decline in popularity, and meth is one example of this. It was popular as a recreational drug in the '60s and '70s, fell out of favour in the '80s, and re-emerged in the '90s.

The arrival of a new threat to the health and well-being of Albertans is always a great concern to AADAC, and at the same time we know that meth is not now, nor is it likely to be, the biggest addiction threat to face Albertans. I'd argue that alcohol has and will continue to have this dubious distinction.

Meth is not a new drug. This is its third wave of popularity in North America, and each wave has faded with the assistance of public education and legislation. There is no question that in addition to being highly addictive, this drug is physically harmful to its abusers. The fact that it's readily available and relatively inexpensive makes meth appealing to young people who are willing to experiment and may partially account for its popularity.

Mr. Speaker, I can assure you that there's no single simple solution to putting an end to illicit drug use. We all share a common concern for the harm meth and other drugs cause in our communities, and we each have something to contribute in reducing those harms. We have to work together to form strategies.

The problems linked with substance abuse, including meth, affect all of us directly, or indirectly at least, and the challenge, then, is in identifying effective actions to prevent the harms associated with the use and production of meth. How do we do this? Well, one part of the overall approach is to reduce the supply through enforcement and regulation such as restricting access to precursors used in making methamphetamine, as Bill 204 suggests.

However, determining what needs to be in place in our society to prevent drug use and abuse overall is much more complex, and it requires a collaborative approach. AADAC has a particular contribution to make in communities across the province; that is, their knowledge and expertise and the best practices to prevent and treat addictions as well as the range of services they provide.

The problems related to drug and alcohol use are wide-ranging in scope, complex in nature, and costly in personal and economic terms to Albertans. I know that we can succeed with the involvement of partners in the community, including individuals, municipal leaders, government and nongovernment agencies, law enforcement, educational and health professionals, and others. Momentum is obviously growing across this province as people work together to tackle these and other drug issues in an effort to build safer communities where we can raise healthier children.

It's worthy of note that drug use and abuse patterns continually evolve, and even as we conquer meth, new designer drugs will emerge or old drugs will regain popularity. So we need to maintain the momentum we are seeing now and apply what we're learning from this experience to prevent the harmful consequences of the next drug trend.

Addiction is complex and difficult, but Bill 204 will give it much-needed support. We need to extend the reach of the existing services we offer and provide and invest where the likelihood of success is the greatest.

AADAC continues to offer a comprehensive range of substance abuse treatment facilities and services for meth users and their families, but meth and old and new drugs remind us that there is an inexhaustible supply of these addictive substances. So we need to continue to prevent and treat addiction. We have to acknowledge that all aspects of drug use and abuse maintain collaboration and a balanced, informed response no matter what the specific drug of concern is. Bill 204 will undoubtedly help us achieve these goals.

I encourage our hon. colleagues to join me in supporting the author of this bill. Thank you, Mr. Speaker.