



HUMAN RELATIONS MEDIA Newsletter

METHAMPHETAMINE UPDATE

CONTENTS

Introduction	1
The Spread of Meth	1
Meth & the Law	2
Meth & the Brain	2
The Cycle of Abuse	3
Meth & the Body	3
How Meth Is Made	4
Personal Stories	5
Getting Help	5
Web Resources	6
Media Resources	6
Statistic Sources	6

Introduction

Methamphetamine is one of the most dangerous illicit drugs to emerge in recent years. Originally synthesized from amphetamine in 1919 as an appetite suppressant, it has evolved into a widely-abused "recreational drug" due to its easy availability and highly-addictive nature.

Pharmaceutical methamphetamine is categorized by the Drug Enforcement Administration (DEA) as a Schedule II drug, meaning that it is currently accepted for limited medical treatment in the United States although it has a high potential for abuse and may lead to severe dependence. Accepted treatments include narcolepsy and attention deficit hyperactivity disorder (ADHD).

By contrast, illegal meth is produced in clandestine laboratories from a variety of store-bought supplies. Among these are pseudoephedrine—a common ingredient in many over-the-counter cold medicines—and toxic chemicals such as drain cleaner, hydrochloric acid and ammonia. These illegal labs pose myriad dangers to people and the environment.

The Spread of Meth

Meth has become a worldwide epidemic in recent years. According to a March 2006 statement by the International Narcotics Board (INCB), meth has "become a greater concern in the United States and other countries than heroin or cocaine." In 2005, the National Drug Intelligence Center determined that the threat of meth was "high and increasing."

METH AT A GLANCE

- highly addictive stimulant
- also referred to as tina, ice, crystal, glass, chalk, wash, crink, L.A. glass
- can be taken as a pill, smoked, injected intravenously, snorted or dissolved in a drink
- comes in two odorless forms:

METH—*more powerful than other amphetamine drugs, often created in illicit "labs" using hazardous chemicals*



CRYSTAL METH—*looks like chunks of colorless glass and can be smoked for a high that can last 12 hours or more*



In the United States, meth first spread through the western states and rural areas, but now has advanced into larger cities and the east. Meth tends to spread in pockets—one town may be devastated by drug abuse, while others remain relatively unaffected.

While meth use rates have remained relatively constant in recent years, a greater percentage of those users are now dependent on the drug.

According to the National Survey on Drug Use and Health, in 2002 only 27.5% of users were dependent on meth, while in 2004 the number of addicts grew to 59.3%, an increase of 116%. In the National Association of Counties 2005 survey, law enforcement officials ranked meth as the country's number one problem. Teenagers form a considerable portion of meth's user base. The 2005 Monitoring the Future study found that approximately 4% of high school seniors had tried either meth or ice.

Meth abuse is not restricted to a single demographic—addiction to this drug spans all races, genders, and age groups. People from all walks of life are affected, from mothers with children to take care of, to college students hiding it from their parents, to single men and women living in the throes of addiction.

Meth & the Law

Because pharmaceutical-grade meth is a Schedule II drug, it is accepted legally as a medical treatment. However, any unprescribed use of meth is illegal. In April of 2006, the Combat Methamphetamine Epidemic Act was signed into law, enacting restrictions on the sale of cold medicines containing pseudoephedrine, including limits on the quantity purchased, placing the medicines behind the counter, and keeping a logbook of all the customers. The act also makes it easier to prosecute a person for sale of methamphetamine, and enforces additional penalties if the meth was manufactured at a place where a child resides or was present.

In the National Association of Counties (NACO) 2005 survey, 58% of law enforcement officials from 45 states ranked meth as their number one drug problem, dwarfing the runner-up, cocaine (19 percent). Respondents also linked a reported increase in robberies, domestic violence, assaults, identity theft, and foster care placement for children due to meth.

The NACO 2006 survey found that "73% of hospital officials report that emergency room presentations involving methamphetamine have increased over the last five years," further evidence of the meth epidemic.

Meth & the Brain

Users can quickly develop a tolerance for meth, leading to addiction in a relatively short time. It affects the brain by influencing the release of a chemical called *dopamine*. Dopamine is a *neurotransmitter*, meaning it is used to send signals between brain cells called *neurons*. Dopamine is associated with pleasure—when it is released, the brain knows it should "feel good." Meth causes a massive increase in the level of dopamine in the brain.

However, meth also blocks the reuptake of dopamine, leaving dopamine active in the brain for an extended period of time. As the brain becomes accustomed to this unnaturally high level of dopamine, it starts to produce less and less of it. This leads to increased tolerance and a need to take more of the drug to feel the same effects. After a while, users find it more difficult to feel pleasure without the drug.

The damage that meth causes to the brain's neurons leads to *dependence* and *addiction*. The majority of long-term meth addicts don't take it to feel good, but to keep from feeling bad.

The greatest danger of meth is how quickly its use can lead to addiction. As addicts consume greater amounts of the drug to sustain their "high," they become trapped in a vicious cycle, alternating between extreme highs and lows, all characterized by near-total dependence on the drug.

The Cycle of Abuse

Rush (5-30 minutes): Adrenaline flows. Blood pressure, heartbeat and pulse rise. The user feels intense pleasure.

High (4-24 hours): Rush is replaced with feelings of euphoria. User may become argumentative.

Binge (3-15 days): User continues to smoke or inject meth to sustain the high. Each time he or she uses it, tolerance to the drug builds. The user experiences less of a high. Needs to take greater amounts of the drug to feel a rush.

Crash (1-3 days): Total physical and emotional exhaustion. User will typically sleep for long periods.

Almost Normal (2-14 days): User returns to a nearly normal state. As the frequency of the binging increases, the duration of the normal stage decreases.

Withdrawal (30-90 days): Without meth, user will feel lethargic, depressed and even suicidal. The user loses the ability to feel pleasure, and may suffer from malnutrition, sleep deprivation and dehydration. Using more meth will stop these withdrawal symptoms, but it will begin the cycle of abuse once more.

Meth & the Body

Meth users suffer tremendous physical damage from their drug abuse. Their appearance is visibly altered by the side effects of meth use.

- **Meth Mouth:** Tooth rot and decay caused by a loss of tooth enamel, a constant craving for sweets and a disregard for brushing.
- **Meth Bugs:** Users experience hallucinations that insects are burrowing into their skin. They may rip at their skin, trying to remove these imaginary bugs.
- **Oozing Sores:** Caused when meth users pick obsessively at their own skin.
- **Severe Burns:** Meth lab explosions leave survivors covered in scar tissue. One survivor reported, "I felt my face just melting. The skin was running down my arm...like lard."



Meth users may also develop a number of other life-threatening ailments, such as:

- irreversible brain damage
- respiratory problems
- extreme anorexia
- hypothermia
- memory loss
- motor control problems (akin to Parkinson's disease)

How Meth is Made

In recent years, the manufacture of illegal meth has become a national dilemma. According to the Office of National Drug Control Policy, meth "is the most prevalent synthetic drug manufactured in the United States." While some meth is smuggled illegally via international trafficking organizations, much is produced illegally in laboratories throughout the U.S.

While a laboratory might sound like a safe, secure place, these clandestine "mom and pop" labs can be found anywhere—in basements, cars, motel rooms, garages, and many other places. These labs are a serious hazard to everything around them.



Manufacturing meth requires a combination of toxic chemicals, including hydrochloric acid, ammonia, drain cleaner, lye, battery acid, and antifreeze. The National Drug Intelligence Center notes that for every pound of meth that is manufactured, five to seven pounds of toxic chemicals are produced.

These toxic chemicals are often poured into the ground or dumped in the water, threatening both the environment and the well-being of residents. The chemicals produced by meth labs are corrosive, producing everything from shortness of breath and chest pains to caustic burns on the skin.



Annual costs for meth lab cleanups by the DEA exceeded \$16 million in 2003. According to the Partnership for a Drug-Free America, the long-term effects of chronic exposure to meth labs are still unknown, although scientific evidence indicates that "the chemicals used to manufacture meth can cause a range of health effects including cancer, damage to the brain, liver and kidneys, birth defects, and reproductive problems."

Meth labs are also prone to unpredictable, dangerous explosions. According to the Agency for Toxic Substances and Disease Registry's Hazardous Substances Emergency Events Surveillance, in 2002 there were 133 incidents of meth lab-related explosions resulting in injury or death. Most frequently, these victims are police officers.

Learn to recognize signs of a meth lab in your neighborhood. According to the Partnership for a Drug-Free America, meth labs may be identified by:

- unusually strong chemical odors
- excessive amounts of discarded cold medicine boxes, coffee filters, matches, lithium batteries or plastic baggies
- glass containers, plastic tubing or funnels
- excessive amounts of trash
- increased numbers of visitors, particularly at unusual times.

If you suspect that a meth lab exists in your neighborhood, call your local police department.

Personal Stories

The painful effects of meth use are not restricted to the user alone. Meth addicts often neglect everything in their life that is not directly associated with the drug. Forty percent of all child welfare officials surveyed in the National Association of Counties 2005 survey reported increased out-of-home placements due to meth in 2004. Many users have stories of how their drug abuse affected others:

Shawn Bridges, 34: By the time he was 16, Shawn had dropped out of high school. By the age of 26, Shawn had a heart attack and had tried twice to kill himself. His father believes those problems were a result of his meth abuse. Now at the age of 34, Shawn spends his time in a hospital-style bed wedged into his father's living room, moving little and speaking in guttural slurs, always accompanied by his catheter and feeding tube. Between two failed marriages and a girlfriend, Shawn has fathered three daughters. He is now the subject of a documentary about not just what meth did to him, but what this devastating drug did to "everyone he knows."

Eric Stone, 23: Eric grew up in a small, close-knit town. He tried marijuana in high school and progressed to other drugs, including meth. After two friends were killed by a drunk driver, meth became Eric's new "best friend." All of his resources went into getting drugs, but before long, he couldn't get as high as he used to—he merely became paranoid and scared. His mother was forced to take out a restraining order against him, and he was ultimately arrested on various charges, for which he faced a total of 65 years in prison. Eric eventually recovered, and is now

Getting Help

Be aware of the symptoms of meth.
Some of the physical symptoms are:

- weight loss
- dilated pupils
- sores that do not heal
- abnormal sweating
- shortness of breath

Psychological symptoms include:

- paranoia
- nervousness
- irritability
- withdrawal from family and friends
- long periods of sleeplessness
- extreme moodiness

If someone you know is exhibiting these symptoms, encourage the person to get help immediately. Alert the person to your concerns and encourage them to get help. Talk to your physician about referring you to someone who can help, like a professional drug counselor.

You can also help to stop the meth problem in your neighborhood before it starts. Be aware for signs of meth labs in your area, and report any suspicious activity to your local police.

For treatment referrals, call the Substance Abuse and Mental Health Services Administration at 1-800-662-HELP. For more information on meth, call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686. To find drug treatment centers in your area, go to www.findtreatment.samhsa.gov.

Web Resources

- Montana Meth Project
www.montanameth.org
- American Council for Drug Education
www.acde.org
- Meth Resources
www.methresources.gov
- Meth Stories: Affecting Your Community
www.drugfree.org/meth
- The National Clearinghouse for Alcohol and Drug Information
www.health.org

Statistic Sources

- Agency for Toxic Substances & Disease Registry's Hazardous Substances Emergency Events Surveillance
www.cdc.gov/mmwr/preview/mmwrhtml/mm5414a3.htm#tab
- Monitoring the Future Study 2005
www.monitoringthefuture.org/data/05data/pr05t1.pdf
- National Assn of Counties 2005 survey
www.naco.org/Template.cfm?Section=Surveys&template=/ContentManagement/ContentDisplay.cfm&ContentID=17216
- National Assn of Counties 2006 survey
www.naco.org/Template.cfm?Section=Surveys&template=/ContentManagement/ContentDisplay.cfm&ContentID=18837
- National Drug Intelligence Center
www.usdoj.gov/ndic/pubs7/7341/
- National Survey on Drug Use and Health (2002-2004)
<http://oas.samhsa.gov/2k5/meth/meth.htm>
- Office of National Drug Control Policy
www.whitehousedrugpolicy.gov/drugfact/methamphetamine/index.html
- Partnership for a Drug-Free America
www.drugfree.org/Portal/DrugIssue/MethResources/meth_faq.html#6

Media Resources

- Rushing, Crashing, Dying: The Meth Epidemic*
- Dangers of Meth folding display*
- Focus on Methamphetamine pamphlet*
- Everything You Need to Know about Substance Abuse in 22 Minutes*
- Uppers and Downers: The Facts about Stimulants and Depressants*
- Addiction and the Human Brain*
- Methamphetamines: The Hard Facts*
- Dangers of Club Drugs folding display*
- Dangers of Club Drugs overhead transparencies*
- Focus on Club Drugs pamphlet*
- Dangers of Stimulants folding display*
- Dangers of Stimulants overhead transparencies*
- Club Drugs: The Real Deal*
- Club Drugs: Nothing to Rave About*
- Club Drugs: A Video Guide for Parents and Professionals*