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Methamphetamine Across America: Misconceptions, Realities and Solutions

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The abuse of methamphetamine (meth) continues to spread across the country, straining the already limited resources for law enforcement, environmental clean up, and addiction treatment. This article examines the perceived and actual nature of the meth problem and presents possible solutions.

Methamphetamine (meth) abuse is changing the American landscape unlike any other illegal drug before it, sweeping across our small towns, rural areas, suburbs and cities. Meth casts a dark shadow and leaves behind a wake of shattered lives and communities.

Some trends in drug abuse come and go, such as the explosion of crack cocaine in the 1980s, and later GHB, the “date rape” drug, and “ecstasy.” Other drug abuse trends hold constant such as nicotine addiction with 400,000 lives lost annually to tobacco-related disease, and alcohol abuse claiming 100,000 lives annually. Underage drinking persists even 20 years after states adopted 21 as the legal drinking age, and marijuana is still used by almost half of students before graduation from high school.

So what makes the rising tide of methamphetamine abuse so different? Plenty.

Meth – The Drug

First, consider the drug itself, a synthetic, man-made stimulant that can be consumed in multiple ways: smoked, injected or snorted. “Glass” or “ice” is the most potent, smokable form of the drug. Yet unlike most other drugs of abuse, its duration of action is longer, and for some, the effects can persist long after discontinuation of regular use.

A person under the influence of meth may be in an altered state for eight to 12

hours. After the initial euphoric “rush,” the behavioral effects include heightened concentration, increased alertness, high energy, wakefulness and loss of appetite. With meth the progression from occasional use to addiction can occur over a period of months. As with other drugs of abuse, addiction to meth can also trigger psychosis in people who are predisposed.

Unlike many other drugs of abuse, methamphetamine is a neurotoxin. This means that it not only affects the release and reuptake of certain brain chemicals (mostly dopamine), but also damages the neural tissue within the brain, the effects of which can be long-lasting. Meth exposure can damage the areas of the brain related to both cognition and memory. In some cases, even years after discontinuation of use, some brain functioning may not be fully restored to pre-meth levels. For this reason, meth addiction places an individual at heightened risk of long-term, possibly irreversible behavioral, cognitive, and psychological problems over the course of a lifetime.

Meth – The Addiction

Addiction is not simply “a lot of drug abuse,” but a diagnosable medical disorder wherein a person’s compulsive drug use dominates every aspect of life. For an addict, the acquisition and use of the drug is the primary focus of life, in spite of negative consequences that are directly attributable to drug use (loss of employment, family, personal relationships, and physical and psychological health). Because of the insatiable, compulsive craving for the drug,

addicts will do almost anything to obtain it. This can include behaviors they may have never considered possible prior to their addiction—behaviors that violate their value system or that are criminal.

Drug testing data from urinalysis obtained from males who were arrested (for all types of crime, not just drug offenses), reflect the degree to which meth abuse underlies a significant amount of criminal activity. Nationwide in 2003, the cities with the highest rate of methamphetamine-positive male arrestees were Honolulu with 40.3 percent, followed by Phoenix (38.3 percent) and Sacramento (37.6 percent). Rates in the central states include Des Moines (27.9 percent), Omaha (21.4 percent), Tulsa (17.4 percent), Albuquerque (10.1 percent), Dallas (5.8 percent) and Minneapolis (3.3 percent). Meth abuse has not reached comparable levels in some eastern parts of the country. Less than 1 percent of arrestees tested positive for methamphetamine in Albany, Anchorage, Boston, Charlotte, Cleveland, Miami, New York City, Philadelphia and Washington D.C. The median across all cities was 4.7 percent.

Addicts use increasing amounts of meth (due to the resultant physical tolerance) over extended periods of time—sometimes days at a time—during which they do not eat or sleep. This pattern of meth use results in extreme sleep and food deprivation, so that the physical deterioration is often more rapid and pronounced than with other drugs.

Eventually most meth addicts develop strong paranoid delusions, sometimes

known as “methamphetamine psychosis.” They see things that aren’t really there, including illusive “shadow people.” They hear things that aren’t really there—auditory hallucinations. A defining feature of this delusional state is when meth addicts believe that everyone is “out to get them,” even innocent strangers or inanimate objects.

For example, a meth addict can spend hours on end peering out of a window into the front yard, nearly paralyzed with fear and convinced that someone is watching him and coming to “get him,” when in fact there is nothing threatening in the front yard, just an unoccupied parked car or a few shrubs and bushes. It is this phenomenon, in particular, that makes meth addicts such a hazard to people they may encounter, and hence the public safety.

Meth Labs

Many meth abusers eventually attempt to make the drug themselves, in the privacy of their own apartment, office, barn, workshop, home or car. Recipes are readily accessible online or by word of mouth from one “cook” to another. Using ingredients that can be readily stolen or purchased at farm supply stores (anhydrous ammonia), hardware stores (muriatic acid, camping fuel, automotive de-icer, gun scrubber, to name a few), and grocery or drug stores (ephedrine, pseudoephedrine, matches, batteries, iodine), they “cook” it up themselves.

Mixing these volatile, poisonous, and flammable substances has toxic and sometimes explosive results. Because they are not trained chemists working in controlled laboratory conditions, meth cooks typically are also unable to safely correct minor mistakes that happen along the way, a problem that contributes to sudden explosions and unexpected flash fires.

Every unit of “finished product” of meth produces six units of dangerous waste. The fumes, ingredients, and waste byproducts contaminate surrounding buildings, groundwater, wells, and bodies of water, land and air. For these reasons trained, hazardous response teams conduct meth lab clean up.

Those who live in proximity to operational or abandoned meth production

areas are harmed as well. People can unknowingly live in an apartment unit that is adjacent to an operational meth lab, stay in a motel where meth was produced just hours before, or purchase property that was once used as a meth dumpsite or lab.

Innocent children who live in homes where meth is made are particularly damaged, suffering chemical burns, lung irritation, blood disorders, and the increased risk of permanent neurological and developmental damage. Multiple law enforcement sources have reported meth labs located in close proximity to children’s eating, sleeping and bathing areas.

Whenever the primary caretakers of children are addicted, the potential for child abuse and neglect is heightened. More often than not, children’s physical, safety and emotional needs are unmet. When caregivers are both addicted to meth and making it themselves, add to the picture the ill effects on children of prolonged exposure to dangerous environmental toxins, and the elevated risk of spills, accidental ingestion, sudden explosions or fires.

Meth Treatment

Addiction is a chronic, relapsing disease, such as asthma, diabetes and hypertension. Treatment for addiction is as effective as treatment for these other chronic diseases. In addiction treatment, patients look at the consequences related to their addiction, and with the respectful help of professionals, slowly develop tools and skills necessary to negotiate the challenges of life without the drug. Once diagnosed and treated, behavior change and periodic professional services are necessary to effectively manage addiction over the course of a lifetime.

Can methamphetamine addiction be successfully treated? Absolutely. Yet often we hear an elected official, environmental health officer, or law enforcement agent definitively state, “Treatment for meth addicts doesn’t work.” For those of us in the addiction field this statement is sadly reminiscent of what people said about alcoholics 60 years ago, and about crack addicts in the 1980s. Perhaps you’ve even said it yourself. Yet it is simply not the

case. Methamphetamine addiction can be successfully treated.

Consider the primary research-based principles of addiction treatment according to the National Institute on Drug Abuse. First, treatment needs to be readily available. In reality, though, addiction treatment is not readily accessible for many who need it in this country. By some estimates, up to two-thirds of those who need addiction treatment do not receive it. One reason for this is that treatment is often not fully covered by health insurance.

Second, research finds that remaining in treatment for an adequate period of time is critical for treatment effectiveness and that longer treatment exposure enhances the likelihood of sustained sobriety. In reality, however, there are often caps or restrictions

Principles of Effective Treatment

- Treatment needs to be readily available.
- Treatment does not need to be voluntary to be effective.
- Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.
- Remaining in treatment for an adequate period of time is critical for treatment effectiveness. Research indicates that for most patients the threshold of significant improvement is reached at three months, and that additional treatment can produce further progress toward recovery.
- Effective treatment addresses the multiple needs of the individual: drug use and the associated medical psychological, legal, social and vocational problems. Addiction and co-existing mental disorders should be treated in an integrated way.
- Recovery from addiction can be a long-term process and frequently requires multiple episodes of treatment.

Source: Principles of Addiction Treatment: A Research-Based Guide, National Institute on Drug Abuse, NIH Publication No. 99-4180, 1999.

on both on the length and type addiction treatment benefits, even for those with health insurance. For public pay clients, especially in non-urban areas, options may be even more limited.

Further, research finds that short periods of abstinence, like detox or time spent in jail, in the absence of treatment, do little to change behavior and support recovery in the long haul. Jail is not the same as treatment. Therefore no one should be surprised, for example, when an addict who has not received treatment continues to use while out on pre-trial release.

A more accurate assessment is that treatment is not as accessible as it should be, especially for meth addicts—most of whom have lost their jobs, their assets, their homes, their families, their freedom and their health. With meth addicts, in particular, an adequate length of treatment is necessary in order to determine which psychiatric disorders are pre-existing and which are associated with meth use itself.

Following primary treatment, halfway houses or supported, transitional living situations are often indicated for recovering meth addicts because they have no safe, drug-free residence to which to return. Yet in reality, these too, are not always accessible to all who need them.

Solutions to the Meth Problem

Retailers, distributors and wholesalers of precursor substances need continuing education in how to identify possible meth lab purchases, and encouragement in reporting suspicious purchases to authorities without fear of repercussions. Beyond that, every individual needs to be vigilant in reporting suspicious activity to law enforcement officials. People making meth use enormous amounts of legal products. So when we notice these piled up in our neighbor's trash, or smell a strong chemical odor, or see people coming and going from a business or dwelling at all hours of the day or night, we need to report these suspicions.

Curtailing the supply of foreign, imported precursors and meth must also be part of a comprehensive solution. While meth labs are a growing public nuisance, the majority of methamphetamine consumed in this country is imported from Mexico.

States should examine their criminal

codes to see if they adequately address the range of activities related to methamphetamine abuse. At least 28 states have addressed meth production by limiting the sale of precursor substances used in meth production at the retail or wholesale level. Some states have stiffened penalties for the theft of anhydrous ammonia and other precursors, or for the production of meth. Varying approaches have been met with varying degrees of success.

If meth addicts who are serving long prison terms receive no formal addiction treatment, nothing has been done to address their addiction. Once released, their long-term prognosis is poor. Hence, some states have made advances in offering treatment in correctional settings, followed by up to a year of highly structured, supervised community living.

Our children need to appreciate the dangers of meth use, especially young teenage girls who may be initially attracted by the weight loss effects. We need to have realistic, factual and heartfelt conversations with our children. And we need to engage not just our families, but our schools, and entire communities. Research finds that drug abuse prevention is effective only when it consists of the same message delivered by multiple messengers. The message here is clear—"speed kills."

Conclusions

Meth-related problems continue to spread across the country. It seems by the time meth addicts finally get the help they need, it is under the worst of circumstances. Many of our public systems that respond to the associated problems are short-staffed and operate severely curtailed budgets, which renders them marginally effective even under the best of circumstances.

Meth addicts interface with multiple public agencies at enormous public expense: criminal justice, human services, environmental health, child protection and emergency medicine. Therefore, both sufficient financial resources and the multidisciplinary coordination of effort are essential to any strategic solution.

Without adequate resources, communities cannot absorb the astronomical costs of meth lab clean up, nor can a state provide effective treatment and supported aftercare

to all who need it. Without coordination of services, law enforcement cannot deliver a timely response to suspected meth lab activity, school social workers cannot adequately investigate and intervene with the growing number of children living in meth lab homes, nor can overstretched service providers or drug court professionals keep up with the burgeoning challenges presented by meth addicts and their families.

Policymakers must acknowledge the significant magnitude and far-reaching dimensions of the escalating meth problem, and address it with an appropriate high level of response. "Business as usual," which these days means "doing more with less," will not curtail the rising tide of methamphetamine abuse.

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Bio

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