

## VI. Stimulants

# Methamphetamine

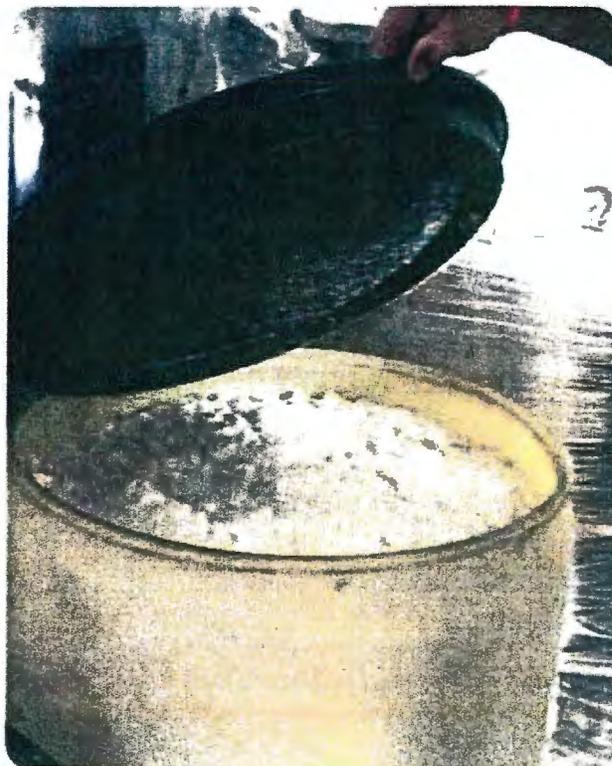
### WHAT IS METHAMPHETAMINE?

Methamphetamine (meth) is a stimulant. The FDA-approved brand-name medication is Desoxyn®.

### WHAT IS ITS ORIGIN?

Mexican drug trafficking organizations have become the primary manufacturers and distributors of methamphetamine to cities throughout the United States, including in Hawaii. Domestic clandestine laboratory operators also produce and distribute meth but usually on a smaller scale. The methods used depend on the availability of precursor chemicals.

Currently, this domestic clandestinely produced meth is mainly made with diverted products that contain pseudoephedrine. Mexican methamphetamine is made with different precursor chemicals. The Combat Methamphetamine Epidemic Act of 2005 requires retailers of non-prescription products containing pseudoephedrine, ephedrine, or phenylpropanolamine to place these products behind the counter or in a locked cabinet. Consumers must show identification and sign a logbook for each purchase.



### What are common street names?

Common street names include:

→ Batu, B kers Coffee, Black Beauties, Chalk, Ch cken Feed, Crank, Crystal, Glass, Go-Fast, Hiropon, Ica, Meth, Methlies Quick, Poor Man's Cocaine, Shabu, Shards, Speed, Stove Top, Tina, Trash, Tweak, Uppers Ventana, Vidrio, Yaba, and Yellow Bam

### What does it look like?

Regular meth is a pill or powder. Crystal meth resembles glass fragments or shiny blue-white "rocks" of various sizes.

### How is it abused?

Meth is swallowed, snorted, injected, or smoked. To intensify the effects, users may take higher doses of the drug, take it more frequently, or change their method of intake.

### What is its effect on the mind?

Meth is a highly addictive drug with potent central nervous system (CNS) stimulant properties.

Those who smoke or inject it report a brief, intense sensation, or rush. Oral ingestion or snorting produces a long-lasting high instead of a rush, which reportedly can continue for as long as half a day. Both the rush and the high are believed to result from the release of very high levels of the neurotransmitter dopamine into areas of the brain that regulate feelings of pleasure. Long-term meth use results in many damaging effects, including addiction.

Chronic meth abusers can exhibit violent behavior, anxiety, confusion, insomnia, and psychotic features including paranoia, aggression, visual and auditory hallucinations, mood disturbances, and delusions — such as the sensation of insects creeping on or under the skin.



Such paranoia can result in homicidal or suicidal thoughts. Researchers have reported that as much as 50% of the dopamine-producing cells in the brain can be damaged after prolonged exposure to relatively low levels of meth. Researchers also have found that serotonin-containing nerve cells may be damaged even more extensively.

### What is its effect on the body?

Taking even small amounts of meth can result in:

- Increased wakefulness, increased physical activity, decreased appetite, rapid breathing and heart rate, irregular heartbeat, increased blood pressure, and hyperthermia (overheating)

High doses can elevate body temperature to dangerous, sometimes lethal, levels, and cause convulsions and even cardiovascular collapse and death. Meth abuse may also cause extreme anorexia, memory loss, and severe dental problems.

### What are its overdose effects?

High doses may result in death from stroke, heart attack, or multiple organ problems caused by overheating.

### Which drugs cause similar effects?

Cocaine and potent stimulant pharmaceuticals, such as amphetamines and methylphenidate, produce similar effects.

### What is its legal status in the United States?

Methamphetamine is a Schedule II stimulant under the Controlled Substances Act, which means that it has a high potential for abuse and limited medical use. It is available only through a prescription that cannot be refilled. Today there is only one legal meth product, Desoxyn®. It is currently marketed in 5-milligram tablets and has very limited use in the treatment of obesity and attention deficit hyperactivity disorder (ADHD).

## Reclaiming Life After the Ravages of Meth Addiction



Once someone who's been addicted to meth goes through treatment, those who love and care for that person may breathe a sigh of relief. At last, you think, the nightmare is over and everything will get back to normal. The reality is that meth addiction is tough to get over. Even after treatment, which may go on for many months, there may be some residual insecurities and emotional difficulties that still need work. New skills may need to be learned, and there's a whole lot of self-esteem and self-confidence rebuilding required. Still, reclaiming life after the ravages of meth addiction is possible.

Here are some points that may prove helpful if you or someone you know and love is entering the early stages of recovery from meth.

<https://www.elementsbehavioralhealth.com/recovery/reclaiming-life-after-the-ravages-of-...> 6/14/2016

## **Meth is a Growing Problem**

The rush from meth is more than three times as strong as cocaine and 4-5 times as long. Statistically, the numbers are staggering. Worldwide meth addicts number 25 million. That's more than the total number of cocaine and heroin users combined. One-fifth of all meth users are in the United States, Canada, and Mexico. Three percent of students in the U.S. have experimented with meth before they leave high school. In the U.S. alone, 5 million people of all backgrounds are impacted by meth.

From 20 to 50 percent of the jail population is incarcerated due to meth-related crimes: burglaries, thefts, assaults, and domestic violence.

The economic costs of meth use in the U.S. is over 20 billion dollars a year. This includes loss of productivity, medical costs, foster care, treatment, and incarceration.

## **External and Internal Meth Triggers**

Wherever the former meth user goes, external triggers can immediately summon the desire to use. External triggers include the people, places, and things associated with meth use – and can be overwhelming to the person in recovery without strong and effective coping mechanisms.

Similarly, the internal triggers – intense emotions such as anger, hurt, desire, or fear – can cause the recovering meth abuser to want to use. Again, without a toolkit of effective coping mechanisms and strategies, the individual in recovery is at risk of relapse.

The sequence happens in different parts of the brain but it can be simplified this way: triggers lead to thoughts to use. If these thoughts continue, craving occurs. If the person stays in craving mode or moves toward the drug, at some point the individual will do whatever it takes to get to meth.

Meth use overstimulates our emotional centers, producing powerful emotions of anger and fear – which can lead to aggression and irritability.

## **Overcoming Anhedonia**

Scientists and researchers know that meth affects the reward center of the brain. In effect, it drains the dopamine supply with the result that activities that used to provide fun, joy, and pleasure no longer are seen as enjoyable. Instead, they seek to lack the spark of life. This is called anhedonia.

Even after a person stops using meth, this part of the brain takes time to heal. But the good news for those seeking to reclaim life after the ravages of meth is that the brain does heal. At the cellular level, damaged receptors and transmitters regrow within 6 to 12 months. Brain scans of recuperating meth addicts show the brain healing itself. Transmitters work again and dopamine levels rise.

Maintaining effective recovery for a period of a year goes a long way toward the restoration of joy in life's pleasures. You can begin to enjoy life again.

## **Multiple Treatment May Be Required**

Meth addiction is a chronic disease. Like other chronic diseases, such as diabetes and hypertension, meth addiction can be managed. But due to its nature, rewiring and changing the brain, healing takes time. And not all meth addicts heal at the same rate or timetable. Some may require multiple episodes of treatment before the strategies and new ways of thinking lead to effective long-term recovery.

This is not a hopeless situation, however. Not everyone who goes through treatment for meth addiction will relapse – although many will. And relapse, while it can be serious, can also lead to a recognition that more treatment is required in order to “get it right,” or to have the strategies and coping mechanisms “stick.”

Recovery experts say that the longer a meth addict remains in treatment, the greater the chances to successfully stay off the drug.

## Relapse Doesn't Occur Without Warning Signs

Whether it's meth or alcohol, cocaine or opioids, relapse doesn't just occur out of the blue. There are always warning signs, little or big things that, taken together, may precipitate a slip that becomes a major relapse. The warning signs are referred to as relapse drift.

Watch out for these – and do something about them before they add up to relapse:

- **Skipping meetings** – After you've gone for a few weeks or months and stayed clean of meth, you may think you don't need to go to 12-step meetings any longer. This is a huge mistake and one of the first indications that should tell you – and those who love you – that you may be on the path toward relapse. Rationalizing that you don't need outside help anymore or that you've mastered the disease of addiction is self-delusion. First, those in recovery always need the support and encouragement of their network – 12-step sponsor and fellow members as well as family. Second, your recovery is only strong if you keep working the steps. You can't just quit. You risk setting yourself up for failure.
- **Hanging out with old friends who use** – This external trigger is bound to get the former meth user into trouble. It's tough to ditch old friends, even if they still happen to use. But that's exactly what someone in recovery from meth addiction has to do. If you find yourself calling up your old pals or making your way to where they hang out, stop yourself. Think about what this may do to your recovery. Are you willing to risk a major setback? It's not worth it.
- **Justifying just one time** – Sometimes a meth addict in recovery believes that just one time will be okay. Surely a single encounter with meth can't be that bad, goes the thinking. Again, this is totally wrong. How long did it take your brain to heal from the cravings and urges? Are you really willing to go through all that again – for the simple excuse that you want to get high once more? Remember how it was when you couldn't get through the day without using meth multiple times? Just once won't cut it. If you go down this road, you'll be back to your old habit quicker than water disappears down the drain. Recovery rooms are filled with examples of how this behavior went wrong. Six years clean, ten years clean, and so on – just one time back into meth and they lost it all. Having to start over is tough. Is it worth it?
- **Using alcohol or other drugs** – You may think that you can drink without getting into trouble, or smoke a joint to alleviate your stress, or even that popping a few painkillers will be okay. After all, you're not using meth any longer. This is just substituting one drug of choice for another. What often happens is that the meth addict in recovery starts down this road and before long gravitates toward more frequent use of the substitute drug, followed by a return to meth use.

## Treatment and Meth

Why mention treatment again if a person has already gone through it? The reason is that treatment has a dual purpose: to help the individual who wants to overcome meth addiction as well as help a relapsed meth addict back on the road to recovery.

In case you think that there's too much emphasis on what can go wrong, think again. Many recovering meth addicts who relapse stand to lose a lot. It's not uncommon for chronic meth users to become homeless, lose their families, go into bankruptcy, and wind up incarcerated. Depressed, filled with self-hatred, yet unable to quit using meth, many become suicidal. Even if they don't act on the impulse to take their lives, the thoughts are devastating. Instead of getting treatment, the chronic meth user resorts to using more meth.

It takes a lot of money to feed the insatiable need for meth. After whatever savings are gone, meth addicts turn to stealing from family and friends, then often graduate to theft from strangers' homes and places of business, even to armed robbery. Yet the bottomless need for meth never ceases.

Ultimately, many meth addicts wind up before a judge in drug court. The choice is simple: rehab or jail. Some think they can skate through drug rehab for meth addiction, going through the motions. But the urine testing that's part of most meth treatment programs doesn't lie. If you use, you lose. You might get another chance from the judge – if you're lucky – but more than likely, if you've already been to drug court and your follow-up appearance reveals tests that show positive for meth, you'll be spending some time in jail.

This may be just the wake-up call that some meth addicts need before they finally admit to themselves that they need to make major changes to their lives. But you don't need to let it go this far.

## New Life, New Challenges

Once you're in recovery from meth addiction, life poses a series of new challenges. It was fine during treatment, when you always had help available if you encountered depression or anxiety. You learned a lot of ways to cope with this emotion or that, how to avoid people, places, and things that caused you to want to use. But nothing prepared you for actually living free of meth long-term.

It can be a scary time. You worry that you won't be able to overcome the temptation to use. You devise new routes to drive to and from work, so you'll be able to avoid going near where your meth-using pals congregate. Maybe you're married to or living with a partner who currently uses. That's a really tough situation. If your using partner won't get treatment, the future isn't particularly hopeful for either of you. Drastic measures may be required. While you can't force someone into treatment, you can't allow your own life to go down because of another's meth addiction either. You may need to separate for a while, to take time for you to heal further, and perhaps for your partner to want to overcome meth addiction so that the two of you can resume your relationship on a healthier basis.

Many meth users in recovery say they're plagued by uncertainty and anxiety. They feel no sense of self-confidence and have low feelings of self-worth. Nowhere is this more apparent than when the individual tries to find a new job. Maybe it's the first job after many months or years of joblessness as a result of meth addiction. Maybe it's trying to find a job after being fired for meth addiction. Interviews for a job are difficult for everyone, and even more so for a recovering meth addict.

Anything that requires you putting yourself in front of people can cause anxiety. You're afraid that they "know" all about your past meth use and that they're judging you because of it. First impressions are important, but you can prepare yourself to deal with the interview situation. Go over your strengths, talents, and background in the area you're interviewing for. Rehearse in front of a mirror, shaking hands, making pleasant small talk, smiling while you speak. Take a few deep breaths before you go into the interview. Believe that you will do the best you can, and then go for it.

If you take a low-level job just to be able to live, you may wish to enroll in school or take some training to allow you to enter a new field. Perhaps computer training will help. Maybe learning a new language will help elevate your skill-set to make you a more attractive candidate for a different position. One thing that learning new skills does for you is give you self-confidence. With increased self-confidence you will be able to handle interviews easier. The more you learn the more you will find that your horizons are broadened. You won't be stuck in a dead-end job forever. Life will begin to offer opportunities. This is progress and necessary for successful long-term recovery.

## **Recovery is a Journey – Not a Destination**

Does anyone have a clear vision of the future? Of course they don't. Yet it's still amazing that those in recovery from addiction – from meth or any other substance or addictive behavior – think that there will come a day when they'll be "cured." They'll have arrived at recovery and won't have to think about it anymore.

That's wrong – and for so many reasons. First of all, it's an unreal expectation to believe that there's a cure for addiction. Maybe someday there will be a vaccine that will prevent certain types of addiction, or help those who are addicted quit for good. There is a vaccine for smoking cessation that's showing a great deal of promise and is in Phase III FDA clinical trials. But there's no such miracle drug on the horizon anytime soon for meth addiction.

Abstinence, medical treatment, and long-term counseling with a number of different treatment modalities and participation in 12-step groups are the only current ways to combat meth addiction. You simply have to keep at recovery in order to maintain recovery.

The results are worth it. Can you reclaim life after the ravages of meth addiction? You can if you genuinely want to, if you commit yourself to doing whatever it takes to get clean and stay clean and sober. If you start feeling like you can't handle it, talk with your 12-step sponsor, go to more meetings, get additional counseling. Don't be afraid to reach out and ask for help. It's always there for you. When you are stronger and more secure in your recovery, you may want to help a newcomer who's struggling with the same fears and uncertainties you once had. There's nothing better than giving to others so that they can begin to have hope for their own future in recovery. In fact, this helps strengthen your own recovery.

## HISTORY OF METHAMPHETAMINE

Methamphetamine is not a new drug, although it has become more powerful in recent years as techniques for its manufacture have evolved.

Amphetamine was first made in 1887 in Germany and methamphetamine, more potent and easy to make, was developed in Japan in 1919. The crystalline powder was soluble in water, making it a perfect candidate for injection.



**(/sites/default/files/page19-image01-history-of-methamphetamine.jpg)**

Kamikaze pilots were given methamphetamine before their suicide missions.

Methamphetamine went into wide use during World War II, when both sides used it to keep troops awake. High doses were given to Japanese Kamikaze pilots before their suicide missions. And after the war, methamphetamine abuse by injection reached epidemic proportions when supplies stored for military use became available to the Japanese public.

In the 1950s, methamphetamine was prescribed as a diet aid and to fight depression. Easily available, it was used as a nonmedical stimulant by college students, truck drivers and athletes and abuse of the drug spread.

This pattern changed markedly in the 1960s with the increased availability of injectable methamphetamine, worsening the abuse.

Then, in 1970, the US government made it illegal for most uses. After that, American motorcycle gangs controlled most of the production and distribution of the drug. Most users at the time lived in rural communities and could not afford the more expensive cocaine.

In the 1990s, Mexican drug trafficking organizations set up large laboratories in California. While these massive labs are able to generate fifty pounds of the substance in a single weekend, smaller private labs have sprung up in kitchens and apartments, earning the drug one of its names, "stove top." From there it spread across the United States and into Europe, through the Czech Republic. Today, most of the drug available in Asia is produced in Thailand, Myanmar and China.

# The Methiest States In The U.S. (INFOGRAPHIC)

10/07/2013 12:50 pm ET | Updated Nov 11, 2013

6.1 K



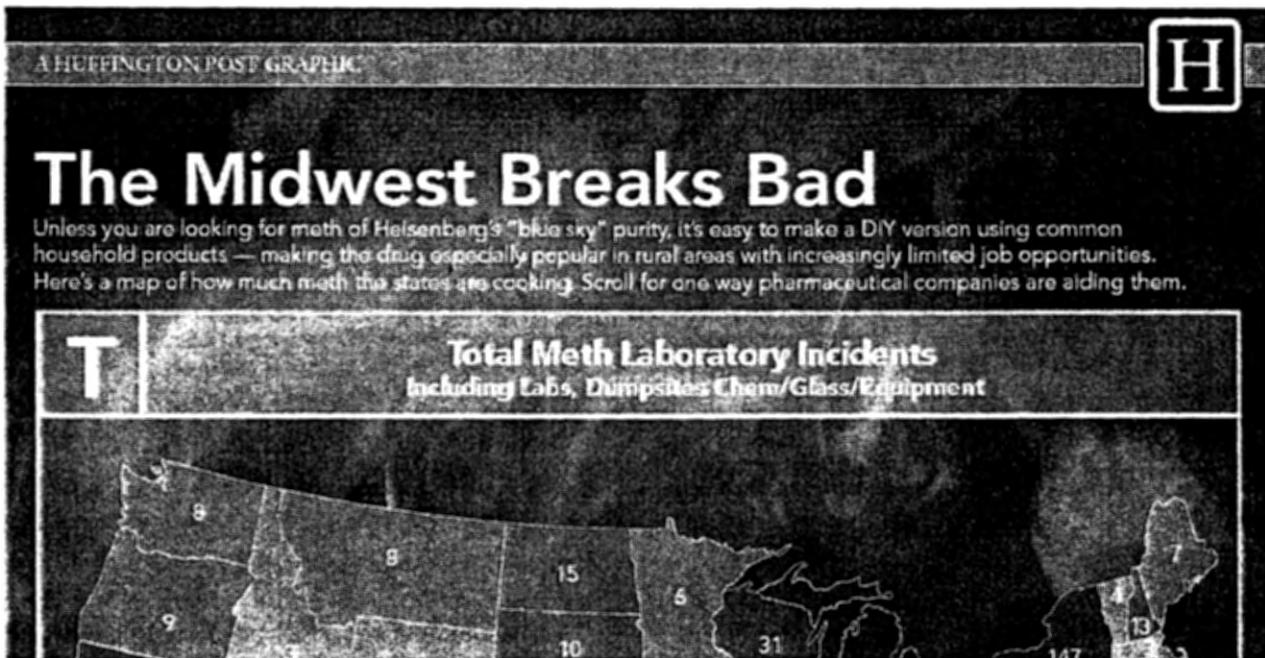
Katy Hall

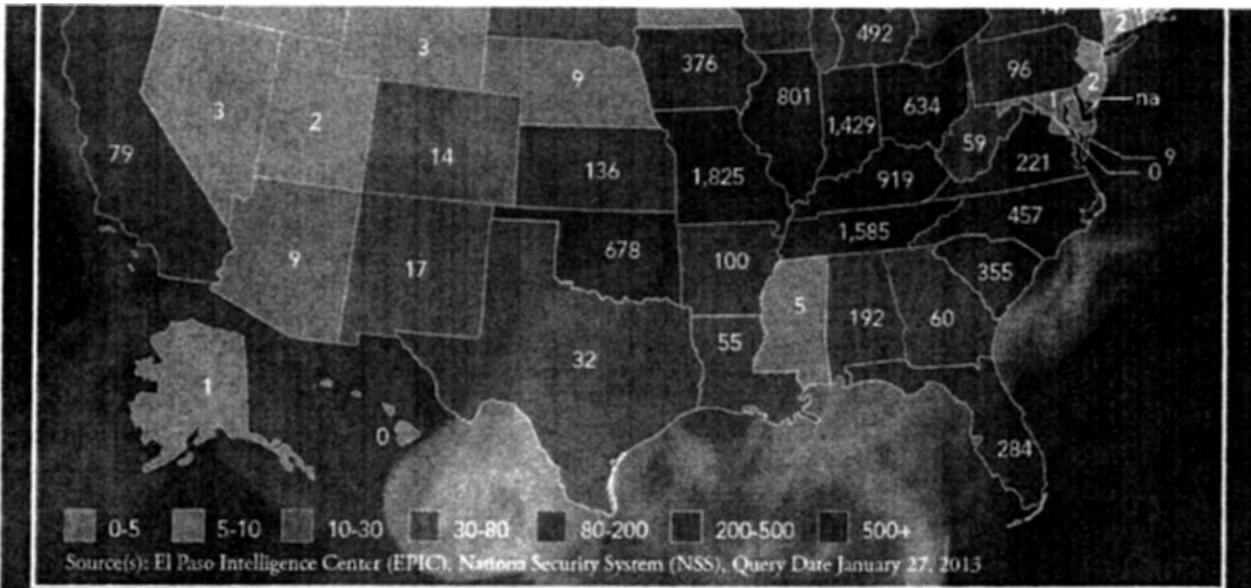
Managing Features Editor, Huffington Post

Troy Dunham

The multimillion-dollar superlab of “Breaking Bad” may be gone, but thousands of meth labs around the country remain. The midwestern states tend to see the most incidents involving meth labs, and Missouri outranks all others with 1,825 busts and seizures in 2012, according to a Government Accountability Office analysis of Drug Enforcement Administration data.

Moreover, an increasingly popular crude cooking method known as “shake and bake” has put meth production in addicts’ hands, eliminating the need for an RV or even chemistry know-how.





## H How to Make Meth

With the "shake and bake" or "one pot" method of cooking meth, all you need is a handful of items from the drug store — including pseudoephedrine, which is found in common cold medicines.

**Pseudoephedrine**  $C_{10}H_{15}NO$  + **Common Household Ingredients** = **Methamphetamine**  $C_{10}H_{15}N$

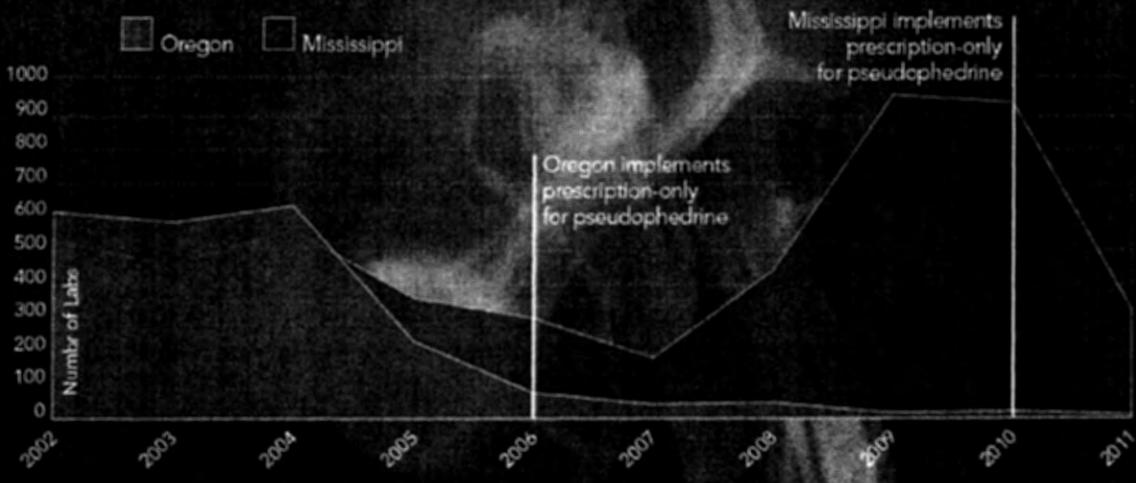
Found in cold tablets

Ether - Found in engine starter fluid  
 Ammonia Nitrate - Found in cold packs  
 Lithium - Found in lithium batteries  
 Water

Meth

## B Big Pharma vs. Regulation

Pharmaceutical companies have fought hard against efforts to regulate pseudoephedrine. Of the 25 states that have considered prescription legislation, only Oregon and Mississippi have been successful in passing it.



Declines in the number of lab incidents that began prior to the states' use of the prescription-only approach are likely due to legal restrictions on the sale of PSE being put in place through the states and the passage of the CMEA. Data was accessed on October 1, 2012.

Source(s): GAO analysis of data from DEA's National Seizure System



Infographic by Troy Dunham for The Huffington Post.

It takes about 15 minutes to “shake and bake” a batch of meth in a plastic bottle using ingredients you may already have lying around the house. Sometimes the bottle explodes, badly burning the often uninsured meth cook and anyone else in the line of fire.

Meth use cost the U.S. economy around \$23.4 billion in 2005, according to a RAND Corporation study. While incidents involving meth labs have tapered somewhat in recent years, thanks to the rise of “shake and bake” hospitals have noticed an uptick in meth burn cases. It costs around \$230,000 to treat a meth lab burn victim, Mother Jones reported. The most common age of these victims: under 4 years old.

Oregon and Mississippi have figured out how to curb these accidents by making the key meth ingredient pseudoephedrine prescription-only. Other states keep the common cold medicine behind the counter under a 2006 federal law, but when Oregon and Mississippi implemented prescription legislation, meth lab incidents immediately plummeted. Dozens of other states have tried to follow their lead, but the pharmaceutical industry isn't having it.

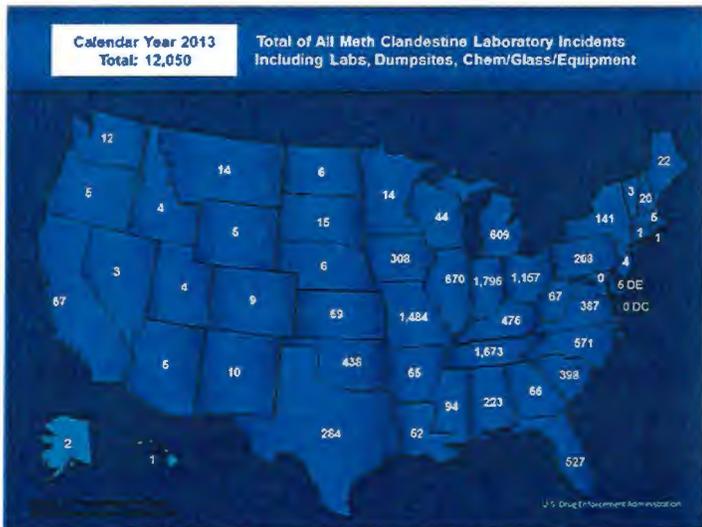
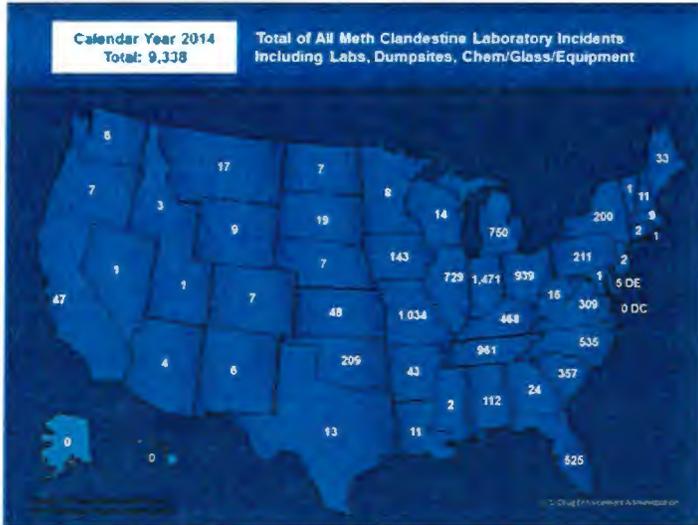
Sen. Ron Wyden (D-Ore.) wanted to make Oregon's success story a national reality, announcing legislation in 2010 for federal prescription regulation of pseudoephedrine. But according to Mother Jones, he never introduced the bill in Congress, in part because of “heavy industry spending.”

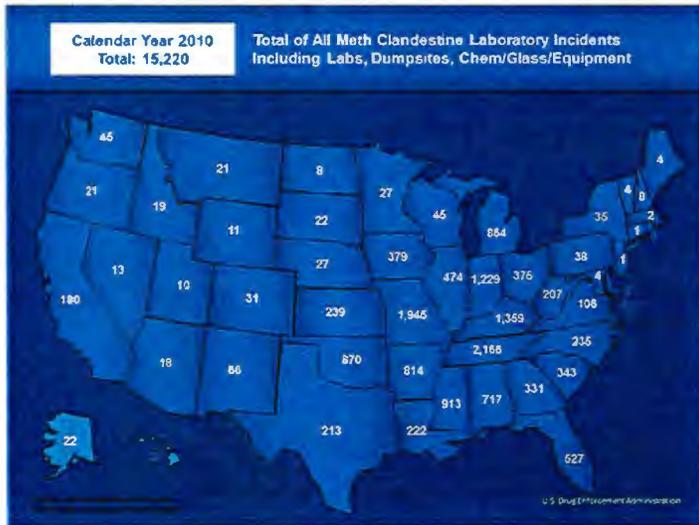
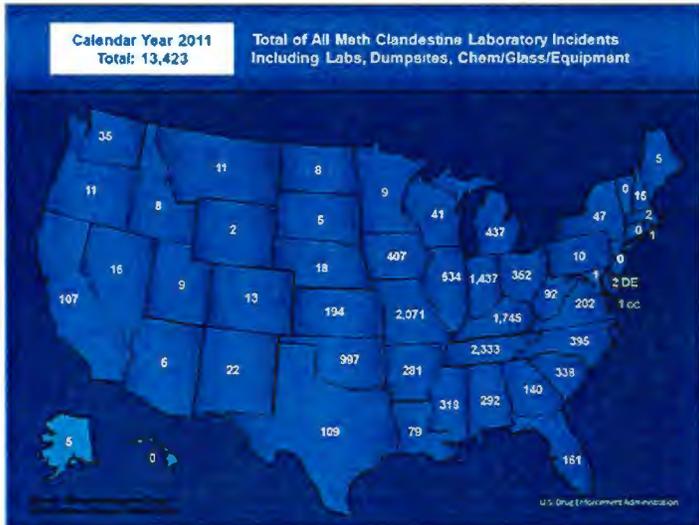
*This story appears in Issue 72 of our weekly iPad magazine, Huffington, available Friday, Oct. 25 in the iTunes App store.*

**Methamphetamine Lab Incidents, 2004-2014**

NOTE: These maps include all meth incidents, including labs, "dumpsites" or "chemical and glassware" seizures.

Click on small maps below for high-resolution versions.





Archive 2004-2009

# A WORLDWIDE EPIDEMIC OF ADDICTION



(/sites/default/files/page11-image01-crystal-meth-toxic-ingredients.jpg)

The toxic ingredients in meth lead to severe tooth decay known as "meth mouth." The teeth become black, stained, and rotting,

often to the point where they have to be pulled. The teeth and gums are destroyed from the inside, and the roots rot away.

The United Nations Office on Drugs and Crime estimated the worldwide production of amphetamine-type stimulants, which includes methamphetamine, at nearly 500 metric tons a year, with 24.7 million abusers.

The United States government reported in 2008 that approximately 13 million people over the age of 12 have used methamphetamine—and 529,000 of those are regular users.

In 2007, 4.5% of American high-school seniors and 4.1% of tenth grade students reported using methamphetamine at least once in their life.

In the United States, the percentage of drug treatment admissions due to methamphetamine and amphetamine abuse tripled from 3% in 1996 to 9% in 2006. Some states have much higher percentages, such as Hawaii, where 48.2% of the people seeking help for drug or alcohol abuse in 2007 were methamphetamine users.

It is a drug widely abused in the Czech Republic. There it is called Pervitin and is produced in small hidden laboratories and a limited number of larger ones. Consumption is primarily domestic but Pervitin is also exported to other parts of Europe and Canada. The Czech Republic, Sweden, Finland, Slovakia and Latvia reported amphetamines and methamphetamine as accounting for between 20% and 60% of those seeking drug abuse treatment.

In Southeast Asia, the most common form of methamphetamine is a small pill—called a Yaba in Thailand and a Shabu in the Philippines.

## THE DEADLY EFFECTS OF METH

### **The short-term and long-term impact of the individual**

When taken, meth and crystal meth create a false sense of well-being and energy, and so a person will tend to push his body faster and further than it is meant to go. Thus, drug users can experience a severe "crash" or physical and mental breakdown after the effects of the drugs wear off.

Because continued use of the drug decreases natural feelings of hunger, users can experience extreme weight



**(/sites/default/files/page12-image01-crystal-meth-deadly-effects.jpg)**

The hideous look of crystal meth shows on the scarred and prematurely aged faces of those who abuse it.

(Photo credit: courtesy Attorney General's Office, Taswell County, Illinois)

- >
- > Increased heart rate, blood pressure, body temperature
- > Dilation of pupils
- > Disturbed sleep patterns
- > Nausea
- > Bizarre, erratic, sometimes violent behavior
- > Hallucinations, hyperexcitability, irritability
- > Panic and psychosis

loss. Negative effects can also include disturbed sleep patterns, hyperactivity, nausea, delusions of power, increased aggressiveness and irritability.

Other serious effects can include insomnia, confusion, hallucinations, anxiety and paranoia.<sup>1</sup> In some cases, use can cause convulsions that lead to death.

### **Long-range damage**

In the long term, meth use can cause irreversible harm: increased heart rate and blood pressure; damaged blood vessels in the brain that can cause strokes or an irregular heartbeat that can, in turn, cause cardiovascular<sup>2</sup> collapse or death; and liver, kidney and lung damage.

Users may suffer brain damage, including memory loss and an increasing inability to grasp abstract thoughts. Those who recover are usually subject to memory gaps and extreme mood swings.

## **METH HARM**

### **SHORT-TERM EFFECTS**

Loss of appetite

- › Convulsions, seizures and death from high doses

### **LONG-TERM EFFECTS**

- › Permanent damage to blood vessels of heart and brain, high blood pressure leading to heart attacks, strokes and death
- › Liver, kidney and lung damage
- › Destruction of tissues in nose if sniffed
- › Respiratory (breathing) problems if smoked
- › Infectious diseases and abscesses if injected
- › Malnutrition, weight loss
- › Severe tooth decay
- › Disorientation, apathy, confused exhaustion
- › Strong psychological dependence
- › Psychosis
- › Depression
- › Damage to the brain similar to Alzheimer's disease,<sup>3</sup> stroke and epilepsy

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- 1.** paranoia: suspicion, distrust or fear of other people.
  - 2.** cardiovascular: related to both the heart and blood vessels.
  - 3.** Alzheimer's disease: a disease affecting some older people that is accompanied by memory loss.

# HOW METHAMPHETAMINE AFFECTS PEOPLE'S LIVES

When people take methamphetamine, it takes over their lives in varying degrees. There are three categories of abuse.

## **LOW-INTENSITY METH ABUSE:**

Low-intensity abusers swallow or snort methamphetamine. They want the extra stimulation methamphetamine provides so they can stay awake long enough to finish a task or a job, or they want the appetite-suppressant effect to lose weight. They are one step away from becoming "binge" (meaning uncontrolled use of a substance) abusers.

## **BINGE METH ABUSE:**

Binge abusers smoke or inject methamphetamine with a needle. This allows them to receive a more intense dose of the drug and experience a stronger

"rush" that is psychologically addictive. They are on the verge of moving into high-intensity abuse.

## **HIGH-INTENSITY METH ABUSE:**

The high-intensity abusers are the addicts, often called "speed freaks." Their whole existence focuses on preventing the crash, that painful letdown after the drug high. In order to achieve the desired "rush" from the drug, they must take more and more of it. But as with other drugs, each successive meth high is less than the one before, urging the meth addict into a dark and deadly spiral of addiction.

## THE STAGES OF THE METH "EXPERIENCE"



(/sites/default/files/page14-image01crystal-meth-stages-of-experience.jpg)

**1) The Rush**—A rush is the initial response the abuser feels when smoking or injecting methamphetamine. During the rush, the abuser's heartbeat races and metabolism,<sup>1</sup> blood pressure and pulse soar. Unlike the rush associated with crack cocaine, which lasts for approximately two to five minutes, the methamphetamine rush can continue for up to thirty minutes.

**2) The High**—The rush is followed by a high, sometimes called "the shoulder." During the high, the abuser often feels aggressively smarter and becomes argumentative, often interrupting other people and finishing their

sentences. The delusional effects can result in a user becoming intensely focused on an insignificant item, such as repeatedly cleaning the same window for several hours. The high can last four to sixteen hours.

**3) The Binge**—A binge is uncontrolled use of a drug or alcohol. It refers to the abuser's urge to maintain the high by smoking or injecting more methamphetamine. The binge can last three to fifteen days. During the binge, the abuser becomes hyperactive both mentally and physically. Each time the abuser smokes or injects more of the drug, he experiences another but smaller rush until, finally, there is no rush and no high.



(/sites/default/files/page17-image01-crystal-meth-withdrawal.jpg)

**4) Tweaking**—A methamphetamine abuser is most dangerous when experiencing a phase of the addiction called "tweaking"—a condition reached at the end of a drug binge when methamphetamine no longer provides a rush or a high. Unable to relieve the horrible feelings of emptiness and craving, an abuser loses his sense of identity. Intense itching is common and a user can become convinced that bugs are crawling under his skin. Unable to sleep for days at a time, the abuser is often in a completely psychotic state and

he exists in his own world, seeing and hearing things that no one else can perceive. His hallucinations are so vivid that they seem real and, disconnected from reality, he can become hostile and dangerous to himself and others. The potential for self-mutilation is high.

**5) The Crash**—To a binge abuser, the crash happens when the body shuts down, unable to cope with the drug effects overwhelming it; this results in a long period of sleep for the person. Even the meanest, most violent abuser becomes almost lifeless during the crash. The crash can last one to three days.

**6) Meth Hangover**—After the crash, the abuser returns in a deteriorated state, starved, dehydrated and utterly exhausted physically, mentally and emotionally. This stage ordinarily lasts from two to fourteen days. This leads to enforced addiction, as the “solution” to these feelings is to take more meth.

**7) Withdrawal**—Often thirty to ninety days can pass after the last drug use before the abuser realizes that he is in withdrawal. First, he becomes depressed, loses his energy and the ability to experience pleasure. Then the craving for more methamphetamine hits, and the abuser often becomes suicidal. Since meth withdrawal is extremely painful and difficult, most abusers revert; thus, 93% of those in traditional treatment return to abusing methamphetamine.

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**1.** metabolism: the processes in the body that convert food into energy.

The newest front lines in the war on meth have been drawn and this time they are your local pharmacy.

A meth user can't make [methamphetamine](#) without pseudoephedrine, the main ingredient in most over-the-counter cold medicines like Sudafed, so first Oregon and now Missouri and Mississippi have made those medicines available only with a prescription.

The success of those laws, particularly Oregon's, which has been on the books for five years, has lawmakers from California to Washington, D.C., considering ways to make it harder to get these drugs.

According to the United Nations, [meth is the most abused hard drug](#) on earth. Each year thousands of labs are busted across the nation; in 2008, 6,783 labs were discovered.



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But in Oregon, monthly lab seizures have declined by 96 percent since requiring a prescription for medicines containing pseudoephedrine. In 2009, only 10 labs were discovered in Oregon, down from 192 in 2005 when the law was passed. It was Rob Bovett of the Lincoln County District Attorney's office who pushed the state to pass the law requiring a doctor's prescription to purchase cold medicine.

Bovett is so consumed with beating the drug that he carries around the parts of a portable [meth lab](#) to show lawmakers how easy it is to make the drug when ingredients are available over the counter.

But Oregon was not always winning the war on meth. In 2001, at the height of the meth epidemic, the state was awash in meth labs. That year 1,480 were reported, according to the Drug Enforcement Agency (DEA).

Sgt. Erik Fisher of Oregon State Police said police were [busting meth labs](#) by the hundreds.

"We were tripping over meth labs," Fisher said. "It was everything we could do to stay ahead of processing those labs on a regular basis."

Nine years later, thanks in part to the crusading prosecutor, Oregon has almost completely eradicated all of its meth labs. Meth-related arrests have also dropped by 40 percent from 956 arrests per month in 2007 to 541 per month in 2009.

#### **Fight Over How to Win the War on Meth**

Bovett said he fields calls from states that want to replicate Oregon's track record. Mississippi was the second state to pass a law similar to Oregon's. Missouri has also passed laws and states like California are strongly considering laws.

Bovett's success has also caused pharmaceutical companies to take notice. They have begun to wage their own war of sorts, challenging this law and others like it. Companies such as Johnson & Johnson, Pfizer and Merck say it is too hard for customers to buy cold medicine.

Pseudoephedrine is a very profitable business for companies, earning them more than \$500 million a year.

The Consumer Healthcare Products Association (CHPA) has launched a campaign to fight these laws. They are pushing for states to instead set up a computer tracking system to prevent abusers from making repeated purchases. They are even willing to pick up the tab for the tracking systems.

Oklahoma, Arkansas and Kentucky have launched these tracking systems with the financial backing of the industry, and Oklahoma has become the model state for using the system.

In the United States, meth use by teens has dropped by about 25 percent in the last three years, according to the National Institute of Drug Abuse.

Although the cold drug control laws and tracking systems have been successful at curbing the small labs that used to be responsible for much of the meth production in the United States, Mexican drug cartels have begun to pick up on this lucrative business.

Five main Mexican drug cartels have increased operations in the United States in recent years, according to the DEA.

According to Bovet, pharmaceutical companies are standing in the way of further success in the war on meth, but the CHPA and pharmaceutical companies say that their tracking systems are far more beneficial to the public.

The battle lines are drawn, and states continue to look to Oregon and Oklahoma as models for each of these systems.

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## Oregon's Prescription Requirement for Cold Medicine Has Little Effect on Meth: Study

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 Radley Balko   
Senior Writer and Investigative Reporter, The Huffington Post

Since 2006, the state of Oregon has had the strictest pseudoephedrine laws in the country. The popular decongestant, a common additive to over-the-counter cold and allergy medications, is also used to make black market methamphetamine. As meth use soared and volatile homemade meth laboratories proliferated in the early 2000s, many states began to put restrictions on the sale of the drug. The most common such restriction was to move the medications behind the counter, and require customers to show identification before purchasing them. But Oregon was the first state to require a doctor's prescription to purchase cold and allergy medication. After a drop in meth lab seizures across the state in the years after the law was enacted, several other states have considered the prescription requirement, although so far, only Mississippi has passed one.



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According to a new report published by the Cascade Policy Institute in Portland, the law hasn't been nearly as successful as its proponents claim. The report was funded by the Consumer Healthcare Products Association, a trade group that represents the manufacturers of over-the-counter medications. But the data are compelling.

For example, while it's true that methamphetamine "lab incidents" have dropped by 90 percent in Oregon since 2004, the report points out that the bulk of that decline took place before the state's prescription requirement took effect in 2006. Moreover, the report points out that six other states near Oregon showed similar declines in meth lab incidents over the same period, despite not having a prescription requirement. The report also notes that while Oregon did experience a 23 percent drop in methamphetamine-related admissions to substance abuse treatment centers from 2006 to 2009, that figure mirrors a similar drop across the entire country.

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The prescription requirement also has some significant costs. A trip to the doctor requires a fee for an office visit, transportation costs and missed time from work, all of which can be especially burdensome on parents. The Cascade report points out that the hassles associated with visiting a doctor likely cause many patients to seek less effective treatment or no treatment at all, resulting in a longer recovery and lost productivity. One 1992 study published in the *Journal of Law and Economics* found that the increasing availability of over-the-counter cold and allergy remedies prevented 1.6 million annual doctor visits. That number would likely be much higher today if all states had Oregon's law, resulting in higher health care costs, lost productivity, and lost time for doctors who would be spending time with sneezy patients that they could be spending with those suffering more serious illnesses.

Meth is also still readily available in Oregon, which suggests the decline in overall abuse may have more to do with general trends in drug use or better awareness of meth's particularly nasty effects than with supply-side policies. According to a 2011 report from the Office of National Drug Control Policy, there remains a "sustained high level of methamphetamine availability" in Oregon. But instead of coming from makeshift labs in basements and backyard sheds, like much of the country the state now imports its meth from "superlabs" in Mexico by way of international drug smuggling syndicates, the report says. That shift also could bring the ancillary effects of organized crime.

The aftermath from the Oregon law — its heralded success, followed by a sober reassessment finding that the problem has merely taken a new form — is nothing new. In 2006, Congress passed a provision, tacked on to the Patriot Act renewal, that imposes daily and monthly limits on the amount of pseudoephedrine — the decongestant — that one person can purchase, requires customers to show identification before making a purchase, and puts various restrictions and requirements on manufacturers and retailers. It was similar to the law already in effect in many states.

The national results have been similar to what has happened in Oregon: a steep drop in meth lab incidents and seizures, but no real decline in the drug's availability. The laws largely put an end to homemade meth labs, but opened market space for the superlabs and international cartels. It also may have created new black markets and a new class of criminals. The Associated Press reported last year that the law has dramatically increased the black market value of cold medication. College students, homeless people and others interested in quick and easy money have become "pill brokers," selling medication that retails for six or seven dollars per box to the meth cooks for \$40 or \$50.

The laws restricting the decongestant have had some other unintended effects. They've given rise to a new way of making meth that requires less pseudoephedrine, called the "shake and bake" method, and it has taken off. The AP reported in 2010 that the new method, which involves shaking a cocktail of volatile chemicals in a two-liter bottle, only makes enough of the drug for one or two people. But if done wrong, the resulting chemical burns can be worse than those from exploding backyard and basement labs.

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Overeager enforcement of the meth laws has also ensnared some innocent people, including several incidents in which parents and grandparents (especially families with multiple children with severe allergies) have been arrested for inadvertently exceeding their legal allotment of cold medication. In fact, when the federal government made its very first arrest under the new meth law, the Drug Enforcement Administration celebrated with a press release. William Fousse of Ontario, New York, the release explained, had purchased nearly three times the amount of cold medication he was allotted under the new law. But even federal prosecutors would later admit they had no evidence Fousse was manufacturing meth. He says he was unaware of the new law, and was stocking up on cold medication because it helped him recover from hangovers. He was still convicted and sentenced to a year of probation.

In 2005, 49 convenience store clerks in Georgia were arrested by federal law enforcement officials for selling the ingredients to make meth to undercover officers. Of the 49, 44 were Indian immigrants who didn't speak English as their primary language, yet they were expected to understand the meth-maker lingo the agents used in their stores. (Defense attorneys would later point out that the agents were in fact using terms used more in TV and movies than by actual meth cooks.) In Mississippi, which like Oregon requires a prescription to purchase pseudoephedrine products, a woman was pulled over, searched and arrested this month for driving to Alabama to buy cold medication. Mississippi law also bars state residents from crossing the state border to purchase the medication.

Policy makers have consistently taken a "shoot first, ask questions later" approach to pseudoephedrine policy. Back in the early 2000s, politicians lambasted manufacturers of over-the-counter cold medications for their alleged complicity in the meth trade because they were marketing drugs containing pseudoephedrine when they could have been using phenylephrine, which has no value to meth cooks. The problem, as cold sufferers would soon learn, is that phenylephrine also happens to be useless as a decongestant. This inspired Rep. Henry Waxman (D-Calif.) to call for an investigation of one manufacturer (Pfizer) for marketing a useless drug.

Proponents of laws restricting consumer access to pseudoephedrine argue that the dramatic drop in the number of meth labs across the country alone justifies the policy. The volatile labs are dangerous not only to the meth cooks, but to neighbors and to the police officers who attempt to shut the labs down.

But drug war opponents argue that such labs can be the result of the government's broader prohibition on amphetamines. Opponents such as the late economist Milton Friedman have long highlighted the similarities between particularly noxious illicit drugs like homemade meth and crack cocaine and toxic, prohibition-era concoctions like wood alcohol or bathtub-distilled gin. Legalizing alcohol all but eliminated them.

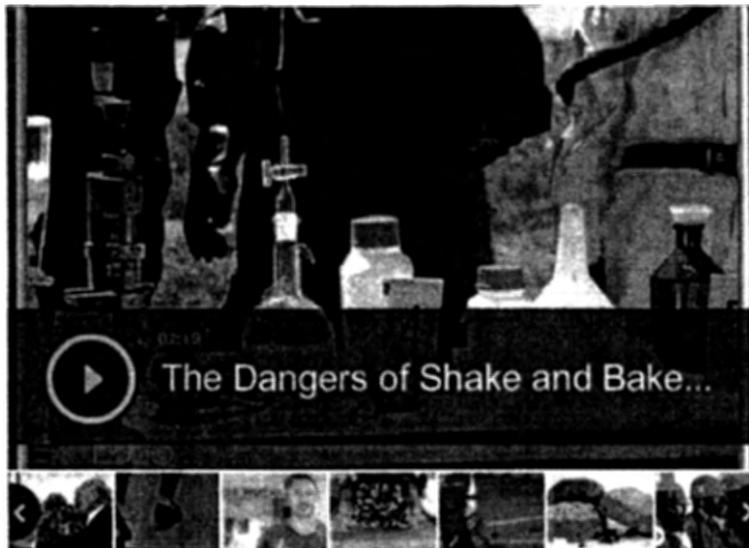
For now, lawmakers seem committed to ratcheting down access to pseudoephedrine. Over the last few years, at least a half dozen states and several local governments have considered following Oregon's lead in requiring a doctor's prescription for cold medication. The evidence suggests these laws may well put the few makeshift domestic meth labs out of business for good. But they're likely to



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have little effect on the overall supply of the drug. It will also likely mean more business for international cartels. And more hassle and possible legal trouble for cold and allergy sufferers who need effective cold medicine.

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