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# IN SIGHT

*for Oregon Lawyers*

IMPROVING THE QUALITY OF YOUR PERSONAL AND PROFESSIONAL LIFE

## MYTHS AND FACTS ABOUT METHAMPHETAMINE

Last year, television stations across Oregon participated in an unusual “media roadblock,” suspending their regular evening programming to simultaneously broadcast a documentary about the methamphetamine crisis in Oregon. The program, “Crystal Darkness,” aired on 25 stations across the state. Special hotlines were set up to provide information, counseling, and treatment referrals after the broadcast.

The unprecedented media blitz was an attempt to educate Oregonians about the impact of the drug throughout the West. Lawyers practicing family law or criminal law in many parts of the state are well aware of the wreckage methamphetamine has caused. At the same time, however, many people do not feel directly affected by the meth crisis. The only personal impact on many Oregonians is the inconvenience of having to get a prescription for their favorite cold medicine.

Has the “meth crisis” peaked? Is methamphetamine so different from other drugs of abuse? This article presents some facts – and busts some myths – about methamphetamine.

### What Is Meth?

Methamphetamine (also known as meth, “crystal,” or “ice”) is a powerful central nervous system stimulant. Its predecessor, amphetamine, was widely used as a stimulant during WWII and a diet drug after that. Meth is much more powerful than amphetamine, distinguished by what one expert calls a “pharmacologic blast of euphoria.” The form of ingestion – the way the drug is taken into the body – affects the time of onset and the intensity of the high. Meth can be injected, snorted, smoked, eaten, or absorbed through a patch, with smoking or injection transporting the drug into the bloodstream most rapidly (within seconds).

### How It Works

Meth penetrates the blood-brain barrier, which is a

natural filter that protects the brain from harmful substances flowing through the bloodstream. Drugs of abuse, like methamphetamine, penetrate the blood-brain barrier by mimicking the natural chemicals – or neurotransmitters – created by the brain. Methamphetamine affects four important neurotransmitters:

- (1) Epinephrine, which regulates the amount of physical energy;
- (2) Norepinephrine, which boosts confidence and feelings of well-being;
- (3) Serotonin, which regulates mood, sleep, appetite, and self-esteem; and
- (4) Dopamine, which controls the reward-reinforcement pathway, creating repetitive behavior and the compulsion to use.

Meth floods the neural receptor sites with these “feel-good” chemicals and blocks uptake (absorption), keeping them in circulation longer. This creates a rush of pleasure and a more intense, longer-lasting high than some other drugs, such as cocaine. Eventually, the neurotransmitters become depleted, the receptor sites are overwhelmed, and the body shuts down from overstimulation (the “crash”). Fewer receptor sites for neurotransmitters requires the user to use more drug to get the same high – essentially building up a tolerance to the drug. Continued use permanently alters the brain’s ability to create these neurotransmitters on its own. In the long term, dopamine receptor sites are so damaged that they cannot accept neurotransmitters, producing an effect on the user’s motor skills and memory that resembles Parkinson’s disease.

Short-term effects of meth use may include mild hallucinations, paranoia, hypersexuality and increased high-risk behavior (leading to increased risk of HIV/AIDS and Hepatitis B and C), sleep deprivation, extreme rise in body temperature, and convulsions. Long-term effects of methamphetamine may include psychosis, changes in brain function, memory loss, aggressive or violent

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behavior, mood disturbances, severe dental problems, and weight loss.

It may be difficult for non-users to imagine why someone would try a drug that carries the risk of such drastic short- and long-term effects. The initial “rush” of methamphetamine delivers an enhanced surge of pleasure up to five times the intensity of natural “rewards,” like food or sexual activity. And its effect on the central nervous system can create dependence in a very short time. Even intelligent people who are aware of the dangers are vulnerable to the powerful stimulant effects of meth.

## Myths Busted

**MYTH:** *Meth is used mainly by gang members and long-haul truck drivers.*

**FACT:** Meth use spans socioeconomic barriers and has become an increasing problem for women – particularly professional women and homemakers, who are initially attracted to the drug as a means of losing weight and getting more work done. While addiction in women shows a pattern of “telescoping” – i.e., beginning later in life than males, but progressing rapidly – figures gathered by the Oregon Office of Mental Health and Addiction Services showed an alarming 57% increase (from 1999 to 2004) in methamphetamine use among girls 17 and under.

**MYTH:** *The “pleasure centers” in recovering meth users’ brains never return to normal function.*

**FACT:** Dopamine receptors can regenerate. However, a complete regeneration takes up to 24 months, and many users experience a profound anhedonia (lack of ability to feel pleasure) during the initial months of their recovery.

**MYTH:** *Meth eats holes in your brain.*

**FACT:** While brain scans of methamphetamine users seem to show “holes” in the brain, these are actually areas of impaired brain function, not literal holes. Cognitive impairments resulting from meth use include diminished capacity in the following areas: recall; concentration; the ability to ignore irrelevant information; the ability to make inferences; and temporal horizon – i.e., the ability to project into the future and persist through the initial stages of recovery.

**MYTH:** *Meth creates scabby sores on your face.*

**FACT:** The sores and scarring seen on the skin of meth users is related to formication: heavy stimulant use causes a rise in temperature, which creates the sensation of something “crawling” under the skin. Users compulsively scratch and pick, creating sores that get infected and scar.

**MYTH:** *The meth crisis has peaked.*

**FACT:** The regulations restricting the over-the-counter purchase of Sudafed (pseudoephedrine) reduced the number of “mom and pop” meth labs in 2006 by 89%. That has reduced meth labs in residential areas and cheap hotels and has also diminished the number of children exposed to toxic substances when those labs were literally run by mom and pop. However, the overall meth supply hasn’t really diminished; the supply source has just changed. Unfortunately, meth use continues.

**MYTH:** *Meth addicts can’t recover or get clean.*

**FACT:** Treatment works. However, meth addicts who are working on their recovery must tackle depression, unclear thinking, intense craving, lack of self-control, preexisting or drug-induced mental problems (e.g., paranoia), and a desire to use to mask negative emotional states like grief and shame. Recovering meth users benefit from specialized, long-term treatment. Treatment facilities and other resources are available. If you or someone you know is using meth, contact the OAAP for help.

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## For More Information About Methamphetamine

View the “Crystal Darkness” documentary video on YouTube at [www.youtube.com/watch?v=bKVROBT0at0](http://www.youtube.com/watch?v=bKVROBT0at0)

Read the NIDA Research Report — Methamphetamine Abuse and Addiction at <http://www.nida.nih.gov/ResearchReports/Methamph/Methamph.htm>

Call the OAAP at 503-226-1057 or 1-800-321-OAAP (6227).