

"Ideas for Treatment Improvement"

ADDICTION *Messenger*

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SERIES 23

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Methamphetamine - Part 1 The Facts

"I am a firm believer in the people. If given the truth, they can be depended upon to meet any national crises. The great point is to bring them the real facts."

~ Abraham Lincoln (1809 - 1865) ~

ep-i-dem-ic Pronunciation: "e-p&-de-mik. Function: *adjective*

1: affecting or tending to affect a disproportionately large number of individuals within a population, community, or region at the same time <typhoid was *epidemic*>

2a: excessively prevalent **b:** contagious **4** <*epidemic* laughter>

3: of, relating to, or constituting an epidemic <it reached *epidemic* proportions>

Methamphetamine - we know it as one of the most dangerous home-made drugs in America. Its use has been referred to as an epidemic. This issue of the Addiction Messenger (AM) will provide recent information on our region, the Northwest and Hawai'i, as well as the newest research on health effects and treatment of Methamphetamine.

A Brief History of Methamphetamine

Brief highlights in the chronological history of the manufacturing and use of methamphetamine follows:

1932 - Amphetamine, the forerunner to methamphetamine, became commercially available as a nasal spray to treat asthma.

1937 - Amphetamines were used to treat narcolepsy and attention deficit/hyperactivity disorders. A new and more potent form of amphetamine was developed: dextroamphetamine sulfate and methamphetamine.

1940s - Methamphetamine was used by WWII soldiers and pilots to fight fatigue and boost performance. Japan made their military supply of methamphetamine available to the public and intravenous methamphetamine abuse became epidemic in Japan.

1950s - Methamphetamine was used legally in America by truckers, athletes, and students.

1960s - The dangers of methamphetamine use became more apparent with its intravenous use by a sub-culture of young people known as "speed freaks". Concern over the abuse and dependence produced by pharmaceutical amphetamine products led to substantial restrictions on their use and availability. The illicit production of it increased in the black market.

1965 - Federal control measures on production were employed.

1970s - A nationwide decrease in methamphetamine production and distribution is observed but the continuing demand for it led to illegal laboratory production in the American west and southwest and was often associated with motorcycle gangs who obtained methamphetamine precursor chemicals from Mexico.

1980s - The number of makeshift labs in rural communities mushroomed, especially in California and Oregon. Methamphetamine began being smuggled into Hawai'i from the Philippines, Taiwan and South Korea.

1990s to present - Methamphetamine use spreads eastward.

The Language of Methamphetamine

In 2006, Methamphetamine is often referred to by the following names: Meth, Crystal, Crystal Meth, Tina, Crank, Tweak, Ice, Yaba, Glass, Bikers coffee, Methlies Quick, Chicken feed, Go-fast, Poor Man's Cocaine, Speed, Stove Top, Trash, Yellow Barn, Chalk, Shabu, Batu, Hanyak, Hropon, Blade, Quartz, and Gack.

The methamphetamine clients you work with may use the following words to describe aspects of their use:

- **Cooking** - making methamphetamine
- **Spun** - being high on methamphetamine
- **Spun money** - a chronic methamphetamine user
- **Slamming** - injecting methamphetamine
- **Rig** - a hypodermic needle
- **Run** - multiple days of use without sleep
- **Crash** - period of sleep following a run
- **Tweaking** - going on a long run
- **Tweaker** - a chronic methamphetamine user
- **Shadow people** - image commonly known by methamphetamine users during periods of paranoia.

Traffickers of this drug often use the following language in reference to methamphetamine:

- **Chili** - methamphetamine
- **La medicina** - Mexican trafficker term for pseudoephedrine
- **Dawa** - Middle Eastern pill broker term for pseudoephedrine, from Arabic word for medicine
- **Jesus Malverde** - a turn-of-the-century bandit known as the patron saint of Mexican drug traffickers

Facts About Methamphetamine Use In the Northwest

The newest information from the U.S. Drug Enforcement Administration (DEA) on Methamphetamine use for Alaska, Hawai'i, the Pacific Jurisdictions, Idaho, Oregon and Washington are described in the following paragraphs.

Alaska

Alaska is experiencing an increase in the availability of crystal methamphetamine. Small toxic labs can be found throughout the state. The pseudoephedrine reduction method is the common manufacturing method used. Availability seems to be increasing, both from local labs and from methamphetamine mailed or shipped into the state by various methods, mostly from the Western U.S.

Hawaii

Crystal methamphetamine (ice) is the drug of choice in Hawaii. Per capita, Hawaii has the highest population of ice users in the nation. High purity ice, ranging from 96-99 percent pure, is readily available. Ice arrives from the southwest regions of the U.S. through smuggling by couriers, by parcel services, and U.S. Postal Service. It can be purchased from a variety of sources, since dealers are abundant. Most of the meth labs seized in Hawaii are small "conversion" labs capable of manufacturing ounce quantities.

Pacific Jurisdictions

Ice is smuggled into Guam from Hong Kong, Korea, the Philippines, Viet Nam and U.S. West Coast locations such as San Jose, CA; Seattle, WA; and Oregon. Ice that has been manufactured cheap, is linked to Chinese traffickers who send multi-kilo quantity shipments from Hong Kong. The cost of ice in Guam and Saipan, in the Commonwealth of the Northern Mariana Islands (CNMI), is approximately seven times the purchase price of the U.S. mainland.

Idaho

Methamphetamine is one of the most widely abused drugs in the state. While most methamphetamine is manufactured elsewhere (Mexico, California, and other southwest border states) when large quantities are seized in northern Idaho, the source is usually from the Yakima Valley, WA area. Idaho has experienced a dramatic decrease in methamphetamine labs which law enforcement agencies attribute to better sentencing of violators found guilty of manufacturing. As a result of a decrease in lab seizures, local Hispanic distributors have increased distribution of methamphetamine smuggled into the state. The availability of crystal methamphetamine from California and Nevada, often 100 percent pure, is increasing.

Oregon

Methamphetamine found in Oregon is usually Mexican methamphetamine, manufactured locally or obtained from sources in Mexico, California, or other Southwest Border states. Some is produced locally. Mexican methamphetamine is the most prevalent. Canadian pseudoephedrine, used in manufacturing, is frequently found in small meth labs. Crystal "ice" is increasing in availability and is the primary form of methamphetamine found in Central Or-

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egon. Portland area has experienced a rise in syphilis cases correlated with the popularity of crystal methamphetamine. Health officials fear it may cause a surge in HIV infections.

Washington

Similar to Oregon, methamphetamine generally found in Washington is Mexican, which is either manufactured locally or obtained from sources in Mexico, California, Arizona and other Southwest Border States: the drug is available in multi-kilogram amounts throughout the state. Canadian pseudoephedrine utilized in the manufacture of methamphetamine is frequently seized at small lab sites. Washington State continues to see an influx of crystal methamphetamine. Land routes used to transport methamphetamine into the Pacific Northwest mirror those used to smuggle in other drugs of abuse.

Physiological and Psychological Aspects of Methamphetamine Use

Methamphetamine is a powerfully addictive stimulant that dramatically affects the central nervous system. The immediate “high” that is experienced by the user is linked to the release of dopamine in the user’s brain. The effects of increased energy, confidence, talkativeness, increased sex drive, decreased fatigue and depression, usually last for 10-12 hours.

Chronic physical effects which can last for months following last use include: tremors, weakness, dry mouth, cough, sinus infections, sweating, burned lips, sore nose, oily skin, headaches and diarrhea.

Chronic psychological effects include: confusion, difficulty with concentration, hallucinations, fatigue, memory loss, irritability, paranoia, panic reactions, depression, and anger.

The methamphetamine clients you work with may have substantial health problems that can include:

- dramatic weight loss,
- sleep disorders,
- damage to the cardiovascular system,
- stroke, and

- severe dental and skin problems.

Methamphetamine use is also a major factor in the spread of HIV and hepatitis C virus.

Methamphetamine abuse creates toxic effects within a person’s central nervous, cardiovascular, pulmonary, renal and hepatic systems. This toxicity can lead to the following health issues.

Central Nervous System Toxicity

- Acute psychosis
- Chronic psychosis
- Strokes
- Seizures

Cardiovascular Toxicity

- Arrhythmic sudden death (methamphetamine effects the hearts electrical circuit causing the heart to stop)
- Myocardial infarction (occurs when the blood supply to a part of the heart is interrupted, causing death of heart tissue)
- Cardiomyopathy (disease in which the heart muscle becomes inflamed and doesn’t work as well as it should)

Pulmonary Toxicity

- Acute pulmonary congestion (abnormal accumulation of pulmonary fluid in the lungs)
- Chronic obstructive lung disease (limitation of the air-flow in the lung)

Renal/Hepatic Toxicity

- Renal failure (progressive loss of kidney function)
- Hepatatic failure (acute liver failure)

Many of these effects are long lasting but reversible with long term abstinence. The next issues in this AM Series will look at treatment options for methamphetamine clients.

Next Issue:

“Methamphetamine Treatment”

Source:

U.S. Drug Enforcement Administration, **Stats & Facts**. Retrieved from the World Wide Web on July 11, 2006 at <http://www.dea.gov/statistics.html>

Resource Links, Volume 5 Issue 1, Winter 2006, **Special Issue - Methamphetamine: Debunking the Myth**. Northeast Addiction Technology Transfer Center (NEATTC).



Northwest Frontier ATTC

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Salem, Oregon 97301
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September is Recovery Month

Alaska

- **Dancing in the Streets**-SAMHSA Sponsored, 9/15/2006, Nenana, AK, Contact: Traci Wiggins, (907) 832-5557
- **Voices of Recovery Poetry Slam**—SAMHSA Sponsored, 9/30/2006, Rec Center at the U of A Southeast, Contact: MaShelle Atherton Hess, (907) 465-4984

Hawaii

- **5th Annual Waianae Women In Recovery Campout**-SAMHSA Sponsored, 9/8 to 9/11/2006 , Maili Beach Park, Contact: Leah Lalawai-Kaio, (808) 695-5282
- **Hands Across the State** - SAMHSA Sponsored, 9/16/2006, Maile Beach Park, Contact: Bill Mousser, (808) 695-9365
- **Waianae Women in Recovery Prom**, 8/12/2006 , Waikik Sheraton, Contact: Leah Lalawai_kaio, (808) 695-5282
- **Recovery Walk**, 9/30/2006, Magic Island, Ala Moana Beach Park, Honolulu, Contact:Greg Tjapkes, (808) 236-2600

Idaho

- **Soberfest: Art of Recovery** -SAMHSA Sponsored, 9/30/2006, Boise, ID, Contact: Melanie Curtis, (208) 331-0900

Oregon

- **OXFEST**, 9/4/2006, East Delta Park Portland OR, Contact: Tony Perkins, 360.241.8978
- **Hands Across the Bridge 2006**, 9/4/2006, I-5 Bridge, Contact: RAP, (503) 493-9211
- **Annual Recovery Picnic**, 9/15/2006, Cedar Hills Park, Contact: Neal James, 503-277-6695
- **Recovery Rocks**, 9/16/2006, Bush Park, Salem, OR, Contact: Claudia Wilcox, 503-945-5765

Washington

- **Rally**—SAMHSA Sponsored, 9/16-9/17/2006, Issaquah, WA 98075-7968, Pastor/Director Willie Parish, 909-794-3229
- **Hands Across the Bridge 2006**, 9/4/2006, I-5 Bridge, Contact: Tracey Pena, 360.608.2776.
- **The Art of Recovery**, 9/16/2006, Spokane, WA, Contact: Julie Alonso, 509-922-8383.
- **Recovery Information and Education Fair**, 9/20/2006, Seattle, WA, Contact: Yoon Joo Han, 206-695-7591.
- **The Power of Recovery Walk 2006**, 9/23/2006, Kirkland, WA, Contact: Susan Burnash, 425.823.8844
- **Recovery Picnic**, 9/27/2006, Rizal Park, Seattle, WA, Contact: Yoon Joo Han, 206-903-0843

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“What Is A Woman Sensitive Program?” and “Naltrexone Facts” |
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PRE TEST Series 23

1. Which neurotransmitter is the “high” produced by Methamphetamine linked to?
 - a. The release of dopamine
 - b. The release of serotonin
 - c. The release of norepinephrine
 - d. a and b.

2. Methamphetamine effects include increased energy, confidence, talkativeness, increased sex drive, decreased fatigue and depression, and usually last for 4-6 hours.

True or False

3. Methamphetamine is also known as:
 - a. Speed and Ice
 - b. Crank and Yaba
 - c. Gack and Tina
 - d. All of the above.

4. Name two ways in which methamphetamine toxicity can lead to health problems in the central nervous system.
 1. _____
 2. _____

5. Similar to Oregon, methamphetamine generally found in Washington is Mexican, which is either manufactured locally or obtained from sources in Mexico, California, Arizona and other Southwest Border States

True or False

6. Methamphetamine clients may have health problems such as:
 - a. weight loss
 - b. improvement in dental and skin problems
 - c. sleep disorders
 - d. “a” and “c”

7. Physical effects of methamphetamine use, which clear up immediately after stopping use, include: tremors, weakness, dry mouth, cough, sinus infections, sweating, burned lips, sore nose, oily skin, headaches and diarrhea.

True or False

8. Many of methamphetamine’s effects are long lasting but reversible with (fill in the blank): _____

9. Methamphetamine toxicity can lead to health problems in the cardiovascular system such as:
 - a. high triglycerides
 - b. arrhythmic sudden death
 - c. pulmonary obstruction
 - d. none of the above

10. Methamphetamine use is a major factor in the spread of HIV and hepatitis C virus.

True or False

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