

Methamphetamines: An Epidemic

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TABLE OF CONTENTS

I. Outline.....Pg. 3

I. Introduction.....Pg. 4

II. The History of Methamphetamine.....Pg. 5

III. Case Studies—Real Life Accounts of Meth Additions.....Pg. 14

IV. Conclusion.....Pg. 22

V. Reference List.....Pg.25

OUTLINE

- A. Introduction
- B. The History of Methamphetamine
 - a. How Is Crystal Meth Made
 - b. Who Uses Crystal Meth
 - c. Ethnicity, Subpopulations and Gender
 - d. How Is Crystal Meth Used
 - e. How Crystal Meth Affects the Body, Mind, Relationships and Environment
 - i. The Body
 - ii. The Mind
 - iii. Relationships
 - iv. Environment
 - f. Treatment Options and Outcomes
- C. Case Studies- Real Life Accounts of Meth Addiction
 - a. Travis C.
 - b. Steven D.
 - c. Freddie D.
- D. Conclusion

Introduction

Imagine you are 17 years old and locked up, again. You aren't a murderer or rapist, you are an addict, and it's all you have ever known. You are shaking uncontrollably, sweating profusely, seeing and hearing things that aren't really there, vomiting, and screaming in agony. You are coming down off of one of the most addictive and destructive drugs in the world today, Meth. On the street it's called ice, glass, crank, chalk, or crystal, to you it's the substance that has destroyed every relationship you've ever had, its destroyed your family, kept you from getting your high school diploma and from having any kind of social group of friends other than the other meth heads you know who seek what you seek; the ultimate high. It's the only thing that is consistent in your life and offers you the best and worst feeling in the entire world.

You were born to a mother who was high when she had you and a father you never met. As you enter grade school you are hyper and can't pay attention. The teachers all say you are too rambunctious and tell your meth addicted mother to bring you to the doctor. When she does, the doctor quickly diagnosis you with ADHD (Attention Deficit Hyperactivity Disorder) and writes a prescription for Ritalin. Here marks the pivotal moment in your life where you are destined to be an addict, there is little chance your path will lead to anything else. You were born high, as a child you were medicated to control your outbursts and high energy with the same compounds your mother took while pregnant with you, and as an adult you crave only

one thing. Methamphetamine is your drug of choice and so begins a long, destructive, heartbreaking vicious cycle that you will combat for a lifetime.

The History of Methamphetamine

Amphetamine was first synthesized in Germany in 1887. It's more powerful cousin, methamphetamine was then synthesized in Japan in 1919. Methamphetamine was used by troops in the mid 1900's and was often times found in the soldiers field kits. After WWII, California biker gangs produced methamphetamine or "speed" in the 60's and 70's, smuggling it in the "crank" case of motorcycles (Huff, 2005). Today, crystal meth has become the most widespread and popular form of the drug, largely because it is so easy to make and because labs can easily be set up by virtually anyone.

Crystal Methamphetamine Hydrochloride, or crystal meth, sold illegally on the streets in contemporary communities is a super-concentrated form of methamphetamine. It is derived through a cooking process that cannot be completed without the inclusion of ephedrine or pseudoephedrine (nasal decongestant). Other ingredients that can be used in the cooking process to pull the ephedrine or pseudoephedrine out include toxic substances such as: Engine starter, lithium battery strips, and anhydrous ammonia. (Mental Health and Addictions, 2010) Methamphetamine Hydrochloride is called crystal meth because it often comes in the form of clear chunky crystals resembling ice. As mentioned earlier, there are many street names for meth which include crystal, ice, glass, speed, chalk, crank, tina, trash and many more.

How Is Crystal Meth Made

There are a few different ways that crystal methamphetamine can be manufactured. The labs are easy to set up in the home, in the garage, in bedrooms or in bathrooms. Crystal meth is easier to make compared to other drugs as the chemical process is rather easy. Instructions can be found on the internet and in many books. Many of the books and online sources can be dangerous due to the lack of information regarding the dangers of operating a meth lab. As mentioned above, ingredients include elements such as engine starter, lithium battery strips, anhydrous ammonia and ephedrine or pseudoephedrine which is found in many cough syrups and nasal decongestants. Making or “cooking” meth is an extracting process where the other chemicals are used to pull the ephedrine or pseudoephedrine out (Mental Health and Addictions, 2010). All ingredients to make crystal meth can be purchased legally.

Who Uses Crystal Meth?

There is no single profile of crystal meth users. The profile of a user seems difficult to pin down until a user encounters law enforcement agents as a result of their illegal activities somehow related to meth. Patricia Case, a social medicine professor from Harvard and a specialist on American stimulant use, notes that the drug fits well with the “quick fix”, fast society exemplified in the United States, and indeed North America (Huff, 2005)

In the past the typical methamphetamine user was an adult male with a lower than average income. However, now individuals of all ages and economic status use methamphetamine (National Drug Intelligence Center, 2003). Data reported in the National

Household Survey on Drug Abuse indicate that an estimated 9.6 million U.S. residents aged 12 and older used methamphetamine at least once in their lifetime. The survey also revealed that many teenagers and young adults use methamphetamine--338,000 individuals aged 12 to 17 and 1.5 million individuals aged 18 to 25 used the drug at least once.

Methamphetamine use among high school students is a particular concern. Nearly 7 percent of high school seniors in the United States used the drug at least once in their lifetime, and nearly 2 percent used the drug in the past month, according to the University of Michigan's Monitoring the Future Survey. (National Drug Intelligence Center, 2003)

Ethnicity, Subpopulations and Gender

In the United States some statistics have been gathered on crystal methamphetamine use broken down by ethnicity. Huff (2005) indicates crystal meth use is relatively low in the African American community compared to Caucasian and Native American communities which are significantly higher and relatively the same. Other observations note that people who use it the most are Caucasian, blue collar (20-30), unemployed, in high school or in college. However, it is noted that other communities, particularly Native American ones, are reporting large increases in meth usage (The Anti-Meth Site, n.d.).

In Canada, based on data collected from mental health workers, police and research scientists, profiles of meth use point to: young ravers from dance club crowds; large numbers of rural and small town poor in North America; people who want to lose weight; gay males into the dance scene, and bath houses and what are known as circuit parties (Mental Health and

Addictions, 2010). Some statistics also indicate that women are more likely to use meth than cocaine which may be due to the increased energy that meth gives (Huff 2005). It could also be connected with the fact that crystal meth can suppress ones appetite. Given the over-emphasis, particularly of mainstream media images, on the “ideal woman” being one who is thin, many women who use and abuse crystal methamphetamine are likely dealing with a negative body image as well.

How Crystal Meth is Used

Crystal methamphetamine can be ingested, snorted, injected or smoked. It thus appeals to a multiple array of people in society because it can be taken in so many ways. According to police statistics on meth users in Saskatoon:

- 3% of people ingest meth
- 12% of people snort meth
- 25% of people ingested meth
- 60% of people smoked meth

Constable Joanne Smallbones from the integrated Unit in Saskatoon notes that smoking and injecting users are those who are most vulnerable to heavy addiction. This is most likely due to the experience of and almost immediate euphoric rush (Saskatchewan Indian Institute of Technologies, 2004). People who ingest crystal meth wait about 1-3 hours to feel the effects and those who snort the drug feel the effects in 3-5 minutes. There is no “rush” associated with snorting or ingesting.

How Crystal Meth Affects the Body, Mind, Relationships and Environment

“I guess I've pretty much spent the last four years chasing that first high. I wanted desperately to feel that wholeness again. It was like, I don't know, like everything else faded out. All my dreams, my hopes, ambitions, relationships—they all fell away as I took more and more crystal up my nose. I dropped out of college twice, my parents kicked me out, and basically, my life unraveled. I broke into their house—I would steal checks from my father and write them out to myself to pay for my habit. When I had a job at a coffee shop, I stole hundreds of dollars from the register. Eventually I got arrested for a possession charge. My little brother and sister watched me get carted away in handcuffs. When my then seven-year-old brother tried to protect me, running to grab me from the armed policemen, they screamed for him to "get back." His small body crumpled on the asphalt and he burst into body-shaking tears, sobbing and gasping for breath.” (Sheff, 2008)

The Body

Taking crystal meth increases the heart rate and rapidity of breathing. It releases high levels of neurotransmitters dopamine which stimulates the brain cells enhancing mood and body movement (Saskatchewan Indian Institute of Technologies, 2004). Long term use can cause tooth decay, strokes, kidney failure, and seizures. As well, over time, this drug can cause reduced levels of dopamine which can result in symptoms like those of Parkinson's disease. With long term usage of crystal meth, brain damage can be permanent. Other complications include cardiovascular collapse, respiratory problems, irregular heartbeat and death.

Studies compare the effects of meth and cocaine because they are both substances that are highly addictive. It is noted that usage of cocaine produced dopamine release levels of 400% whereas usage of crystal meth boosts dopamine levels up to 1500%. This fact alone shows how crystal meth can be dangerously addictive (Saskatchewan Indian Institute of people Technologies, 2004). Meth also stays within the body for a much longer time period than cocaine and other drugs. In prisons, to give an idea, new inmates who are meth users often are

able to sell their urine for the crystal meth component in it (Mental Health and Addictions, 2010).

New research on pregnant women out of the University of Toronto suggests that the first hit of meth can affect the fetus. Some babies are being born with a meth addiction and mothers put meth into the babies' food to calm them down. Meth penetrates the blood brain barrier protection (only certain substances do this) and kick-starts the pleasure centre (dopamine) section of the brain in a very extreme way. One neuro-scientist indicated it was like putting your foot to the floor of an accelerator in a car for a very long period of time (a cocaine rush would be considered minimal compared to this). The user then experiences a devastating crash and the only way to get up again is to take more meth. This is the cycle of addiction. The neurological change takes over an individual's will power so that the craving for meth dominates the user rather than the other way around (Mental Health and Addictions, 2010)

The Mind

There are most definitely mental health complications that can arise from crystal meth use and addiction. Meth has an effect by increasing arousal in the CNS (central nervous system) and achieves this by increasing levels of two neurotransmitters; the main one of which is dopamine. In low quantities, meth increases the user's alertness and blocks hunger and fatigue, and in higher quantities, meth causes euphoria and exhilaration. In very large quantities, meth can cause agitation, bizarre behavior and paranoia. These effects can last anywhere from six to eight hours, and after the initial high, there is usually a period of high agitation that can lead to

violent behavior. Paranoia, emotional mood swings and anxiety are common effects from meth. Other symptoms include the following:

- Severe paranoia and extreme suspicion
- Visual hallucinations
- Sound hallucinations
- Suicidal tendencies
- Aggressiveness
- Irritability

Mental instability among users is often evident to authority figures (police officers, addiction workers and others) as they intervene. In fact, they are taught to talk in a low calm voice due to distorted perceptions of the user (lights brighter, sounds lower and movements quicker). (Saskatchewan Indian Institute of people Technologies, 2004). They have to do this because a person on meth adopts a “fight or flight” mentality and one does not want to further alarm the person.

Other mental problems that can arise include “tweaking”. This is when the meth user ends up in a state where they repeat an activity (obsessive compulsive behavior) for hours and hours without being aware that they are doing it. This can be one of the most destructive and dangerous phases of meth use. Additionally, severe chronic levels of crystal meth use may cause the user to perceive “meth bugs”. This is a clear sign of the deterioration and desperation of someone on meth. Often, users have the sensation of bugs crawling under their skin. To get at the irritation, users will pick at their arms, legs and faces; wherever they feel the “bugs.” The result is open sores which take on a grayish leather-like appearance, sores which

can get infected and in extreme cases, if the user is separated from meth for too long, they can pick the scabs and ingest them to get the last bit of chemicals in to his body. (Meth Bugs n.d)

Relationships

Crystal meth usage and the manufacturing of crystal meth in a home can severely disturb relationships with one's family and community. In any case where there is addiction, one's family and friends are going to be adversely affected.

With meth however, the added risk of psychotic episodes occurring from chronic use can put added strain on family and friends. Further, a manufacturer of crystal meth may often have weaponry in the home which further contributes to a potentially volatile situation for friends and family. Children who are in a home where crystal meth is being manufactured are in danger of being exposed to the toxic chemicals produced from the "cooking" procedure. The explosive nature of the cooking process makes it dangerous to others in the immediate vicinity (Mental Health and Addictions, 2010).

Crystal methamphetamine abuse can affect a human life in its earliest stages. Fetal exposure to methamphetamine also is a significant problem in the United States. At present, research indicates that methamphetamine abuse during pregnancy may result in prenatal complications, increased rates of premature delivery and altered neonatal behavioral patterns, such as abnormal reflexes and extreme irritability. Methamphetamine use during pregnancy may also be linked to congenital deformities (Narcotics Anonymous Southern California, n.d).

Environment:

Manufacturing crystal methamphetamine also takes a heavy toll on the environment. The physical effects of producing meth extend far beyond the individual. Aside from the danger of lab explosions, a house becomes contaminated by the fumes which can remain in a home long after the meth lab is gone. Toxic waste from cooking meth can lead to water contamination and wildlife endangerment. Making 1 kilogram of crystal meth, results in approximately 7 kilograms of toxic waste (Mental Health and Addictions, 2010).

Treatment Options and Outcomes:

It is clear that methamphetamine abuse/dependence is a rising problem in the United States which significantly contributes to the overall drug problem our nation is facing. In California, Proposition 36 was enacted in 2001, which allows non-violent drug offenders to receive treatment as an alternative to incarceration or probation/parole without treatment. Prop 36 was designed to improve public safety by decreasing drug-related crime, reduce costs by reserving jail and prison space for serious and violent offenders, and improve public health by reducing drug abuse using effective treatment strategies. (Journal of Psychoactive Drugs, 2011)

The offender population eligible for substance abuse treatment under Prop 36 in California has contributed disproportionately to meth treatment admissions: In 2005-2006, 57% of Prop. 36 treatment admissions reported meth or other amphetamines as their primary drug, while for all California treatment admissions, meth constituted 37% of treatment admissions in 2005 and 36% in 2006 (SAMHSA, 2011). The magnitude of the meth problem in the California Prop. 36

populations has motivated studies focusing on characteristics, treatment performance, and treatment outcomes of this population.

Besides Prop. 36 there are several other ways to seek treatment for a meth addiction. All treatment programs offer the bright light of hope that this will be the pivotal moment when your life will change, when you will no longer be an addict, but anyone who knows an addict knows the outcome is always up to chance. This can be described in an excerpt from "Tweak" by Nic Scheff:

"Then there were the treatment centers, two in northern California, one in Manhattan, and one in Los Angeles. I've spent the last three years in and out of twelve-step programs. Throughout all of it, the underlying craving never really left and that was accompanied by the illusion that the next time, things would be different—I'd be able to handle it better. I didn't want to keep hurting people. I didn't want to keep hurting myself. A girlfriend of mine once said to me, "I don't understand, why don't you just stop?"

For those who are not addicts, it's a demon we could never understand. But anyone who has loved an addict can certainly attest to the pain that one goes through in battling this awful disease both as the addict and loved one.

Case Studies- Real Life Accounts of Meth Addiction

The research for this paper comes from a very personal place of loving and knowing many meth addicts in my life. I have experienced first-hand the trauma, pain, and destruction that has come from living with and associating with addicts. For the past 7 years I have been unknowingly collecting data and personal accounts of the meth world. In preparation for this paper I sat down with 3 addicts all of whom are currently incarcerated to ask them about their

experience. I asked them all the same questions for consistency and then let them share their experiences. Here are their stories...

Questions:

1. How long have you been a meth addict?
2. How were you introduced to meth?
3. Are there others in your family who share this addiction?
4. What other drugs have you tried besides crystal meth?
5. Can you describe the feeling of needing to get high?
6. Did you take Ritalin as a child?
7. What is the worst part of being an addict?
8. Please share your experience.

Case Study—Travis C.

Age: 23

Race: Hispanic

1. **How long have you been a meth addict?** *Since I was 13 years old.*
2. **How were you introduced to meth?** *I was introduced through the El Soreno gang that I joined when I was 11.*
3. **Are there others in your family who share this addiction?** *Yes, my mom is a meth addict and I assume my dad, but I have never met him and do not know anything about him*
4. **What other drugs have you tried besides crystal meth?** *Marijuana, ecstasy, cocaine, acid, shrooms, and most recently heroine, but I am sure there are others that I don't remember or were blended with something else I took.*
5. **Can you describe the feeling of needing to get high?** *It's the strongest pull you'll ever feel in your life. It's stronger than love, family, even the desire for sex. It's like wanting to crawl out of your skin and hurt and destroy anything in your path that keeps you from getting that high, you aren't right in the head when you need it that bad, you'll do anything.*

6. Did you take Ritalin as a child? *My great aunt says that she took me to the doctor when I was little because I was too hyper and had too much energy. She was old and didn't like me much anyway, but they gave me Ritalin and she would make me take it every morning. I hated the way it made me feel. I remember feeling foggy and dumb, always tired. After a while thought I got used to it and once I started getting high, I would find Ritalin to steal and crush it up and snort it.*

7. What is the worst part of being an addict? *The worst part about being an addict is being an addict. I know I have an addiction, I know I have hurt people and screwed up everything, but when you're not locked up it's too hard to quit. Sometimes I just cry knowing that it will take a miracle to stop me from wanting those drugs.*

Travis sits in front of me through glass in a bright orange jumpsuit, clarity in his eyes for the first time in months, at least since the last time he was locked up for his drug addiction and the illegal activities that come along with it. He looks great, strong, smart, engaging, all the wonderful things I know to be true about him when he isn't using. Behind the glass I catch a glimpse of the man I loved helplessly and shared a life with for 3 years. I begin to ask him about his life and how he came to be an addict.

Travis was born to a meth addict mother in Ventura, CA whom he only knows through visiting her in jail. He has never met his father, and what little he remembers from his first year of life is that he doesn't like the sound of running water or bathtubs, and was found by authorities abandoned in a hotel room. Before he went to foster care his great aunt and uncle stepped forward to raise him. While they were not addicts, they weren't exactly a stable home either and came from a long history of participation in the Mexican mafia and gangs. His great uncle was "retired" from the business, but it was still immersed in his life and in the culture. The stories he was told from his family regarding his mom was that she would feed him meth in his bottle to calm him down and help him from the withdrawal symptoms he experienced from being born with meth in his system.

Travis began doing drugs in 3rd grade when he started smoking marijuana with friends. His aunt and uncle worked full time and were never around to supervise him when he got home from school. He

started hanging out with the El Sereno gang which is where he was introduced to crystal meth. As part of his initiation in to the gang he had to do things that are unimaginable, and he shares that when he was high it was easier to rob, steal, and hurt unsuspecting victims. By age 13 he was uncontrollable and landed in juvenile hall. Juvenile hall also proved to be not strong enough for his fighting and outbursts. They moved him to the California Youth Authority (CYA) where he stayed until he was placed in a group home in Paso Robles, CA. It was here that he started to feel that he wanted something different out of life, but wasn't able to control his meth addiction which continued to get him in trouble. Still under 18, Travis was sent to Advent Treatment Programs in Morgan Hill to try and get his addiction and violent behavior under control. When he completed the program he went back to Paso Robles to live until he was legally able to live on his own.

It was here that Travis and I met, formed a friendship and began talking about all that he went through. He talks about the Ritalin that he was placed on as a child by his aunt because he was so hyper. He remembers feeling foggy and tired when on it. He shares that years later, it was Ritalin that he would crush up and snort while in his gang which lead to him smoking and finally injecting crystal meth. After another stint in Juvenile Hall right before he turned 18 he moved to Northern California to try and live a normal life. He was clean and we were crazy about each other. Things were seemingly perfect, until I found marijuana in his pants pocket. At the time, I wasn't accepting of smoking marijuana, and was naive to the much larger problem that he was facing. For almost a year he hid his addiction from me. Meanwhile he immersed himself in my family, came on vacation with us, went to baseball games, and I missed all the red flags. In time it started to show, and slowly unraveled over the next year as I became astutely aware of his using. I thought that if I loved him enough he would stop using. I thought that if I supported him through treatment that he would come out on the other side and want to share this life with me. He always said that he wanted to, he never said different, but he kept using.

The nights scouring the streets of San Francisco peering in to stoops and driving through golden gate park for any sign of him didn't stop me from believing he was going to come through this. It wasn't until he left me for a crack addict red head and got her pregnant that I was done. Travis still struggles to talk about this with me, but shares that there are days, even weeks that he doesn't remember. He stole cars and broke in to homes looking for anything that he could sell to feed his addiction. In the end I had to let him go, and pray that he hit rock bottom. Years passed and I would hear from him occasionally when he was locked up in jail. He shares how sobering it is every time you go to jail and have to detox from the months of meth; craving it so bad your body shakes, but you know you can't do anything but wait for it to be over.

I have finally healed from the trauma of loving a meth addict, but I will never forget it. Travis and I still talk though mostly it's through phone calls in prison. This time around he has been in for 8 months and says he is ready to go to treatment when he gets out. I know this cycle all too well and always share my love and support with him. I send love and light his way every day, and will be pleasantly surprised if he calls me in 5 years clean and sober, but I'm not holding my breath.

Case Study # 2—Steven D.

Age: 22

Race: Caucasian

How long have you been a meth addict? *I was 12 years old when I first smoked Crystal Meth, so 10 years...*

2. How were you introduced to meth? *Every single person in my immediate family are meth addicts, mom, dad, brother, sisters, step dad, I haven't ever known anything different.*

3. Are there others in your family who share this addiction? *See question above, yes, everyone in my family.*

4. What other drugs have you tried besides crystal meth? *Marijuana, ecstasy, cocaine, acid, shrooms, heroine, whip-its, paint can fumes, Quaaludes, valium, whipping cream can fumes.*

5. Can you describe the feeling of needing to get high? *People think they know the pull, but they have no idea what it's like. It's not like saying no to a piece of cake, it's like this power you don't have any control over that pulls at you until you are raw and you just give in. It's deep and its dark and its sick, but it always manages to pull you.*

6. Did you take Ritalin as a child? *I honestly don't remember. There were so many things going on when I was a kid. Most of the time I was just trying to stay warm and not starve. I know my parents didn't have medical insurance so probably not.*

7. What is the worst part of being an addict? *The worst part is seeing your entire family F'ed up and knowing that we're all probably going to die from this. We all want to be different, but we can't; it's in our blood to be messed up.*

Steven entered my life when he was 14 years old when he was adopted by my parents. He now sits across from me behind glass in jail as he shares his story. He was born the youngest of 4 kids to a meth addicted mother and father. As far back as he can remember he was surrounded by meth. His parents were always high and could barely manage to take care of him, let alone themselves. His sister Victoria speaks about Steven being a baby screaming because he was so hungry and there wasn't anything to feed him so she would take pickle juice and mix it with water and put it in a bottle just so he had something to suck on. When Steven was 6 years old his father was killed in a motorcycle accident while high. He crashed in to a semi-truck on the freeway. Steven, his mom, and his sisters moved to live with his mom's boyfriend who was also an addict. It is here that Steven did his best to take care of his mom as a small 6 year old kid.

He witnessed unimaginable violence and shares that he remembers the boyfriend being so high one day that he hit his mom with a steel pipe and ruptured her eye which is still discolored to this day. He also remembers when the boyfriend was so angry one time he chained and hoisted his mom's car in to a tree and then set it on fire for her to find when she got home. His older siblings did their best to take care of

Steven even though they were addicts themselves. Steven recalls when he was only 6 years old, walking in on his 14 year old brother who was using a pipe to smoke crystal meth. It wasn't until Steven was 12 years old that he first started smoking crystal meth on a regular basis. Steven knew my sister in middle school and called her one night while sleeping on the beach, asking if he could stay the night with us because he was so cold. From there on out he never really left. Steven began living with us and in time, my mom contacted his mom and spoke to her about the life she thought she could provide Steven. Within months, Angel (Steven's mother) released her rights as a parent to my mom and Steven became a permanent member of our family. He was always sweet and kind, but very quiet for the first year. I know he battled addiction and insecurities on his own because at the time, we didn't know the extent of his disease. It wasn't until he was 16 that things really started going bad. He would disappear in the middle of the night and not return for days. We started noticing bikes and jewelry that were missing from the house. Steven was pulled over for whippets at 16 and sentenced to Juvenile Hall for 2 months. We thought he would stay clean after that, but it wasn't long before it started all over again. It wasn't until Steven stole my parent's personal checks and cashed them for several hundreds of dollars that we realized we may be in big trouble. Before Steven turned 18 he tried several stints in rehab and even went to Daytop in Redwood City, one of the best programs around, but after 6 months he left and went right back to it. Now at 22, he is still unable to hold down a job, finish high school or stay clean. My mom still speaks to him occasionally, and helps when she can, but we decided that we will support Steven's sobriety, and nothing else. It's extremely hard to do, but it's all that we can offer to him right now. We continue to keep him in our thoughts and prayers every day.

Case Study #3—Freddie D.

Age: 32

Race: Caucasian

How long have you been a meth addict? *I am not sure when I started, maybe 10 years old? It's always been there, so it could have been earlier. I know my mom was high when she was pregnant with me, so I guess technically I was born addicted.*

2. How were you introduced to meth? *Everyone in my family is an addict.*

3. Are there others in your family who share this addiction? *Yes, Everyone.*

4. What other drugs have you tried besides crystal meth? *Marijuana, ecstasy, cocaine, acid, shrooms, heroine.*

5. Can you describe the feeling of needing to get high? *You need it like you need to breathe. I don't know what it's like to not crave being high, so for me that is my normal, but know I know it's not what I'm supposed to feel like.*

6. Did you take Ritalin as a child? *I don't think so, my parents were too messed up to get us to the doctors for regular checkups let alone to be given Ritalin. I do remember crushing it up as a teenager though at friends' houses and snorting it through dollar bills like they do in the movies. It was pretty crazy.*

7. What is the worst part of being an addict? *Knowing that you want to quit, but that the feeling will come and take you over and make it impossible to overcome the need. Also, I hate that it's destroyed my whole family, it killed my father, and I know it will probably kill me too.*

Freddie is Steven's older brother and has been a part of my life since Steve came to live with us. Freddie was in prison for the first 2 years that I knew of him, and I met him when he got out and visited Steven at our house. Freddie is very sweet in nature. He is kind and quiet and has brightness in his eyes. The first time I met him I thought there is no way this could be an addict, but he had just spent 2 years behind bars and was in good shape, clear headed and determined to be clean and sober.

Freddie became a father at 16 when he and his 15 year old girlfriend Crystal got pregnant. His son Anthony was born not long after, but he wouldn't get to know much of his father. The only reason

Anthony is not an addict himself is that Crystal did not do drugs, and eventually ended up marrying a non-drug addict. Freddie was in jail for most of Anthony's life. He would get to see him on visits and weekends and when he did get out he made promises to be a better father and stay clean, but it only lasted a few months before he was back on the pipe and gone without so much as a word. This last time after the 2 year stint in prison, he managed to stay clean for 2 whole years and we all thought he was going to be the success story, a miracle, the one in his family that would make it out on the other side. He was going to regular NA meetings and attending outpatient treatment programs to stay in control. However, one day he left in the middle of the night and never came back. A few months later we received word that he was back in jail and had gone on a 2 month meth spree racking up all kinds of felony charges in his wake.

Despite Freddie's sweet calm nature and sweet demeanor he is a die-hard addict and remains behind bars for who knows how long. When he gets out it is our continued hope that he will be successful in his sobriety, but as the story seems to always end the same, we can only hope for the best.

Conclusion

I believe it is a fair statement to make that Methamphetamines are a widespread epidemic. The data proves that it can affect all aspects of one's life, overtaking mind, body, and soul. Although Methamphetamine comes in many different forms and can be ingested in different ways, I believe that the outcome is always the same. Though more prevalent in lower socio-economic status areas with a demographic of primarily white males ages (17-30) the data proves that no one is immune to its destructive power. It is my personal opinion that children are being placed on Ritalin more and more by doctors that do not share the adverse side effects with the parents. According to the National Institute of Drug Abuse 15.4 percent of high school seniors engaged in the non- medical use of at least one over the counter or prescription drug. Given the increasing prevalence of prescription drug misuse,

specifically the increase in adolescent misuse, a study was performed to examine the extent to which identified sources of risk-taking during adolescence were related to adolescent misuse of narcotics, tranquilizers, and stimulants (Ritalin) (Fleary, et al, 2010). The current literature includes well-documented prevalence of prescription drug misuse with several studies including motives for use. According to the study, the annual prevalence of tranquilizer misuse among 8-12th graders ranged from 2.8 to 6.8 percent and Ritalin misuse ranged from 2.4 to 4.4 percent for the same group. Stimulants are legitimately prescribed for the treatment of ADHD, but have been misused by individuals for a stimulant effect and to increase academic and athletic performance. It is also reported that as motives for use of opioids increase, the likelihood for abuse also increases. (Kroutil et al.,2006). Doctors do not explain the properties of Ritalin and explain that we are overmedicating our children with a form of Methamphetamine in an attempt to control their behavior. What is also not divulged to parents is the potential long term risks of taking such a drug like Ritalin and the addictive properties it may have even in its controlled form. If teenagers are crushing up Ritalin (speed) to get high, you better believe they will gravitate towards meth too given its almost identical properties.

The case studies I have included in this research are real life testimonies of the effects of the drug both physically, mentally, and emotionally. Each person shared first-hand experience about how they have suffered through life plagued by their addiction. Some of the similarities across all three cases are that they were all born to a mother who actively used methamphetamines while pregnant with them. They were all born in to a household where methamphetamines were surrounding them and each have been incarcerated and attempted to enter in to a treatment program to fight the disease without success. It is a strong correlation that all three have been unsuccessful in overcoming their addiction given their history and family background of drug use.

Methamphetamines are not new to the drug scene, but the homemade version of crystal meth is much more powerful than it appears anyone ever thought. We are dealing with a whole new level of addiction and treatment programs may not be equipped to support addicts through this type of addiction. With the help of the state of California and Prop 36 I believe there needs to be a greater effort to mandate those who are incarcerated for methamphetamines to go to a court ordered treatment program and follow up programs. So often an addict is released from jail without anywhere to go, eat, sleep, or means to make money. Without extreme measures this grave cycle will only continue to deteriorate the physical bodies, families, and communities of meth addicts until we find a way to better support those who have become so painfully addicted.

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