

## **METHAMPHETAMINES: What the Church Needs to Know.**

**Rev. Andrew J. Weaver and Rev. Carolyn L. Stapleton**

The phone call came to Pastor Benson from the community hospital. The family asked if he would come to pray and talk with the family and fifteen-year-old Luke who had been admitted to the emergency room. The Lennon family were life-long members of the rural church where Pastor Benson had served for several years. Luke was a member of the church youth group and youth choir. He had a history of problems at school and now the doctor at the hospital has told his parents that Luke has been using the drug methamphetamine.

Methamphetamine is a powerfully addictive and highly toxic stimulant that severely affects the central nervous system. It increases energy and alertness and decreases appetite. Methamphetamine can be smoked, snorted, orally ingested, or injected. Smokable methamphetamine, known as "ice," looks like glass slivers or clear rock salt and became a popular way to use the drug during the 1980s. Smoking methamphetamine is probably the most toxic form of ingestion. As crack is to cocaine, ice is to methamphetamine, potent and dangerous.

When a user smokes or injects methamphetamine, an intense euphoric rush is felt, almost at once. Snorting the substance affects the user in about 5 minutes, whereas oral ingestion takes about 20 minutes for the effects to be felt. The intense rush and exhilaration from the drug results from the release of high levels of dopamine into the section of the brain that controls the feeling of pleasure. The effects of methamphetamine can last up to 12 hours.

Amphetamine, from which methamphetamine is derived, was first synthesized in Germany in 1887. Methamphetamine is more potent and easier to make than amphetamine. It was discovered by a pharmacist in Japan in 1919. In the United States in the 1950s, legally manufactured tablets of both dextroamphetamine (Dexedrine) and methamphetamine (Methedrine) became available and were used by college students, truck drivers, and athletes. The 1960s saw the start of the

significant use of clandestine labs to make methamphetamine. Over the last decade rural areas of the United States have had a great increase in methamphetamine use.

Addiction to methamphetamine is a chronic, relapsing disease, characterized by compulsive drug-seeking and drug use. Frequent use of methamphetamine brings a tolerance for the drug. As the body adapts to the substance an individual needs larger doses to achieve the same result. As a consequence, users will try to intensify the desired effect by taking larger amounts of the drug, taking it more often, or changing their method of intake. Some abusers will not eat and sleep for days during a binge, also termed a "run." Methamphetamine use can cause agitation, anxiety, headache, blurred vision, dizziness, insomnia, stomach cramps, and shaking.

Continued methamphetamine abuse can lead to psychotic behavior including severe paranoia, visual and auditory hallucinations, and out-of-control rages that can result in violent incidents. Chronic abusers at times develop sores on their bodies from scratching at "crank bugs," the common delusion that bugs are crawling under the skin. Methamphetamine use can also bring on aggressive behavior and violence and there are increasing numbers of cases seen in emergency rooms.

Other serious side effects include convulsions, dangerously high body temperature, stroke, memory loss, neurological damage, cardiac arrhythmia, and death. When methamphetamine abuse ends, several withdrawal symptoms can arise, including depression, anxiety, fatigue, paranoia, and an intense craving for the drug. Psychotic symptoms sometimes persist for months or years after use has ceased. In animal studies researchers have found that significant numbers of the dopamine-producing cells in the brain that generate pleasure can be damaged after prolonged exposure to methamphetamine.

### **Widely Available in the United States**

Methamphetamine is widely available throughout the United States in the Pacific, Southwest, and West Central regions and is increasingly obtainable in the Great Lakes, Midwest and Southeast. It can be easily and relatively

inexpensively manufactured in clandestine laboratories using, some ingredients which can be purchased in local stores. Over-the-counter cold medicines containing ephedrine or pseudoephedrine and other materials are "cooked" in "meth labs" to make the preparation. These chemical mixtures create highly dangerous concoctions and their by-products are extremely toxic. Disposal of a methamphetamine lab requires specially trained professionals in hazardous materials management.

These labs can be portable and are easily moved to avoid law enforcement detection. "Meth labs" have been built in many types of locations, including apartments, hotel rooms, rented storage spaces, and trucks. These factors make methamphetamine a drug with a high potential for widespread abuse. Street terms for methamphetamine include: blue meth, chicken feed, cinnamon, crink, crystal meth, desocsins, geep, granulated orange, hot ice, ice, kaksonjae, L.A. glass, lemon drop, meth, OZs, peanut butter, sketch, spoosh, stove top, super ice, tick tick, trash, wash, working man's cocaine, yellow barn, and yellow powder.

### **Information is Important for Prevention**

It is important that the faith community be informed about the negative effects and growing problem of methamphetamine abuse. Since 1990, methamphetamine use has risen noticeably, chiefly in the western United States. According to the U.S. Department of Health and Human Services' 2002 report, more than 12 million people age 12 and older (5.3 percent) reported that they had used methamphetamine at least once in their lifetime. In the University of Michigan's Monitoring the Future 2002 survey, annual methamphetamine use ranged from 2.2 percent among 8th graders, to 3.9 percent among 10th graders, to 3.6 percent among 12th graders, 1.2 percent for college students, and 2.5 percent for young adults.

Effective prevention programs to address this problem should start early for youngsters. Youth need to be provided with comprehensive knowledge of the dangers involved in the use of the substance. Family-focused prevention efforts

have been found to have a greater effect than strategies that focus on parents only or youth only. The faith community is an ideal place where educational and preventive programs can be developed to counter the growing use of this dangerous substance.

Clergy, especially in rural areas, need to develop a working relationship with at least one mental health professional who has a comprehensive knowledge of mental health services for addictions in the region. Pastors need such a professional with whom they can confer to make an assessment of the issues and to whom they can make a referral. Because of a shortage of mental health professionals in rural areas, clergy may need to be more creative in finding mental health colleagues than their urban counterparts. This may mean finding a consultant who can be reached by phone or Internet prior to a crisis situation. Rural hospitals may be the first place to consider linkage since most non-urban psychologists and psychiatrists tend to be concentrated in hospital settings.

There are no pharmacological treatments available for methamphetamine dependence, although antidepressants are frequently used to address the depressive symptoms associated with withdrawal. The most successful treatment for methamphetamine addiction is cognitive behavioral intervention, which works to change a person's thinking and behavior. This method of therapy also seeks to increase coping skills to deal with life stressors. Methamphetamine recovery support groups are an effective therapy strategy for many people seeking recovery.

Relapse prevention should be a part of any methamphetamine treatment program. It is a means to help abusers cope more effectively by seeking to recognize and overcome the stressors or "triggers" in their environment that may cause relapse. Drug addiction when left untreated or poorly treated often results in persistent relapse.

Persons recovering from methamphetamine addiction often suffer from depression and severe low self-esteem due to chemical withdrawal and the memory of negative events that transpired during addiction. In order to deal with

those memories, an individual may return to drug abuse. Relapse prevention programs help persons begin to build back their self-esteem and learn to live with painful memories.

## **RESOURCES**

--American Society of Addiction Medicine; 4601 North Park Avenue, Upper Arcade #101, Chevy Chase, MD 20815; (301) 656-3920; [www.asam.org](http://www.asam.org);

--Crystal Meth Anonymous; 8205 Santa Monica Blvd, PMB 1-114, West Hollywood, CA 90046; (213) 488-4455 (hot line); [www.crystalmeth.org](http://www.crystalmeth.org); is a 12-step fellowship for those in recovery from addiction to crystal meth.

--Hazelden Foundation; P.O. Box 176, Center City, MN 55012; (800) 257-7810; [www.hazelden.org](http://www.hazelden.org).

--National Clearinghouse for Alcohol and Drug Information; P.O. Box 2345, Rockville, MD 20847; (800) 729-6686; [www.health.org](http://www.health.org); provides free, useful materials about the many aspects of adolescent alcohol and drug abuse treatment and prevention. Several of these publications are designed for the faith community.

--National Institute on Drug Abuse; National Institutes of Health, 6001 Executive Boulevard, Room 5213, Bethesda, MD 20892-9561; (301) 443-1124; [www.drugabuse.gov](http://www.drugabuse.gov).

--Safe and Drug-Free Schools; Office of Elementary and Secondary Education, U.S. Department of Education, 600 Independence Avenue, SW, Washington, DC 20202-0498; (800) 624-0100; [www.ed.gov/about/offices/list/oese](http://www.ed.gov/about/offices/list/oese);

## **HELPFUL BOOKS**

*Speed and Methamphetamine Drug Dangers*, (Mary Ann Littell, Berkeley Heights, NJ; Enslow Publishers, 2004).

*The Official Patient's Sourcebook on Methamphetamine Dependence: A Revised and Updated Directory for the Internet Age* (Icon Health, San Diego, CA: Icon Health Publications, 2002).

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