What’s Wrong With Methamphetamine

Presenter’s RESOURCE GUIDE

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Methamphetamine is a powerful, addictive stimulant that affects the central nervous system in a dramatic and devastating way. The drug is made in clandestine laboratories from over-the-counter ingredients which gives it a high potential for widespread abuse.

Methamphetamine is commonly known as speed, meth, or crystal. In its smoked form it is called ice, crank, or glass. A white, odorless crystalline that dissolves easily in liquid, Methamphetamine was developed from its parent drug, amphetamine, and was originally used in nasal decongestants and bronchial inhalers. Its chemical structure is similar to amphetamine, but it has a much more pronounced and drastic effect on the central nervous system, stimulating its activity, with effects lasting for six to eight hours. After the initial “rush,” there is usually a state of high agitation. This can lead to violent behavior in many individuals. Our prisons are filled with them.

Methamphetamine abuse was first reported as a dominant drug problem in the Southern California area. Since then, it has spread to other sections of the West and Southwest. Now, Methamphetamine abuse is spreading to other parts of the country, including both urban and rural areas of the South and Midwest. New reports are beginning to show an increase in Methamphetamine use in the Eastern U.S. as well.

Methamphetamine comes in many forms. It can be smoked, snorted, ingested, or injected. The drug alters moods in different ways, depending on how it is taken. After smoking or injecting the drug, the user experiences an intense rush or “flash” that lasts only a few minutes. Snorting produces effects within three to five minutes; oral ingestion within fifteen to twenty minutes. Methamphetamine is often used in a “binge and crash” pattern. Because effects disappear even before the drug concentration in the blood falls significantly, users try to maintain the high by “bingeing” on the drug. These “binges” can last anywhere from twenty-four hours to several days, or longer. In the 1980s a smokable form of Methamphetamine came into use. “Ice” is a large, usually clear crystal of high purity that is smoked in a glass pipe like crack cocaine. The smoke produces effects that may continue for twelve hours or more. This method of using Methamphetamine is gaining in popularity as addicts look for a “better high.”

Methamphetamine causes insomnia and malnutrition, even in small doses. Other serious effects include increased respiration and body temperature, sometimes to dangerous, lethal levels. A single high dose of the drug has been shown to damage nerve terminals in the dopamine-containing regions of the brain of test animals. The large release of dopamine produced by Methamphetamine is thought to contribute to the drug’s toxic effects on nerve terminals in the brain. Long-term abuse results in brain damage and addiction. In addition, chronic users exhibit symptoms that include violent behavior, anxiety, confusion, and extreme insomnia. They also display a number of psychotic features including paranoia, hallucinations, mood swings, and delusions. Methamphetamine induced paranoia can mean homicidal or suicidal thoughts. Chronic abuse can also lead to psychotic behavior — out of control rages coupled with irrationality and violence. Researchers have reported that as much as fifty percent of the
dopamine-producing cells in the brain are damaged with prolonged use of Methamphetamine. They have also found that serotonin-containing nerve cells may be even more extensively damaged. Methamphetamine also causes a variety of cardiovascular problems. These include rapid heart rate, irregular heartbeat, increased blood-pressure, and irreversible, stroke-producing damage to small blood vessels in the brain. Elevated body temperature and convulsions are common with Methamphetamine overdose, and if not treated immediately, cause death.

Statistics show that production, trafficking, and use of Methamphetamine has increased, not only among adults, but also with teenagers. Its use has spread across the country to become a national crisis. The effects on the brain and body are extremely dangerous, and the addiction rate is alarming. To stop the spread of Methamphetamine use, especially among our children, prevention and education is the key. If you are an instructor, this guide will help you look for symptoms in a Methamphetamine user. As the video will show, it is imperative to seek help for anyone who is using Methamphetamine before it is too late. This is a scary drug!
PROGRAM GOALS

After watching the video and completing the student activities, your students will know:

√ The physical and psychological effects of Methamphetamine.

√ The damage Methamphetamine does to their brain and bodies.

√ The most common street or slang names of Methamphetamine.

√ About actual lives that have been shattered because of Methamphetamine abuse and addiction.

√ That experimenting with Methamphetamine even once is always a big risk.

√ That Methamphetamine is a very scary drug that turns users into violent criminals and threatens the safety of everyone in the community.

√ That Methamphetamine is made with highly toxic, even explosive, chemicals that seriously threaten the environmental safety of a community.

√ The extreme danger and quick addiction inherent with Methamphetamine use.

√ How to distinguish between the myths and hard facts about Methamphetamine.
What’s Wrong With Methamphetamine

VIDEO SUMMARY

The video opens with a recovering Methamphetamine addict named Perry telling of his bad experiences with the drug. He begins by telling a story about paranoid delusions he had of “people in the trees watching me after doing “speed.” (Speed, meth, tweek, crystal, crank, ice, glass, and uppers are slang terms for Methamphetamine). Perry continues, describing how he grabbed a baseball bat and went outside, screaming at the imaginary figures in the trees in his delusional state.

Throughout the film other teens recovering from Methamphetamine addiction tell stories about the drug. Leslie, Rob, Rosie, Lennie, and Michael share their horrific meth experiences with us.

Leslie tells how none of her friends wanted to be around her, except of course the ones who did “tweek” with her. She talks about “tweeking” for days on end without eating, sleeping, or bathing. She lost fifty pounds in five months, her cheeks sunk inward, and she got sores on her face. Leslie also talks about losing touch with reality for hours until she “crashed.” She explains “crashing,” coming down from the drug, a horrible feeling, severe depression and very low self esteem.

The video includes real footage of a police raid on a meth lab, as part of its title sequence. Intercut with that raid footage James D. Craig, DEA Special Agent in Charge, New Orleans Field Division, describes Methamphetamine as an epidemic. Special Agent Craig believes this is because it is very addictive. In addition, it is made in “toxic labs” that produce dangerous waste, is environmentally hazardous, and causes violence and leads to crime.

Another expert in the film is Dr. Jorge Martinez, the Director of Emergency Medical Services at the Medical Center of Louisiana. He explains that Methamphetamine is an amphetamine base with a meth group attached. This meth group allows the drug to be absorbed more quickly and efficiently by the brain. Dr. Martinez says this is very dangerous because meth changes the brain every time it is used.

Next recovering addicts explain what Methamphetamine does to you. Perry says that he became moody and irrational, once attacking someone in the library. Rosie says that when you come down, you want to die. Leslie adds that people who do meth get sores on their faces, burns on their lips, swollen, bloodshot eyes, and ugly blisters. Your skin looks awful, your teeth and gums start bleeding, and you begin to smell. Other people notice these changes, but meth users either don’t—or just don’t care. Laurie Gavilo, Program Manager of the Drop In Center, a place where homeless kids get help, talks about the kids she sees there who are addicted to Methamphetamine. She explains that they are usually homeless, with nowhere to turn and no one to care for them. After a few months on the street, because they don’t eat right, don’t brush their teeth and get into fights, they begin to lose some of their teeth. Sometimes they contract gangrene or foot
rot because they can’t keep themselves clean. Because they have no place to sleep, they try not to. How do they do that? By doing what landed them on the streets to begin with: Methamphetamine! Laurie goes on to say that most kids have to hit rock bottom before they realize they will die if they don’t change things.

Methamphetamine use is a vicious cycle, and no one explains this better than Michael. Michael tells about taking meth, coming down and wanting more. He always found a way to get more, and after a while built up a tolerance to it. The result was that he needed more and more meth to have the same effect. This also meant that he needed more money. Perry adds that you will often resort to crime to get more money for more meth. You end up doing things you would not do to get meth, even stealing, or “ripping off” family and friends. You end up lying to yourself, justifying it anyway you can to live with yourself. Rob is a good example of how easy this can happen. Because he was too young to work he started stealing things to sell or trade to drug dealers for more meth. Rob explains Methamphetamine as a sickness, saying that the only way to feel good again is to take more. Quite a vicious cycle!

Lennie, another recovering addict, tells about his own experiences with meth. He talks about borrowing money with no intention of paying it back. He says he even sold some of his clothes to get money for more Methamphetamine. Lennie tells us a story about going to a dealer’s house where he and a girl he didn’t know were given a tainted drug. Lennie said that he felt a jolt, started to go into convulsions, then was unable to move or feel anything. When he came to, he saw the girl on the floor. She was dead. Lennie survived this close call, but the girl wasn’t so lucky. Her body couldn’t take it and she paid the price.

The video continues with Dr. Martinez describing the effects of Methamphetamine on the body. When you take meth, he says, your blood pressure goes up. If it goes up too high, it causes your brain to bleed, your kidneys to bleed, and can also give you a heart attack. Other complications include stroke, muscle breakdown, and blood clots in your brain. Psychologically, meth can cause paranoid delusions because of lack of sleep. Using meth for days without sleep, the brain no longer functions normally. Meth users do irrational sometimes violent things.

The video concludes by showing footage of interviews with convicted felons who committed crimes while under the influence of meth. The first guy talks about doing meth for two weeks, after which he was so delusional that he convinced himself and a friend to murder two people. Next we hear from a 17 year old girl convicted of two counts of manslaughter because of meth. She has lost all semblance of a normal teenage life. No more dancing, no more parties, no more dating, and no more freedom.

The consequences of taking meth are clear. What is important for students to understand is simply presented: It’s their life and their choice, and what they should NEVER choose is to put Methamphetamine into their bodies.
This Resource Guide is designed to supplement information from the video *What’s Wrong With Methamphetamine.*

Here are suggestions for using the material in this Presenter’s Resource Guide, based on how many class periods you have for your presentation.

**Two Class Period Presentation**

**First Class Period:**

1. Before you show the videotape, give each student the pre-test, *What’s Your Methamphetamine IQ?* to complete. Collect these for use during the next class period.

2. Show *What’s Wrong With Methamphetamine* video (25 minutes.)

3. When the video ends pass out the *Video Recap and Review* post-test questions. After your students have answered them, review correct answers to open discussion.

**Second Class Period**

1. Give each student the *What’s Your Methamphetamine IQ* pre-test they completed in the first class period. Distribute the *Meth Myths and Hard Facts* pages from the Student Section. Compare students’ pre-test answers with the *Meth Myths and Hard Facts* to stimulate discussion about what they have learned from *What’s Wrong With Methamphetamine.*

2. Give out the *Personal Choices* and *Setting Goals* pages from the Student Section for students to fill out. Discuss with students how the choices they make and the goals they set for themselves relate to what they have seen in *What’s Wrong With Methamphetamine.*

3. Photocopy and distribute the rest of the *Student Section* of the Resource Guide for students to take home. Encourage them to talk to their parents about what they’ve learned from *What’s Wrong With Methamphetamine* and to complete the *Drug-Free Contract* with their parents.
**One Class Period Presentation**

1. Show *What’s Wrong With Methamphetamine* video (25 minutes.)

2. When the video ends pass out the **Video Recap and Review** post-test. After students have answered these, review correct answers to open discussion.

3. Photocopy and distribute the **Student Section** of the Resource Guide for students to take home. Encourage them to talk to their parents about what they’ve learned from *What’s Wrong With Methamphetamine* and to complete the **Drug-Free Contract** with their parents.
Pre-Test

To be used before showing the video and in conjunction with the Meth Myths vs. Hard Facts pages found in the Student Section
WHAT’S YOUR METH I.Q.?
Pre-Test

TRUE/FALSE

_____ 1. Students sometimes take meth, also called speed, crank, or crystal, to stay awake to study.

_____ 2. Meth is a good drug to take if you want to lose weight fast.

_____ 3. Meth gives you a lot of energy.

_____ 4. Meth is a harmless recreational “party” drug.

_____ 5. Taking any drug, including meth, is a personal choice and okay as long as it doesn’t hurt anyone else.

_____ 6. Meth is addictive but easy to quit if you want to.

_____ 7. Meth is very dangerous to take if you are pregnant because it is bad for the baby.

_____ 8. Meth is commonly produced in rural areas in labs.

_____ 9. Meth is mostly a problem on the West Coast of the United States.

_____ 10. The chance of contracting HIV or Hepatitis from meth is high.
Post-Test

To be used after the video has been shown
VIDEO REVIEW & RECAP
Post-Test

TRUE/FALSE

____  1. “Speed” is a slang name for meth.

____  2. The smokable form of meth is often referred to as “ice.”

____  3. Meth is only made by pharmaceutical companies.

____  4. The people who make meth are usually educated on how to dispose of toxic waste properly.

____  5. The chemicals used to make meth are not flammable.

____  6. Meth has caused normal people to become delusional, paranoid, and to commit murder and suicide.

____  7. You can’t overdose on meth.

____  8. All of the individual ingredients in meth are harmless to humans.

____  9. Meth labs create a lot of toxic waste.

____ 10. Meth gives you energy and helps you get more work done.

____ 11. Many teens who become addicted to meth end up homeless.

____ 12. Meth is as addictive as crack cocaine, and even more dangerous.

____ 13. There are no withdrawal symptoms when a meth addict stops using meth.

____ 14. Meth causes brain damage.
FILL IN THE BLANK

1) A slang term for meth is _______________.

2) The biggest danger of meth is that it is highly _______________.

3) Meth users will often _______________to get more meth.

4) Meth use has become such a huge problem that it is called an _______________.

5) Meth labs where the drug is “cooked” are dangerous because of the large amount of ___________ __________ they cause that harms the environment.

6) Meth is quickly absorbed when snorted, smoked or injected, and goes straight to the _______________.

7) When you come off of meth you immediately _______________ and go into a serious depression.

8) Meth can cause _______________, such as seeing or hearing things that aren’t really there.

9) Meth can cause _______________ which is thinking people are against you or that everyone is “out to get you.”

10) Meth addicts often try to quit, but are drawn back to using the drug. This is called _______________.

11) Meth addicts often turn into _______________ and wind up in_________ because they can’t quit using meth.

12) Meth dealers only care about one thing, _________________.

13) Chronic use of meth can cause physical problems like _________________.

14) Sleep ________________ is when you don’t sleep enough to keep your body and brain healthy.

15) Even as a juvenile you can go to _______________ for meth related crimes.
VIDEO REVIEW & RECAP

ANSWER KEY
TRUE/FALSE

1. True. Other slang terms are crank and tweek.
2. True. Other slang terms are glass and crystal.
3. False. Methamphetamine is made in clandestine, unsanitary labs by amateur chemists or “meth cooks” who know very little or nothing about chemistry.
4. False. Not only don’t these “meth cooks” know how to dispose of toxic waste properly, they routinely contaminate streams and rivers by dumping these dangerous chemicals into them. This can contaminate an entire town’s water supply.
5. False. Not only are these chemicals highly flammable, they often explode and kill many innocent people, even children.
6. True. Brought on by sleep deprivation and a lack of food combining with the toxic chemicals in meth, hallucinations can be both visual and auditory. Meth users hear and see things that aren’t there, or feel like bugs are crawling on their skin.
7. False. In order to avoid the inevitable huge crash, meth addicts try to keep from coming down by using more and more meth, often overdosing.
8. False. Most of the ingredients used in meth are extremely toxic to humans. These include battery acid, paint thinner, freon and other dangerous chemicals.
9. True. Experts claim that for every pound of meth produced, five to six pounds of toxic waste are created.
10. False. In fact, the opposite is true. Meth use can cause confusion, nervousness, irritability, dizziness, delusions, and hallucinations.
11. True. Meth addicts only care about getting more meth. They steal from family and friends, don’t take care of themselves, get kicked out of home, and wind up on the street.
12. True. Many experts agree that meth is more addictive than crack and more dangerous.
13. False. Withdrawal symptoms are severe and include depression, anxiety, fatigue, paranoia, aggression, and an intense craving for the drug.
14. True. It has recently been scientifically proven that meth damages dopamine-producing brain cells and serotonin-containing nerve cells and that the damage is often irreversible.
FILL IN THE BLANK

1. Speed, crank, glass, ice, crystal, tweek
2. Addictive
3. Steal, rob, mug, prostitute, do anything
4. Epidemic
5. Toxic waste
6. Brain
7. Crash, go into withdrawal
8. Hallucinations, delusions
9. Paranoia
10. Relapse
11. Criminals, jail
12. Money, making money
13. Heart attack, stroke, kidney failure, blood clot in the brain
14. Deprivation
15. Jail
METHAMPHETAMINE
STUDENT SECTION
WHAT IS METHAMPHETAMINE?

Methamphetamine, or meth, as it is commonly called, is a highly addictive “souped-up” amphetamine, a powerful stimulant that adversely affects certain systems in the human brain. Chemically, it is closely related to amphetamine, but its major effects upon the central nervous system are much greater. Those who use meth can’t sleep for days, lose their appetites, and walk around like zombies in delusional states. Eventually their gums bleed, their teeth become loose and, with continued abuse, fall out. The problem with getting high on meth is that it is followed by a big crash, a deep depression; to avoid it, users escalate the frequency and quantity of abuse; thus meth addiction is quick.

Meth is accessible in many different forms and may be identified by color: white, yellow, pink, red, brown and pale green. Meth can be smoked, snorted, swallowed or injected. It most commonly comes in a powder form that resembles granulated crystals or in a rock form similar to crack cocaine. The powdered form of meth is called speed, crystal, crank, chalk or tweek. The smokable form is known as ice or glass.

Meth is made in illegal laboratories often called “death labs” or “kitchens of death.” These are fitting names for them given the number of meth-related overdoses, murders, deaths and environmental hazards caused by meth production and use. It is important that you are aware of the harmful chemicals used to make Methamphetamine. Would you willingly drink paint thinner, freon, flammable gas or battery acid? When you use meth, this is exactly what you are doing.

THE METH LIFE

Meth users become addicted faster than they realize it, are soon abusing with increasing frequency, and taking larger doses. Severe cravings for the drug appear almost immediately after first use. A “meth bingeing” lifestyle takes over. The meth addict destroys family relationships, drops out of school, and lives only for the next meth high. Addiction compels the new user to get the drug at any cost. He will do anything to avoid crashing, or bottoming out. He begins stealing from family and friends and progresses to mugging, burglary and armed robbery. In the big picture there are too many stories of good, intelligent kids addicted to meth who become thieves, prostitutes and murderers, or end up living on the streets as meth addicts.

Meth users go on binges for days or weeks at a time, during which they become “meth robots” and don’t eat or sleep. Drastic weight loss and poor personal hygiene are common during such a binge. The meth addict soon becomes delusional, seeing imaginary people, picking at open sores on his or her skin to remove imaginary “crank bugs.” These sores are caused by nerve endings dying from meth use. Users scratch themselves raw trying to get rid of these imaginary bugs. At the end of a binge the meth addict is unable to sleep or get relief from the pain of withdrawal. Even more meth doesn’t help. It’s a vicious cycle of self-destruction. To be a meth addict is a walking nightmare.

Meth use is spreading across the country at an alarming rate. Because of the dangers to both its users and communities, meth production and use is viewed by law enforcement officials as an epidemic emergency. Strong measures are being taken to crack down on those who make it and use it. The spread of this horrible drug must be stopped.
EFFECTS OF METHAMPHETAMINE

Methamphetamine use speeds up the central nervous system, releasing high levels of dopamine into the brain to stimulate feelings of pleasure. Don’t think this is a good thing! Meth has highly toxic and damaging effects. Even a single dose of the drug will damage nerve terminals in the brain. Meth is a powerful drug that can elevate your body temperature to a dangerous, sometimes lethal level. It can cause your organs to stop functioning, or throw you into convulsions. Once you use it, you will want more, because the “come-down” or “crash” is so painful. This is what causes addiction. The meth addict is compelled to find meth and use it as often as possible. Many addicts can’t even perform ordinary, everyday functions (like showering) without the drug.

Besides addiction, chronic abusers of Methamphetamine show symptoms that include insomnia, confusion, anxiety and violent behavior. Repeated use of the drug produces psychotic effects in all users. Paranoia, delusions, seeing things not there, hearing sounds not real, plus mood swings and having creepy feelings like bugs crawling inside your skin are some of these effects.

Psychotic behaviors can also result from prolonged use. Homicidal or suicidal thoughts caused by lack of sleep and malnutrition can lead to violence, crime and jail.

**SHORT TERM EFFECTS OF METH USE**

- Agitation
- Frantic Physical Activity
- Sleep Deprivation
- Palpitations
- Lead Poisoning
- Sweating and Tremors
- Malnutrition
- Increased Respiration
- Hyperthermia
- Fever

**LONG TERM EFFECTS OF METH ABUSE**

- Addiction
- Paranoia
- Hallucinations
- Deep Depression
- Anorexia
- Convulsions
- Heart Attack
- Stroke
- Permanent Brain Damage
- Death
METHAMPHETAMINE
MYTHS & HARD FACTS

1. MYTH: Meth can be taken safely in small doses to make you stay awake to study.

HARD FACT: There is no such thing as a “safe small dose.” The biggest risk of Methamphetamine is that you have no way of knowing how much or what you’re getting when you use meth, in any form. While it’s true that meth users stay awake for long periods of time, their focus and attention is superficial, thus not good for studying, learning or retention.

2. MYTH: Meth helps you lose weight fast.

HARD FACT: Along with extreme agitation and irritability, meth does cause a loss of appetite, but it has a negative result. Those who use meth suffer extreme weight loss, tooth loss, hair loss, the eventual loss of family and friends, and brain damage.

3. MYTH: Meth makes you productive and helps you get a lot done.

HARD FACT: When you first use meth you get a rush of energy, but that is soon followed by a terrible crash. With the crash comes severe depression and cravings for more meth. Before you know it your whole life revolves around trying to obtain more meth in order to escape the inevitable pain of withdrawal.

4. MYTH: Meth is a recreational drug and okay to use occasionally.

HARD FACT: Many hard core meth addicts started using meth to “party” on weekends at dance clubs or raves. They soon developed a tolerance for the drug, and before long were using it on a regular basis.

5. MYTH: The decision to use meth is a personal choice. It is acceptable as long as it doesn’t hurt anyone else.

HARD FACT: This is probably the biggest myth of all. When a person becomes a meth addict, everyone is affected. Meth addicts steal from family and friends, become violent, and turn to criminal activities to get it. It is a very selfish addiction; the meth user cares only about the search for more meth.
6. **MYTH:** Meth is not addictive; you can quit any time without withdrawal.

**HARD FACT:** Nobody sets out to become an addict. But the reality is that meth is highly addictive. Many meth addicts claim that they became hooked on meth after using it just one time! The biggest danger of using meth is that addiction is practically guaranteed. And withdrawal is so painful that addicts will do anything to avoid the crash of stopping meth.

7. **MYTH:** If a woman uses meth while pregnant it won’t affect her baby.

**HARD FACT:** Everything a pregnant woman puts into her body goes straight to her baby. It’s a sad fact that babies born to meth addicted women are addicted as well, and, if they live, suffer traumatic and painful withdrawals from the drug after birth.

8. **MYTH:** Like all hard drugs meth is mainly a problem in big cities.

**HARD FACT:** The opposite is true: Meth “labs” are usually set up in rural areas. Producing meth creates a very strong odor, so open spaces are desirable for it to go unnoticed. Meth “cooks” set up labs in remote areas to escape detection by law enforcement. Of course, meth can be found in big cities, but is just as readily available in small towns and rural communities. In fact, they are closer to the source of its production.

9. **MYTH:** Meth production and distribution is a more serious problem on the West Coast of the United States than anywhere else.

**HARD FACT:** DEA Director Asa Hutchinson has recently announced that meth production, distribution and use has become an epidemic problem in the entire United States. It did begin on the West Coast, but has quickly spread across the country at an alarming rate. No community is “safe” from meth.

10. **MYTH:** You can’t contract HIV or Hepatitis from snorting meth, only from injecting it.

**HARD FACT:** The HIV virus and Hepatitis can be spread by sharing “snorting straws” when using meth. Meth abusers are HIV and Hepatitis carriers because of their dirty lifestyle and unsanitary living conditions. They don’t take care of themselves because they are focused on the drug—at the expense of personal hygiene and safety.
WHAT METH CAN DO TO YOUR HEALTH

Meth use can cause serious health complications

Because Methamphetamine is a stimulant, it causes the heartbeat to increase, at times becoming irregular. It also raises blood pressure and damages the tiny blood vessels in the brain, increasing the likelihood of stroke. Overdose causes hypothermia and convulsions, which can lead to death. Prolonged meth use inflames the heart lining, forcing the heart to work harder to supply blood to the body. Intravenous use ruins blood vessels and causes skin sores.

Meth takes its toll psychologically, too. Users experience acute paranoia, anxiety, confusion and sleeplessness. They can exhibit extremely violent behavior, putting more than just themselves at risk. Hallucinations and delusion are not uncommon. Unfortunately, kicking the habit is not enough to eliminate these psychological risks, which can occur months or years afterward.

Meth users are at increased risk of contracting HIV

Like heroin, meth can be injected, increasing the risk of contracting disease through shared needles or syringes. HIV cases have increased significantly among intravenous drug users, and they now make up the fastest growing percentage of those who are HIV positive.

Although meth increases the libido in the short run, long-term use can lead to sexual dysfunction. Meth has also been linked to rougher sex, which can cause more abrasions and bleeding, increasing the risk of contracting HIV. Recent studies have suggested that the combination of intravenous drug use and increased sexual risks makes meth users more likely to be HIV-positive than any other group.

Pregnant women who use meth put their unborn child at risk

Women who abuse meth during their pregnancy have an increased chance of delivering prematurely. In the unborn child, meth distorts the reflexes and causes extreme irritability. Research also suggests that the children of pregnant meth abusers are at an increased risk of being born with deformities.
Methamphetamine is a Schedule II stimulant, which means it has a high potential for abuse. Addiction is a chronic, relapsing disease characterized by compulsive drug-seeking and use accompanied by actual changes to the brain. Addiction to Methamphetamine is very strong, so that when the drug is discontinued withdrawal is immediate and painful.

A meth user turns into a meth abuser without even realizing it. The more that meth is used, the more a tolerance develops for the drug. In other words, you have to use more and more to get the same results so you take higher doses more frequently, or go from snorting to injecting it and thus from user to abuser to addict. This is how meth takes over your life.

A meth addict quits eating and sleeping and goes on what is called a “run,” This means injecting the drug every few hours for several days until the drug runs out or the addict is too weak or confused to continue. Over time this leads to psychotic behavior, intense paranoia, fearful hallucinations, and out-of-control rages that lead to violence.

When a meth addict stops taking the drug, usually because he or she has run out, a huge crash follows immediately. Severe depression, extreme fatigue, paranoia, anxiety, aggression and an intense craving for the drug takes over. In addition to the drug itself, meth addicts become addicted to a meth lifestyle. That’s why relapse is so common. Meth damages the ability to think rationally. Addicts are unable to see the destruction their addiction is creating in their life and the lives of those around them. Therefore they continue on the vicious cycle of addiction.

Researchers have reported that as much as half of the dopamine-producing cells in the brain are damaged with constant meth use, even at relatively low dosages. They have found that serotonin-containing nerve cells may be even more extensively damaged. These toxic effects on the brain are not reversible! In a very short time meth users turned meth addicts become brain damaged zombies living tortured lives.

There is no safe way to use Methamphetamine. It is a highly addictive drug with no medical value. The only way to avoid the risk of becoming a meth addict is not to ever use it, not even once.
METH LABS AND TOXIC DANGERS

Methamphetamine is manufactured in illegal, underground labs from chemicals that are readily available. Labs can be set up quickly by amateur chemists and can be taken down just as quickly after a batch is “cooked.”

Consequences of “cooking meth” are severe for the chemists and their surroundings. The vapors released are toxic. Volatile chemicals can explode and the waste or residue left over from the “cooking” process is hazardous. For every pound of meth created, there are five to six pounds of hazardous materials left over! The makers often pour these chemicals down the drain, into the nearest stream, or leave them behind altogether in their rush to get away. This threatens the environment and endangers anyone who later comes into contact with the contaminated area, if not the toxic waste itself. It can easily get into the community water supply this way.

Law enforcement officials are exposed to toxic chemicals while raiding labs. Cancer and other chronic health problems can be traced directly to chemicals used in these labs. Cleanup of even a small lab can cost thousands of dollars. Meth is a danger for users, makers, law enforcement personnel, the public in general, and the environment as a whole.

Meth labs are called “kitchens of death” because “meth cooks” use corrosive chemicals that can literally burn and “melt” the lungs when inhaled, and the process produces acids, acidic gases, and a myriad of mixtures which can burn right through to the bone. On the average a “meth cook” teaches ten others each year how to make the drug. With meth production, addiction and greed proves stronger than the risks involved, even though one slip-up could mean explosion, severe burns, or death for anyone close by. But then, safety is not of much concern when meth is around, either being made or being used.

This situation can be very costly and dangerous for local authorities to deal with. As well as creating potential toxic waste dumps right in residential neighborhoods, meth labs have been known to be booby-trapped and lab operators are often well-armed. Meth labs can be portable; they are easily dismantled, stored, or moved. They are found in different locations including apartments, hotel rooms, rented storage spaces, and trucks.

Young people need to understand that of all hard drugs meth is one that hurts many more people than just the user. Innocent people who have the misfortune of living near a meth lab die when labs explode. Others have their drinking water contaminated by the toxic waste dumped into streams and rivers. Children of “meth cooks” who live in the lab are put at risk by the toxic fumes they breathe and the ever-present risk of fire or explosion. Law enforcement officers doing their jobs to protect citizens from these dangerous people are injured and killed during “lab busts.”

Don’t contribute to the meth epidemic quickly spreading across this country by using meth. It’s not worth it, any way you look at it.
GLOSSARY

ADDICTION
A chronic, relapsing disease, characterized by compulsive drug-seeking, drug use, and changes to the brain of the drug abuser.

AMPHETAMINE
A stimulant drug that affects the brain and central nervous system of anyone who uses it, almost always detrimentally.

BINGE
A spree of overindulgence. A period of uncontrolled self-indulgence often associated with a particular drug.

CENTRAL NERVOUS SYSTEM (CNS)
Your brain and spinal cord, which can be thought of as the engine and heart of the nervous system of your body, where all the processes necessary for your life are regulated, including how you feel at any given time.

CRAVING
A powerful, often uncontrollable desire for drugs. It is part of addiction. A drug user’s brain produces less natural chemicals, called neurotransmitters, because it gets used to artificial ones in the drugs abused; but a user’s body needs neurotransmitters in the same amounts as before abuse to feel good, thus the craving for the drug, to make up the difference.

DELUSIONAL
The mental condition of having and harboring false beliefs and self-deceptions. Behaving according to what is not real.

DEPRESSION
Sadness. Lack of good feelings.

DOPAMINE
A chemical neurotransmitter present in regions of the brain that regulate movement, emotion, motivation, and feelings of pleasure.

DRUG ABUSE
The misuse of drugs. Self-harm done through maltreatment by taking a dangerous substance into the body.

HYPERTERMIA
Unusually high fever. A very dangerous condition, especially when brought on suddenly by drug ingestion. Get to a hospital immediately!
MALNUTRITION
Undernourishment from not eating or not eating properly. Some drugs stimulate body activity to hyper levels so that abusers don’t eat. Yet their bodies burn energy rapidly. If food is not taken in, muscle tissue will be broken down and consumed. This is a serious condition that can lead to death, and is very common with Methamphetamine abuse.

METHAMPHETAMINE
A “souped-up amphetamine “cooked’ in dirty underground labs that is not only highly addictive, but that produces psychotic behavior, causes permanent brain damage, and is lethal to the user if not discontinued.

NEUROTRANSMITTER
Chemical substances in the brain and nervous system that transmits the energy required to regulate normal body processes.

PALPITATIONS
Heart flutters. When your heart speeds up, skips a beat, or beats irregularly. This can be very dangerous when caused by stimulant drugs like Methamphetamine. Go to a hospital.

PARANOIA
A mental state of high anxiety characterized by wrong or mistaken feelings of insecurity and persecution. You think people are out to “get” you. Often drug induced.

PHYSICAL DEPENDENCE
An adaptive physiological state that occurs with regular drug use and results in withdrawal when drug use stops. This withdrawal is measured in the extreme pain felt by the ex-user.

PSYCHOSIS
A mental disorder characterized by symptoms such as delusions or hallucinations indicating an impaired or mistaken conception of reality. In other words, you see, hear, and feel things that either aren’t there or aren’t true.

PSYCHOTIC BEHAVIOR
Behavior resulting from mental disorder. Can be drug induced.

RELAPSE
Falling back into old drug use habits. Going back to addiction after having stopped using a drug.

RUSH
A surge of euphoric pleasure that rapidly follows administration of a drug. It is inevitably followed by the “crash” of withdrawal.
SEROTONIN
A chemical neurotransmitter that has been found to be involved in states of consciousness, which includes good mood, depression, well-being, and anxiety.

SLEEP DEPRIVATION
Lack of sleep. It is brought on by taking stimulant drugs into the body. If extended it produces an assortment of psychotic disorders and leads to irrational behavior, violence, and crime.

STIMULANT
Something that accelerates physiological activity in the body. Often a drug.

TOLERANCE
A condition in which higher doses of a drug are required to produce the same effect as experienced initially; often leads to physical dependence.

TOXIC
Poisonous. Toxic means detrimental to the functioning of an organ or group of organs in the body. Drugs are toxic and should only be used under a doctor’s care.

WITHDRAWAL
When an addictive drug is removed or reduced from the body a variety of symptoms occur. This is the “crash” a user feels without the drug, and it includes extreme pain, anxiety, depression, and feelings of uselessness.
Nineteen year old Brian Bediion was one of thousands of meth users and addicts charged with crimes last year.

Before meth took over the family’s life, Brian’s father, Denis, owned and ran Doc’s Auto Upholstery and Glass in Bremerton, Washington. He was a hard and responsible worker. His wife Delores helped out. Denis and Dolores were part of the all-volunteer Sunnyslope Fire District 6.

But then Delores started snorting Methamphetamine with friends. Pretty soon, her husband and three children were all using the drug together. Brian, their youngest, was 12.

Daughter Cheryl, now 22, spent most of her teen years in a cycle of Methamphetamine abuse, using, kicking the habit, then relapsing and using the drug again. Brian was booted from residential treatment in Spokane for non-cooperation at age 17 after being ordered to treatment by a judge.

After Cheryl turned 18, she was adopted by a good family. Despite their love and support, despite finishing high school and starting college, Cheryl was drawn to her birth parents and the old meth lifestyle. “I could not detach myself,” said Cheryl.

By 16, Brian was injecting meth. By 19, his arms bore the scars or “tracks” of daily needle use. This was reported by his parole officer.

Today the Bedilion house looks like a trash dump. Garbage bags and debris from the stripped interior and a dismantled garage fill the driveway next to the house and spill into the overgrown front yard.

“Everything my parents worked for, everything their parents worked for, is gone,” said Brian. “Because of the use of meth, it all went downhill.”

Eventually the Bedilion’s declared bankruptcy. Denis and Delores say they chose to close their business, not sell it. Similarly they say they chose to let their house go. There was money Delores said, but she didn’t pay bills.

“I bought dope...we weren’t being responsible with anything.” She said her habit cost her $400 to $600 a week.

Neither parent defends their drug use nor the inclusion of their children in their meth life.

“We weren’t thinking,” Denis says flatly. Cheryl now appears on drug information panels, is on the Dean’s List and referees youth basketball. She celebrated her third year of sobriety the same month Brian was released from prison. Both Cheryl and Brian admit that meth addiction destroyed the best years of their lives, time they can never have back.
For Wendy Benson another year in prison means another year of sobriety. Another year passing has put more distance between her and the Methamphetamine addiction that ruined her life. It has lessened her craving and strengthened her resolve to start a new life when she is paroled from prison.

In her five years of incarceration for manufacturing and possessing meth, Benson has seen many meth addicts leave their prison cells, only to return again.

"The relapse rate is really high," she said. "Usually they're just mentally damaged."

Benson, 24, is determined to go the other way. She says she wants to spend her time speaking to young people about the evils of meth, instead of resuming the familiar cycle: tweaking, cranking, and cooking, tweaking cranking and cooking.

Like any highly addictive drug, meth hooked her with a high that can only be repeated for so long. She'd tried other drugs before, but meth quickly became her favorite.

"I felt great at first. I just felt like I was on top of the world," she said. "But, I fell off."

It took just a few months into her addiction for the high to go from fun to disaster. Meth became an obsession. When she began cooking meth, the obsession took full control of her life.

Along the way, Benson lost custody of her infant daughter. She lost some teeth. And she became malnourished. She looked more like a skeleton than a young woman.

For a long time Benson managed to work as a waitress, but eventually she lost that too.

"At the end I couldn't work. I was too far gone. I was desperate, confused and focused on getting more meth."

Once she had been high for days and had not eaten for a week. Voices entered her head. "Just do it," they said. "Just shoot yourself."

She picked up a .357 and aimed it at her head.

"I squeezed my eyes shut and it went off. My ears were ringing and my eyes were still closed and I just laid there and started crying. I really don't know how I missed my head, but it's something I look back on often," she said. Five years later, the memory still makes Benson cry.

Law enforcement officers soon caught up with her, but it was a relief. Her biggest fear wasn't losing her freedom, but giving up meth. Still, she was ready. "I was so tired of running," she said. "It was finally over and it was a good feeling to know that I don't have to look over my shoulder, that I could stop worrying my parents."

"I have great remorse for the lives I damaged by cooking this stuff and by giving it to them," she said. "I wished I would've never contributed to any of that, but I did, and it's something I have to forgive myself for."

While in prison, the former meth cook has taken college courses and has faced the hard facts about addiction. It will always be there to threaten her.

Benson has a plan for the future. She will make amends to her child and parents.

"For so long I was selfish. My actions don't only affect me, they affect everyone who loves me," she said.

"I have a lot to give back. I know it seems like I'm trying to sound like a martyr or something, but I want to help people. That ain't a life for no one to live."
How To Choose The Right Friends

In *What’s Wrong With Methamphetamine*, Perry talks about the “friends” he got high with on speed. Eventually the only friends he had were his unsavory “meth friends” who lived in shady neighborhoods. Who you choose to be friends with says a lot about how you think about yourself and your life. Think about this as you answer the following questions:

What kind of person do you think of as a “true friend?”

Would true friends want you to try drugs that could kill you or cause serious damage to your body and brain? Why or why not?

What do the following statements mean to you?

“In order to make a friend, you must first be a friend.”

“Show me your friends and I’ll tell you who you are.”
SETTING GOALS

You know what goals are, especially in sports like soccer, basketball and football. The object in these games is to get the ball into your opponent’s goal and defend your own goal from intrusion by your opponent. The same is true in your life. You must learn to set goals for yourself, always remember what they are, and know what it takes to reach them.

There are two kinds of goals: **short term goals** and **long term goals**.

Short term goals include things you want to accomplish soon, such as bring up your grades, join a club, practice playing a musical instrument, or read a book.

Long term goals include things you want to accomplish in the future, like getting your driver’s license, graduating from college, getting married, and raising a family.

You can adjust or change your goals at any time, but only after careful consideration.

List your goals and look at them from time to time.
SETTING GOALS
(Continued)

Once you have listed your goals, answer these questions:

Are the goals I’ve set for myself attainable?

What will you have to do to achieve one of your short term goals?
Be specific.

What will you have to do to achieve one of your long term goals?
Be specific.

How might getting involved with people who use Methamphetamine prevent you from meeting your goals?
FOUR STEPS TO STAYING DRUG FREE

AWARENESS

Learn the facts. Find out the truth for yourself. Don’t rely on what you hear from peers, even friends, about drugs. Pay attention to people, places and things. You know who the drug-users are. What kind of students are they? Where do they hang out? What kind of goals do they have? Do they achieve them? Why or why not?

CHOICES

Everything you do involves a choice. It’s just as easy to make a healthy one as it is to make an unhealthy one. Make your own choices. Don’t go along with the crowd. Be a leader and not a follower. In order to make a good choice, you need to know all the pros and cons. Once you have collected all the information, you will know the benefits and consequences of each choice you make. It’s up to you to make the best choice you can, because it’s your life.

COMMITMENT

Once you weigh the consequences of your choices, you must decide to be drug-free. Make a commitment to do it—and mean it. Write out a contract, an agreement with yourself. Sign it, and have your parents sign it. Agree to remain drug-free by avoiding people and places where drugs are used. Your parents will support your commitment by giving you privileges that go along with taking this responsibility to lead a healthy life.

PRACTICE

It’s one thing to be aware of the truth, make healthy choices based on it, and make the commitment to be drug-free, but it’s another to follow through. It’s not easy to say no to friends. You will learn that true friends never ask you to use drugs. Team up with other kids who have goals like yours, and who are willing to make the same commitment to stay drug-free as you have. There is strength in numbers. The majority of kids don’t use drugs and don’t want to take the risk of trying them. Stick to your convictions and live a drug-free, healthy life.
DRUG FREE CONTRACT

I, ______________________________ will lead an alcohol and drug-free life by doing the following:

I agree to avoid engaging in activities with people who use alcohol and drugs, and going places where alcohol and drug-use takes place.

I agree to leave any location where alcohol and drugs are present.

I agree to be drug tested at any time requested by my parents/guardians.

In return for leading a responsible, drug-free life, I will be given the following privileges:

_________________________________________________________

_________________________________________________________

_________________________________________________________

I understand that these privileges can be revoked if at any time I do not honor this agreement.

Signed,

__________________________________________  ______________________
Student                                    Date

Agreed and accepted by

__________________________________________  ______________________
Parent/Guardian                           Date
THE FOLLOWING HANDOUT IS FOR TEACHERS AND PARENTS ONLY

IMPORTANT NEWS FOR PARENTS AND TEACHERS from Discover Films
Methamphetamine is one of the most destructive drugs in our society today. It ruins not just individual lives, but families, neighborhoods, and entire communities. Which is why our communities are beginning to fight back and why I launched the "Meth in America: Not in Our Town" tour. Together, we can beat this deadly menace — one town at a time.

Meth is not only a big city problem. Through the "Meth in America: Not in our Town" tour, I will take that message to thirty-two states — many of which are smaller states that constantly struggle with the enormous social and financial impact of meth. As a former Congressman from Arkansas, I have seen firsthand how devastating it can be to small towns in America, and I am dedicated to increasing public awareness of this destructive drug.

Winning back our communities takes a balanced approach. The DEA can help with making sure our laws are upheld, but effective treatment and education are equally as critical. To date, there is no medication to treat Methamphetamine addiction. That means we must have adequate alternatives for those who are caught in meth’s dangerous grasp. I am especially impressed by the effectiveness of drug courts. Many addicts do not realize that they need help. Drug courts make them accountable and keep them clean.

Methamphetamine abuse may be a problem across the nation, but its solution can be found in our own neighborhoods. "Meth in America: Not in Our Town" gives me the opportunity to hear what works and what doesn’t from people in communities across the country. I know that together we can loosen meth’s grip on America, town by town.
In the March, 2002 issue of Neurology, it is reported that for the first time brain scans of Methamphetamine (meth) abusers show that the drug damages brain cells and that this damage persists even months after people stop using Methamphetamine.

“This is an extremely important study,” said Dr. Alan Leshner, director of the National Institute on Drug Abuse. “In the old days we used to talk about the brain on drugs with inexact metaphors like eggs in frying pans. Here you’ve got brain scans of living breathing individuals and what are the consequences. They are very vivid and candidly upsetting findings.”

According to the study researchers found evidence not only of chemical changes, but damage to the cells themselves. They did so by looking at a brain chemical called NA, or N-acetyl-aspartate, which is found inside neurons. If NA levels are low, that’s a sign that neurons are either lost or damaged. Prior studies have shown low levels of NA in people with Alzheimer’s disease, multiple sclerosis and several other brain diseases.

Using a brain scan called proton MRS, or magnetic resonance spectroscopy, the researchers compared NA levels in 26 Methamphetamine users and 24 people with no history of drug use. Methamphetamine users showed a five-to-six percent reduction in NA compared to non-users.

“NA is only present in neurons and neurons are the cells in the brain that people use to think,” said lead researcher Thomas Ernst, an assistant professor of radiology and neurology at the Harbor-UCLA Research and Education Institute in Torrance, California. “What our study implies is that there is damage to neurons or loss [of these brain cells] to the user, which is not good.”

A 1996 survey found that nearly five million Americans have used Methamphetamine at some time in their lives — up from roughly 3.8 million in 1994. Tests in animals have shown that high doses of Methamphetamine damages brain tissue. And recent studies demonstrate that Methamphetamine users may have lower levels of dopamine, an important chemical for brain function.

“It’s important to realize,” Ernst said, “that the people we looked at in the study had not used Methamphetamine for an average of four months, and we still saw significant damage to the NA.” Studies in rhesus monkeys have shown that brain damage from Methamphetamine persists up to four years. In addition, the more Methamphetamine Ernst’s subjects had used during their drug careers, the more damage he saw.

The study does not show whether this damage affects the way Methamphetamine users think or behave. But it’s well known that former Methamphetamine users often
have lingering behavioral problems, including paranoid psychosis, depression and memory lapses.

“What’s significant here,” said Leshner, “is that the changes [seen by Ernst] are exactly in brain areas that could account for the behavioral changes.” In addition, Leshner said that unpublished data funded by his agency demonstrates that former users with the largest behavioral problems do indeed have the most damage.

“With everything else,” said Leshner, “this should be a warning to people that they are taking a risk.”
POLICE VICTIMS OF WAR ON METH
– Cromwell, OK

In the small Oklahoma town of Cromwell, Hank Neal was living the good life. At age 32, he was a husband, father of four and a well-known Seminole County deputy sheriff. When he wasn't chasing the bad guys, Neal attended every baseball game in town.

Now, on his bad days, Neal uses a walker to get to the bathroom. Gout, a joint disease, has invaded both of his arms and legs, causing him to hunch over and draw inward. His days are scheduled around doctors' appointments and workers' compensation hearings. His nights are worse.

Neal's wife, Dian, loses her composure when she tells of his suicide attempts. There have been two so far.

In December 1999, Neal raided a Methamphetamine lab while on duty and got a bloody nose. He didn't think anything of it, not even when, a week later, he began throwing up and having diarrhea.

At the time, they blamed a beer can that was hurled at him from a passing car, hitting him in the head. Now they blame the meth lab.

Victims of Methamphetamine can reach well beyond the addicts and their assorted crimes. As the epidemic continues, deadly and debilitating ailments are surfacing in police officers and deputies assigned to investigate these labs, which are found in garages and kitchens, in mobile vans and motel rooms and elsewhere.

Only recently has the significance of being exposed to meth chemicals become known. A few years ago, officers raided labs with rubber gloves. Now they wear full-body protective gear and masks.

Sometimes officers stumble onto the labs accidentally. Unprotected, they are subjected to the fumes of phosphane gas, hydrochloric acid, anhydrous ammonia, Red Devil lye and a half-dozen other substances.

The health fallout is becoming more apparent as Oklahoma's meth lab epidemic now approaches five years. What was once a series of anecdotal cases may well become an alarming trend, those in law enforcement say.

"One of my agents has a spot on his liver. I know another agent from another agency who has a spot on his lung," said Dianne Barker-Harrold, district attorney for Adair, Cherokee, Sequoyah and Wagoner counties in northeastern Oklahoma, where meth lab seizures are common.

Barker-Harrold told of a Muldrow officer who found a meth lab during a traffic stop.

"He looked in the trunk of a car, took the lid off something, smelled it and he was down for the count because it was hydrochloric acid. The fumes are just terrible," she said. "There's going to be long-term effects to these officers."

Those long-term effects can matter to everyone in terms of health care costs and emotional fallout.

Consider Jamie Ward, a young Yukon police officer who assisted in searching for meth lab suspects during a raid in January. Ward, who was not wearing protective gear, ended up in the emergency room that night.

"She was in really bad shape and nearly died of lung injuries," said John Duncan, chief agent for the Oklahoma Bureau of Narcotics and Dangerous Drugs. "Her lungs are permanently and irrevocably damaged."

The damage not only ended her law
enforcement career, but her part-time singing career, Duncan said. At age 30, Ward constantly wheezes and struggles to breathe.

"Everything she worked for is down the tubes," Duncan said.

Some officers don't get sick until repeated exposures over time. The effects are cumulative, meaning fumes that don't do damage in one dose can build up over time, said Jerry Harris of the Oklahoma Narcotics Bureau.

Different chemicals have different effects as well. Some attack the lungs, others the kidney and liver, others the joints, Duncan said.

Roy Wunderlich, a Los Angeles police officer, had investigated about 1,500 meth labs in his career. He later developed a rare liver cancer that has been associated with breathing chemicals.

Wunderlich battled the Los Angeles Police Department for compensation and won. But that's not always the case.

Neal, for instance, recently lost his claim for workers' compensation. An order from the workers' compensation court said the statute of limitations had passed. His wife said that is because they didn't realize meth could be the cause until two years later, when a blood test revealed a severe infection.

Other officers may never realize the true cause of their illnesses. "That's one of the problems with longtime exposures," Duncan said. "You can't always tell what the lab caused and what was caused by just normal living. We're all subject to getting cancer and lung ailments."

Exposure to meth labs has serious health consequences for everyone involved.

"We're going to have real problems in the future in terms of health care. All these people we're running across in these labs, they're going to have health problems in the future and the health care system is going to have a problem," Harris said.
Lane County Circuit Judge Lyle Velure sentenced Robert Allen Cameron, 37, to 45 years in prison for a violent two-day rampage in Cottage Grove and Eugene, Oregon. In passing down the judgment on Monday, Velure made the following statement:

"You know, over the last few years, I've sat on this bench, sat in this courtroom, and people come in here and talk about Methamphetamine. I don't know when this community is going to hear the wake-up call. Methamphetamine.

"You know, this community is awash in meth. I had to sentence Jessie Compton to death because of killing a 3-year-old girl, torturing her, because of Meth.


"You know, this community prides itself on being this great community that is sensitive to people's concerns and sensitive to others, and I think that's the strength of Eugene and Lane County.

"But this community better start getting off its fanny and doing something about Methamphetamine. Otherwise you're going to lose an entire generation of young people.

"You should sit here where I sit every day and see it. See the destruction that it brings. It's no excuse. What you've done, sir, is terrible. Absolutely outrageous. Absolutely terrible.

"You pick on women. That's been your history going back to 1990, '91, when you first started doing this. Picking on young women, or women. Picking on people who are weaker than you are.

"Sir, you're going to spend 45 years of your life in jail. In prison. And you're going to serve every day of it."
METH CHANGES CITIZENS TO ADDICTS
- Davies County, KY

They lose their teeth. Their children. Their dignity. And their health.

Often, the only thing that stops Methamphetamine addicts from being an addict is losing their freedom or losing their life.

Perhaps more than any other drug, Methamphetamine transforms decent, law-abiding citizens into risk-taking druggies who stop at nothing to stay high.

One Oklahoma woman set herself on fire while cooking meth, then jumped out the window to avoid the police and broke her ankle. She kept using.

Another woman stayed awake for seven days, then drank a fifth of tequila, wrecked her car and had a chain-link fence penetrate her arm. She kept using.

"The only thing that a Meth addict cares about is Methamphetamine. That's why we're dealing with these zombie-like people every day. Methamphetamine addicts do not react rationally," said Sheriff Keith Cain of Davies County, Ky.

Kentucky shares Oklahoma's epidemic of Methamphetamine labs, as well as the craziness that goes with it.

Jim Acquisto, a Davies County detective, told of two young cousins who hit the jackpot when they stole two jugs of anhydrous ammonia, a meth ingredient that is difficult to get, and one of the most dangerous.

"It freeze-dries flesh and can cause chemical pneumonia," Acquisto said. The cousins hid the jugs in bushes, then returned to get them with three teen-agers in the car.

While holding the jugs in coolers between their legs, one of them exploded and the chemical went everywhere.

The teenagers jumped out of the car and ripped off their clothing to stop the burning. One ran naked to a nearby home and had a woman squirt him down with a garden hose.

The teen who held the exploding jug suffered an ankle burn that exposed his bone.

Nonetheless, Acquisto said, the same two were later caught stealing the same chemicals again. The ankle victim was still undergoing skin grafts for his prior injury.

Meth addicts either don't notice their health deteriorating, or they don't care.

Because meth robs the body of calcium, longtime addicts typically lose their teeth. Meth also takes away the appetite, causing addicts to wither to a skeletal weight.

Addicts are sleep-deprived and stressed out from living on the edge.

Perhaps one of the saddest aspects is how they treat their children, both born and unborn.

In the last six months, Acquisto said he's arrested two pregnant women smoking meth inside a meth lab. In one case, the woman's father was the meth cook.

"This guy is giving his daughter Methamphetamine while she is pregnant with his grandbaby," Acquisto said. "I'm to the point where nothing shocks me anymore."

Meth addicts also are known to be quicker to give up custody of their children, said child welfare experts at the Tulsa Justice Center.

"Crack users usually try to work some
thing out. But meth users, the drugs are more important than their kids,” said Tulsa Police Detective Danielle Bishop, who works at the center.

Laura Tabor is a former meth cook and addict who is now serving time at Mabel Bassett Correctional Center in Oklahoma City. She knows the craziness well.

"Because of my drug addiction I lost my kids," she said. "I gave up and I'm ashamed to say that."

Addicts also have been known to give their children Methamphetamine to keep them on the same erratic schedule. Some swear they're better parents because the meth makes them so.

One Tulsa mother used meth and smoked crack cocaine during her pregnancy. When she went into labor, she shot up again to ease the pain. Getting caught doesn't necessarily stop them from using, either.

Tulsa Assistant District Attorney Kevin Morrison said he sees meth addicts come to court "tweeping" all the time. When he sees their hands and feet tapping away, he orders a drug test on the spot.

"I'm thinking, 'My gosh, if this is your best behavior, what is your worst behavior like?'"

Both experts and addicts say meth latches onto a psyche quicker than any other drug and the grip is nearly impossible to beat.

"Meth is extremely addictive and a very powerful drug, and a lot of times folks will do an awful lot to obtain it," said Oklahoma City Police Maj. Johnny Kuhlman, who heads the department's "Life or Meth" program.
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Information Agencies

SAMHSA’s National Clearinghouse for Alcohol and Drug Information
Center for Substance Abuse Prevention (CSAP)
5600 Fishers Lane
Rockwall II Building, Suite 800
Rockville, MD 20857
800-729-6686
e-mail: info@samhsa.gov
http://www.samhsa.gov/csap

Centers for Disease Control and Prevention (CDC)
1600 Clifton Road
Atlanta, GA 30333
http://www.cdc.gov
202-512-1800 General Public (annual subscription of single copies)
800-843-6356 Government Employees (free copies from CDC)

Drug Enforcement Administration
Publications may be downloaded from the Internet.
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