

Breaking the Chains of Meth Addiction

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## Abstract:

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This paper is designed to argue for behavioral therapy methods to allow for sustainable recovery from methamphetamine. Before providing treatment options, the paper discusses the history and lure of methamphetamine. The research comes from a compassionate viewpoint on addicts, including a book that contains interviews straight from former addicts. The paper includes users' voices instead of solely an outsider's perspective. Other research discusses dangers of methamphetamine. Much of this portion of the research comes from academic journals on the environmental, cultural, and physical repercussions of meth use. In order to look over the treatment methods for methamphetamine, the research uses many types of sources. Some come from the internet, while others are scientific studies done on various treatment methods. The paper also includes sources accessed through YouTube. The videos allow the first-hand perspective of withdrawal among other experiences while recovering from addiction. The implications of the research prove to be that there are many ways to begin treatment. Not all treatments are equally helpful, though. This paper provides the evidence to place behavioral therapeutic methods as the most sustainable treatment because of the manner in which they treat patients.

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### Breaking the Chains of Meth Addiction

Who can understand the world of drugs? Authorities warn school children of the perils of drugs and reinforce negative stereotypes of the people who take them. Usually, these ideas come from a place of conjecture and focus solely upon the “villainous” aspects of drug users. It is undeniable that drugs represent a societal problem on a global scale. One drug’s path of destruction—methamphetamine’s—has reached epidemic proportions (Addiction Counseling). The ramifications of this epidemic have destroyed addicts’ lives while creating collateral damage of the people and the environment around them. However, in order to address the methamphetamine problem, researchers need to have compassion on those struggling the grips of meth addiction. Researchers trying to create effective treatment plans must understand the appeal of meth, the struggle of recovery, and the sordid history of meth. Only through understanding all three facets of meth use can researchers attempt to develop a sustainable treatment for meth addiction. This paper will argue that behavioral therapies, because they promote the compassionate treatment of methamphetamine users, will provide the most sustainable recovery.

In order to provide sustainable treatment methods, people must understand the history of methamphetamine. The drug did not always hold negative connotations. Methamphetamine became a global sensation in 1919 when a Japanese chemist, Akira Ogata, mixed red phosphorus

and ephedrine to make a water-soluble subtype of amphetamine (Hillstrom, 2015). The new drug seemed incredibly beneficial for many reasons. Doctors routinely gave methamphetamine to their patients in the 1920's and 1930's (Hillstrom, 2015). The drug's effects improved conditions such as the common cold, fatigue, depression, anxiety, schizophrenia, and asthma (Hillstrom, 2015). The dazzling new drug allowed those with inflamed respiratory passages to breathe. Also, it improved patients' moods and increased their overall optimism regarding life (Hillstrom, 2015). With these remarkably positive results, doctors in the late 1930's categorized amphetamine as a "wonder drug," similar to penicillin (10). Methamphetamine and other amphetamines started gaining respect in the medical community and soon were being used by those even without medical conditions.

During World War II, both the Axis and Allies disseminated methamphetamine to their troops. American, Japanese, British, and German commanders used the drug in order to make their soldiers more energized and focused (Hillstrom, 10). Another benefit of meth use was that, even though they had greater energy, the soldiers did not complain of hunger, therefore reducing the need for rations. There seemed to be nothing but benefits from amphetamines. However, sometimes soldiers could not get their fix of methamphetamine. When this happened, people reported extreme reactions to the absence of drugs. The strong soldiers that could go days without sleep or food crashed hard. They became angry, depressed, and argumentative when deprived of their "wonder drug" (Hillstrom, 11). Interestingly, historians discovered even Adolf Hitler took meth during the later part of the war. These reports may help to explain Hitler's exacerbated mental instability and extreme paranoia (Hillstrom, 11). Though the drug provided significant benefits during the war, afterwards people soon realized how dangerously addictive the stimulant was.

Methamphetamine was so ubiquitous during WWII that, just in America, as many as sixteen million men used amphetamines in the war (Hillstrom, 11). Unsurprisingly, when these soldiers came home, they needed their drugs in order to function happily. After a horrific war filled with traumatic memories, methamphetamine became the bright spot in the servicemen's lives. The illegal market for methamphetamine soared (Hillstrom, 11). The black market was not the only way to get methamphetamine. The legal market of amphetamines still persisted. People who needed to focus for extended periods of times capitalized on the legal distribution of drugs. College students, truckers, and even housewives enjoyed the benefits of meth. "Amphetamines came to be called 'mother's little helper,' both because they were handy appetite suppressants and because mothers could pop these pills to become peppier housewives" (Hillstrom, 11). The use of meth shifted from PTSD-ridden soldiers to everyday citizens looking for a better life.

Methamphetamine's popularity continued to grow throughout the United States. In fact, in 1960, the first methamphetamine inhaler arrived on the market (Hillstrom, 12). Meth use increased so dramatically over the next five years that authorities restricted use of the inhaler to only people who had prescriptions. Addicts were still able obtain these prescriptions. "Methamphetamine was seen as a women's drug... for weight loss and an antidepressant" (Hillstrom, 12). People who could not acquire prescriptions turned to the prevalent black market for meth. Methamphetamine use flourished through the turbulent early 1960's because amphetamines were not considered to be as dangerous as marijuana, LSD, and heroin. Those drugs had negative connotations, but meth was viewed as a help to the working class (Hillstrom, 12-13). Only later did concerns about meth and other amphetamines begin to overshadow the positive sides to the drugs' uses.

In 1970, Congress designated methamphetamine as a Class II controlled substance, resulting in some restrictions when obtaining meth from a pharmacist (Hillstrom, 14). Though these changes were made to protect the people, the restrictions made manufacturing home-brewed methamphetamine more appealing. People experimented trying to find new, cheaper ways to produce meth, giving rise to crystal meth (Hillstrom, 14). Meth use, manufacturing, and dealing were all intertwined and led to a meth epidemic. The government and concerned citizens tried to battle the ever-growing monster, but pharmaceutical companies rebuffed efforts to restrict the chemicals being used to produce methamphetamine. These drug companies needed such chemicals to make cold medicine, while meth manufacturers were using the same chemicals to expand the reach of meth. There was a back-and-forth battle between law-makers and pharmaceutical companies, but the Combat Meth Act, enacted in 2006, ended the tug-of-war, limiting the amount of cold medicine a person could buy (Hillstrom, 22). Methamphetamine was legally recognized as the threat it truly represents, and efforts were put in place to prevent its misuse.

Enforcing restrictions of legal meth use has its place, but the hold meth has on its users continues regardless of the laws. Meth does not only represent a drug. It represents a lifestyle. “The lifestyle is characterized by high levels of energy, endless partying, heightened sexuality, large amounts of cash, and feelings of importance, self-confidence, power, and control” (Shukla, 100). Each portion of the methamphetamine culture brings pleasure to its slaves. Using meth obviously provides feelings of euphoria. Manufacturing allows enamored addicts to be able to self-produce their greatest love. Dealing meth gives an incredible amount of power. A dealer can give someone the best high of their life while simultaneously gaining money and control over the

user's life. The chemical make-up is not the only addictive part of meth. The culture, the hierarchy, the power—these are also lethal components of the meth epidemic.

Using methamphetamine stimulates the central nervous system. It provides a profound dopamine release that cannot be matched by the most pleasant, natural human experiences of eating or intercourse. One user describes his experience, "...[W]hen I first used it, I'll just tell you how I felt, honestly, 'My, where have you been all my life?' 'That's the best thing I've ever done,' and I wanted more of it immediately...And if I kept using it, then I would never feel bad. I wouldn't feel bad. I would just stay high" (Shukla, 40-1). The drug gives its user a sense of confidence: "It also has this very rigid like confidence that it gives you that nothing else gave me. It's kinda like you could go in a room and you're like fucking sixty pounds underweight and you look like a fucking crack head, but you think you are the coolest motherfucker in that room" (Cg Kid, 5:55). Meth also ramps up any experience that a person has. A mundane task like driving a truck can turn into the most exciting experience of a lifetime, while exciting experiences become even more amplified. Sex on methamphetamine proves to be exponentially more exciting than regular intercourse. Methamphetamine's high lasts longer than the typical drug's, but the high is not sustainable forever.

The high of methamphetamine cannot be matched by any other experience. The user experiences extreme euphoria, but the comedown represents the opposite side of the extreme spectrum. Professor Jacob Goodin explained in his lecture on brain activity that methamphetamine unnaturally amplifies the number of neurotransmitters that are hitting the postsynaptic membrane of a brain cell. The extreme number of neurotransmitters transferred in this process causes the synapses to fatigue. The comedown, then, means that no neurotransmitters associated with the euphoria of meth are transferred because they were worn

out. The user no longer experiences the previous joy felt and becomes confronted by depression and a massive headache. The comedown represents a stumbling block to recovery. “Essentially, once a person takes crystal meth, you are going to want more – either due to the desire to replicate the high or the need to escape the meth comedown. Once you get on crystal meth and start to do it regularly, you can often eat and sleep like a ‘normal’ person. Many people on crystal meth can even work for a time, but if they stop using, they are in for a week of sleeping, lethargy and only being able to wake up (barely) to go to the bathroom and eat some food” (Spanswick). Users feel that they can function with methamphetamine better and more happily than when sober. They lack the motivation or perceived need to change their ways.

The comedown of methamphetamine presents itself as a giant obstacle to recovery. However, an even bigger influence on the choice to continue use of meth is the culture of meth. Using represents only a portion of the addiction. Using provides the high and a mirage of power; dealing and manufacturing provides power over meth’s slaves. Manufacturing helps fuel the addiction because methamphetamine can be expensive, and making a supply saves money. One user admitted that her meth addiction cost her three hundred dollars daily. “...when you go to using two or three hundred dollars’ worth of dope a day that’s an expensive habit. If you can sell enough to support that, then that’s a really good incentive for getting into selling it” (Shukla, 57). Dealing expands the power. The dealer can capitalize on others’ addiction to fuel his own. Dealers also make unbelievably copious amounts of money. The same woman who used three hundred dollars’ worth of meth a day reported receiving 90,000 dollars from dealing meth for a few months (Shukla, 57). Just as meth’s high is not sustainable, the income cannot be sustainable. Fast money comes and goes quickly. “Fast money goes fast, though, like seriously I



have...like, I have nothing to show for that. Absolutely nothing” (Shukla, 139). The vast majority of recovered dealers do not have the money to show for their years of distributing.

In the meth hierarchy, using only represents the bottom of the pyramid. The addict can enjoy the euphoric effects but is not involved with dealing or producing the product. Dealing sits on the more-hard core second step of the pyramid. The dealer has power to sell to whomever he desires, but the dealer is upstaged by the ultimate powerhouse—the manufacturer. “...selling drugs is all about money and it’s all business, and any good business person understands that if you have to pay for your product from somewhere else, you are nothing but a middle man...” (Shukla, 79). Manufacturers enjoy the reward of producing their one-true love, and they reap the reward of not needing to pay for it themselves. “[Manufacturing] is the lure of easy money, the power... everybody wants to be the guy holding the bag of dope...” (Shukla, 82). Another benefit to making methamphetamine is the guarantee of purity. “If you make it yourself, you know its 100 percent pure. You get it from somebody else it’s probably 50 percent” (Shukla, 82). To an addict, manufacturing provides nothing but benefits. However, being at the top of the hierarchy brings the most risk. One manufacturer explains, “Yeah, you can blow yourself up. Anytime you cook dope is dangerous ‘cause that anhydrous mixed with those lithium batteries, that is a dangerous explosion. I’ve caught a whole kitchen on fire before” (Shukla, 87). The danger does not stop the production of methamphetamine.

Manufacturers place men, women, and children in risk for the sake of their product.”... [A]pproximately 55% of children removed from home-based methamphetamine labs test positive for toxic levels of chemicals in their bodies” (Messine, 2007). Users, dealers, and manufacturers do not care about anything except their meth. They forget their family and their values. “Oh, well, morally, I mean I slept with people, I mean, I wasn’t... I wasn’t married. I didn’t believe in

premarital sex” (Shukla, 159). Another addict attests, “My addiction was stronger than any belief I had or any moral issue that I had, and as bad as I felt and as much as I wanted to quit, I couldn’t quit” (Shukla, 163). One manufacturer describes a time when she put her grandfather’s life at risk, “... my grandpa rode around with a tank of anhydrous for like two weeks and he had no idea, while I went to jail” (Shukla, 159). Stories like these lead to the supposition that people who do meth are deplorable. “The people that are doing it are evil, I mean they have no morals, no values, everything that they were, it’s gone. I mean meth just takes over, or it ruins your look, it ruins your mentality, it ruins your emotional, I mean everything, you become so completely detached from reality and as long as you’re doing the dope, you don’t care. You don’t care, and that’s the sick thing about methamphetamine, it’s so sick, I think it’s an epidemic” (Shukla, 167). Although, this quote reinforces the stereotype of the evil meth addict, things are not so simple. By scientifically considering the chemical effects methamphetamine has on the brain, the disregard users have for others becomes comprehensible. The people doing evil things are no longer people. They are slaves to methamphetamine. Additionally, the horrible comedown and withdrawal symptoms would deter anyone from stopping. However, regardless of the challenges of recovering, addicts must decide to recover... or die.

The high from methamphetamine seems incredible. The inhuman amount of dopamine floods the brain with happiness, elevating any good emotion. The user does not require sleep or food. The person receives all the benefits of the brain, while also abandoning the need for life processes such as sleeping and eating. So, in order to have a life free from meth’s grip, it becomes imperative to focus on the devastating after-effects of the phenomenal high.

The government floods peoples’ minds with the before-and-after pictures of methamphetamine users. The hollow cheeks, horrible acne, and missing teeth make a shocking

impression, but worse than the external damage is the internal destruction. Methamphetamine eliminates the appetite, leading to dramatic weight loss and extensive damage to tissues, organs, and systems. In the short-term, “[n]egative effects can also include disturbed sleep patterns, hyperactivity, nausea, delusions of power, increased aggressiveness and irritability. Other serious effects can include insomnia, confusion, hallucinations, anxiety and paranoia. In some cases, use can cause convulsions that lead to death” (Foundation for a Drug-Free World). Additionally, “[i]n the long term, meth use can cause irreversible harm: increased heart rate and blood pressure; damaged blood vessels in the brain that can cause strokes or an irregular heartbeat leading to cardiovascular collapse or death; and liver, kidney and lung damage. Users may suffer brain damage, including memory loss and an increasing inability to grasp abstract thoughts. Those who recover are usually subject to memory gaps and extreme mood swings” (Foundation for a Drug-Free World). The physical and mental repercussions are profound, but the effects of meth reach beyond the user.

Manufacturing methamphetamine causes danger to the cook, but methamphetamine’s gases are also toxic to the environment. “Hydriodic acid and red phosphorus, the most dangerous chemicals used in meth production, can produce toxic phosphine gas and hydriodic acid vapors, while exposure to or inhalation of ether can cause respiratory damage, chemical burns, and even death. Red phosphorus poses additional problems because it’s unstable and flammable, and can cause explosions and chemical fires if exposed to a flame or spark” (The Threat of Meth, 1998). The high of methamphetamine feels unmatched by any pleasure offered by the world. Yet, looking at the detrimental effects reaffirms that recovery needs to be endured. Unfortunately, the meth disguises itself as a sustainable euphoria, and the recovery process proves long and

arduous. Life in recovery gets much worse before it gets better, but it represents freedom from a blinding demon.

The first, and arguably the hardest part of recovery, requires the addict to detox (Crane). Detox brings about the notorious withdrawal symptoms of methamphetamine. First, the comedown symptoms (more akin to hangover symptoms) plague the recovering addict (American Addiction Centers). The imbalances of neurotransmitters described by Professor Goodin eventually wear off, allowing the beginning of withdrawal. Because of meth's influence on the brain, "[w]ithdrawal symptoms are primarily psychological and emotional with several associated physical symptoms" (American Addiction Centers). Detoxification starts within the first twenty-four hours of sobriety. The symptoms intensify during the seven to ten day mark. However, the symptoms continue for fourteen to twenty days, fourteen being the most common (American Addiction Centers). The withdrawal duration may sound surprisingly short, but the intensity of the symptoms makes this period almost unbearable.

Gabe Bolling, a primary therapist at a drug rehabilitation center, noted that this specific detoxification represents unique challenges. Methamphetamine addicts come to the drug center in order to recover. In the beginning, they are extremely hyper from the meth controlling their bodies, but, once the effects wear off, they crash. They sleep, on average, three days straight. After achieving much needed rest, their minds are capable of realizing the extent of the damage and hurt caused by meth. They have the sleep needed to be able to recognize that they must now live their lives sober. Some people with meth addictions do not even know what living in sobriety feels like. They must go on with their lives alone without their one true love, relief, and anesthetic. This terrifying realization causes a disproportionate amount of people to abandon

recovery and run to their one comforter—methamphetamine. These puppets orchestrated by meth need help from others to cut the puppet strings.

The burden of detoxification lies entirely on the addict. Only he feels the devastating symptoms. When he cannot obtain the methamphetamine to keep himself high, he suffers the consequences. Ideally, he could be in a comfortable room with experts helping him navigate through the physical suffering. Sustainable recovery demands individualized treatment designed for a specific addict's experience.

Treating methamphetamine addiction cannot consider only the physical discomfort experienced by the recovering addict. Although the physical side-effects of withdrawal are profound, addicts experience severe physiological traumas as well. They mourn their loss of perceived power and the culture of meth. The understanding of the recovering addict's physiological pain emphasizes the fact that simply treating physical symptoms does not always bring healing. For example, in 1994, Galloway and some colleagues constructed a study on the effects of the antidepressant imipramine on addicts of cocaine and methamphetamine. The results of this study did not support the use of an antidepressant; even though it helped alleviate physical withdrawal symptoms, further study was needed (Cretzmeyer, 2003). In more recent times, medications and vaccines that block the physical effects of methamphetamine addiction are in production, but the FDA has not approved any of them (Crane). Even so, meth recovery requires more than a band aid for the physical symptoms. Addicts require a comprehensive mental repair process.

The Matrix Model of treatment serves as a successful method of recovery from methamphetamine because it targets the mind. A capstone of this treatment is the encouragement

of the patient to develop a strong, meaningful relationship with the therapist (Crane). The therapist assumes the role of a caring friend—a friend who understands that beneath the drug-obsessed addict is a true person. The ideal therapist practicing the Matrix Model will have experience with cognitive-behavioral therapy, motivational interviewing, and the inner workings of methamphetamine on the body (The Matrix Model, 2016). The therapist spends copious amounts of time with the patient. For hours many times a week, the two meet to discuss feelings, education, and relationships. The meetings are designed to last sixteen weeks, but the plan can be extended up to a full year, if needed (The Matrix Model, 2016). The program provides a strong structural format. The therapist plans the topics and assures that they come in the proper order. The Matrix Model, unlike inpatient units, allows the patient to stay within his own home. When the treatment finishes, the patient remains supported. A large part of the Matrix Model connects the patient with other support groups such as the twelve-step programs (The Matrix Model, 2016). Research confirms the efficacy of the Matrix Model. The Matrix Model has been successful in decreasing meth abuse and high-risk sexual behaviors and increasing a healthy mentality (Crane). Nevertheless, the format of the Matrix Model seems a bit stringent to many therapists, such as the previously mentioned Gabe Bolling. The difference in opinions underscores the need to have different format options but with one common thread—compassion.

The Matrix Model incorporates techniques from Cognitive-Behavioral Therapy. Cognitive-Behavioral Therapy provides an intense focus on improving thoughts, feelings, and behaviors (Crane). The therapy is designed to recognize and stabilize turbulent emotions. The patient works on the ability to recognize and respond to the cravings for methamphetamine. Additionally, part of the therapy provides education about the dangers of meth on the mind,

body, and others. Connecting these thoughts creates a safety net when the intense cravings flood the addict with irresistible urges. Cognitive-Behavioral Therapy helps the patient develop coping mechanisms when the cravings hit. Suggestions found in the therapy include relaxation techniques. Deep breathing and guided imagery allow the addict to enter a better head-space when the urges come. Talking about the pain, the temptations, and the struggles with a trusted individual also allows the person to not only have a sounding board but also have an accountability partner. Also, the therapist teaches the recovering addicts distraction techniques-- sometimes the only way to not take the wonder drug is to simply immerse oneself in a healthy activity. Finally, Cognitive-Behavioral Therapy encourages kind and positive self-talk. Although the patient must be adamant about refusing drugs and resisting temptation, the patient should still be positive in the way he thinks about himself. Physically, mentally, and culturally, meth has gripped the victim for some time. He should be incredibly proud of his willingness to break up with the love of his life (Crane).

Therapists rarely implement Cognitive-Behavioral Therapy on its own. Other therapies usually include elements of CBT in their treatment in order to further sustainable recovery. This multi-pronged approach seems to be key to sustainable recovery. For the best chance at sustainable recovery, the treatment must include behavioral therapies. Behavioral therapies, like CBT and contingency-management interventions (which give rewards for proof of sobriety), and methods like the Matrix Model (which include elements of behavior therapies) came from a place of empathy for the struggles of methamphetamine users (National Institute on Drug Abuse). They stress focusing on building up the patient, rather than condemning his addiction and shaming him for the actions taken when addicted.

Methamphetamine can lure anybody into its false sense of happiness. Using, dealing, and manufacturing all bring different and incredibly intense feelings of love, euphoria, and power. The positives are so convincing and strong that, for years, doctors were blind to the dangers right in front of them. Yet, the dangers manifested themselves, and people finally realized the necessity for treatment methods. Not all treatment methods are equally effective, however. The most effective treatments center on an understanding of the drug's appeal in a nonjudgmental fashion. Behavioral therapies offer the best approach for understanding and treating the desperate addicts. Addicts seeking help to be freed from the restraints over their bodies and minds require compassionate physical and psychological care. Freedom from meth begins with freedom from condemnation and guilt. Therapists who give their clients the gift of compassion provide them the keys to unshackle themselves from the chains of meth addiction.



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