The Meth Epidemic:

A Documentary Review

Heather Killian

The Meth Epidemic, a Frontline documentary that aired on PBS in 2008, describes the national problem of methamphetamine addiction. The hour-long documentary (http://www.pbs.org/wgbh/pages/frontline/meth/) takes place in Oregon, where meth addiction is purported to have begun in the United States. Although most people are aware of methamphetamine and its effects and abuse potential (due in part to the success of the television series *Breaking Bad*), abuse of this drug is not covered in the media as widely as cocaine, heroin, and marijuana. Yet, it is arguably one of the most addictive drugs available in our country at this time.

The Meth Epidemic tells the story of how an editor from the local newspaper, The Oregonian, discovers a correlation between the rise and fall of methamphetamine addiction and the purity of the drug on the streets. He finds that whenthemeth waspure, users consumed larger quantities of it, recovering methaddicts were more likely to relapse, and non-users tried the drug for the first time and eventually became addicted to it. Ultimately, he concludes that all of these factors combined were responsible for a dramatic increase in crime and arrests.

In an effort to combat the meth problem, the Drug Enforcement Agency (DEA) decided that it needed to find ways to limit access to the drug's main ingredient, Pseudoephedrine, a drug that is contained in many over-the-counter (OTC) cold medications. After extensive negotiations with large pharmaceutical companies who were opposed to laws limiting access to their product, Congress succeeded in passing alaw requiring that all states keep these medications behind the pharmacy counter and put in place a limit of two to three boxes per customer. In addition, Oregon passed its own law in 2006, removing pseudoephedrine from OTCs helves and reinstating it as a prescription-strength drug.

Also attempting to combat the meth epidemic by illustrating the dangers of the drug was Deputy Bret King, who compiled pictures of repeat offenders to show the physical deterioration of the methaddicts' personal appearance. His campaign, "Faces of Meth," reveals disturbing images of the rapid deterioration of not only amethuser's appearance but also his orher personality and quality of life over a short period of time.

Methamphetamine—when it is injected, snorted, or ingested orally—works on the dopamine neurotransmitter, causing large amounts of dopamine to be released in the brain. Dopamine is an excitatory neurotransmitter that is responsible for making

a person feel happy, confident, and sexually desirable. In addition to increasing dopamine levels, meth also blocks the dopamine membrane transporter (DAT), preventing the neurotransmitter from moving back into the axon terminal and becoming deactivated, as it should. Instead, the neurotransmitter stays in the synaptic cleft, continuing to react with the receptors. As the user continues to take methamphetamine, more receptors are created to deal with ever-increasing amounts of dopamine that is released. Unfortunately, when meth users stop taking the drug and their dopamine levels return to normal, there continues to be an inordinate amount of receptors that must now share the decreased amount of dopamine in the brain. This dopamine deficiency (depression) is what prompts the addict to return to the drug, but they are forced to use increased quantities of the drug to reach the same rush of happiness that they achieved from their last dose ("Drug Facts").

The article "How Meth Destroys the Body" states that when a person eats a food they enjoy, like chocolate cake, or engages in an activity they find pleasurable, like sex, their dopamine levels jump from 100 units to about 200 units. "Cocaine causes them to spike to 350 units," whereas with methamphetamine, "you get a release from the base level to about 1,250 units, something that's about twelve times as much of a release of dopamine as you get from food and sex and other pleasurable activities" ("How Meth"). This is the reason so many people become instantly addicted to methamphetamine. Users describe it as a feeling of euphoria like no other, and they continue to chase that feeling to recreate it, because psychologically, and then physically, they need it to be happy.

Since I had recently learned about dopamine and its manipulation with drugs in a pharmacology course, it was easy to understand the chemistry behind this drug. I did not know, however, the extent to which it distorts your brain chemistry and harms the entire body, both inside and out. Another documentary, *The Stages of the Meth Experience* (www.drugfreeworld), features a group of meth addicts who discuss their addictions. According to this documentary, the most common side effects are acne, rampant caries (cavities), tooth loss, hair loss and extreme weight loss. Personality changes include agitation, extreme aggression, hallucinations, delusions and paranoia. And the tendency to scratch and pick at the skin, due to agitation, causes meth users to develop lesions and sores. One user in the documentary contracted Hepatitis C because she was sharing needles when she was high. Another had to have her intestines removed because of the damage it did to her insides. This "problem" has reached epidemic proportions; it is not just a storyline on a popular TV show. Methamphetamine use needs to be eradicated on a worldwide level.

References

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Nominating faculty: Professor Anna Matthews, Dental Hygiene 2315, Department of Dental Hygiene, School of Professional Studies, New York City College of Technology, CUNY.

Cite as: Killian, H. (2015). *The Meth Epidemic*: A documentary review. *City Tech Writer*, *10*, 15-17. Online at https://openlab.citytech.cuny.edu/city-tech-writer-sampler/