

Methamphetamine (http://teens.drugabuse.gov/mom/tg_meth1.asp)

Methamphetamine is an addictive drug that belongs to a class of drugs known as stimulants. This class also includes cocaine, caffeine, and other drugs. Methamphetamine is made illegally with relatively inexpensive over-the-counter ingredients. Many of the ingredients that are used to produce Methamphetamine, such as drain cleaner, battery acid, and antifreeze, are extremely dangerous. The rapid proliferation of "basement" laboratories for the production of Methamphetamine has led to a widespread problem in many communities in the U.S.

Methamphetamine has many effects in the brain and body. Short-term effects can include increased wakefulness, increased physical activity, decreased appetite, increased respiration, hyperthermia, irritability, tremors, convulsions, and aggressiveness. Hyperthermia and convulsions can result in death. Single doses of Methamphetamine have also been shown to cause damage to nerve terminals in studies with animals. Long-term effects can include addiction, stroke, violent behavior, anxiety, confusion, paranoia, auditory hallucinations, mood disturbances, and delusions. Long-term use can also cause damage to dopamine neurons that persists long after the drug has been discontinued.

- Methamphetamine Mechanism of Action

Methamphetamine acts on the pleasure circuit in the brain by altering the levels of certain neurotransmitters present in the synapse.

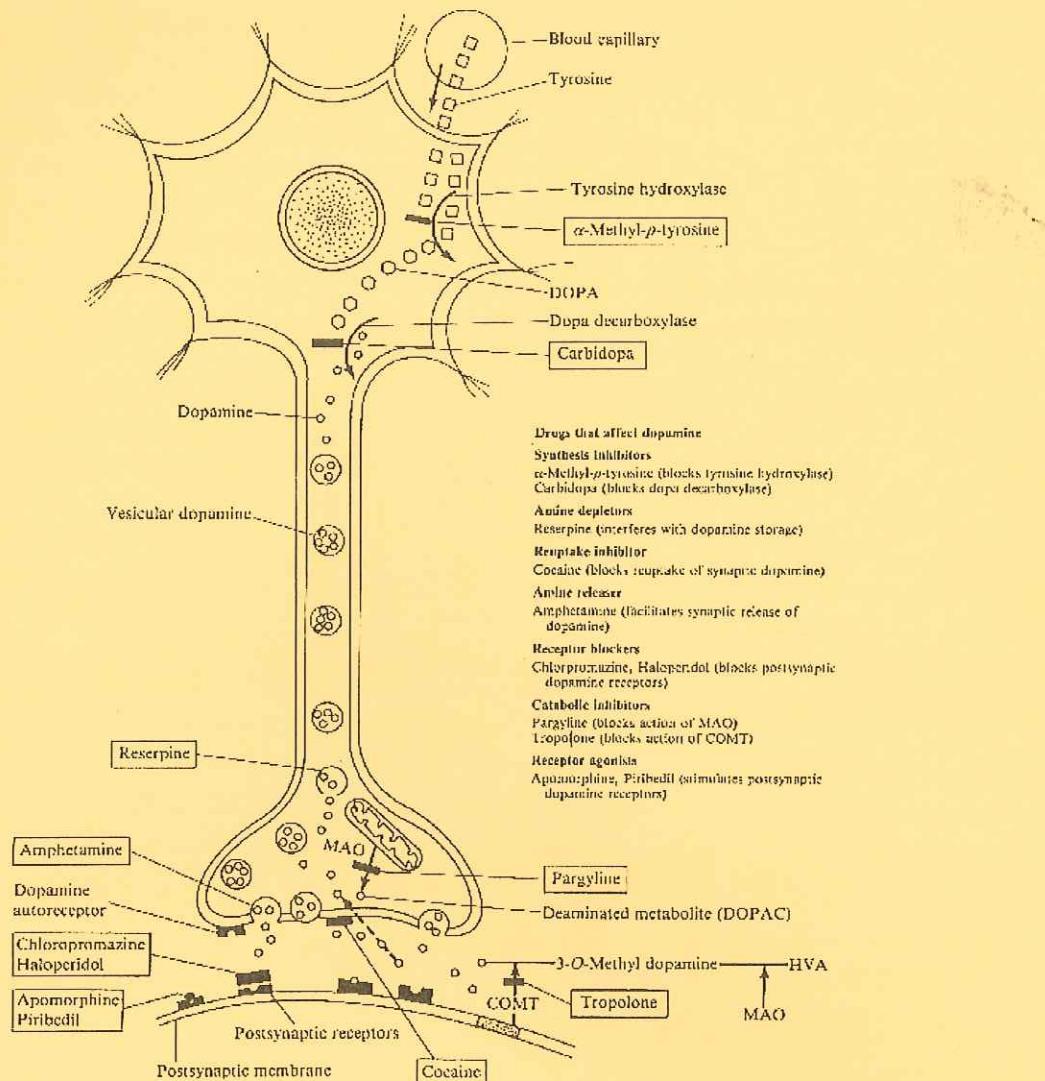
Methamphetamine acts on the pleasure circuit in the brain by altering the levels of certain neurotransmitters present in the synapse. Chemically, Methamphetamine is closely related to amphetamine, but its effects on the central nervous system are greater than those of amphetamine.

Methamphetamine is also chemically similar to dopamine and another neurotransmitter, norepinephrine. It produces its effects by causing dopamine and norepinephrine to be released into the synapse in several areas of the brain, including the nucleus accumbens, prefrontal cortex, and the striatum, a brain area involved in movement. Specifically, Methamphetamine enters nerve terminals by passing directly through nerve cell membranes. It is also carried into the nerve terminals by transporter molecules that normally carry dopamine or norepinephrine from the synapse back into the nerve terminal. Once in the nerve terminal, Methamphetamine enters dopamine and norepinephrine containing vesicles and causes the release of these neurotransmitters. Enzymes in the cell normally chew up excess dopamine and norepinephrine; however, Methamphetamine blocks this breakdown. The excess neurotransmitters are then carried by transporter molecules out of the neuron and into the synapse. Once in the synapse, the high concentration of dopamine causes feelings of pleasure and euphoria. The excess norepinephrine may be responsible for the alertness and anti-fatigue effects of Methamphetamine.

Methamphetamine can also affect the brain in other ways. For example, it can cause cerebral edema, brain hemorrhage, paranoia, and hallucinations. Some of the effects of Methamphetamine on the brain may be long-lasting and even permanent. Recent research in humans has shown that even three years after chronic Methamphetamine users have discontinued use of the drug there is still a reduction in their ability to transport dopamine back into neurons. This clearly demonstrates that there is a long-lasting impairment in dopamine function as a result of drug use. This is highly significant because dopamine has a major role in many brain functions, including experiences of pleasure, mood, and movement. In these same studies, researchers compared the damage to the dopamine system of Methamphetamine users to that seen in patients with Parkinson's disease. Parkinson's disease is characterized by a progressive loss of dopamine neurons in brain regions that are involved in movement. Although the damage to the dopamine system was greater in the Parkinson's patients, the brains of former Methamphetamine users showed similar patterns to that seen in Parkinson's disease. Scientists now believe that the damage to the dopamine system from longterm Methamphetamine use may lead to symptoms of Parkinson's disease. (It should be noted that Parkinson's disease itself is not caused by drug use.) In support of this, research with laboratory animals has demonstrated that exposure to a single, high dose of Methamphetamine or prolonged exposure at low doses destroys up to fifty 39 percent of the dopamine-producing neurons in certain parts of the brain.

Methamphetamine also has widespread effects on other parts of the body. It can cause high blood pressure, arrhythmias, chest pain, shortness of breath, nausea, vomiting, and diarrhea. It can also increase body temperature, which can be lethal in overdose situations.

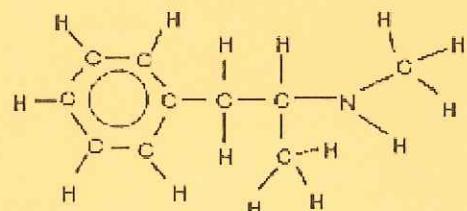
Dopamine Pharmacology



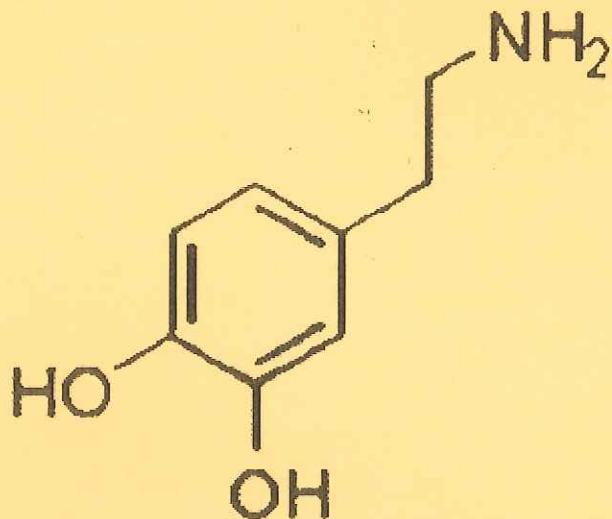
Chemical messengers, or **neurotransmitters**, communicate information at specific receptor sites. Methamphetamine is a compound that mimics a neurotransmitter at **serotonin (5-HT)** and **dopamine (DA)** receptor sites, which means that it relays information as though it were that specific neurotransmitter. The relationship between receptor and receptor site is similar to that of a lock and its key; the receptor site (lock) is prepared to receive only information that the specific neurotransmitter (key) recognizes as its chemical counterpart.

Methamphetamine increases the release and blocks the uptake of dopamine.

These monoamines, along with norepinephrine, (NE), and epinephrine (E), play a critical role in understanding the way in which methamphetamines act upon neurotransmitters in the sympathetic nervous system and act on the behavior of the organism.



Methamphetamine

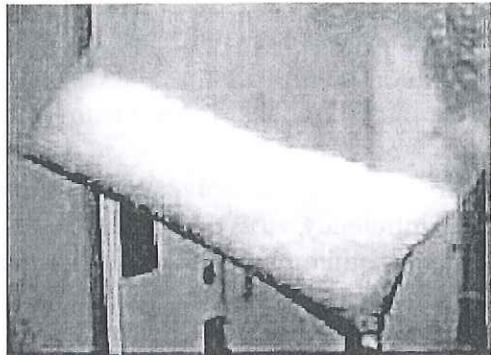


Dopamine

Crystal Meth

What is crystal methamphetamine?

Crystal methamphetamine is a colorless, odorless form of d-methamphetamine, a powerful and highly addictive synthetic (man-made) stimulant. Crystal methamphetamine typically resembles small fragments of glass or shiny blue-white "rocks" of various sizes. Like powdered methamphetamine (another form of d-methamphetamine), crystal methamphetamine is abused because of the long-lasting euphoric effects it produces. Crystal methamphetamine, however, typically has a higher purity level and may produce even longer-lasting and more intense physiological effects than the powdered form of the drug.



Omaha (NE) Police Department



DEA

How is it abused?

Crystal methamphetamine typically is smoked using glass pipes similar to pipes used to smoke crack cocaine. Crystal methamphetamine also may be injected. A user who smokes or injects the drug immediately experiences an intense sensation followed by a high that may last 12 hours or more.

[To Top](#)

Who uses crystal methamphetamine?

Crystal methamphetamine is used by individuals of all ages and is increasingly gaining in popularity as a club drug. It is difficult to determine how many individuals in the United States use crystal methamphetamine because most illicit drug use surveys do not distinguish between crystal methamphetamine and powdered methamphetamine. Those

surveys that do draw such a distinction reveal that use of crystal methamphetamine is prevalent. According to the University of Michigan's Monitoring the Future Survey, nearly 5 percent of high school seniors in the United States used crystal methamphetamine at least once in their lifetime and 3 percent used the drug in the past year.

What are the risks?

Crystal methamphetamine use is associated with numerous serious physical problems. The drug can cause rapid heart rate, increased blood pressure, and damage to the small blood vessels in the brain--which can lead to stroke. Chronic use of the drug can result in inflammation of the heart lining. Overdoses can cause hyperthermia (elevated body temperature), convulsions, and death.

Individuals who use crystal methamphetamine also may have episodes of violent behavior, paranoia, anxiety, confusion, and insomnia. The drug can produce psychotic symptoms that persist for months or years after an individual has stopped using the drug.

Crystal methamphetamine users who inject the drug expose themselves to additional risks, including contracting HIV (human immunodeficiency virus), hepatitis B and C, and other blood-borne viruses. Chronic users who inject methamphetamine also risk scarred or collapsed veins, infections of the heart lining and valves, abscesses, pneumonia, tuberculosis, and liver or kidney disease.

What is it called?

The most common names for crystal methamphetamine are ice and glass. (Please see the Street Terms text box below for additional names.)

Street Terms for Crystal Methamphetamine

Batu	Hot ice	Shards
Blade	Kaksonjae	Stove top
Cristy	L.A. glass	Super ice
Crystal glass	L.A. ice	Tina
Hanyak	Quartz	Ventana
Hiropon	Shabu	Vidrio

[To Top](#)

Is crystal methamphetamine illegal?

Yes, crystal methamphetamine is illegal. Crystal methamphetamine is a Schedule II substance under the Controlled Substances Act. Schedule II drugs, which include cocaine and PCP, have a high potential for abuse. Abuse of these drugs may lead to severe psychological or physical dependence.

<http://www.usdoj.gov/ndic/pubs5/5049/index.htm#Top>

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The Meth Epidemic

Inside America's New Drug Crisis

August 8, 2005 • \$3.95

PHOTOGRAPH BY MARK ALLEN JOHNSON—ZUMA

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A methamphetamine user lights up

The Big News That We Miss

WE IN THE NEWS BUSINESS OFTEN MISS BIG stories because they aren't announced by a corpse, scandal, invasion or controversy. One important story we're missing today is the absence of sharply higher inflation. Look at the numbers. For the past 12 months, the Consumer Price Index (CPI) is up only 2.5 percent; since 1997, annual increases have averaged

2.4 percent. So-called core inflation—stripped of volatile food and energy prices—have behaved even better. In 2004, it was 2 percent; recently, the annual rate has been running at about 1 percent. The significance of these drab statistics may not be immediately obvious, so let's explain.

Time was when an economic recovery in its third or fourth year—and this one has run three and a half years—would generate rising wages and prices that would choke the expansion and lead to a recession. Between 1969 and 1981, rising inflation (peaking at 13 percent in 1979 and 1980) triggered four recessions. The worst, in 1981-82, inflicted monthly unemployment as high as 10.8 percent. Low inflation today underlies the economy's continued resilience. It especially helps explain low long-term interest rates and, hence, the housing boom. (As inflation falls, so do interest rates on mortgages and bonds, because there's less danger that loan repayments to banks and other lenders will be made in cheaper dollars.)

Even many experts are surprised by the economy's new inflation immunities. "A year and a half ago, almost every forecaster thought inflation would be higher," says economist Nariman Behravesh of Global Insight. One reason that higher oil prices haven't yet crippled the economy is that they haven't triggered a widespread jump in wages and other prices. There are many theories to explain the economy's greater inflation resistance: stiffer competition, higher productivity, greater globalization and "slack" in labor markets. All may be partially true.

Airlines would love to pass higher fuel prices along in the form of higher fares, but competition usually frustrates that. In the first quarter of 2005, airfares dropped 4.3 percent from a year earlier, reports the

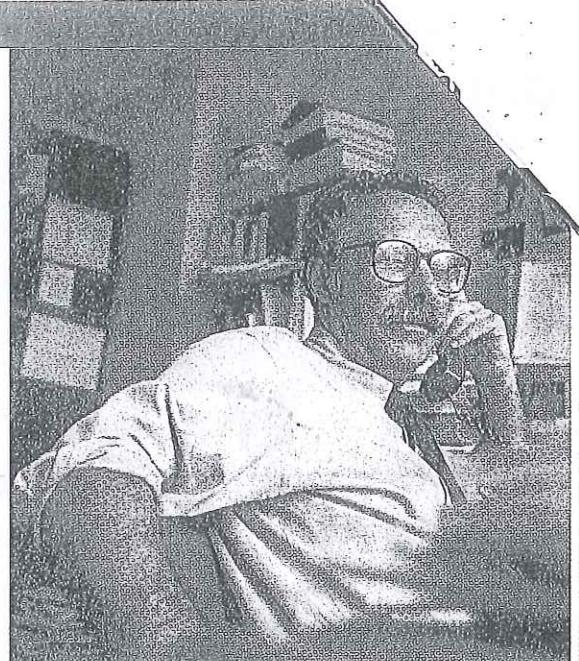
Department of Transportation. Similarly, higher productivity (a.k.a. efficiency) and intense import competition have reduced the prices of many manufactured goods. In June, new car prices—after adjustment for quality improvements—were actually 2.1 percent lower than 10 years earlier, according to the Bureau of Labor Statistics. Shoes were 2.3 percent lower. Washers and dryers were only 1.7 percent higher.

As for labor-market "slack," the theory is simple. If there are more job seekers than jobs, supply and demand keep wage gains down. Now, however, unemployment is

Inflation is now running in the low single digits. We take this for granted and forget how much its steep drop has helped stabilize the economy.

only 5 percent—fairly low historically. Still, companies don't seem to be bidding up wages and salaries to attract scarce workers. Over the past year, labor costs have risen only 3.2 percent. One possible explanation is that there's more "slack" in labor markets than the unemployment rate suggests. Some discouraged workers may have stopped looking for jobs. This lowers the unemployment rate, because people not looking for work aren't counted as jobless. Economist Katharine Bradbury of the Federal Reserve Bank of Boston has estimated that the unemployment rate might be one percentage point higher—or more—if labor-force participation rates were higher.

Give all these theories their due. Still, the



PHOTOGRAPH BY CHARLES OMANNY FOR NEWSWEEK

main reason for inflation's good behavior lies elsewhere: *expectations* have changed. In the 1970s and early 1980s, the wage-price spiral became self-fulfilling. Because managers and workers believed there would be inflation, there was. Facing higher costs, companies immediately sought to pass them along in higher prices. Facing higher prices, workers expected to be compensated with higher wages. Companies obliged, fearing that otherwise they would lose good workers and knowing that they could then raise prices. From 1975 to 1981, labor costs rose 9.4 percent annually, and the CPI, 9.2 percent.

✓ The central legacy of the Alan Greenspan era at the Federal Reserve (his term ends early next year) is the suppression of this self-destructive psychology. The inflationary process of the 1970s stemmed from government policies of cheap credit and easy money that were intended to reduce unemployment. The decisive reversal of policy occurred in the early 1980s when then Fed chairman Paul Volcker squeezed credit and caused a massive recession. By 1983, inflation had dropped to about 4 percent. Greenspan has sustained that progress by pre-empting any resurgence of inflation; indeed, the Fed's recent increases in the overnight fed funds rate (from 1 percent in June 2004 to 3.25 percent now) have that purpose.

It's easier to control inflation—and stabilize the economy—if people don't believe that high inflation is inevitable and are automatically raising wages and prices. Little wonder that the economy has done better in the past 20 years than it did in the previous 20. Since 1982, there have been only two recessions. But the transformation has occurred so slowly that most Americans simply take it for granted. It's a hugely significant story, even if it's mostly ignored.

AMERICA'S MOST DANGEROUS DRUG

It creates a potent, long-lasting high—until the user crashes and, too often, literally burns. How meth quietly marched across the country and up the socioeconomic ladder—and the wreckage it leaves in its wake. As law enforcement fights a losing battle on the ground, officials ask: are the Feds doing all they can to contain this epidemic?

BY DAVID J. JEFFERSON

THE LEAFY CHICAGO SUBURB OF Burr Ridge is the kind of place where people come to live the American dream in million-dollar homes on one-acre lots. Eight years ago Kimberly Fields and her husband, Todd, bought a ranch house here on a wooded lot beside a small lake, and before long they were parents, with two sons, a black Labrador and a Volvo in the drive. But somewhere along the way this blond mother with a college degree and a \$100,000-a-year job as a sales rep for Apria Health-care found something that mattered more: methamphetamine. The crystalline white drug quickly seduces those who snort, smoke or inject it with a euphoric rush of confidence, hyperalertness and sexiness that lasts for hours on end. And then it starts destroying lives.

Kimberly tried drug rehab but failed, and she couldn't care for her children, according to divorce papers filed by her husband, who moved out last year. She was arrested three times for shoplifting—most recently, police say, for allegedly stealing over-the-counter cold pills containing pseudoephedrine, the key ingredient used in making meth. By the time cops came banging on her door with a search warrant on June 1, Kimberly, now 37, had turned her slice of suburbia into a meth lab, prosecutors allege, with the help of a man she'd met eight months earlier in an Indiana bar, Shawn Myers, 32. (Both Fields and Myers pleaded not guilty to possessing meth with an intent to



'WALKING DEATH': A user in rural Georgia holds shards of crystal meth in his hand (left), a young Ohio woman with the tools to take a hit

distribute, though Kimberly told police that she is addicted to the drug.) Dressed in a pink T shirt printed with the words ALL STRESSED OUT, Kimberly looked about 45 pounds thinner than when police first booked her for shoplifting two years ago. Her leg bore a knee-to-ankle scar from a chemical burn, and police found anhydrous ammonia, also used in cooking meth, buried in a converted propane tank in her backyard. As officers led Kimberly



away in handcuffs, her 6-year-old son Nicholas was "only concerned that his brother had his toys and diapers," recalls Detective Mike Barnes. Meanwhile, police evacuated 96 nearby homes, fearing the alleged meth lab might explode.

Once derided as "poor man's cocaine," popular mainly in rural areas and on the West Coast, meth has seeped into the mainstream in its steady march across the United States. Relatively cheap compared with other hard drugs, the highly addictive stimulant is hooking more and more people across the socioeconomic spectrum: soccer moms in Illinois, computer geeks in Silicon Valley, factory workers in Georgia, gay professionals in New York. The drug is making its way into suburbs from San Francisco to Chicago to Philadelphia. In upscale Bucks County, Pa., the Drug Enforcement Administration last month busted four men for allegedly running a meth ring, smuggling the drug from California inside stereo equipment and flat-screen TVs. Even Mormon Utah has a meth problem, with nearly half the women in Salt Lake City's jail testing positive for the drug in one study.

More than 12 million Americans have tried methamphetamine, and 1.5 million are regular users, according to federal estimates. Meth-making operations have been uncovered in all 50 states; Missouri tops the list, with more than 8,000 labs, equipment caches and toxic dumps seized between 2002 and 2004. Cops nationwide rank methamphetamine the No. 1 drug they battle today:



in a survey of 500 law-enforcement agencies in 45 states released last month by the National Association of Counties, 58 percent said meth is their biggest drug problem, compared with only 19 percent for cocaine, 17 percent for pot and 3 percent for heroin. Meth addicts are pouring into prisons and recovery centers at an ever-increasing rate, and a new generation of "meth babies" is choking the foster-care system in many states. One measure of the drug's reach: Target, Wal-Mart, Rite-Aid and other retailers have moved nonprescription cold pills behind the pharmacy counter, where meth cooks have a harder time getting at them.

The active ingredient in those pills is pseudoephedrine, a chemical derivative of amphetamine. The "pseudo" is extracted from the cold pills, and cooked with other

HOME-COOKED: Confiscated pills in 'Meth Valley' (top left), searching a warehouse in Georgia (right), a dairy farm turned superlab in California

chemicals like iodine and anhydrous ammonia—using recipes readily available on the Internet—over high heat. The resulting compound, when ingested, releases bursts of dopamine in the brain, producing a strong euphoric effect.

And, amid the wreckage, a pressing political debate: are we fighting the wrong drug war? The Bush administration has made marijuana the major focus of its anti-drug efforts, both because there are so many users (an estimated 15 million Americans) and because it considers pot a "gateway" to the use of harder substances. "If we can get a child to 20 without using marijuana, there is a 98 percent chance that the child will never become addicted to any drug," says White House Deputy Drug Czar Scott Burns, of the Office of National Drug Control Policy. "While it may come across as an overemphasis on marijuana, you don't wake up when you're 25 and say, 'I want to slam meth!'" But



TERRY SILVERS QUIT HIS JOB RATHER THAN GET HELP. WHEN HIS WIFE CONFRONTED HIM, HE HIT HER. 'I THINK METH IS ONE OF THE PLACES THE DRUG CZAR TALKS ABOUT,' SHE SAYS.

those fighting on the front lines say the White House is out of touch. "It hurts the federal government's credibility when they say marijuana is the No. 1 priority," says Deputy District Attorney Mark McDonnell, head of narcotics in Portland, Ore., which has been especially hard hit. Meth, he says, "is an epidemic and a crisis unprecedented."

Indeed, few municipalities, especially in rural areas, have the resources to deal with the drug's ravages: lab explosions that maim and kill cooks and their families; the toxic mess (for each pound of meth, five pounds of toxic waste are left behind); the strain on social services; the increase in violent crime. "All the social and environmental issues surrounding this drug affect society more than any of the other drugs," says Bill Hansell, president-elect of the National Association of Counties. In its survey of local law enforcement, 70 percent said robberies or burglaries have increased because of meth, as have domestic violence, assaults and identity theft;

40 percent of child-welfare officials reported an increase in out-of-home placements last year due to meth.

State and local officials generally give high marks to the Drug Enforcement Administration, which has increased its meth budget from \$127.5 million in fiscal 2001 to \$151.4 million in fiscal 2004 (though these figures exclude major expenses like training costs and overtime pay for local task forces)—and sends Mobile Enforcement Teams to areas of the country with limited resources or experience in dealing with meth. The Justice Department is turning up the heat; in a July 18 speech to district attorneys, Attorney General Alberto Gonzales said that "in terms of damage to children and to our society, meth is now the most dangerous drug in America." And the drug czar's office has started to wake up to the problem: last year, for the first time, it took a serious look at meth and outlined what needs to be done to fight it. Its Web site for parents, www.theantidrug.com,

now prominently features information like how to "Talk to Your Teen About Meth."

But a growing number of officials around the country want to see more concrete action from the White House. The drug czar's office hasn't made any legislative proposals, or weighed in on any of those coming from Capitol Hill; officials there say they want to get a better sense of what works before throwing their weight around. Members of Congress whose districts have been ravaged by the drug are forcing the issue: the ranks of the House's bipartisan "meth caucus" have swelled from just four founding members in 2000 to 118 today, and the group has been fighting the administration's efforts to cut federal spending on local law enforcement. (The House has voted to restore much of the funding; the issue awaits action in the Senate.) "To the extent that we have to choose between fighting meth and marijuana, we need to be fighting meth," says Sen. Jim Tal-

ent, Republican of Missouri, who along with Sen. Dianne Feinstein, Democrat of California, has introduced the first big federal bill to address the problem, which would put strict restrictions on the sale of pseudoephedrine-based products.

On the Hill last week, the deputy drug czar walked into a buzz saw, as members vented their frustration over his office's level of attention to the problem. "This isn't the way you tackle narcotics," said GOP Rep. Mark Souder of Indiana. "How many years do we have to see the same pattern at an increasing rate in the United States until there's something where we have concrete recommendations, not another cotton-pickin' meeting? ... This committee is trying desperately to say, 'Lead!'" Despite the congressional clamor, the White House has been loath to just throw money at the problem. "Meth is a serious priority for us, as evi-

denced by programs like drug-endangered children, access to recovery, drug courts and community coalitions, among others," says Tom Riley, spokesman for ONDCP. "I'm afraid there's also an element of people 'crying meth' because it's a hot new drug."

The policy debate doesn't mean much to Terry Silvers, who is one of the victims in this war. Silvers, 34, worked for 19 years at Shaw carpet mill in Dalton, Ga., dreaming of the day he could open his own body shop. He had a wife, three kids and a 401(k), and he'd never missed more than a few days of work his entire life. The only illegal drug he'd tried was pot, which he used twice. One day when he was drinking with his buddies they talked him into doing some meth to wake him up for the

drive home. "I snorted a line and within five seconds it was like I'd had 12 hours of sleep and wasn't drunk anymore." Soon, Silvers was snorting once or twice a week. Then someone taught him how to smoke it. When the thrill wore off, he started injecting: "firing" or "slamming," addicts call it. "Golly, it's the best feeling you ever had. It's like your mind is running 100 miles an hour, but your feet aren't moving." His weight dropped so drastically—from 180 pounds to 140—that his wife, Lisa, thought he had cancer. He grew increasingly hyperactive and began having seizures and hallucinations. When his wife figured out

THE FALLOUT

'I FELT MY FACE JUST MELTING'

Burn units struggle to cope with the flow of meth users straining their resources.

BY ARIAN CAMPO-FLORES

Wired on methamphetamine and craving more, Ricky Dale Houchens set out one night last November to cook a fresh batch of the drug. He met some buddies in rural Scottsville, Ky., at a trailer that doubled as a crude lab. As the concoction simmered, Houchens, 27, noticed it was getting too hot. When he picked up the pitcher, the bottom gave way and the combustible mixture splashed onto a burner. The resulting blast engulfed Houchens in a ball of fire. "I felt my face just melting," he recalls. "The skin was running down my arm ... like lard." Eventually, he was transported to Vanderbilt University Burn Center in Nashville, where specialists treated him for severe burns on 40 percent of his body.

Burn victims like Houchens are increasingly popping up in hospitals across the country. In Tennessee, meth-lab seizures have

skyrocketed, from 226 in 2000 to 942 in 2004, according to the Drug Enforcement Administration. When labs explode, they not only kill and maim the cooks; they wreak financial havoc on the facilities that treat them, since the vast majority of meth victims lack health insurance. In Houchens's case, his hospital charges totaled more than \$553,000, only \$110,000 of which was recovered from Kentucky Medicaid. As many as a third of Vanderbilt's burn cases at a given time in the past year have been meth-related. "If we continue to take on this large burden" of \$5 million to \$10 million per year in uncompensated care, says Dr. Jeffrey Guy, Vanderbilt's burn director, "I don't know if we will have a burn unit five or 10 years from now."

Across the state line, the Mississippi Firefighters Memorial Burn Center suspended new admissions in May and may need to shut down permanently. Part of the reason: the financial strain from



HEALING: Selena Humphrey, 19, was burned when a lab exploded, spewing molten plastic into her face. Ricky Houchens, 27 (right), suffered severe burns on 40 percent of his body.

treating meth-lab burn patients.

Since many meth ingredients are flammable, one false move by a cook can yield disaster. When Selena Humphrey, 19, used to make the drug with her friends, "we were always on pins and needles," she says, as they would accidentally spill

chemicals or start small fires. Eventually, an explosion sent her to Vanderbilt, where doctors had to chisel melted plastic—which had lined the walls of the lab—off her face.

The toxic substances make patients like Humphrey tougher to treat. A recently published study by the

...at the real problem was, she called the carpet mill and tried to get him into its drug-treatment program. He decided to quit his job rather than get help. Fed up, his wife confronted him one Sunday in May and told him she was leaving. "He hit me and knocked a hole in my eardrum," his wife says. His daughter Heather called 911 as her father was dragging Lisa down the steps of a neighbor's house. When NEWSWEEK met with Terry Silvers earlier this summer, he was in Whitfield County Jail, wearing leg shackles and handcuffs. "I'm not as hardened as all this looks," said a gaunt and embarrassed Silvers,

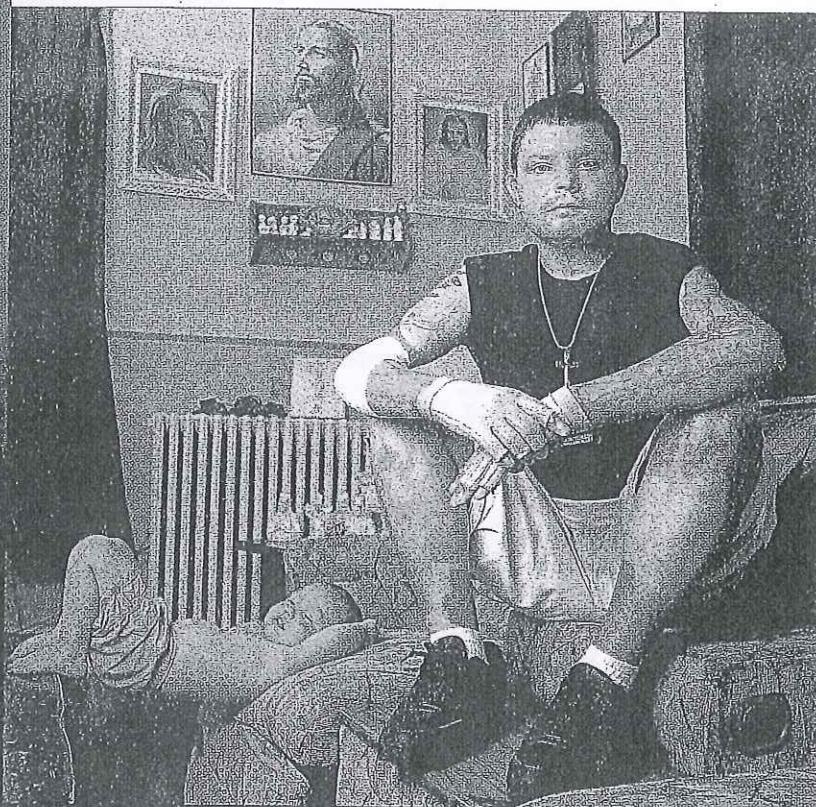
who is charged with manufacturing the drug. "I think meth is one of the plagues the Bible talks about," his wife says.

In urban gay

communities from New York to Los Angeles, the meth plague has been linked to an even deadlier one: AIDS. Meth makes many users feel hypersexual and uninhibited, and in the gay community that has meant a sharp increase in unsafe sex. The link between meth and HIV is undeniable: in L.A., nearly one in three homosexual men who tested positive for HIV last year reported using crystal, and that percentage has tripled since 2001, according to a new study of 19,000 men by the Los Angeles Gay & Lesbian Center. As in the early days of AIDS, the gay community is fighting to get men to change their behavior: in L.A., activists hand out buttons that declare DUMP TINA (one of meth's many nicknames). But the entreaties fall on ears deafened by meth's siren call. At this spring's annual Black Party in Manhattan, one of the big bacchanals on the gay party circuit, volunteers from Gay Men's Health Crisis hand-

ed out condoms to a crowd shaken by recent reports that a meth user had contracted what might be a new, supervirulent strain of HIV. Not 10 feet away, two revelers high on crystal were having unprotected anal sex.

Meth-fueled sex is hardly the exclusive province of gay men. Dr. Alex Stalcup, medical director of New Leaf Treatment Center in Lafayette, Calif., sees plenty of straight high school and college men who use meth to have "speed sex." "They'll get a bunch of speed and go up to a cabin with some girls on Friday night and just have sex all weekend," Stalcup says. The irony is that meth can cause impotence. For many women, weight loss is an even bigger draw. Stalcup tells of one 5-foot-8 patient who weighed less than 90 pounds when she came to him. "People call it the Jenny Crank diet," says Patrick Fleming, head of the Salt Lake County Division of Sub-



COPS OFTEN DON'T ENTER HOSPITALS, FEARING A CHILLING EFFECT ON DOCTORS.

University of Louisville's burn center laid out the typical traits of meth-lab victims: deeper chemical injuries, greater resuscitation requirements, longer periods on a ventilator. Even worse, most of them offer dubious explanations for their injuries, says Dr. Michael Smock of St. John's

Mercy Medical Center in St. Louis. That dishonesty complicates diagnosis and slows the response to things like eye injuries, which can cause severe damage if not treated quickly.

Meth patients' treatment is expensive—\$10,000 per day on

average at Vanderbilt. But the hospital can at best recover about 30 percent of that from the state Medicaid program, which is already overextended. "This is just another set of pressures that we don't need," says Will Pinkston, who coordinated Tennessee Gov.

Phil Bredesen's meth task force.

Few meth-lab burn victims ever face arrest. Authorities are reluctant to enter hospitals because of the potential chilling effect on doctors and nurses who have a professional responsibility to treat all patients. Though a Tennessee anti-meth law enacted in March contains a provision requiring health professionals to report meth-lab burns and injuries to law enforcement, Vanderbilt's

Watch

Arian Campo-Flores's video report on meth-labs and law enforcement at Newsweek.com on MSNBC

Guy hadn't been informed of it until asked about it by NEWSWEEK.

If jail can't set lab-accident victims straight, you'd think at least the agony of burn recovery would. But few seem to learn their lesson. Guy recalls one meth patient who was snatched from near death and was about to be discharged when he made a final request: some pseudoephedrine for supposed sinus problems. As for Houchens, the Kentucky burn patient, it took less than a month after his discharge for him to snort a line of meth again. "I felt bad, like I let everybody down," he says. But meth is "Lucifer himself." The burn specialists who tend to the drug's human detritus would surely agree.

With CATHARINE SKIPP

PAYING A PRICE FOR PLEASURE

Stronger and cheaper than cocaine, meth can lure users into a horrifying spiral of addiction.



CRASH, BURN, REPEAT ...

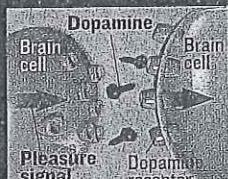
Meth makes you feel like the king of the world—fearless, ecstatic, and full of energy. Users often binge, staying high for days without sleep or sustenance. As the drug wears off, you feel drained, helpless and deeply depressed. Long-term use erodes both body and mind.

YOUR BRAIN ON METH

The drug boosts chemical signals in parts of the brain that regulate feelings of pleasure.

1. NORMAL:

The chemical dopamine jumps between brain cells, producing pleasurable sensations.

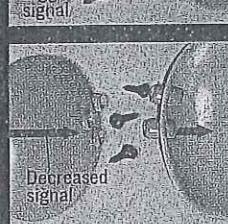


2. ON METH:

Cells release extra dopamine, strengthening pleasure signals.

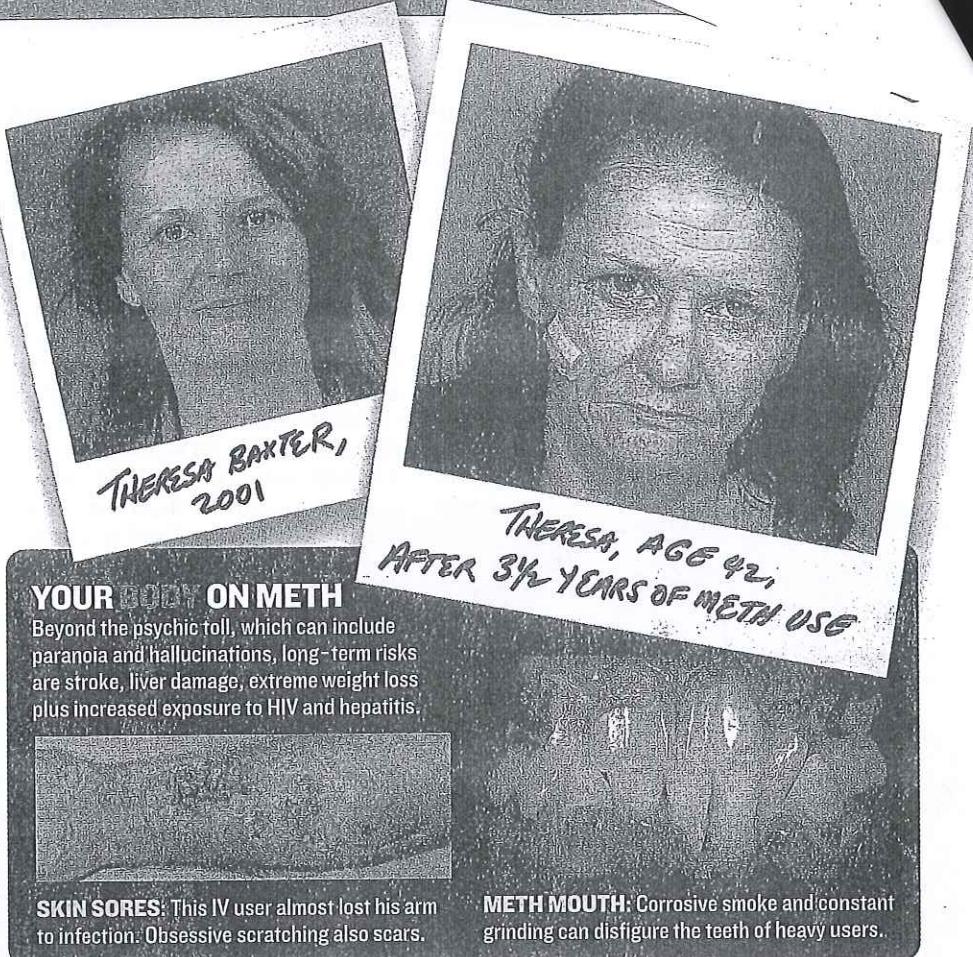


3. REPEATED USE: Brain cells lose receptors for dopamine. Less able to process the chemical, users have trouble feeling any enjoyment when not using the drug.



stance Abuse Services, which now sees more women with addictions to meth than to alcohol.

A lot of people never saw the meth epidemic coming. Unlike crack cocaine, which erupted in the nation's urban centers in the 1980s and quickly gained the attention of media and government, meth took hold in rural areas far from America's power brokers. "It does not have the same hold on policymakers that crack did 20 years ago. I think that's one of the things that has helped the epidemic build in severity, kind of under the radar," says



YOUR BODY ON METH

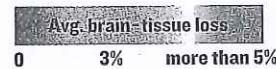
Beyond the psychic toll, which can include paranoia and hallucinations, long-term risks are stroke, liver damage, extreme weight loss plus increased exposure to HIV and hepatitis.



SKIN SORES: This IV user almost lost his arm to infection. Obsessive scratching also scars.

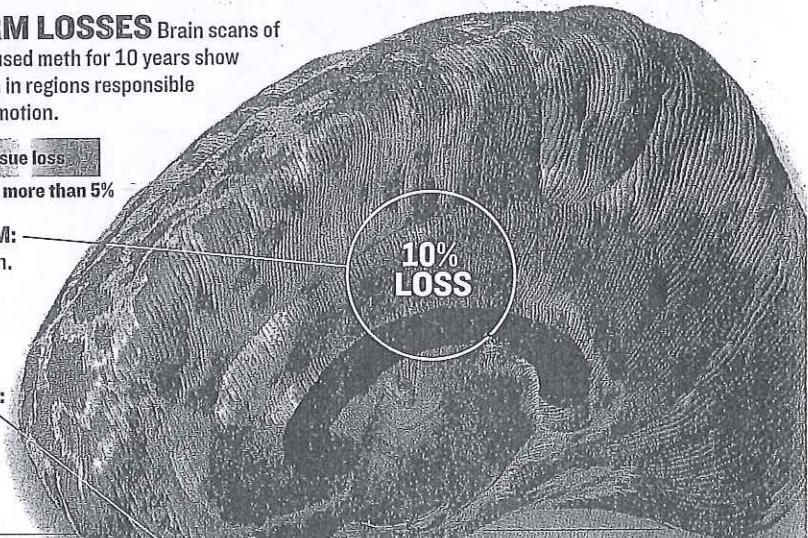
METH MOUTH: Corrosive smoke and constant grinding can disfigure the teeth of heavy users.

LONG-TERM LOSSES: Brain scans of people who have used meth for 10 years show tissue destruction in regions responsible for memory and emotion.



LIMBIC SYSTEM:

Regulates emotion. Damage may lead to depression and anxiety.



HIPPOCAMPUS:

Aids memory. Losses are similar to early Alzheimer's.

Jack Riley of RAND Corp., the Santa Monica, Calif., think tank. Methamphetamine isn't a new drug, though it has become more powerful as the ingredients and the cooking techniques have evolved. It was first synthesized by a Japanese chemist in 1919, and was used by both Axis and Allied troops in World War II to keep them alert and motivated; kamikaze pilots were said to have taken high doses of the stuff before their missions. In the 1950s, it was commonly prescribed as a

diet aid, to fight depression and give housewives a boost. The federal government criminalized the drug in 1970 for most uses (it's still legally available in low doses for the treatment of attention-deficit disorder and narcolepsy). But by then it was illegally being manufactured and distributed by motorcycle gangs in the West. In the early '90s, Mexican trafficking organizations began taking over production, setting up "superlabs" in the California countryside that were able to crank out 50 pounds of meth or more in a weekend. To put

SMOKING: ROBIN NELSON—ZUMA; THERESA BAXTER: MULTNOMAH COUNTY SHERIFF'S OFFICE; ARM: DAVID RYBARTZKY—HUMBOLDT COUNTY D.A.'S OFFICE; MOUTH: COURTESY OF DR. STEPHEN WAGNER—NEW YORK TIMES; BRAIN: COURTESY OF PAUL THOMPSON, KIRALEE HAYASHI, ARTHUR Toga, EDYTHE LONDON—UCLA; METH RAID: PHOTOGRAPH BY JONATHAN TORGONIK FOR NEWSWEEK

A WIDENING PATH OF DESTRUCTION

Once largely confined to Southwest cities, meth and its attendant social ills have spread throughout the U.S.

COLLATERAL DAMAGE

The drug has engulfed not just addicts, but families and communities through crime and child neglect.

58% of county police cite meth as their biggest drug problem. 40% of child-welfare officials reported a rise in kids taken from homes last year due to meth.

Crime Type	Percentage Increase
Domestic violence	62%
Simple assault	53%
Robbery/burglary	70%
I.D. theft	27%

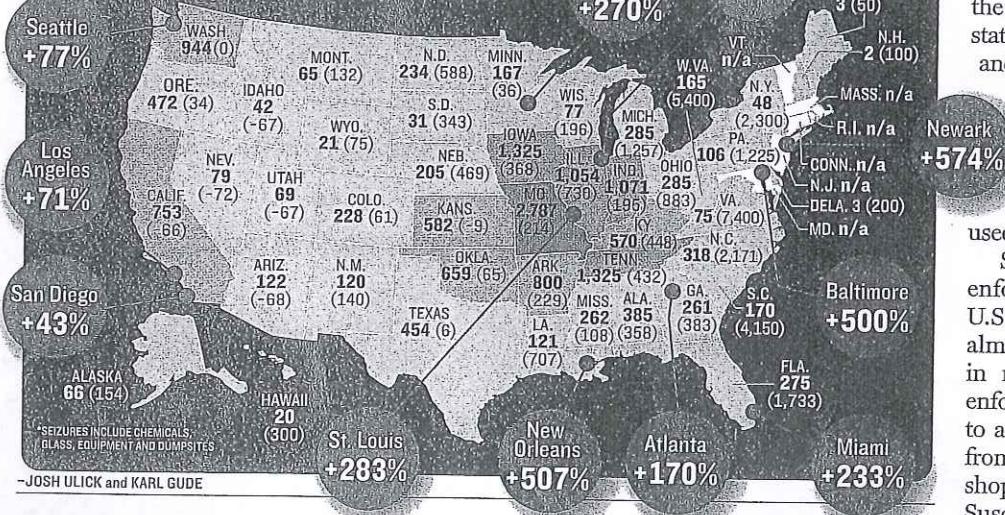
104,500
meth addicts
checked in to publicly funded rehab in 2002 (up 119% from 1995)
3,845kg of Mexican meth was seized in 2003 (up 55% from 2002)†

*BASED ON A SURVEY OF COUNTY LAW ENFORCEMENT OFFICIALS. †BY FEDERAL AGENCIES.

PUTTING METH ON THE MAP

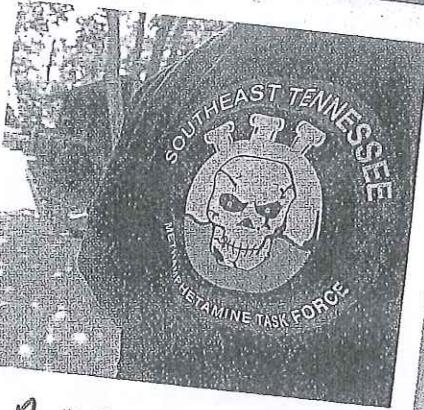
STATE numbers: Meth-lab seizures*, 2004. Percentages (in parentheses) indicate change from 2000

CITY numbers: Increase in emergency-room visits due to methamphetamine use, 1995-2002.



that in perspective: an "eight ball" of meth, one eighth of an ounce, is enough to get 15 people high.

Back when bikers controlled the trade, legislators tried to restrict supplies of the core ingredient they were using to make crank, so nicknamed because they would hide meth in their motorcycles' crankcases. So the cooks simply changed the recipe to use ephedrine, a chemical then found in cold medications. Lawmakers got wise, and clamped down on ephedrine; the cooks switched to a related compound, pseudoephedrine. When the



A METH RAID IN JULY

METH CULTURE

Once peddled by '60s bike gangs, meth has infiltrated groups as diverse as the rural poor and urban gay men. Its nicknames reflect the demographics of its users:

- Biker's coffee
- Chicken feed
- Crystal
- Ice
- Stovetop
- Tina

- Ice
- Stovetop
- Tina

across the border and ferried around the country in cars with secret compartments that would make James Bond proud. "It'll be the kind where you turn on the windshield wiper, hit the brakes, hit the door lock and then the compartment will open up," says the DEA's Rodney Benson, special agent in charge of the four-state Seattle Field Division. The DEA is working with its foreign counterparts from Mexico to Hong Kong to intercept pseudoephedrine shipments from overseas and prevent cross-border trafficking into the United States. "I think, increasingly, meth will be seen from our point of view as a smuggled drug," says the agency's Mike Heald.

But meth is a two-front war, and Mexican drug dealers are only part of the problem. Because the drug is relatively easy to make, thousands of labs manned by addicts or local dealers have sprung up around the country. Legislators are now trying to make it harder for these mom-and-pop labs to get their hands on pseudo. Last year Oklahoma became the first state to put pseudoephedrine pills behind the counter; as a result, "meth labs have all but disappeared in Oklahoma," says Mark Woodward, press aide for the Oklahoma Bureau of Narcotics, which reports a 90 percent drop in lab seizures since the legislation was enacted. Seventeen other states have followed Oklahoma's example, and a total of 40 states put some sort of restriction on the sale of pseudo. Drug manufacturers, having fought hard against such laws, have started reformulating their cold medicines using a different chemical—one that cannot be used to make meth.

Still, there will be no easy victory. As law enforcement is all too aware, Anytown, U.S.A., can be turned into a meth den almost overnight. Take Bradford County in northeast Pennsylvania, a place law-enforcement officials nationwide now refer to as Meth Valley. Five years ago a cooker from Iowa named Les Molyneaux set up shop in Towanda, a town of 3,000 along the Susquehanna River. Hardly anyone in Towanda had heard of the drug, but by the time Molyneaux was arrested and pleaded guilty in 2001 to conspiracy to manufacture meth, he'd shared his recipe with at least two apprentices. From there, "it just spread like wildfire," says Assistant U.S. Attorney Christopher Casey. Today police have identified at least 500 people who are using or cooking the drug in Bradford County, and the actual tally is probably "significantly worse" than that, Casey says. The drug has seduced whole families and turned them into "zombies," says Randy Epler, a police

SOURCES: PAUL THOMPSON, UCLA SCHOOL OF MEDICINE; DEA; NACD; NIDA; NDIC; SAMHSA; WAYNE COX—EUREKA POLICE DEPT.

officer in Towanda. "I see walking death."

The sobering fact is that, like addiction itself, this epidemic can only be arrested, not cured. "There are a lot more regular people doing it than society has a clue," says Dominic Ippolito, who for a decade dealt meth to doctors, lawyers, designers, accountants and working moms across California. He also smoked the stuff—every day for 10 years—even as he held down a job as a claims manager for a big supermarket chain. But then he lost his job and started dealing drugs

full time. He finally got caught on his 42nd birthday, after a customer fingered him in a plea bargain. He pleaded guilty to two counts of possession with intent to sell. He wound up serving 9½ months behind bars, where he got to see firsthand the impact of the drug he dealt. "The whole meth-mouth thing is true: I saw hundreds and hundreds of guys with no teeth. A lot of them couldn't even chew the prison food." Some inmates would grind up antidepressants and snort them, attempting to replicate the high of

speed. "They were total meth heads. That's what everybody is in prison."

Now off meth ("that's part of the parole"), the 46-year-old Ippolito says that whatever the government is doing to fight this epidemic, it's failing. He paraphrases a bit of dialogue from the movie "Traffic," in which a defiant drug dealer mocks a DEA agent about the futility of the drug war: "You think you guys are making a difference?!" Ippolito says. They had better. Hundreds of thousands of lives depend on it.

With HILARY SHENFELD,

ANDREW MURR, ARIAN CAMPO-FLORES,
SARAH CHILDRESS, CATHARINE SKIPP,
SUSANNAH MEADOWS, DIRK JOHNSON,
JESSICA SILVER-GREENBERG and
ANNE UNDERWOOD



SURVIVORS: Members of Moms Off Meth in Ottumwa, Iowa, gather to talk about battling the drug

SUPPORT GROUPS

'THIS IS MY LAST CHANCE'

Meth-ravaged mothers in Iowa are finding a new way to heal.

BY DIRK JOHNSON

It looked like a meeting of the PTA. But these young Iowa mothers were talking about being seduced, and then deeply scarred, by the dark magic of meth. Cory Mathahs, 37, a single mother of three, turned to the drug for weight loss and "the energy to be supermom—doing 10

things at once." Now rail-thin and missing a tooth, she trembled and broke down in tears. "I need help," she said. "I just put myself into treatment." The other women in the room, about two dozen of them, burst into applause. Some wrapped their arms around Mathahs and dried her tears. "There is hope," a voice called out.

This is the Ottumwa chapter of Moms Off Meth, a self-help group devoted to helping mothers recover from meth addiction and, often, help them fight to regain custody of their kids. Some of the women come to the Moms group voluntarily. Others have been ordered by the courts to attend. "This is my last chance,"

said Amanda Critten, 26, whose daughter was temporarily taken away at birth because she tested positive for meth. On the second floor of a regional health center, these women shared stories of horror and encouragement. Marie Gwinn, 20, talked about running from window to window in her house, screaming at the people she hallucinated were trying to break in.

Moms Off Meth now has 16 chapters across Iowa, a state that is one of the hardest hit by the drug. A Dads Off Meth group has also recently started in Iowa. The groups help the recovering addicts deal with a sense of shame that can be pronounced in small towns, as well as cope with the nightmares of severe neglect and abuse endured by their children. "I was a very, very bad mother," one woman said simply, staring at the floor. Moms Off Meth also serves as a reminder that people can change. "I believe in the power of women," said Sue Armstrong, one of the group's original members, a former meth user who won back custody of her three children. "Things can get better." But some of the torment can be long-lasting. Armstrong has been clean for more than three years, but still suffers bouts of paranoia. "Even today, if I hear someone laughing at the end of the hall, I'm sure they're laughing at me." But there was no mockery in this room, only hope among the moms that some day all their old ghosts will stop haunting.