

C3. FIELD STAFF Q&A - METHAMPHETAMINE

The question asked for general information about methamphetamine. The answer below includes information about methamphetamine and heroin.

Methamphetamine is a central nervous system stimulant. It is a Schedule II drug which means it has a high potential for abuse. It has some limited physician prescribed use, but in CRB cases the use is always illegal and the amount used is a much higher dosage than a doctor would ever prescribe.

Methamphetamine is a white, odorless, bitter-tasting crystalline powder that can be taken orally, snorted, injected, or by smoked. Methamphetamine blocks neurotransmitters and increases the release of dopamine, a chemical associated with brain function referencing reward, pleasure, motivation, and motor control. High levels of dopamine create an intense euphoria or “rush”. For example: a dopamine level of 150 is normal for a meal, 200 for sex, and 1,050 for a methamphetamine rush.

Chronic use significantly changes brain function by reducing motor skills and impairing verbal learning. Functional brain change associated with emotion, memory, and cognitive ability is common. Characteristics include: increased wakefulness, extreme weight loss, severe dental problems, anxiety, mood disorder, and violent behavior. Psychotic features like paranoia, hallucinations, and delusions are not typical but also not uncommon. Brain change is a serious matter not easily reversed. Most studies conclude at least one year of abstinence is required. The most successful treatment is a comprehensive program of cognitive and behavioral interventions that combine intense behavior therapy, family education, individual counseling, 12-step support, drug testing, and a drug free lifestyle change.

In the general population, methamphetamine use is declining a little but in CRB cases the event remains frequent. Laws that made it harder to purchase methamphetamine manufacturing ingredients, pseudoephedrine for example reduced “mom and pop” manufacturing but large international dealers have not been stopped. In addition to methamphetamine heroin is becoming more prevalent. Arguably heroin replaced some methamphetamine use after law enforcement and legislation in 2006 combined to significantly reduce local methamphetamine manufacturing and sales.

Heroin is a semi-synthetic opiate derived from morphine, an alkaloid found in the poppy plant. Afghanistan is the world’s major producer. America is the world’s largest client. The product often enters the U.S. via I-5 from Mexico so Oregon is an easy target. Research estimates that 560,000 people in the U.S. will use heroin one or more times this year. Heroin was originally created to be a non-addictive alternative to morphine, but rapidly the non-addictive label was removed. Prescription opiate use can lead to heroin abuse. Nationally, heroin use is declining in the teenage population but growing in the young adult and mature adult population. Heroin is a depressant used as a pain-killer and an illegal recreational drug. Treatment includes drug abuse intervention, behavioral therapy, individual counseling, and medication management. Often the key to sustainable sobriety is comprehensive treatment for a “long enough time”. Short duration treatment is often unsustainable.

Research indicates about 9% of the population is being treated or needs treatment for illicit drugs or alcohol. In CRB cases that number is considerably higher, in fact a component of most cases. During reviews ensure that DHS has made appropriate referrals for every adjudicated condition including drug and alcohol conditions.