

What makes methamphetamine the most American of drugs

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Methamphetamine is often described as the “most American drug” because of its association with hard work, said bestselling author Nick Reding at the Jan. 19 Stanford University Health Policy Forum.

It’s a stimulant which, at least in the beginning, can help you work harder for longer periods of time with greater concentration, particularly if you’re working double shifts in a slaughterhouse or from dawn to dusk out on a farm. It’s also cheap and, conveniently, can be made at home in the kitchen sink from smashed up cold pills and industrial chemicals.

“You don’t have to eat, sleep or drink,” said Reding, author of [Methland: The Death and Life of an American Small Town](#). A few grains snorted can keep you awake for a week. Reding, a native of the Midwest, spent four years reporting on the devastating effects of a meth epidemic on the small town of Oelwein, Iowa, population 6,126. He saw firsthand how, as the economy shrunk, jobs disappeared and salaries dropped, the use of meth shot up.

“For 70 years, the drug more commonly referred to as crank has been associated with hard work,” Reding writes in his book. “It’s the first drug that could be called vocational instead of recreational.”

Reding was asked to discuss the book and its portrayal of the effects of the meth epidemic in small towns across the United States as part of a panel discussion along with Keith Humphreys, PhD, professor of psychiatry and behavioral sciences and former senior policy advisor for

the White House Office of National Drug Control Policy. The discussion was moderated by Paul Costello, the medical school's chief communications officer.

"Meth has always been around," said Reding. The drug, which was first synthesized in Japan in 1898, was legally prescribed in the United States during the early part of the 1900s for 33 different ailments — everything from depression to alcoholism to erectile dysfunction. In the '30s, '40s and '50s it was used primarily by people doing hard labor, railroad men, farmers.

"It makes you feel really good," Reding said. "It makes you efficient, in the short term."

The drug's first wide-scale abuse was during World War II when meth was given in pill form to millions of American, German and Japanese service men. Hitler reportedly abused the drug. But it wasn't until the 1980s that people discovered they could produce it themselves. And the illegal [methamphetamine](#) drug business was born.

Today, its main ingredient, pseudoephedrine, can be legally obtained from most cold medicines. And the pharmaceutical companies continue to lobby to keep it that way.

An extremely addictive drug, meth works by flooding the brain with a dopamine high. But, as Humphreys described it, the high is followed by severe depression and lethargy, which sends users back out to use over and over again.

"It gives you a great sense of confidence," Humphreys said. "Then there's the crash." The brain tells the body it needs meth more than it needs sleep or food — which helps explain the behavior of addicts like Roland Jarvis in Reding's book, a former meat-packing worker who blew

up his mother's house while cooking meth. Jarvis learns how to use the burned-off stubs of his fingers to smoke meth again.

When Reding first started researching the use of meth in the small town of Oelwein, he knew little about the stimulant other than what most people know: "Addicts do crazy things when they're high, and you can make it in your sink," he said.

In Oelwein, he saw meth destroy lives almost overnight, tear families apart and crush the community. But, Reding said he became increasingly aware that meth was only a symptom of much broader economic, social and political problems.

Like thousands of other rural communities across the country, Oelwein had suffered economically from the consolidation of the agricultural industry, the loss of jobs, and the resulting mass out-migration of its population. When the meat-packing plant pulled out, laying off 2,000 people, close to one-third of the population, unemployment skyrocketed and earnings collapsed.

Instead of working \$18-an-hour jobs with benefits, the people left behind were scrambling to make a living working two, three shifts a day for \$6 an hour without benefits. The local doctor began to see his routine visits switch from injuries to anxiety and depression. And many of the residents who moved west looking for jobs, started shipping in meth to the town as a way to make a living.

"When meth moves into this economic and socially devastated vacuum, it just squares and then cubes the extent of the problem," Reding said. "It's a crazy addiction."

Both Humphreys and Reding noted that there are treatment programs that work to cure meth addictions, but little money to fund them,

particularly in small rural towns. Humphreys said that with the enactment of the recent health-care bill, insurance coverage to those just above the poverty line, which will include treatment programs for [drug](#) addictions, could go a long way to help.

He also pointed to the success of a law passed in Oregon that requires a prescription to get cold medication such as Sudafed that contains pseudoephedrine.

“The state used to have two meth labs explode per day before the law passed, they now have only five a year,” he said. Efforts to pass a similar law at the federal level could make a significant difference.

Still, those battling meth production and the costs of addiction face an uphill battle in a country that values entrepreneurship and the ability to work hard at all costs, Reding said.

“We are about superseding class through hard work,” he said. “Whatever we can do to make that happen, we don’t think about the consequences down the road. We think about the immediateness of our need.”

More information: healthpolicyforum.stanford.edu/

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