



The Magnitude of the Meth Epidemic

Roland W. Gray, M.D.

Last month, *Tennessee Medicine* offered a cover story on the methamphetamine problem in Tennessee.

Having just returned from a meeting of International Doctors in Alcoholics Anonymous (IDAA), I learned that in the western United States, particularly California, Arizona and Colorado, they are beginning to see abuse of meth among physicians. While TMF is not yet seeing evidence of that here in Tennessee, the fact remains that meth abuse and manufacture is a big problem in our state and physicians need to be aware of its magnitude.

Statistics show nearly one in 25 Americans have tried methamphetamine. This drug is unlike any other. Addiction can be instantaneous and powerful; many users say they were hooked the first time they tried it. Approximately 70 percent of meth users are female, lured by the appeal of rapid weight loss and a boost in energy levels and sex drive; unfortunately, that has given birth to a rise in HIV and Hepatitis C in some parts of the country because addicts engage in unprotected sex with many anonymous partners. Its users are not from the dregs of society but from all walks of life, especially the middle class – teachers, housewives, attorneys, etc. Addicts lose all care and concern for loved ones and spend their time searching for the drug or manufacturing it, creating toxic, filthy environments for their children, who have been dubbed “meth orphans” because of the physical and emotional neglect and abuse they go through.

Meth overwhelms and depletes the brain’s dopamine and dopamine receptors, leading to a condition called anhedonia: users reach a state where they enjoy nothing and the only way to restore that is by using more meth. That condition makes treatment all the more challenging. It takes as much as 12-15 months to reverse the damage, rather than the usual 60-90 days. The problem in Tennessee is there are scarce resources for such long-term treatment.

Officials in Tennessee have pinned their hopes on the Drug Court program in Davidson County, where Judge Seth Norman has tailored a special program just for meth addicts. This program is considered a pioneer in meth treatment and is attracting attention from across the country, including the Office of National Drug Control Policy (ONDCP). TMF is very involved in supporting the drug court, supplying medication samples and coordinating volunteers to provide medical care for addicts who enter the program. As vice president of the Drug Court Support Foundation, I provide volunteer assistance with program development, counseling, consultation, treatment and any other areas. The success of the drug court will hopefully lead to similar programs in east and west Tennessee.

Tennessee’s new anti-meth law is a good step in the right direction; it promises to make meth ingredients less available and makes it a felony offense to possess meth manufacturing materials. Its provision requiring doctors to report meth-related burns and injuries may or may not prove effective, since meth addicts will be unlikely to volunteer the information willingly.

There is no magic bullet that will make this problem go away; we are fighting a war against a merciless adversary. But healthcare providers, particularly doctors, need to be aware of the meth epidemic and know that the problem is most definitely happening in our communities and most probably among our patients.

*To make a tax deductible contribution to the Physician's Health Program (PHP), contact TMF Administrator Michael Todd at (615) 467-6411, or write to the Tennessee Medical Foundation, 216 Centerview Drive, Suite 304, Brentwood, TN 37027. For more information on the TMF or the PHP, log on to www.e-tmj.org.
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