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OVERCOMING CRYSTAL METH ADDICTION

An Essential Guide
to Getting Clean

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—**PETROS LEVOUNIS, MD, MA**, Director, The Addiction Institute of New York; Chair, Addiction Treatment Committee, American Psychiatric Association; Co-Chair, Public Policy Committee, American Society of Addiction Medicine

“Finally! An unbiased, comprehensive, understandable book about crystal. Dr. Lee gives the facts and offers attainable solutions to the pandemic.”

—**KAT CORIC**, BFA, artist, AIDS activist

“In *Overcoming Crystal Meth Addiction*, Steven Lee performs a great service by normalizing methamphetamine dependency. It turns out that this addiction, which has been sensationalized in the media, responds to the same mix of therapy, self-reflection, and twelve-step work as every other addiction. Lee’s recipe spells hope for recovery.”

—**PATRICK MOORE**, author of *Tweaked: A Crystal Meth Memoir* and “The Principles” on Yahoo! Health

“*Overcoming Crystal Meth Addiction* is a well written review of the history of this menacing epidemic and its devastating impact on victims and their families. In text easily understood by the consumer, Dr. Lee clearly explains the principles underpinning meth and addiction before transitioning to very helpful information about overcoming meth and staying clean. His five strategies for beating meth addiction are clearly outlined and a useful glossary of scientific and street terms as well as information on harm reduction and treatment resources are also included. Dr. Lee has invested substantial effort in writing this

complete and understandable book that will appeal to a wide audience. The result is a valuable resource that bridges the gap between the consumer and the science of meth addiction.”

—**SCOTT LETENDRE, MD**, Associate Professor of Medicine, HIV Neurobehavioral Research Center and Antiviral Research Center, University of California, San Diego

“This is the most comprehensive book on crystal meth I’ve seen. It answers all of the commonly asked questions: what is crystal meth? how is it made? how long has it been around? how is it used? why is it so popular? what works in treatment? and how do people stay sober? For the person using crystal meth or contemplating using meth, it provides the most readable information regarding what it does to the body, the dangers of use and abuse, exercises for determining use and quitting, and resources for getting help. I highly recommend this book and plan on providing copies for all the clinical staff at all of our facilities at Alternatives, Inc.”

—**JOSEPH M. AMICO, MDiv, CAS, LISAC**, President, National Association of Lesbian and Gay Addiction Professionals (NALGAP); Vice President for Program Development and Community Educator, Alternatives Inc.

“Finally, a book that has a dual approach: stressing the danger of the drug and its addictive nature and engaging everyone—people in recovery, users, and mental health professionals—into a more contextual exploration of the complex factors that lead someone to fill up his or her life’s ‘holes’ with crystal meth. Timely, informative and nonjudgmental, Dr. Lee’s book offers an essential tool to examine the role of stress, depression, and unhappiness in one’s decision to use crystal meth. It pays respectful attention to the culture of crystal use in the gay community and offers thoughts applicable to other communities affected by crystal. By describing ‘the good, the bad, the glamorous, and the ugly’ aspects of crystal meth use, Lee not only provides concrete strategies to stop using but also invites us to take a deeper look at the underlying causes of crystal meth addiction. This book is an invitation to a richer and fuller life, without addiction.”

—**JEAN MALPAS, MA, LMHC, LMFT**, psychotherapist

STEVEN J. LEE, MD

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The information in this book is intended to help readers make informed decisions about their health and the health of their loved ones. It is not intended to be a substitute for treatment by or the advice and care of a professional health care provider. While the author and publisher have endeavored to ensure that the information presented is accurate and up to date, they are not responsible for adverse effects or consequences sustained by any person using this book.

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**For Ron, who taught me that imperfection is the most
beautiful thing about being human**

PREFACE

by Marc Galanter, MD

THE MAGNITUDE OF the alcohol and drug abuse problem in the United States is well documented. Eighteen percent of the population experiences a substance abuse disorder at some point in their lives, and the cost of addictive illness to the public has been calculated to be \$246 billion annually in health care and lost work. Furthermore, at least 20 percent of patients in general medical facilities and many more in general psychiatric units have addiction problems, many of which go undiagnosed. Despite much progress in recent years, the addicted person still bears the burden of being stigmatized. When the secondary effects of addiction, such as cirrhosis, psychopathology, trauma, and infection are present, they may receive proper medical attention; patients' primary addictive problems, however, often go untreated.

Fortunately, important advances are being made in the addiction field. Basic research involving receptors, membrane chemistry, and genetic transmission has been elaborated. Public awareness has been aroused so that substance abusers seek help earlier, when treatment can be administered more effectively. New treatment concepts, both in medication and counseling, have made recovery a possibility for the majority of alcohol- and drug-abusing patients. Furthermore, the health community has been alerted to the need for early diagnosis and provision of comprehensive care. But the power of new substances to generate addictions cannot be underestimated.

Each generation seems to bring with it a new series of drug problems to be confronted, and increasingly, each has its roots in earlier approaches to pharmacology and medical research. Cocaine was isolated from coca leaves in 1844, and its use as a local anesthetic was introduced by the surgeon William Halsted, who himself became addicted to the drug. Morphine was popularized during the Civil War to allay the pain of wounded soldiers. When heroin was synthesized in the late nineteenth century, it was thought to be a nonaddictive means of treating withdrawal from morphine. Amphetamines were first synthesized around the same time, and during World War II, their use was sanctioned by a number of governments, Japan in particular. Defense workers and civilians used amphetamines for their energizing qualities. In the 1950s and 1960s, the contents of inhalers containing benzedrine, a drug in the amphetamine family, were being injected intravenously. By 1970 the Controlled Substances Act led to the removal of these nonprescription inhalers from the market. By then, methamphetamine was already being abused.

Crystal methamphetamine has come to be a substitute for cocaine in many parts of the country and in certain population subgroups. Within the last decade, its abuse has inflicted great damage, particularly in the American heartland, where it has gained considerable popularity because of the ease with which it can be produced, and at a low price. It has become popular among some members of the gay community as well.

This book provides a valuable body of information on crystal meth, presented coherently and thoughtfully. It addresses the issue head-on by clearly explaining how methamphetamine affects the body, by enumerating the grave problems associated with its use, and by providing options for achieving recovery from dependence. It will be of considerable value to anyone who needs to

acquainted with these issues, or who wants an introduction to the interface between culture and pharmacology, and how drugs of abuse can come to produce major public health problems.

Marc Galanter, MD
Professor of Psychiatry
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Marc Galanter, MD, is Professor of Psychiatry and Founding Director of the Division of Alcoholism and Drug Abuse at New York University (NYU) School of Medicine. He has served as president of several national organizations, including the American Society of Addiction Medicine and the American Academy of Addiction Psychiatry. As the Division Director of NYU's World Health Organization Collaborating Center and NYU's National Center for Medical Fellowships in Alcoholism and Drug Abuse, he has guided the teaching and training of addiction treatment at teaching hospitals and medical schools throughout the United States. He is the author of over 250 articles, chapters, and books dealing with addiction, addiction treatments, and spirituality.

INTRODUCTION

Justin is a twenty-two-year-old high school graduate living in rural Missouri. He works at a gas station part time but spends most of his days feeling bored, and frustrated that his life is going nowhere. The exciting scenes he watches on television are a far cry from life in his quiet farming community. There is not much to do where Justin lives. The closest town is an hour's drive away. He does not know who his father is, and he lives with his mother, who is unemployed and spends most of her time watching TV at home.

Justin started using crystal when his friend offered it to him one afternoon while they were sitting on the couch channel surfing on the TV. He felt amazing the first time he tried it because life suddenly seemed interesting, fresh, and vibrant. Worries about not getting anywhere in life or feeling bored disappeared, as even small things could catch his attention and seem fascinating. He stopped pitying himself and instead he felt powerful—he saw himself as a good-looking young man with the world at his feet, and his mind filled with possibilities. Sometimes he could become completely engrossed in a seemingly random activity. Once, he took apart his computer thinking he was going to fix a small problem he'd been having: Several hits from his crystal pipe and, twelve hours later, his computer lay in small piles of electronic pieces scattered around his bedroom. The place was in chaos: to an outsider, his room looked crazy, electronic parts strewn about in a mess that could never be put back together into a working machine. Yet, while Justin kept smoking crystal, it all made sense to him, and he was determined to get to the bottom of the computer problem.

Justin would hang out with his friends at home, and all of them would smoke or snort crystal together. Sometimes his mother would join them and get high. Usually she sat with them and talked, but sometimes she and Justin's friends started feeling extremely sexual. (Justin's mother has had sex with most of his friends by now, but Justin denies ever having sex with her.) One day, he found out his mother was pregnant, carrying the child of one of his buddies.

Justin was upset at first, but he kept using crystal to try to make himself feel better, and he distracted himself with other things. Gradually, Justin started believing that people were following him. Even though he was in a small rural community where most people already knew each other well, he was sure that someone was following him. Although cars and trucks on the road were usually different, he was convinced it was the same person getting into different vehicles to throw off his suspicions. When he saw the people inside each vehicle were different, he decided there must be a team of people conspiring to follow him, maybe because of what he was finding in his computer. After he tacked up a sheet on his bedroom window to prevent people from seeing inside, he started to suspect that someone might have bugged his room with a tiny electronic device hidden in one of the little electronic pieces strewn about his bedroom. Eventually, Justin started to hear voices that confirmed his suspicions. He was right! But the voices were scaring him, telling him frightening things about what other people wanted to do to him. He became withdrawn and

rarely left his home, too scared and paranoid to go to work. Eventually he lost his job and he stayed at home with his mother, collecting welfare and using it to support his crystal habit. He became a recluse, even within his own house. Before, Justin's life was centered on hanging out with his friends and complaining of boredom. Now his life revolves around using crystal, while he hides in his room, terrified.

Brian is a thirty-four-year-old gay white man who works as an attorney and has a busy professional life. He is proud of the fact that he "works hard and plays hard." After a difficult life as a closeted gay teenager growing up in a suburb of Chicago, he left his community to go to college and law school in the Northeast and then moved to New York City, where he discovered the gay party scene. Brian found gay discos and circuit parties liberating; they were places where he could be open about his sexual orientation and bond with other gay men. After joining a gym and doing a few cycles of anabolic steroids, he looked in the mirror and saw an attractive person, unlike the awkward and embarrassed teenager he used to be, who had hidden his sexual orientation from his friends because the homophobia in his school had made him feel so ashamed. In New York City, he joined a circle of friends who went to discos and circuit parties, where drugs such as Ecstasy, special K, cocaine, and crystal were the norm. He considered himself a member of the "A List," a group of the most attractive and successful gay men in New York City. Now, he thought, he was someone that everyone else wanted to be. This felt so much better than having to live a lie to avoid not being accepted by his peers. Now, rather than be looked down on as a Loser because he was gay, it was his turn to feel better than others and to look down on them.

At first, Brian preferred Ecstasy when he went out, but occasionally he would do a bump of crystal if someone had any, maybe two or three times a year. Gradually his use increased to a couple of bumps every month. About five years ago, when crystal was becoming more popular in New York, he saw others doing it more often, and he started using more himself, almost every weekend. He discovered that crystal made him feel great and even more confident. He became horny when he used crystal, and his main objective at discos was to hook up. Sex on crystal was amazing, and for the first time in his life, he didn't have any hang-ups about being gay or fearing HIV. He just enjoyed the sheer pleasure of sex.

Brian began using the Internet to find hookups, and gradually he stopped going out to the discos because he saved time just getting crystal from his dealer and going online to find sex. An indulgence that started out as one night of sexual pleasure quickly grew to staying up for two to three days at a time. Instead of snorting bumps, which had actually become lines, he started smoking and even occasionally slamming (injecting) crystal. He would crash and feel terrible on Mondays, eventually starting to call in sick. "Sick Mondays" became more frequent, and Brian's work performance suffered. He was given a warning by one of the law firm's partners. His prospects for becoming a partner of the firm were not looking good. He was not even sure if he would be able to keep his job.

Meanwhile, on the weekends, Brian continued his crystal-sex binges, sometimes using the Internet, sometimes going to sex clubs or sex parties hosted by his dealer. He'd often have sex without condoms. Sometimes he would start with a condom, but he would find it

annoying, getting in the way of the wild frenzy of intense sex, and he would rip the condom off. ~~When he was high and having sex, the only thing he wanted was more sex and more crystal, even if he wasn't able to get an erection.~~ Sometimes Brian would wake up the next day with a very sore or slightly bloody anus from two days of continuous anal sex, or he would have painful abrasions on his penis. One day, Brian went to his regular medical check-up, and he was tested for everything. When his blood tests came back later that week, he found he was HIV-positive.

Ana is a seventeen-year-old Mexican-American teenager, growing up in a small suburban town outside San Diego. She was born in Southern California, the third of four children of parents who had emigrated from Mexico thirty years earlier. Her parents each worked two jobs, hoping that their children would get good educations and be able to have better lives. However, her mother and father were both busy working, and no longer being the baby of the family, Ana felt neglected by them, despite their best intentions. Ana was just a regular teenager who wanted to fit in. She went to school regularly and did fairly well in her classes.

Though there were many Mexican Americans in Southern California, there was a strong social pressure that “blond + thin = attractive.” Social pressure was so strong that many Mexican-American high school students used to bleach their hair, even though the result looked unnatural. Ana was never interested in being blond, and she had always considered her thick black hair to be one of her best features. However, she became concerned about her tendency to put on weight and did everything she could to lose it. She found out from a classmate that if she snorted small amounts of crystal, she would lose all desire to eat. Also, on crystal, she felt so much better about herself that her weight almost didn't even matter. As an extra benefit, Ana found that crystal made her more alert in class, and she could get her work done much more easily. When she had a test or paper, she could easily stay up all night on crystal and pass the test the next day.

Meth felt like the perfect solution to Ana's concerns, and it was relatively cheap. Just doing occasional bumps, she would pay \$40 for a little bag, which would last her a couple of months. However, the occasional small bump gradually turned into a daily habit because, on days that she did not use crystal, Ana became tired, depressed, and hungry. On those days, she also felt even worse about her appearance: looking in the mirror was painful. Over time Ana lost a significant amount of weight. Her plan worked too well—she was now not only thin but malnourished. Regardless, on the days Ana used crystal, she felt great and saw an attractive person in the mirror, and when people stared at her gaunt face and sickly body, she knew that they were really looking at her because she had become so attractive, and that they were jealous.

As Ana started to use more crystal, it became expensive to support her habit, and she began stealing. She didn't want to steal, but the trade-off was too expensive—looking and feeling terrible, and falling into depression. Ana was caught shoplifting and was arrested. The court mandated her to start a residential treatment program for drug addiction.

Justin, Brian, and Ana are case examples of three very different people struggling with distinct issues of crystal addiction. We will revisit them throughout the book to see how they coped (or were unable to cope) with the issues I discuss in the various chapters.

Crystal methamphetamine is an extremely powerful drug. It crosses social, cultural, and economic lines because it can cause such positive feelings in so many different ways. However, it can also have devastating effects on every aspect of a person's life. Crystal is an old drug that has been with us for almost a century. There have been several waves of epidemics of methamphetamine (meth) use around the globe, so addiction to it is nothing new. And now, worldwide, it is experiencing a new wave. However, this current epidemic is worse than others because social circumstances in the world have changed: natural barriers that would have kept it more contained no longer exist, and other illnesses, such as HIV and hepatitis, make it more of a deadly, raging force.

In the information and technology era, ingredients to make methamphetamine are easily available on the Internet, so the drug is easier than ever to produce and to procure. As HIV continues to spread across the globe, a drug that causes intense sexual cravings and makes people ignore safer-sex practices continues to fuel the HIV epidemic, as well as the spread of other sexually transmitted diseases such as hepatitis B and C, which can all be deadly. The irregular and intermittent use of HIV medications by someone getting high frequently can breed strains of HIV that are resistant to the medications that are currently available, while researchers are spending billions of dollars trying to create new drugs to keep up with the changing virus. "Virus swapping" by people having unprotected sex and exchanging different strains of HIV make the situation even more complicated.

The Internet and the explosion of gay sex hookup sites in the late 1990s and early millennium made the possibility of finding sex while high on crystal as easy as ordering in dinner. In previous decades, people felt oversexed on methamphetamine; with the Internet, the possibility of sexual activity became almost limitless. The reinforcing effects of having sex readily available then fueled the addictive use of methamphetamine even more.

The U.S. Department of Health and Human Services reported that in 2002, over 12 million people over the age of twelve reported having tried methamphetamine. Of those surveyed, almost 600,000 were current users. With a growth rate of about 300,000 new users per year, those numbers are much higher now.

The people who use crystal methamphetamine are found in all socio-economic and ethnic groups

- The working class in Hawaii, where this current epidemic is thought to have started, has been devastated by methamphetamine use: there, it is a drug that helps the plight of the weary, giving them energy to be able to hold the two or more jobs that many take on to survive the high cost of living in Hawaii.
- Unlike other illegal drugs, crystal has been reported to cross generational lines, with whole families using crystal together.
- In rural areas of the continental United States, one of the key ingredients for methamphetamine production, which is used as a fertilizer, is easily available in large quantities, and the open space makes it easy to build clandestine production labs. For this reason, the rural Southwest and Midwest have been particularly hard hit.
- Among teens, in 1999, 4.7 percent of American high school seniors reported using meth.
- In major metropolitan areas, many gay men use methamphetamine, and it has become the drug of choice in gay clubs and circuit parties. This has significantly affected the attempts

to stop the spread of HIV in these communities. At one Los Angeles clinic in 2005, one out of three gay or bisexual men who tested positive for HIV admitted to using crystal. This percentage is three times greater than what had been found in the same clinic in 2001. Including all people who came to that clinic for testing, whether positive or negative for HIV, more than 10 percent admitted to using crystal—twice as many as had been reported in 2001.

- There have been reports of its use even in unexpected communities, such as among the Amish and Mormons, where strict moral prohibitions and cultural isolation would be expected to protect them from the spread of meth use.

Methamphetamine use is clearly growing, and its combination with other dangerous epidemics such as HIV and hepatitis B and C, makes it even more frightening. It is a powerfully addictive drug.

As an addiction psychiatrist in New York City, I have witnessed methamphetamine spread across the city and devastate the community. Although recent efforts by the government and community service agencies have valiantly tried to combat this epidemic, there is much confusion and disagreement about how to address the problem. Some people want to dramatically portray the most extreme effects of the drug to shake people awake and cause some action. Others criticize this tactic as “demonizing” the drug and alienating users who see it as enjoyable, as the opposite of what is shown in frightening ad campaigns. Some people feel that harm reduction—allowing people to make their own decisions and teaching them how to use methamphetamine safely—is the best approach, whereas others feel that harm reduction just allows more people to reach the point of severe addiction when it is too late to help them. The real answer lies somewhere in between, and this book is an attempt to find that midpoint.

I wrote this book for laypeople, to help them prevent crystal from taking over their lives, and for those who are addicted, to help them achieve sobriety. While treatment services are available—more are being developed and refined every day—the average crystal user either is not aware of them or does not want to use them.

It is difficult to know if you have a problem with crystal, and, even if you know that you do, it may be extremely difficult for you to ask for help. As you read this book, it will become clear that recovery from meth addiction involves reaching out to others and getting help from resources beyond this book. But if you are not yet at that stage, or if you don’t believe you are an addict, you can also use this book to achieve a better understanding of why you may be using crystal and what it may be doing to you. If you are an addict, this book will show you the fundamental principles of overcoming methamphetamine addiction, no matter what treatment option you may choose to take.

This book is also intended for substance abuse specialists who want to refine their understanding of methamphetamine, the experiences of meth users, and specific treatment strategies for meth addicts.

My approach to overcoming crystal methamphetamine addiction involves five fundamental strategies:

1. ***Learn as much about crystal as you can.*** If you know what you are dealing with, then you will understand why it makes you feel and behave the way you do. Only then can you fully judge whether you are controlling your crystal use or vice versa. Also, if you know the physiological actions of crystal, you can strategize better how to fight back when it makes

your brain crave more, even if rationally you want to use less.

2. ~~**Take a close look at what role crystal plays in your life.**~~ Is it something that you just use for fun, something that you control? Or has it become something that has taken control of you without your even realizing it?
3. **Learn the basic steps to stop using crystal.** If you are stuck in a pattern of using and you can't get out of it, this book offers approaches to stopping using, such as detoxing, something that many do not realize is a possible way to ease the difficulty and pain of ending a binge or a long cycle of crystal use.
4. **Learn how to stay clean.** What are the basic treatment options, including programs, therapies, and medications? What are some housekeeping tips for life that can lower your risk of falling back into using crystal? Even after countless experiences of the highs of crystal, you can still enjoy life without it—the book suggests strategies for relearning life, such as how to socialize without the drug, and how to enjoy sober sex.
5. **Make sure that you address major “holes” in your life that you may be trying to fill with crystal: depression, loneliness, weight control, boredom, sexual excitement, low self-esteem.** Using crystal superficially covers many gaps that need improvement, but if they are never addressed and actually filled in, then the urge to use crystal—your old reliable coping mechanism—will kick in and make you want to use again.

This book is divided into five major sections that follow these fundamental areas for overcoming meth addiction. Part 6 includes special topics that may be of interest to specific populations, such as people who have HIV, and loved ones of crystal addicts.

Overcoming Crystal Meth Addiction is not a blanket condemnation of crystal, and it is not an endorsement of crystal use. Like nuclear power, methamphetamine can cause powerful reactions, with some good effects, but it can also be extremely destructive. I attempt to provide a neutral description of what exists in the crystal-using world. To overcome crystal addiction, it is crucial to understand all sides to this drug—the good, the bad, the glamorous, and the ugly. Many people who have had good experiences using crystal understandably scoff at advertisements that demonize the drug and portray it as all bad. I take the approach that there are both good and bad aspects to crystal—people start using it regularly because something about it indeed feels good. Acknowledging the good experiences of meth use is important because they exist, and a program that doesn't recognize this wouldn't hold much credibility for you. If you have to stop using it, there is a mourning process of saying good-bye to this intimate but often destructive relationship. In addition, understanding the ways crystal “helps” you is also crucial in identifying areas in your life that may need improvement.

Because of the extremely addictive nature of methamphetamine, I make it clear that the safest way to avoid problems with this drug is not to use it at all. However, many crystal users are not willing to part with it. For those people, this book also serves as a guide to a better understanding of crystal, so you know what you put into your body; how to reduce your medical risks if you do use crystal; and how to monitor your use over time to assess if you are developing an addiction.

This book was written using current medical understandings of methamphetamine, the brain, and addiction behavior. In addition, I have drawn on conversations with and stories of hundreds of people struggling with crystal addiction, learning from their experiences of what crystal has meant to them—how it helped them with many things, but also how it has devastated many lives. They have all taught me what has been helpful to them and have shared with me their success stories, which I will try faithfully to pass on in this book. All names of cases mentioned throughout this book have been

changed to protect people's anonymity. If you have recently tried or are even contemplating using methamphetamine, I hope that this compilation of broad experiences and suggestions will help you find your way to a life and lifestyle safe from the dangers of crystal addiction.

STRATEGIES FOR OVERCOMING CRYSTAL METHAMPHETAMINE

1. Learn as much about crystal as you can.
2. Take a close look at what role crystal plays in your life.
3. Learn the basic steps to stopping crystal.
4. Learn how to stay clean.
5. Address major "holes" in your life that you may be trying to fill with crystal.

HOW TO USE THIS BOOK

THIS BOOK IS written for a broad audience because so many different types of people use methamphetamine—straight or gay, young or old, male or female, blue-collar or professional. Many references or examples in this book refer to gay men because, while they form only a tenth of the total meth-using population, it is estimated that up to 30 percent of gay men have tried meth, and this is a community at extremely high risk (almost six times greater than the general U.S. population) for meth addiction. Nonetheless, I also want to clearly emphasize that *all people* are susceptible to the addictive potential of crystal. In addition, this book is meant for others who want to find out more about methamphetamine: a nonuser who is concerned about a loved one's crystal use, a therapist or drug counselor who is looking for a reference about methamphetamine, and even the curious reader who picked up this book purely for personal edification. For this reason, the chapters are written so that you can pick and choose whichever strikes you as most relevant or interesting. You do not need to read the chapters in any particular order, and I encourage you to read them in whatever order seems most comfortable and meaningful to you. However, if you realize that you are addicted, I strongly encourage you to read all the chapters, to get the most balanced and complete understanding of methamphetamine and how to overcome your addiction.

Methamphetamine has many street names, depending on the community where it is being used. These names include: crystal, meth, blue meth, ice, hot ice, super ice, glass, crank, Tina, Chriss, chalk, working man's cocaine, chicken feed, and yellow barn. All names refer to the same drug, crystal methamphetamine. Some people distinguish "crystal" as a form of methamphetamine that is purer than the usual powder that people buy. However, most people do not make this distinction and use the term "crystal" for any form of methamphetamine. Because the names "crystal" and "meth" are so common, for the sake of convenience, these two terms will be used throughout this book.

Regarding the use of the word "addict," please refer to [chapter 4](#) for a full discussion of what addiction is. The term "crystal addict" is used frequently in this book, and it is used without any judgment. There is no implication that the crystal addict is a bad person or has weak character. In fact, this book gives a strong message that addiction is a medical disease, similar to diabetes and

hypertension, without blame or moral value. However, since the organ affected is the brain, the symptoms are manifested in feelings and behaviors, so it is difficult to see addiction as anything beyond personality. Like diabetes and hypertension, addiction requires treatment; otherwise it can be devastating and, ultimately, deadly.

Some may take offense at seeing themselves being referred to as “addicts.” However, this term is intentionally used throughout the book in an attempt to destigmatize the term and make readers accustomed to it. There is nothing magical or mystical about addiction, and by reading it and saying it out loud, you take away some of the power that it has held by being a taboo word—unthinkable to say and therefore unapproachable. Once you can approach the idea of being an addict, you have something to work with, and you can really begin to fight the addiction. If this book makes it a little easier for an addicted reader to admit that he or she is an addict, then this small offense to a few is worthwhile.

PART 1

UNDERSTANDING CRYSTAL METHAMPHETAMINE:

Getting to Know Tina Up Close and Personal

STRATEGY:

Learn as Much about Crystal as You Can

Objectives:

- Learn exactly what you are dealing with—know thy friend and thy enemy.
- Understand what crystal does in your body to know why you feel and act the way you do.
- Understand better what feelings are yours versus what are crystal's effects.
- Use your knowledge to strategize about how to manage crystal in your life.

BLUE METH, SUPER ICE, CRANK, TINA, CHICKEN FEED:

A Short History of Crystal Methamphetamine

METHAMPHETAMINE HAS BEEN around for a long time, familiar to different people under different names, including: **crystal, meth, blue meth, ice, hot ice, super ice, glass, crank, Tina, Chrissy, chalk, working man's cocaine, chicken feed, and yellow barn.** It's an old drug, related to amphetamines, though much stronger.

Amphetamines were first developed in 1887 in Germany as a diet aid, though initially they were not popularly used. By the 1920s, people started to use amphetamines to improve energy and to help with dieting and weight loss. They were later used by the U.S. military during World War II to help soldiers to combat fatigue during long hours of duty. However, their use was complicated by many side effects, including anxiety, agitation, aggression, inability to sleep when soldiers needed rest, and addiction. Later they were used as a panacea for such diverse purposes as weight reduction and the treatment of narcolepsy. Currently, amphetamines are still prescribed for attention-deficit and hyperactivity disorders, chronic fatigue, weight loss, and narcolepsy.

Methamphetamine, the more powerful cousin of amphetamine, was created in Japan in 1893, though as in amphetamine's early days, it long remained in experimental laboratories, far from public use. Like amphetamine, methamphetamine was also used by Japanese, American, and German military personnel to combat fatigue during World War II. Unfortunately, its problematic side effects were even worse than with amphetamines. After the war, military surplus supplies of methamphetamine reached the public market in Japan, causing an epidemic of methamphetamine abuse that was at least temporarily curbed by Japanese government legislation that limited the public supply.

Similarly, in the United States, after World War II there was a surplus of another amphetamine called **Benzedrine**, which was released to the general population. Benzedrine was used by truck drivers and others whose jobs required long hours. Amphetamine was similarly used during the Vietnam War to help soldiers stay awake. Upon their return to the United States, some soldiers continued using different forms of amphetamines, which served as an introduction to the drug culture of this country.

During the latter half of the twentieth century, U.S. pharmaceutical companies legally produced methamphetamine for domestic medical uses, as outlined above. However, because of the clearly abusive and addictive qualities of meth, after the passing of the Federal Controlled Substance Act of 1970, methamphetamine became tightly regulated and very difficult to obtain. This had a significant impact on production and usage of crystal. Production was mostly driven underground, into private garage or basement labs. Motorcycle gangs, such as the Hell's Angels, became major producers of methamphetamine, creating and serving a large market of illicit users. Often carried in the crankcase of motorcycle riders, it earned the nickname "crank."

Methamphetamine also gained quiet popularity among nonfringe members of society, including

professionals, such as doctors, lawyers, and university students who needed to stay awake for long hours to work. It continued to be prescribed by doctors to treat obesity, though this use became tightly restricted, as it became clear that methamphetamine was an extremely harmful and addictive drug.

In the 1980s, there was a spike in meth use among the working class in Hawaii and California with supplies coming from Mexico and Asia. Gradually, it spread eastward to the rural Midwest and Southeast, and eventually to urban areas on the east coast. Meth abuse became particularly heavy among people in rural communities, where its production is easier. The manufacturing process is messy, with strong, noxious smells, volatile reactions, and the potential for dangerous explosions. This is one reason that production flourished in rural areas rather than densely populated cities, where production would be dangerous and conspicuous to law enforcement. The ingredients to make methamphetamine are simple and easy to obtain, including substances such as over-the-counter decongestants and a common chemical used as a fertilizer, another reason for the drug's popularity in rural areas.

In rural areas, neither law enforcement nor the medical community were prepared to deal with such a proliferation of drug use. Some individuals in those areas have reported its easy availability as the reason they became addicted. Others have described using it as a way to combat boredom in small, isolated communities with “nothing much else to do.”

Other affected communities included lower- and middle-class young women looking for quick and easy ways to lose weight. In a country where obesity continues to be a worsening problem, the social pressure to be thin has been ever-increasing. Crystal provided women with a cheap alternative to commercially branded diet programs and expensive gym memberships. Battling low self-esteem and a poor body image, meth gave these people an artificially boosted sense of self-confidence and an ability to accept themselves, though this lasted only while they were taking the drug. Once they stopped, their mood and self-esteem would plummet into depression, their appetites would increase, and they found themselves no better off than before. Unfortunately, many found themselves on an endless merry-go-round of escalating meth use to avoid facing the body image issues that the drug had successfully hid. Even worse, the crash can cause depression connected to body image, which can make the self-esteem even lower than before using meth.

POPULATION FOCUS: CRYSTAL IN THE GAY COMMUNITY

CRYSTAL HAS BEEN receiving a large amount of media attention as a “gay drug” used by a subgroup of gay men in the United States. In absolute numbers, heterosexual meth users far exceed gay users, who make up an estimated 11 percent of all meth users in the United States. However, as far as the percentage of the community that has been affected, the gay male community has been particularly hard-hit. Estimates of the number of gay men in the U.S. who have ever used meth have been reported as high as 20 to 30 percent, in contrast to 5.3 percent of the general U.S. population. In addition, the association of crystal with unprotected sex binges and the prevalence of HIV make this drug a particular concern for this community.

Though the crystal epidemic started in largely heterosexual working-class communities, it gradually became a party drug for certain middle- to upper-middle-class gay men in urban communities, who used it to fuel their energy in all-night dance parties called **circuit parties**, which some people would dance for twelve to eighteen hours. It has gradually become the drug

choice at these parties, which attract up to eighty thousand people, and which have become multipartite marathon events lasting for several days.

Before crystal, **Ecstasy** and **ketamine** had been the most popular drugs at circuit parties. Those drugs were appealing because they induced feelings of relaxation and social connection, both having significant meaning to a group of people that felt disconnected and rejected by a homophobic society. Gay men from all over the United States and from other countries converged on a particular city for a party, an occasion to feel connected and accepted. At these parties, they would celebrate their sexuality and embrace their sense of belonging, which was a powerful drawing force for tens of thousands of men. Favored drugs at these events enhanced the profound emotional experience of bonding and freedom; “breaking the rules” by using illegal drugs did not seem so bad, as gay men had already “broken the rules” of society simply by being born gay.

As circuit parties quickly became a lucrative industry, and the number of parties at each circuit event increased, the length of events increased from one-night dances to festivals lasting from three to seven days. Crystal gave partygoers the stamina to attend all the events and to enjoy extended holidays. Although drugs had always been a part of the circuit party scene, the draw of these parties gradually shifted. Rather than being primarily a place where gay men could reclaim a sense of belonging, the appeal of circuit parties became more about the freedom of heavy drug use. Surveys showed that over 90 percent of circuit partygoers admitted to using drugs, with from one to several different drugs used during a single day. The highly addictive nature of crystal increased the appeal of these parties even more, and for some, “the circuit” itself became an addictive phenomenon. Though people went to circuit parties with the notion that they were pursuing a sense of community, bonding, and better self-esteem, the positive feelings didn’t last long after the parties ended and the drugs wore off. Many circuit parties that were actually fund-raisers for HIV organizations became events where heavy drug use and unsafe sexual behavior resulted, and this likely led to the transmission of HIV and other sexually transmitted diseases in many of the partygoers.

At the turn of the millennium, a significant change occurred in the way that gay men used crystal—more were smoking it. The circuit-party community, made up predominantly of middle- to upper-middle-class, well-educated Caucasian men, and the **rave** community, originally mostly Caucasian middle-class teens, used crystal primarily by snorting it. This was a relatively easy way to use crystal and it was faster and gave a “better high” than swallowing it. Smoking crystal was initially looked down upon because it was reminiscent of the frightening crack epidemic of the 1980s that predominantly affected the urban poor. Gay circuit partiers, rave kids, and people in rural areas didn’t identify themselves with the crack-using population. The stigma of doing something akin to smoking crack kept most people from smoking crystal, and snorting crystal let them pretend that they didn’t have a drug problem: “We’re not like those crackheads of the eighties. We just use crystal to have fun.”

But as crystal addiction became stronger, people were willing to go to further lengths to get a better high. Smoking was the natural next step. “At least it’s not shooting up,” some people said. But unfortunately, smoking is almost as addictive as injecting. The amount of meth that is absorbed through the lungs is exponentially greater than what is absorbed through the nose, and drug delivery to the brain is that much stronger and faster. So smoking is a much more efficient way of using meth. And it is that much more addictive.

Not only does absorption of crystal differ from person to person, but the high feels different, too, well. Some people don’t feel that they have to stay awake all night, and they can go to sleep much sooner because the high doesn’t last as long. But what comes along with a shorter high is a quick

withdrawal. When people started partying by smoking crystal with the intention of a quick partying session, many soon found that they simply were smoking more often, sometimes every ten or fifteen minutes, trying to maintain their high and to chase away the looming crash.

After breaking the barrier to smoking crystal, the remaining obstacles to heavier use were easy to overcome. Injecting crystal intravenously, or **slamming**, became more common. Crystal users looked for more ways to use the drug, and among some gay men, mixing crystal with a small amount of water and squirting the fluid into their rectums became a new method, called **booty bumping**. In particular, booty bumping constricts the blood vessels in the rectum, and there is less rectal pain during an intercourse. This allowed booty bumpers to have even longer, harder sex as **bottoms** (partners receiving anal insertion) more easily, with the experience of having a “hungry hole” that enhanced and increased desire for sex even more. This also allowed for more damage during sex to the lining of the rectum, which increased the risk of catching sexually transmitted diseases.

Another major social change happening around the turn of the millennium was the explosion of Internet sex sites. In particular, gay-male sex sites made finding sex partners as easy as ordering food for delivery. Internet surfing, Internet shopping, and Internet sex (aka **cybersex**) were becoming their own addictive problems. Crystal meth, which intensifies both sex and other compulsions, in tandem with Internet sex sites became an unstoppable combination.

Internet sex sites developed their own culture and secret language, such as **PNP**, meaning “party and play,” a code meaning that people were looking to have sex while using drugs, almost always with crystal.

This was also a time during which some gay men were becoming more complacent about using condoms. There may have been a decline in the fear of HIV because of the development of so many effective medications. The younger generation of gay men had grown up in the era of the “HI cocktail”: By this time there were already several medications to fight HIV, and many people started to think of HIV as a controllable chronic illness, like high blood pressure. Young gay men of this era never had the experience of watching partners and loved ones die from AIDS, so the specter of HIV was much less frightening. During the intensity of crystal sex, wearing condoms just did not seem that important.

A description given by a heterosexual man who used crystal illustrates the perspective of someone high on the dangers of HIV. This man had regular sex with female prostitutes, never used condoms, and he gave the following description of his experiences:

I was totally clear. I felt more clear than I ever felt without crystal. It's not like I was cloudy and fuzzy like with alcohol or heroin. It's not like I forgot. I still knew about HIV, and I knew all the information about how to keep safe and that I should use condoms, et cetera, et cetera. I've been in rehab and I've been lectured about HIV a million times. But if you think of a car rushing at ninety miles an hour, if you're on the street and that car passes right by you, it's scary as shit, and you want to run for cover. But being on crystal was like being in an airplane. The higher I felt, the more exhilarating it was, and the more determined I was to have sex. There wasn't anything else I wanted more at the time and I was like an unstoppable machine. Nothing was going to hurt me. And the higher I was flying in that airplane, the car traveling at ninety mph looked smaller and smaller, looking slower and less important. Really. Like when you look at little cars on the road from an airplane window and they just look like slow little ants. I still knew about HIV I guess, but it was like one of those little specks. In comparison to my need for sex, it just didn't matter

as much. So why use a condom?

In fact, many people who use crystal don't use condoms while having sex. And this has had direct impact on the spread of sexually transmitted diseases. In particular, rates of HIV and hepatitis transmission have increased, and various studies and health-care agencies estimate that about one-third of recent HIV infections have occurred during crystal use.

Self-Destructive Binge BRIAN'S STORY

Finding out that he had HIV was devastating for Brian. Despite knowing that HIV is now a much more treatable condition than in the 1980s, Brian was terrified. However, instead of trying to take care of himself, he went on a self-destructive binge. He recalls thinking, "Well, if I'm fucked, I'm fucked, so what does it matter?" He went on an extended crystal-and-sex binge, using the Internet to invite men to his apartment over four days, having marathon sex without even stopping to eat. He does not recall how many people he had sex with, but he knows that he never used a condom. He recalls the sex feeling much more intense, "topping" others with even more aggression or wanting "to be fucked by lots of guys, as if I were worthless and being used by other people." Later, in therapy, he talked about more complicated feelings, such as relief: Brian had been afraid of getting HIV for so long that he actually felt liberated. He could have sex without worrying about getting HIV because he already had it. He considered the possibility that one of the reasons he had sex without condoms, in addition to the crystal high, was that he wanted to become HIV-positive—if he were positive, he thought, his experience of having sex wouldn't be plagued by the constant fear of catching HIV.

While smoking crystal and having sex with one man, Brian had a seizure. He does not recall what actually happened (typical of seizures), but he assumes that the man called 911 and fled his apartment—he was told by the hospital that the ambulance personnel found the door of his apartment open, and Brian lying naked and unconscious on the floor.

In therapy, Brian discussed how crystal helped him cope with the depression, fear, and anger he felt about getting HIV. It allowed him a brief relief from his sadness by elevating his mood, and it made him feel confident and powerful rather than frightened and powerless. While Brian believed some part of him may have wanted to get HIV, he also felt tremendous anger at himself for getting HIV, and he wanted to punish himself. In addiction, he felt angry in general—at HIV, at gay men, and at the world. The rough intensity of the sex was an outlet for his pent-up rage, wrapped in the deceptive guise of "hot sex."

Getting HIV, and his self-destructive binge, was a wake-up call for Brian. He considers himself lucky because he believes that many people he saw at sex parties or met online were in the same state of denial or self-destruction, but unlike him, they continued their behavior. Even though he ended up in the hospital, the humiliation of being found naked and unconscious by the ambulance team and possibly his neighbors, as well as the immediate possibility of dying, shook him awake: while HIV could possibly kill him if he did not start

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