Tackling the Growing Scourge of Meth

All-Consuming Effects Complicate Interventions

Growing meth use poses challenges for social workers on the front lines.

By Sheryl Fred, News Staff

"Speed." "Cran "Crystal." Whatever you choose to call it methamphetamine - a highly addictive stimulant is no longer in the domain of substance abuse, social workers alone.

In a recent National Association of Counties study reported that meth is their largest drug-related law enforcement problem today. Sixty-two percent of counties said meth is responsible for rising levels of domestic violence, and 40 percent of all child welfare officials in the survey reported that the drug has resulted in increased out-of-home placements.

As meth extends its reach in rural and urban settings alike, social workers in a number of fields of practice will have to contend with the fallout of this destructive drug.

**Unique Challenges.** Meth, a white odorless powder that can be dissolved into liquid injection or smoked from crystals, releases high levels of brain-stimulating dopamine that enhance the user's concentration, pleasure, fine motor control, sex drive and energy levels. These effects are highly reinforcing: A truck driver takes meth to keep himself awake at the wheel — and he makes his delivery on time. A depressed teen self-medicates with meth — and it lifts her mood. A homeless man takes meth to suppress...
his appetite — and he doesn't feel hungry.

But according to the National Institute on Drug Abuse, meth also "appears to have a neurotoxic effect, damaging brain cells that contain dopamine as well as serotonin." Common psychological effects of meth include irritability, anxiety, paranoia, aggressiveness, confusion and acute mood swings. Physical effects include sweating, headaches, teeth grinding and jaw clenching, constipation or diarrhea, dry mouth, dehydration, malnutrition and sometimes hyperthermia, tremors and convulsions.

As with many other drugs, meth's dichotomy of "desirable" outcomes and toxic effects is what makes treatment so challenging.

When social worker Sima Stillings of the Harm Reduction Psychotherapy Institute in Washington, D.C., works with meth users in his private practice, he takes out a dry-erase board and has them list the pros and cons of the drug.

"They need to be able to write the good things about meth on the board," he said. "If you turn your nose up at that, you lose them."

Stillings also uses motivational interviewing and lets clients write their own treatment plans in their handwriting so "they own the work."

Social workers, he said, too often have boned up on the science behind meth, but are not prepared to explore with clients the settings in which they use or the reasons they use.

A few of Stillings' clients, for example, said they started using meth because they had had trouble focusing. It turned out many of them had Attention Deficit Disorder — something that could be treated with prescription drugs more effectively and safely.

Stillings' approach is one of harm reduction, in other words, addressing the harms caused by risk-taking behavior without forcing clients to eliminate the behavior altogether.

"Abstinence is an excellent form of harm reduction for those who want to quit," said Don McVinney, national director of education and training for the Harm Reduction Coalition in New York. "But for those who aren't ready for that, you have to meet them where they're at."

McVinney acknowledged that treating meth users does have its unique challenges. A client may miss appointments because he's "crashing" after a meth binge or become violent if he arrives high. And because paranoia is such a common side effect of meth use, it may take much longer to build rapport.

Nonetheless, McVinney said there are plenty of interventions that can help a meth user improve his or her life. To combat the malnutrition and restlessness that is so prevalent among users of this drug, a social worker can give clients reminders to eat, drink water and get sleep. To help them stay afloat financially, a social worker can encourage clients to pay all of their bills before spending money on meth. A social worker also can educate users about the negative effects of meth and encourage them to use less frequently in lieu of quitting.

**Tailored Interventions.** Another key element of interventions is understanding the client's unique set of circumstances.

"I don't think social workers can come up with a one-size-fits-all approach," said NASW Senior Policy Associate Tim Turner. "Certainly there are different familial,
cultural and societal influences on a person, and an approach that may work for one person may offend — or just be unhelpful to — another."

Meth use is not limited to a certain type of person, but there are certain populations that have been especially devastated by the drug. Designing interventions that meet these users' needs is a priority for social workers.

For example, meth use among gay and bisexual men is something that warrants attention, according to E. Michael Gorman, assistant professor at San Jose State University's College of Social Work.

"There is compelling evidence that HIV disease and speed use are linked," he wrote in a paper titled "Speed Use and HIV Transmission." "Studies ... indicate that gay and bisexual men who use speed have much higher seroprevalence than either heterosexual injection drug users or gay and bisexual men who do not inject drugs."

Gorman added that most injection drug use research, outreach and prevention have targeted heroin, cocaine and crack, leaving a gap of services for meth users.

Teenagers and adults in rural settings are also facing a disproportionate amount of meth addiction.

Meth has been called "the moonshine of the 21st century" — an illegal substance produced by low-income men and women to earn some money and, oftentimes, to support their own meth habits. Because of its volatility and noxious odor, meth production is much more rampant in rural areas, where it can be hidden from law enforcement more easily.

But this isolation also can get in the way of treatment.

"There's less opportunity for early intervention," McVinney said.

A simple lack of services and transportation is also a barrier to helping meth users in rural settings.

"In rural communities, services are often so far away," said Linda Kingery, a social worker with the Charleston Field Office of the Illinois Department of Children and Family Services (DCFS).

Kingery is working with the University of Illinois at Urbana-Champaign (UIUC) School of Social Work to design interventions for yet another population increasingly affected by meth: children whose parents are users. Like many other states, Illinois has seen a dramatic increase in meth use in recent years. According to statistics from the Illinois Criminal Justice Information Authority, police seized 24 meth labs statewide in 1997. By 2001, that figure had climbed to 666.

Starting two years ago, Kingery and UIUC social work professors Wendy Haight and Teresa Jacobsen, began investigating the impact of parent meth use on the development and well being of school-aged children in a series of rural counties in Illinois. The study relied on interviews with 35 adults who have regular contact with children of meth-using parents, including child welfare workers (many of them MSWs), foster caregivers and other professionals from community agencies and schools. The researchers also reviewed local records and conducted about 90 hours of field work over a period of six months for the project.

They found that these children often live in dangerous, chaotic, neglectful, abusive and isolated environments, and their basic needs for food, sanitation, medical and dental care regularly go unmet. They tend to develop antisocial behavior and attachment disorders. Forced to keep their parents' meth use or production a secret
— and sometimes saddled with the responsibility of buying the ingredients for meth for their parents — they also develop a sense of paranoia.

This, of course, poses problems for social workers hoping to intervene.

'Kids might be afraid that seeking help is linked to jail sentences for their parents,' Jacobsen said, adding that an imprisoned parent often means foster care for these children.

According to Kingery, a former addictions counselor, children in these situations also experience a great deal of trauma because, unlike with other forms of substance abuse, the transformation of their parents from caretakers to persons dealing with addiction happens very rapidly with meth.

"Meth is all-consuming almost from the get-go," she said. "In alcoholism, because the descent is slower, families have a chance to adjust and adapt and so does the system."

In an effort to help the local child welfare system adapt, Haight, Jacobsen and Kingery are testing an intervention they designed for children in foster care whose parents use meth. Using a combination of narrative therapy and cognitive-behavioral therapy, Kingery and other DCFS staff first work on building rapport with their clients and then help them construct interpretations of their own lives through various means, including storytelling, drawing and making movies.

More Resources Needed. Along with specially tailored interventions, social workers say more federal and state dollars are desperately needed for substance abuse treatment centers, most of which have long waiting lists because they lack the resources needed to meet the demands of their communities.

"As efforts aimed at prevention have increased," NASW's Tunner said, "funding for treatment has been leveled off or decreased. Thus, this huge influx of meth-addicted clients into the system is certainly a stress to its capabilities. Prevention programs are great, but clearly they do not prevent all people from becoming addicted."

Tunner added that more time and money spent on the mental health needs of those struggling with addiction would also go a long way toward addressing the growing meth problem in the United States.

"If you simply imprison [meth users] and don't treat any mental health issues, you are setting them up for recurrent failure and relapse when they are released from jail," he said. "If you want to create a revolving door at the jail, this is fine. But if you want to help them recover and become productive members of society, then you need to treat the mental health problems associated with their meth use."

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