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Meth Use on the Rise

Most people remember the methamphetamine epidemic of the 1990s and the devastation it caused.

The meth crisis in America reached such epidemic proportions that Congress passed the Comprehensive Methamphetamine Act to try to combat the problem—and in 2006 the government restricted access to pseudoephedrine, a key ingredient in making meth. These efforts resulted in a decline in use, but the meth epidemic never really ended—it just became overshadowed by the opioid epidemic.

In addition to more than 130 opioid overdose deaths daily, many people in America are still dying every day due to methamphetamine use. Currently, the death toll of meth overdoses in Texas is larger than the number of people dying from opioid abuse. In Oklahoma, the number of deadly meth overdoses has more than doubled in recent years.

A More Potent Drug

Methamphetamine use exploded in the 1990s when new ways to synthesize the drug was developed—and in the same way that marijuana has become much more intoxicating over the past several years, newer methods of making methamphetamine have made it much more potent. According to the Drug Enforcement Administration, the purity of meth has been steadily climbing and is now over 90%.

In addition to becoming more potent and subsequently more dangerous, meth is now being combined with fentanyl, a powerful opioid that has been a major driver of overdose deaths in America.

No illegal drug ever really goes away. The popularity of different drugs comes and goes, and street drugs always eventually resurface in the form of epidemics.

A More Dangerous Drug

Methamphetamine is the most dangerous drug to overdose on. Unlike an opioid overdose, medical providers do not have medication to help reverse a meth overdose. A drug like naloxone does not exist for meth. There are no drugs approved by the Food and Drug Administration that can treat meth addiction.

Overdosing on methamphetamine can result in a heart attack, seizure, or stroke—and it is often difficult for medical providers to pinpoint methamphetamine as the cause. Complicating the problem even more is the fact that meth abusers often tend to use other substances.

When a meth overdose occurs, first responders don't have medication to use to try to reverse it—and even if an overdose reversal drug did exist, emergency service personnel could not be sure if meth or another drug was the cause.

Meth Use and Suicide

New research has shown that using today's more powerful meth is more likely to push a user to the brink of suicide than other drugs. Columbia University's School of Public Health found that IV drug users who are hooked on meth are 80% more likely to attempt suicide than addicts who abuse other drugs.

Methamphetamine users are typically more isolated and have weaker social support systems. They also experience more volatile behavior and thought patterns, which makes suicide a more likely outcome. Researchers believe that meth addiction combined with all of the physical, psychological, and social problems it causes greatly increases the risk for suicide.

Seeking a Solution

Methamphetamine abuse and suicide prevention are critically important in reducing the number of meth-related deaths in America. Intravenous meth users are at great risk and must be helped.

Medical scientists are working to develop a medication that helps meth addicts overcome their addiction. A combination of bupropion and naltrexone (a weight loss drug) is currently being tested.

Another possible way to treat meth addiction is also being explored. Researchers have created a molecule called lobe-line that has shown promise in blocking meth's effect on the brain.

But it may be years before these medications are approved for use. For now, substance abuse counseling is the best and only treatment for methamphetamine addiction. Recovery from meth use is possible, and treatment is the answer for many people.

The following information is provided by the Georgia Department of Behavioral Health & Developmental Disabilities.

What Parents Need to Know About Suicide Warning Signs Among Teens

The burden of being an American teenager has never been so high, as teenagers today manage volatile social media, cyber-bullying, and macro- and micro-level stressors at home and school. It's critical for parents to know the warning signs of suicide so they can be proactive in getting support.

Some common suicide warning signs include talk of killing oneself, feeling hopeless, feeling trapped, and social isolation—as well as anger, aggression, and fatigue—to name a few.

According to the Centers for Disease Control and Prevention, suicide is a serious public health problem that affects many young people. Suicide is the third leading cause of death for youth between the ages of 10 and 24, and

results in approximately 4,600 lives lost each year.

As a parent, you want to approach suicide prevention the same way you address other safety or health issues. Make the discussion around emotions, stress, and drug and alcohol use comfortable, so that both parents and youth feel comfortable dialoguing. Parents should educate themselves and learn the suicide risk and protective factors that apply to their children.

Risk factors are those characteristics associated with suicide—they might not be direct causes. Risk factors include family history of suicide, history of alcohol and substance abuse, barriers to accessing mental health care, and easy access to lethal means, among others.

Parents can normalize these "heavy conversations" about feelings, stress, and mental health by checking in with children regularly, beyond just day-to-day tasks such as homework. Parents should also educate themselves about protective factors. Some suicide-protective factors include building problem-solving skills, conflict resolution skills, increasing social connectedness, and ensuring that there is access to mental health support when appropriate.

Protective factors buffer individuals from suicidal thoughts and behavior.

To learn more about suicide prevention, visit the DBHDD website at: <https://dbhdd.georgia.gov/suicide-prevention>.

Or contact Suicide Prevention Director, Walker Tisdale, at: walker.tisdale@dbhdd.ga.gov.

National Suicide Prevention Lifeline:
1-800-273-TALK (8255).