

*Editorial***MENACE: METHAMPHETAMINE IN RURAL COMMUNITIES**

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Over 35 million persons worldwide regularly use or abuse methamphetamines (WHO, 2008). This statistic then puts methamphetamine as the second most common abused drug after cannabis. Methamphetamine addiction differs from other illicit drugs such as cocaine or heroin. Drug addicts describe this drug as “one hit, one hook.” This defining characteristic of crystal methamphetamine is that addiction appears to occur upon first use. Methamphetamine use causes multiple anatomical defects in the brain and damages the frontal decision-making center. The action of the drug on the dopamine and serotonin-containing neurons creates false circuits. Even upon discontinuation of the drug, antipsychotic treatments are often required (National Institute of Drug Abuse, 2006). The consequences of these illicit drugs can be the destruction of families, depression, anxiety, paranoia, aggression, cardiovascular events, sexual abuse, and child endangerment (Grant, Kelley, Agrawal, Meza, Meyer, & Romberger, 2007). DEA (2008) statistics report that 20 percent of the meth labs seized last year had children present on site. Children are even more vulnerable to the life time consequences of the toxins of methamphetamines on both pulmonary and neurological systems. Methamphetamines are at the epicenter of circles of addiction that cause health consequences throughout our global community.

This information is familiar data for nurses who practice in rural areas. Methamphetamine is pervasive in all geographic regions but has found a niche in rural settings. Methamphetamine labs thrive in regions that are sparsely populated and lean in law enforcement. Ingredients to manufacture methamphetamine, such as fertilizer, are easily accessed in rural farming communities (Sexton, Carlson, Leukefeld, & Booth, 2006). When confronted with the community health menace that methamphetamine use triggers, one individual can be easily overwhelmed. However, there are interventions that can impact the reclaiming of rural areas from the drug dealers. Rural health care providers can be instrumental in interventions to stem the influx of methamphetamines into rural communities by:

- In the United States partnering with local law enforcement agencies with the Drug Enforcement Agency. The DEA not only provides local training but also assists with the cost of the toxic clean up of these labs (DEA, 2008).
- In communities outside the US partnering with agencies that target either community health or environmental concerns can also be helpful. Resources are also available through the World Health Organization.
- Educate the community in all venues such as churches, schools, nursing schools, first responders, emergency personnel, and other community forums.
- Having former addicts or their families speak gives the message more passion and power. An excellent website for methamphetamine education is <http://www.drugfree.org/Portal/DrugIssue/Meth/index.html>. This website has

stories of individuals and families who experienced the sequelae of methamphetamine use (DEA, 2008).

- Developing greater access to mental health services for both the recovering addict and their families. Emergency rooms and general acute care facilities are inadequate in both resources and staffing to handle the complex physiological and psychological consequences of methamphetamine use (Huff, 2006).

Research on how to best provide these needed services in the rural area is paramount to solving the problem.

As an advanced practice nurse in Alabama, this writer has cared for hundreds of individuals and their families in the critical care environment who pay the physiological and psychological price for their use of methamphetamines. The majority of these cases are originated from a rural community and, if they survive, they will return home to their region. Instead of believing that the problem is too big to change, this writer has become an educational speaker locally on the critical need to increase access to mental health services for substance abuse. This effort is indeed small but my passion for this clinical problem is grounded in the words of Martin Luther King, Jr. "Our lives begin to end the day we become silent about things that matter" (Quotations Page).

Silence about the impact of methamphetamine use in both acute care and community care health services is not an option for health care providers. Will you chose to speak up?

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