



Selected Papers of William L. White

www.williamwhitepapers.com

Collected papers, interviews, video presentations, photos, and archival documents on the history of addiction treatment and recovery in America.

Citation: White, W. (2007). Listening to Meth: Lessons from the first epidemic. *Recovery Rising: Quarterly Journal of The Faces and Voices of Recovery*. Posted at www.williamwhitepapers.com

The Voice of History Listening to Meth: Lessons from an Earlier Epidemic

William L. White

Emeritus Senior Research Consultant
Chestnut Health Systems
bwhite@chestnut.org

America has a short memory. In the current alarm about the spread of methamphetamine dependence, one rarely hears of the methamphetamine epidemic of 1968-1972. The lessons from that earlier era indicate five potential strategies for recovery advocates.

Anticipate the Cycle. The first methamphetamine epidemic didn't disappear; it morphed into alcoholism, sedativism and narcotic addiction. Community responses to methamphetamine must anticipate problems that will emerge in the wake of this latest epidemic. Methamphetamine is a problem in its own right, but it is also a Trojan horse through which opiate addiction can enter unsuspecting communities.

Calm the Response. The first media and professional reports on any new drug trend are notoriously unreliable. Exaggerations and outright fabrications must be replaced with science-grounded facts. Hysteria must be replaced with well-conceived strategies.

Wars on new drugs must be prevented from morphing into new wars on the disaffiliated. We must also avoid fanning these flames for our own personal and institutional interests. We must help communities avoid doing great harm in the name of good. Ours must be the voice of reason and compassion.

Ride the Cycle. In spite of the "Speed Kills" mantra of the first epidemic, the consequences of methamphetamine dependence were measured more in long addiction careers than in overdose deaths. We need to interrupt these careers as early as possible through assertive outreach programs, visible and effective treatment and sustained recovery support services. The doorways of entry into this epidemic must be narrowed as the doorways of exit are widened.

Create Recovery Space. Most addicts suffer from terminal uniqueness, and each new generation of addicts sees itself as different from those who came before. Physical and psychological space within the

recovery community must be created for each new generation and the drug-specific experiences it brings. The welcoming invitation into the culture of recovery must be warmer than the siren call of methamphetamine and the social world in which it is imbedded.

Offer Hope. There is a tendency in this culture to portray any new drug trend as more pernicious than anything that preceded it. The past and current methamphetamine epidemics offer vivid testimony of the destructive effects of methamphetamine on individuals, families and communities.

But the story of meth addiction is incomplete without the evidence of long-term recovery. Every story on methamphetamine should contain a recovery message. It is our job as recovery advocates to offer the living proof of that message. We must find and elevate the faces and voices of methamphetamine recovery from past and present epidemics.