

Confronting the crystal meth epidemic: urgent insights and solutions

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The emergence of crystal methamphetamine, commonly known as "ice," remains a serious public health issue globally and alarming trends have been reported from the urban centers like Peshawar (1, 2). This extremely potent stimulant has gained popularity among the youth and is even tolerated as a mainstream drug of choice. It is often associated with significance, esteem, and prestige as a "party drug," which obscures its devastating potential for addiction and negative health outcomes (3). As communities face the societal consequences of the meth epidemic, it is imperative to begin understanding the complex drivers of methamphetamine use, as targeted responses to treatment and management of meth use become essential.

Studies have repeatedly cited the roles of peer influence, exploration, and social pressure as reasons for starting a crystal meth habit (4). Research carried out in diverse communities has illustrated how adolescents are usually introduced to methamphetamine through social networks that normalize use (5). Once considered socially acceptable, it does not take much for an individual to graduate from occasional to more frequent and then compulsive use, with users reporting complete loss of control over their consumption. In a short time, they may begin

health effects, which draw them deeper into the cycle of use and its associated consequences.

Crystal meth has become a form of "contagious social virus," particularly among educated and affluent youth (2). This is a disturbing social trend because it creates a smokescreen of acceptability that obscures the health epidemic the drug causes. Users can face a variety of disastrous consequences, such as mental breakdowns, failing relationships, and depleted bank accounts, as the drug consumes their lives (6). Many users describe their experience with ice as all "fun and games," but it ultimately ends in guilt and despair.

As the crystal meth problem becomes more serious, proactive and cooperative action is required. A significant impediment to the cessation of use is the accessibility of ice through a vast network of local dealers. This availability fuels the cycle of addiction and hinders effective support services. Legislation should be drafted with an emphasis on disrupting the supply chain with harsh penalties for trafficking crystal meth.

Public awareness campaigns are a very important weapon in fighting the epidemic (7). They empower families to reduce stigma associated with seeking help by educating them on dangers posed by

crystal meth and its effects on health. School-based drug education programs are important as they protect the youth from dangers of substance abuse. Community mobilization through support groups and events can create relationships and healthy alternatives. Peer mentorship programs can lead vulnerable people and advocacy for youth empowerment will ensure that they become actively involved in thwarting drug abuse. Continued research and data collection is needed to monitor trends and steps toward effective implementations. Together, these measures can effectively prevent crystal meth use and safeguard the well-being of our youth and communities.

References

1. Gordon DG, de Jong G. Gaps in the ice: Methamphetamine in Australia; its history, treatment, and ramifications for users and their families. *Int J Ment Health Nurs*. 2018 Dec; 27(6):1861-8.
2. Awan B, Mahsood N, Abid S, Nasarullah HM, Ullah F. An insight into the frozen world: Exploring patterns of use of ice/crystal meth in Peshawar, Pakistan. *Journal of Khyber College of Dentistry*. 2022;12(1):18-24. doi:10.33279/jkcd.v12i1.80
3. Tali DJ. Drugs commonly abused around the world. *Aquino | Journal of Philosophy*. 2024; 4(1): 181-92.
4. Yoosefi Lebni J, Ziapour A, Qorbani M, Khosravi B, Mirzaei A, Safari O, et al. Explaining the causes of crystal addiction in Tehran: a qualitative approach. *J Public Health*. 2021; 29:95-101.
5. Fast D, Kerr T, Wood E, Small W. The multiple truths about crystal meth among young people entrenched in an urban drug scene: A longitudinal ethnographic investigation. *Soc Sci Med*. 2014 Jun; 110:41-8. Doi: 10.1016/j.socscimed.2014.03.029.
6. Oliaku C, Ikezue CE. Causes, Consequences and Control of Methamphetamine Abuse among Youths in Nigeria. *Nigerian Journal of Arts and Humanities (NJAHA)*. 2023; 3(1).1-11.
7. Deen H, Kershaw S, Newton N, Stapinski L, Birrell L, Debenham J, et al. Stigma, discrimination and crystal methamphetamine ('ice'): current attitudes in Australia. *Int J Drug Policy*. 2021 Jan; 87:102982. Doi:10.1016/j.drugpo.2020.102982.