

Top Neuroscientist Explains How Big Pharma's Adderall Is Essentially

Crystal Meth

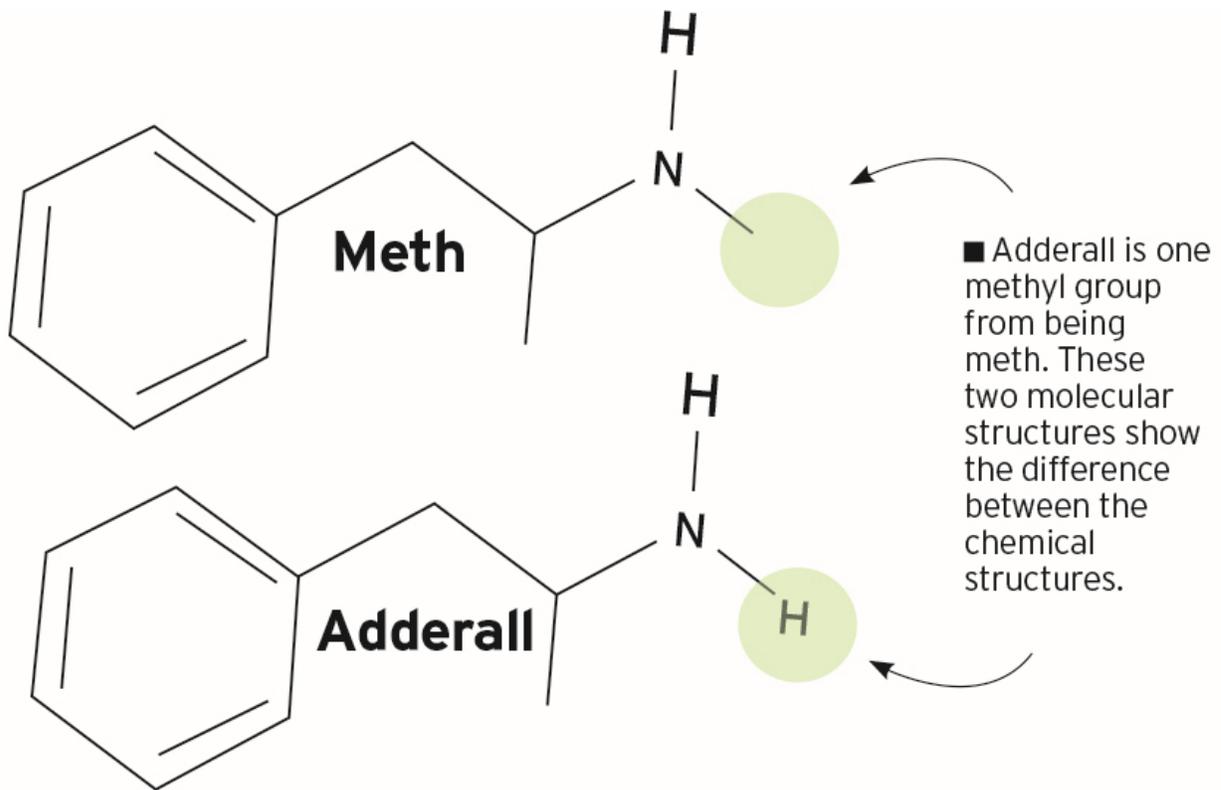
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Anyone who's ever been given one of their friend's Adderall knows the powerful effects brought on by this tiny unimposing pink pill. Increased energy, enhanced ability to focus and concentrate, and a euphoric sense of being are the most common effects of this drug.

Coincidentally, increased energy, enhanced ability to focus and concentrate, and a euphoric sense of being — are also the most common effects of crystal meth.

So, why are these effects so similar? Because the drugs are nearly identical in their chemical structure.



Dr. Carl Hart is a professor of psychology and psychiatry at Columbia University. Hart is known for his research into drug abuse and drug addiction. Hart was also the first tenured African American professor of sciences at Columbia University. He received a bachelor of science and a master of science from the University of Maryland and he received his Ph.D. in neuroscience from the University of Wyoming. By all accounts, he is the expert in the field of drug use.

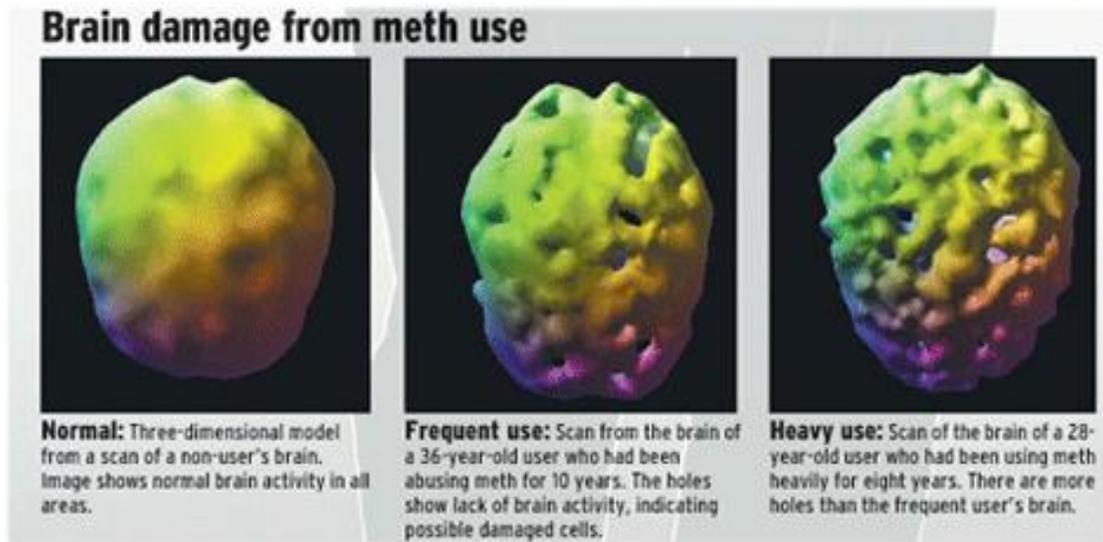
In a recent article on his website theinfluence.org, Hart explains that the only major difference between crystal meth and Adderall is public perception.

Hart explains that this perception of illicit meth is largely due to misinformation put out by public service messages.

“Perhaps it has something to do with public “educational” campaigns aimed at discouraging methamphetamine use. These campaigns usually show, in graphically horrifying detail, some poor young person who uses the drug for the first time and then ends up engaging in uncharacteristic acts such as prostitution, stealing from parents, or assaulting strangers for money to buy the drug. At the end of advertisement, emblazoned on the screen, is: “Meth—

not even once.” We’ve also seen those infamous “meth mouth” images (extreme tooth decay), [wrongly presented](#) as a direct consequence of methamphetamine use.

These types of media campaigns neither prevent nor decrease the use of the drug; nor do they provide any real facts about the effects of meth. They succeed only in perpetuating false assumptions.



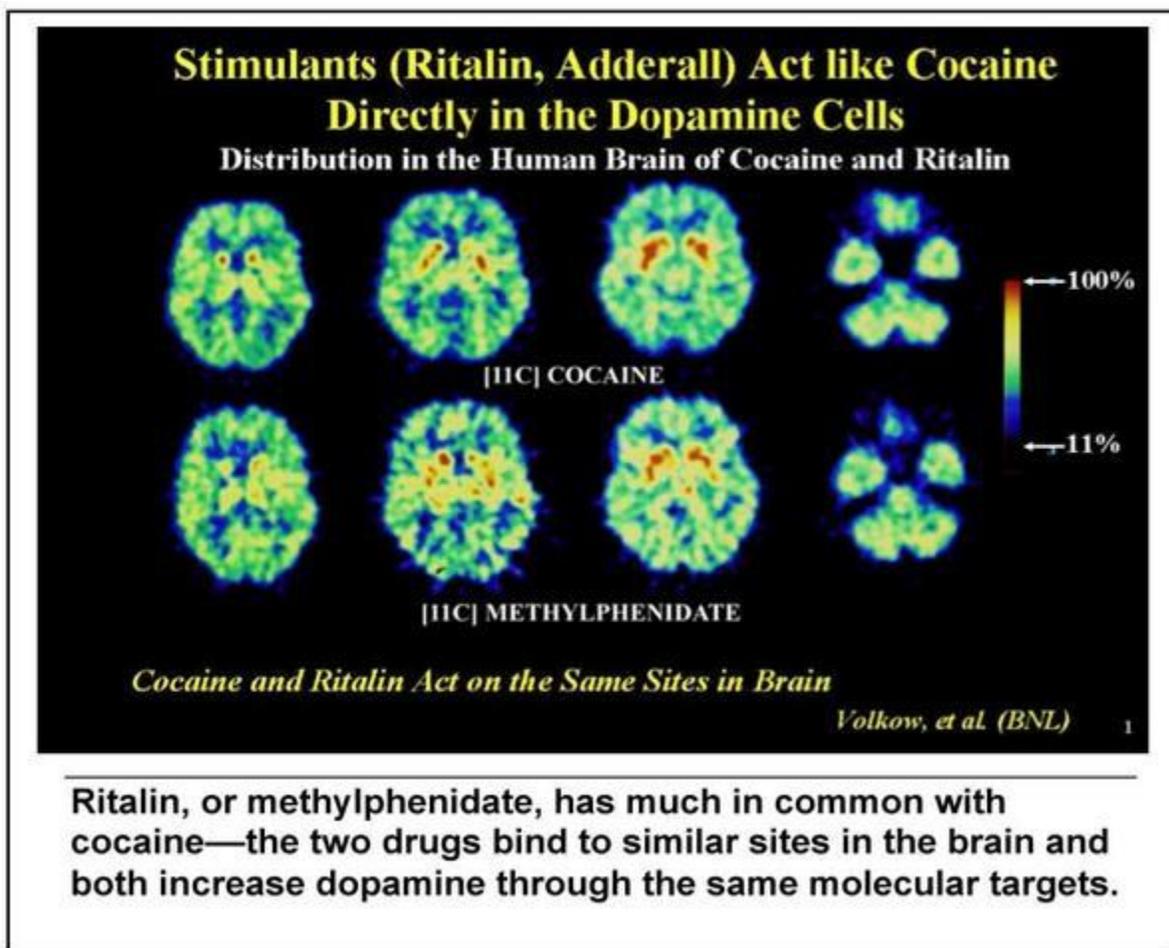
Swayed by this messaging, the public remains almost entirely ignorant of the fact that methamphetamine produces nearly identical effects to those produced by the popular ADHD medication d-amphetamine (dextroamphetamine). You probably know it as Adderall®: a combination of amphetamine and d-amphetamine mixed salts.”

Hart admitted that he too believed that methamphetamine was far more dangerous than d-amphetamine, despite the fact that the chemical structure of the two drugs is nearly identical. However, after thoroughly researching the evidence, Hart shattered this belief.

To back up his claims, Hart and his team conducted a study of 13 men who regularly use methamphetamine. During the double-blind study, the men were given a hit of methamphetamine, of d-amphetamine, or of placebo. [According to the study:](#)

Like d-amphetamine, methamphetamine increased our subjects’ energy and enhanced their ability to focus and

concentrate; it also reduced subjective feelings of tiredness and the cognitive disruptions typically brought about by fatigue and/or sleep deprivation. Both drugs increased blood pressure and the rate at which the heartbeat. No doubt these are the effects that justify the continued use of d-amphetamine by several nations' militaries, including the American armed forces.



SIDE EFFECTS TO LOOK FOR:

- **Hyperactivity**
- **The 'comedown' off speed can make your patron tired, lethargic and depressed. This may tempt users to take more.**
- **Paranoia. Extended use of speed can cause psychosis. The user may think that everybody is out to get them, or that they are being followed or watched.**
- **Mixing speed with other drugs, particularly other stimulants, can increase the risk of adverse reactions.**
- **Speed users are at higher HIV and hepatitis risk through unsafe sex and needle sharing.**
- **Although rare, speed can cause seizures, heart attacks, strokes, and death from overdose.**

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And when offered an opportunity to choose either the drugs or varying amounts of money, our subjects chose to take d-amphetamine on a similar number of occasions as they chose to take methamphetamine. These regular methamphetamine users could not distinguish between the two. (It is possible that the methyl group enhances methamphetamine's lipid-solubility, but this effect appears to be imperceptible to human consumers.)

It is also true that the effects of smoking methamphetamine are more intense than those of swallowing a pill containing d-amphetamine. But that increased intensity is due to the route of administration, not the drug itself. Smoking d-amphetamine produces nearly identical intense effects as smoking methamphetamine. The same would be true if the drugs were snorted intra-nasally.

The significance of Hart's study has a paradigm-shattering effect. On one hand, it shows that a drug, which is legally taken by millions of children in the US, is identical to an illegal substance associated with a slew of negative traits. On the other hand, it shows that meth users are not much different from the millions of Americans who take its legal form.

The use of methamphetamine in the United States is actually on the decline according to U.S. National Drug Control Policy Director R. Gil Kerlikowske. However, there are over 3.5 million American children currently take an ADHD drug, a nearly 500% increase since 1990.

It seems that the pharmaceutical industry has figured out a way to market ADHD to the masses in an attempt to sell them their legal version of meth.



As Dr. Hart so eloquently says,

“It took me nearly 20 years and dozens of scientific publications in the area of drug use to recognize my own biases around methamphetamine. I can only hope that you don’t require as much time and scientific activity in order to understand that the Adderall that you or your loved one takes each day is essentially the same drug as meth.

And I hope that this knowledge engenders less judgment of people who use meth, and greater empathy.”

What are its long-term effects?

Long-term effects of Crystal Meth use can include brain damage (similar to the effects of Parkinson’s disease or Alzheimer’s disease), coma, stroke or death. Chronic users may also develop distinct physical symptoms, as demonstrated by **before and after pictures in the Faces of Meth™ program. Signs of chronic use include weight loss, tooth decay and cracked teeth (“Meth Mouth”), psychosis and hallucinations, sores on the body from picking at skin, and formication (an abnormal skin sensation akin to “bugs crawling on skin”).**



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