

fully reached our public consciousness.”

Drug preferences are generational, Ciccarone said. It was heroin (an opioid) in the 1970s, cocaine and crack in the '80s. Then opiate pills. Then methamphetamine.

Then heroin. And now meth again.

“The culture creates this notion of *let's go up, let's not go down*,” Ciccarone said. “New people coming into drug use are saying, ‘Whoa, I don't really want to do that. I hear it's deadly.’”

Kim has been with meth through two waves. When she got into speed in the 1990s, she was hanging out with bikers, going to clubs in San Francisco.

“Now what I see, in any neighborhood, you can find it. It's not the same as it used to be, where it was kind of taboo,” Kim said. “It's more socially accepted now.”

Over her two decades of meth use, Kim has been through drug treatment more than a dozen times. Relapse is part of recovery, and among meth users, 60 percent will start using again within a year of finishing treatment. Unlike opioids, there are no medication treatments for meth addiction, which makes it

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particularly hard to treat.

Last month, Kim completed a six-month residential treatment program for women in San Francisco called the Epiphany Center. She came directly from jail, after serving time for her housewarming-and-car-theft spree in Sonoma. She said that in the first 30 days all she could do was try to clear the chaos from her mind.

Kim, who has four children, is hopeful that this round of treatment will stick. She is living in transitional housing, has a job and has been accepted to a program at UC Berkeley to finish her college degree.

“I've gone through 12 different programs, and it's been for my children, for my mom, for the courts. I've never come to be there for myself,” Kim said. “So it's like I've come to a place where it has to be for me.” □

WEEKLY DOSE



Weed workout

Exercising while high may sound half-baked, but a recent study published in the journal *Frontiers in Public Health* suggests otherwise. Researchers surveyed 600 adult marijuana users—in states where pot had been legalized—to see if they'd ever used cannabis within one hour before or four hours after exercise. A surprising 82 percent said yes, and most reported that pot motivates them to work out, helps them enjoy exercise and improves their recovery time. This new finding not only challenges the age-old stereotype of the lazy pot-smoker, but it also offers hope to those who experience pain while exercising. There is evidence to suggest that cannabinoids dampen pain perception and induce an artificial “runner's high.” Cannabis also is known to be anti-inflammatory, which could aid muscle and joint recovery. No need to take up yet, but the findings certainly are stimulating.

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