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## I. Introduction

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This Center for Substance Abuse Prevention/National Prevention Network (CSAP/NPN) *Prevention Works!* Substance Abuse Prevention Resource Kit: Methamphetamine reviews the latest information about a drug causing growing concern among substance abuse professionals, law enforcement, child protection agencies, environmental groups, policy makers, and the media. Although meth is not the most widely used substance of abuse in the United States today, it warrants special consideration by substance abuse prevention interests because it is so cheap and easy to make (relative to other drugs), it is so harmful to users and to those around them, and its manufacture often damages the environment.

Until recently, methamphetamine abuse had been framed primarily as a law enforcement, interdiction, child endangerment, and environmental issue, with the treatment needs of methamphetamine addicts also commanding considerable discussion. With the notable exception of policy initiatives to restrict retail access to ephedrine, pseudoephedrine, and anhydrous ammonia products that can be used to make methamphetamine, less has been said about the role of prevention in discouraging and reducing the use of methamphetamine.

Methamphetamine has inspired more media attention than any drug issue since the peak of concern about crack-cocaine. This high level of attention has aided in raising awareness of the dangers and spread of the drug, has spurred States and communities into action, and has alerted lawmakers to the needs for stricter controls and for additional services.

This *Prevention Works!* Substance Abuse Prevention Resource Kit: Methamphetamine is intended to help those involved in substance abuse prevention develop a balanced view of methamphetamine and how it fits into the overall substance abuse picture. It also offers basic information to help them feel confident in planning and implementing successful methamphetamine prevention efforts. The kit includes:

- *Prevention Works!* A Joint CSAP-NPN Communications Training Initiative
- SAMHSA's Matrix Priority Programs
- SAMHSA's Strategic Prevention Framework
- About Methamphetamine: Overview/Discussion
- Talking Points

- Preventing Methamphetamine Use/Abuse: Examples of Federal, National, State, and Community Efforts
- Fact Sheets on Methamphetamine related to:
  - Children
  - Adolescents/Young Adults/Adults
  - Women
  - Lesbian, Gay, Bisexual, and Transgender Persons
  - The Environment
  - Law Enforcement/Interdiction
  - Myths
- Selected Web-based Resources on Methamphetamine
- Selected Web-based Resources on Prevention
- Methamphetamine: A PowerPoint Presentation
- Disk containing files of the resource kit contents

The *Prevention Works!* communications training initiative has been a successful collaboration between CSAP and NPN for several years. Everyone involved with the project takes pride in this continuing effort to let others know what CSAP and members of NPN know already—*Prevention Works!*

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## **II. *Prevention Works!* A Joint CSAP-NPN Communications Training Initiative**

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The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (SAMHSA's CSAP) and the National Prevention Network (NPN) work together on a national *Prevention Works!* communications training initiative to help reduce substance abuse in America. Building on the success of past collaborations, CSAP and NPN partner to increase national support for substance abuse prevention by:

- Developing messages and materials that promote the importance and effectiveness of substance abuse prevention and early intervention
- Providing NPN members with the communications training tools to promote substance abuse prevention and early intervention
- Influencing attitudes and increasing knowledge of the benefits of substance abuse prevention and early intervention among formal and informal decision makers, the media, and community-based organizations
- Securing and incorporating feedback provided by NPN into ongoing SAMHSA/CSAP efforts

### ***Prevention Works!***

“Fortunately, today we know more about what works in prevention and education, treatment, and law enforcement. We will put this knowledge to use. But above all, our efforts rest on an unwavering commitment to stop drug use. Acceptance of drug use is simply not an option for this administration.

“...the most effective way to reduce the supply of drugs in America is to reduce the demand for drugs in America. Therefore, this administration will focus unprecedented attention on the demand side of this problem. We recognize that the most important work to reduce drug use is done in America's living rooms and classrooms, in churches and synagogues and mosques, in the workplace, and in our neighborhoods.”

President George W. Bush, May 10, 2001

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### **III. SAMHSA's Matrix Priority Programs: Addressing Unmet and Emerging Needs**

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The Substance Abuse and Mental Health Services Administration (SAMHSA) Matrix identifies 11 priority program areas to ensure that the agency's work addresses the elements that people with substance use and mental disorders need to live a full, rewarding life in the community.

#### ***Co-Occurring Disorders***

SAMHSA fosters collaboration across the substance abuse and mental health fields and provides grant funding to promote the development of a seamless system of care in which “any door is the right door” for people with or at risk for co-occurring substance use and mental disorders to receive coordinated treatment and services. SAMHSA's \$15-million Co-Occurring State Incentive Grants program supports States' efforts to develop and enhance their service system infrastructure and to increase their capacity to serve people with co-occurring disorders.

#### ***Substance Abuse Treatment Capacity***

Through its Block Grant and Targeted Capacity Expansion programs, SAMHSA is providing more than \$1.6 billion to support States' efforts to build and expand their capacity for substance abuse treatment, to improve treatment systems, and to respond to new and emerging substance abuse trends.

SAMHSA is overseeing the President's Access to Recovery program—a new \$100-million State-run voucher program that is allowing thousands of Americans with substance use disorders the opportunity to choose treatment and recovery support services from a range of qualified community provider organizations, including those that are faith based.

#### ***Seclusion and Restraint***

SAMHSA has allocated \$2.5 million to support implementation of a national action plan to reduce and ultimately eliminate seclusion and restraint from treatment and rehabilitation settings. The plan focuses on identifying evidence-based practices, developing training models, providing technical assistance for staff, and enforcing rights protection to safeguard consumers.

## ***Strategic Prevention Framework***

As part of its efforts to reengineer its approach to substance abuse prevention, SAMHSA is creating a Strategic Prevention Framework that is built on science-based theory, evidence-based practices, and the knowledge that effective prevention programs must engage individuals, families, and entire communities.

Supported by more than \$521 million in SAMHSA funding in 2004, the new Strategic Prevention Framework sets into place a step-by-step process that empowers communities to identify and implement the most effective prevention efforts for their specific needs. It also includes feedback to ensure accountability and effectiveness of the program effort.

SAMHSA's State Incentive Grants program is the foundation of the Strategic Prevention Framework, providing funds to States and territories to promote partnership development. SAMHSA is providing \$47.8 million in new capacity expansion grants to assist States in carrying out services, infrastructure, and best practices efforts, with an emphasis on the prevention of underage drinking.

## ***Children and Families***

In 2004, SAMHSA invested more than \$272 million in programs for children and families with mental health and substance use issues. SAMHSA supports States' efforts to develop community-based systems of care and to promote public information initiatives that address critical concerns—from family strengthening and school violence prevention to help for children of addicted parents.

## ***Mental Health System Transformation***

Responding to the call of the President's New Freedom Commission on Mental Health to transform the existing mental health care system, SAMHSA is leading the ongoing process of developing an action agenda, defining the roles of the States and other partners, and identifying the changes necessary to create a more recovery-focused mental health services delivery system.

SAMHSA is investing more than \$517 million in transformation efforts, including \$47 million to fund the State Incentive Grants for Transformation program to enable States to begin implementing the Commission's findings. These funds will support the development of comprehensive State mental health plans and will improve the mental health services infrastructure.

## ***Disaster Readiness and Response***

When disasters strike, State and local substance abuse and mental health agencies are thrust onto the front line for response and recovery efforts. Addressing this critical need, SAMHSA is providing \$6.3 million to bolster States' efforts to plan for and provide outreach, crisis counseling, and referral services in response to all hazards, including bioterrorism.

## ***Homelessness***

SAMHSA funds a wide range of grant programs and activities to assist communities in providing integrated treatment and support for individuals with mental and substance use disorders who are homeless or at risk of becoming homeless. In 2004, SAMHSA supported this initiative with more than \$95.7 million, which has expanded the Projects for Assistance in Transition from Homelessness (PATH) program, provided substance abuse treatment for homeless families, and supported a unique cross-agency initiative to end chronic homelessness.

## ***Older Adults***

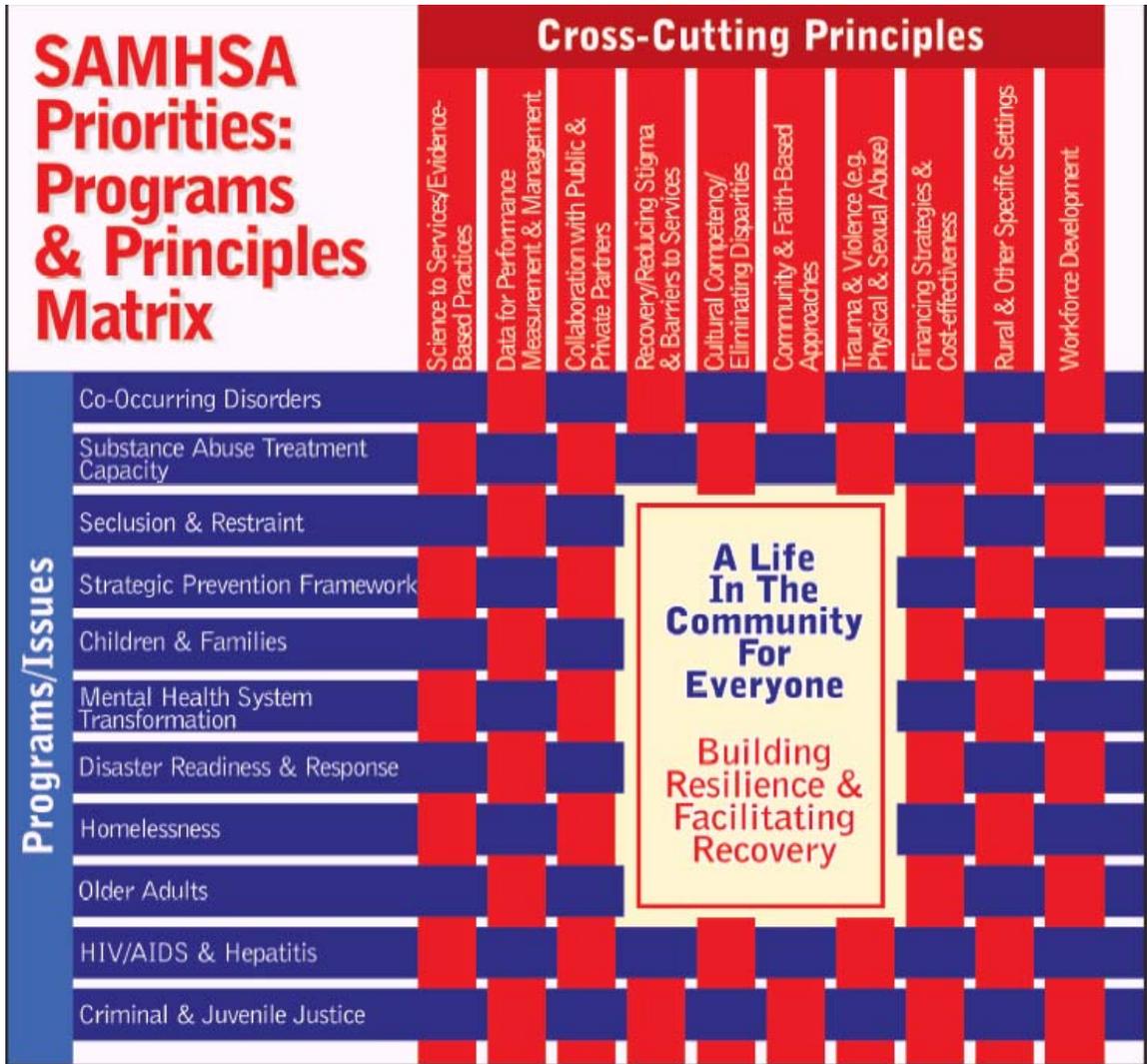
In response to the mounting needs of the growing older adult population, SAMHSA currently is providing nearly \$5 million in grants to assist States in providing services and supports that are known to work, in addressing age-related disparities, and in studying the effectiveness of treatment for substance use and mental disorders in primary care settings. SAMHSA also is reaching out to the aging service community and to older adults themselves.

## ***HIV/AIDS and Hepatitis***

In 2004, SAMHSA invested more than \$111 million in an effort to develop local capacity to provide mental health and substance abuse treatment and prevention services for individuals living with and affected by HIV/AIDS. These funds will assist States with providing outreach and training, addressing the special needs of racial and ethnic minorities, and studying the costs associated with delivering integrated care.

## ***Criminal and Juvenile Justice***

To help States break the pattern of incarceration without treatment and to reduce the high rate of recidivism, SAMHSA is providing \$32.5 million in grants for diversion and reentry programs for adolescents, teens, and adults with substance use and mental disorders. These grant programs focus on treatment as well as housing, vocational and employment services, and long-term supports.



Source: SAMHSA’s Web site at [www.samhsa.gov/Matrix/brochure.aspx](http://www.samhsa.gov/Matrix/brochure.aspx)

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**IV. SAMHSA's Strategic Prevention Framework  
U.S. Department of Health and Human Services**

**Presented at SAMHSA's Executive Leadership Team Meeting: October 12, 2004**

***Why Prevention Is Important***

For more than a century, the public health approach to prevention has enhanced the quality of life for millions of Americans. For example, vaccines, improved sanitation, and pure drinking water now regularly prevent many contagious and often lethal diseases. Today, the power of prevention is being used to help prevent, delay, and/or reduce disability from chronic disease and illness, including substance abuse and mental illnesses, which take a toll on health, education, workplace productivity, community involvement, and overall quality of life.

That is why President Bush has called on the U.S. Department of Health and Human Services (HHS) to realize his vision of a healthier United States, in which its citizens use the power of prevention to help them live longer, healthier lives. HHS Secretary Tommy Thompson noted that:

“Approximately 95 percent of the \$1.4 trillion we spend on health goes to direct medical care services. An estimated 4 percent is allocated to preventing disease and promoting health. This approach is equivalent to waiting for your car to break down before taking it in for maintenance. By changing the way we view our health, we can move from a disease care system to a true health care system.”

Over the last 20 years, prevention science has produced an increasing number of evidence-based programs and practices that prevent substance abuse and mental health problems, promote mental health, and prevent related problems in communities by reducing risk factors and increasing protective factors. Yet, the knowledge of researchers often is not translated into behaviors and practices by individuals and communities or by State and Federal agencies. The result is an *unhealthy* United States with catastrophic health care costs, lost education and employment, and lost lives. Separate funding silos and the absence of a common strategic prevention framework have hindered the kind of cross-program and cross-system approach that true health promotion and disease prevention demand.

## ***A Strategic Prevention Framework: Moving Science to Service***

To improve the rate at which prevention science is used by State agencies and local communities, the Substance Abuse and Mental Health Services Administration (SAMHSA) is implementing a new Strategic Prevention Framework based on the public health approach. The Framework is grounded in the agency's vision of a life in the community for everyone and in its mission to promote resilience and to facilitate recovery. SAMHSA Administrator Charles G. Curie believes that, with focused and sustained leadership, States and communities can indeed prevent many mental health- and substance abuse-related problems, promote mental health, enhance resilience, and foster the recovery of people living with mental health and substance abuse disorders.

SAMHSA's Strategic Prevention Framework is a public health approach that supports the delivery of effective programs, policies, and practices to prevent mental and substance use disorders and to promote mental health. This approach can be embraced by multiple agencies and levels of government that share common goals. It emphasizes developing community coalitions; assessing problems, resources, and risk and protective factors; developing capacity in States and communities; implementing evidence-based programs with fidelity; and monitoring, evaluating, and sustaining those programs. It insists upon:

- *Accountability*—measuring and reporting program performance and results
- *Capacity*—increasing infrastructure, service availability, and knowledge to select, implement, monitor, and evaluate evidence-based programs, policies, and practices with fidelity
- *Effectiveness*—improving service quality by implementing evidence-based programs, policies, and practices that work within a broader system of services as well as sustaining system and program effectiveness over time

The Framework provides an effective prevention process; a direction; and a common set of goals, expectations, and accountabilities to be adopted and integrated at all levels of endeavor. This approach to promote a healthier United States is long overdue—not only in mental health promotion and the prevention of substance abuse and mental illness, but in many other aspects of healthy behavior and healthful living.

SAMHSA has already begun to model the use and implementation of the Framework in its prevention activities as it continues in its primary role in prevention to build accountability, capacity, and effectiveness in States and communities. In doing so, SAMHSA will continue to award grants and contracts and to provide technical assistance to States, social service agencies, primary care providers, workplaces, schools, faith-based institutions, and other community-based organizations. These efforts will allow these organizations to put the Strategic Prevention Framework into action—moving it from vision to reality to accomplish SAMHSA's goal of a meaningful life in the community for everyone.

To achieve these goals, SAMHSA must continue to collaborate with a wide range of partners. Since every sector of society benefits from effective health promotion and prevention, prevention must become a collective responsibility across agencies and levels

of government, across agencies within communities, and across communities within States. SAMHSA must harness the power of collaborations with partners to develop a comprehensive prevention system. Building partnerships and leveraging resources are critical not only to promoting a comprehensive approach, but also to achieving sustainability for long-term prevention success. SAMHSA acknowledges the important roles that States and communities play in implementing the Strategic Prevention Framework by (1) assessing needs, risk and protective factors, and resources; (2) mobilizing leadership and building capacity; (3) developing a strategic plan; and (4) implementing evidence-based prevention strategies.

## ***Principles of the Strategic Prevention Framework***

The Framework is based on six critical principles:

1. Prevention is an ordered set of steps along a continuum to promote individual, family, and community health; prevent mental and behavioral disorders; support resilience; foster recovery; promote treatment; and prevent relapse. Prevention activities range from deterring diseases and behaviors that contribute to them, to delaying the onset of disease and mitigating the severity of symptoms, to reducing the related problems in communities. The concept is based on the National Institute of Medicine’s model that recognizes the importance of a whole spectrum of interventions—from universal strategies to prevent or delay onset of substance abuse and mental disorders to the treatment of those disorders.
2. Prevention is prevention is prevention. The common components of effective prevention for the individual, family, or community within a public health model are the same, whether the focus is on preventing or reducing the effects of cancer, cardiovascular disease, diabetes, substance abuse, or mental health problems. Moreover, many programs based on this public health model have long been known to have a positive impact on conditions other than those specifically targeted. For example, programs to stop teenage smoking not only have an immediate benefit for the adolescent and his or her family, but they also are likely to have a positive effect in later years in the prevention of heart disease, cancer, and emphysema.
3. Common risk and protective factors exist for many mental health and substance abuse problems. Good prevention focuses on changing common risk factors that can be altered. For example, family conflict, low school readiness, and poor social skills increase the risk for conduct disorders and depression, which in turn increase the risk for adolescent substance abuse, delinquency, and violence. Protective factors such as strong family bonds, social skills, opportunities for school success, and involvement in community activities can foster resilience and mitigate the influence of risk factors. Risk and protective factors exist in the individual, the family, the community, and the broader environment.
4. Resilience is built by developing assets in individuals, families, and communities through evidence-based health promotion and prevention strategies.

Relationships with caring adults, good schools, and safe communities help children develop optimism, good problem-solving skills, and other assets that enable them to rebound from adversity and achieve a sense of mastery, competence, and hope throughout their lives.

5. Systems of prevention services work better than service silos. Working together, researchers and communities have produced a number of highly effective prevention strategies and programs. Implementing these strategies within a broader system of services increases the likelihood of successful, sustained prevention activities. Collaborative partnerships enable communities to leverage scarce resources and make prevention everybody's business. National prevention efforts are more likely to succeed if partnerships with States, communities, and practitioners focus on building capacity to plan, implement, monitor, evaluate, and sustain effective prevention.
6. Baseline data, common assessment tools, and outcomes shared across service systems can promote accountability and effectiveness of prevention efforts. A Strategic Prevention Framework can help Federal agencies, States, and communities to identify common needs and risk factors, adopt assessment tools to measure and track results, and target outcomes to be achieved. A data-driven strategic approach, adopted across service systems at the Federal, State, community, and service delivery levels, maximizes the chances for future success and for achieving positive outcomes.

### ***From Vision to Practice: The Strategic Prevention Framework in Action***

Moving SAMHSA's Strategic Prevention Framework from vision to practice is a five-step process that community stakeholders must undertake, supported by State leadership and capacity building. The five steps that follow provide the building blocks States and communities can use to implement effective prevention activities.

1. Assessment: Profile population needs, resources, and readiness to address the problems and gaps in service delivery. The health issue confronting the community or State—in SAMHSA's case, substance abuse and mental illness prevention and early intervention as well as mental health promotion—must be assessed accurately through the collection and analysis of epidemiological data. The data should include the magnitude of the problem to be addressed, where the problem is the greatest, risk and protective factors associated with the problem, community assets and resources, gaps in service and capacity, and readiness to act.
2. Capacity: Mobilize and/or build capacity to address needs. Engagement of key stakeholders is crucial to planning and implementing successful prevention activities that will be sustained over time. Key tasks include convening leaders and stakeholders, building coalitions, and training community stakeholders to help sustain the activities. Working together, stakeholders can develop the

necessary social capital to prevent many problems and manage a resilient response to adversities.

3. Planning: Develop a comprehensive strategic plan. The strategic plan not only articulates a vision for the prevention activities, but also organizes prevention efforts. Among other elements, it describes key policies and relationships among stakeholders as well as incentives for public and private service systems to engage in creating a seamless continuum of care. Moreover, it describes the evidence-based policies, practices, and programs (or processes for selection) that will be implemented within the broader service system. Further, the strategic plan identifies key milestones and outcomes against which to gauge performance, thereby allowing for system improvement and accountability of all parties involved.
4. Implementation: Implement evidence-based, resilience-building prevention programs. Supported by training and technical assistance, local stakeholders select programs, policies, and practices proven to be effective in research settings and in communities. Community implementers work in partnership with program developers to ensure that culturally competent adaptations are made without sacrificing the core elements of the program.
5. Evaluation: Monitor process, evaluate effectiveness, sustain effective programs, and improve or replace those that fail. Ongoing monitoring and evaluation are essential parts of the strategic plan to determine if the outcomes desired are achieved and to assess program effectiveness and service delivery quality. They also can identify successes and encourage needed improvements to achieve lasting positive results and sustainability. The issue of program sustainability should be a constant throughout each step of planning and program implementation and should lead to the creation of a long-term sustainability strategy.

### ***Implementing the Strategic Prevention Framework at SAMHSA***

To succeed, the Strategic Prevention Framework must be adopted by key stakeholders at the national, State, and local levels as well as by SAMHSA staff collaborating with Federal and national partners working toward a healthier United States. To that end, SAMHSA is providing leadership by:

- Bringing its prevention activities under the umbrella of the Framework, aligning them, and strengthening them. Such alignments leverage existing resources, both within SAMHSA and with its Federal, State, and local partners.
- Encouraging the use of the Framework while simultaneously providing States and communities with flexibility, tempered by accountability.

- Modeling collaborative behavior by working with the public and private sectors and with prevention networks to coordinate service systems at the national, State, and local levels.
- Promoting the use of effective policies and evidence-based programs, assessing effectiveness, and promoting sustainability of effective prevention programs and initiatives.
- Building capacity for prevention throughout the Nation through grants, contracts, training, and technical assistance to States and communities to help them operationalize the Framework.

The SAMHSA Strategic Prevention Framework helps foster common prevention policy, program, and data realignment across its three centers. This realignment, in turn, fosters collaboration, decreases duplication, leverages resources, and promotes accountability. SAMHSA already has many projects that are compatible with the Framework, and it is adapting other activities to meet the demands of the Framework.



Revised January 2006

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***V. About Methamphetamine: Overview/Discussion  
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## V. About Methamphetamine: Overview/Discussion

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*“The alarming growth of methamphetamine use over the last 10 years and, in part, its popularity can be explained by the drug’s wide availability, ease of production, low cost, and highly addictive nature.”*

Charles Curie, M.A., A.C.S.W.  
Administrator, SAMHSA  
April 2005<sup>1</sup>

### **What is methamphetamine?**

Methamphetamine is a powerful stimulant drug, classified as a psychostimulant. Other drugs in the psychostimulant category include cocaine and amphetamine.

Methamphetamine is similar in its structure to amphetamine and to the neurotransmitter dopamine.

Methamphetamine is quite different in structure from cocaine, but both drugs cause accumulation of high levels of dopamine in the brain, and this concentration of dopamine produces the stimulation and euphoria users experience. However, cocaine and amphetamine metabolize quickly, and the effects wear off within a few minutes. In contrast, methamphetamine remains unchanged in the body for several hours, resulting in prolonged effects.<sup>2</sup>

The Drug Enforcement Administration (DEA) cautions that “amphetamine, dextroamphetamine, methamphetamine, and their various salts often are collectively referred to as amphetamines...” and their chemical properties and actions are so similar that even experienced users can’t be sure which drug they have taken. DEA also points out that methamphetamine is the most commonly abused of the group.<sup>3</sup>

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<sup>1</sup> Curie, Charles, M.A., A.C.S.W., Administrator, SAMHSA. April 21, 2005. Testimony on the Prevention and Treatment of Methamphetamine Abuse Before the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, Committee on Appropriations, U.S. Senate. [www.hhs.gov/asl/testify/t050425.html](http://www.hhs.gov/asl/testify/t050425.html).

<sup>2</sup> National Institute on Drug Abuse. April 1998, Reprinted January 2002. Research Report Series: Methamphetamine Abuse and Addiction. [www.nida.nih.gov/ResearchReports/methamph/methamph.html](http://www.nida.nih.gov/ResearchReports/methamph/methamph.html)

<sup>3</sup> U.S. Drug Enforcement Administration. Methamphetamine Fact Sheet. [www.usdoj.gov/dea/concern/meth\\_factsheet.html](http://www.usdoj.gov/dea/concern/meth_factsheet.html)

Methamphetamine is also called “speed,” “meth,” and “chalk.” In its smoked form, it is often referred to as “ice,” “crystal,” “crank,” and “glass.” A combination of methamphetamine and caffeine, produced in tablet form in Southeast and East Asia, is known as “Yabba” (“Ya Ba” in some references) and is sometimes called “crazy medicine” or “Nazi speed.”<sup>4</sup>

All of these drugs (including cocaine) are listed in Schedule II under the Federal Controlled Substances Act, passed in 1970 and amended several times since then.<sup>5</sup> Schedule II drugs have a high potential for abuse; have legal and medical applications in the United States; and, if used regularly, may lead to physical and psychological dependence. Other Schedule II drugs include morphine, phencyclidine (PCP), and methadone.<sup>6</sup>

Medically, methamphetamine may be prescribed in the treatment of narcolepsy, attention deficit disorder, and obesity, although current medical use is limited. Except for such medically prescribed uses, it is against the law to use, possess, manufacture, or distribute Schedule II drugs.

Since methamphetamine has gained popularity among some youth and young adults at dance venues, “raves,” “circuit parties,” and in similar settings, it is often referred to as a “club drug.” But, in general, use of the other club drugs<sup>7</sup>—ecstasy (MDMA), liquid ecstasy (GHB), “roofies” (rohypnol), “Special K” (ketamine), and “acid” (LSD)—is most likely to take place at clubs or in party environments in conjunction with youthful socializing. Chronic methamphetamine use and problems occur often among adults who have no connection to what most people would recognize as the dance club or party scene.

### ***Where does methamphetamine come from?***

Methamphetamine is a synthetic drug and can be made easily using ingredients that are legally available and usually not hard to find, such as cold medicines, fertilizer, cat litter, and drain-cleaning compounds. Historically, in 1887 a German chemist first synthesized amphetamine, from which methamphetamine is derived and to which it is closely related. Thirty-two years later, a Japanese chemist synthesized methamphetamine. During World War II, methamphetamine was distributed to U.S., German, and Japanese troops as a stimulant to counter combat fatigue. After the war, amphetamine/methamphetamine products such as Benzedrine and Dexadrine were commonly available in the United

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<sup>4</sup> National Drug Intelligence Center, U.S. Department of Justice. June 2003. Yaba Fast Facts: Questions and Answers. [www.usdoj.gov/ndic/pubs5/5048/index.htm](http://www.usdoj.gov/ndic/pubs5/5048/index.htm)

<sup>5</sup> U.S. Drug Enforcement Administration. Drug Scheduling. [www.usdoj.gov/dea/pubs/scheduling.html](http://www.usdoj.gov/dea/pubs/scheduling.html)

<sup>6</sup> U.S. Drug Enforcement Administration. The Controlled Substances Act, Chapter 1. [www.dea.gov/pubs/abuse/1-csa.htm#Schedule%20II](http://www.dea.gov/pubs/abuse/1-csa.htm#Schedule%20II)

<sup>7</sup> Leshner, A., Ph.D. Updated June 14, 2005. Club drugs aren't fun. National Institute on Drug Abuse. [www.drugabuse.gov/Published\\_Articles/fundrugs.html](http://www.drugabuse.gov/Published_Articles/fundrugs.html)

States to treat a variety of ailments, including alcoholism, depression, fatigue, and weight problems.<sup>8</sup> In 1967, prescriptions for methamphetamine reached a peak of 31 million.<sup>9</sup>

Coincidentally, 1967 was also the year when San Francisco became the site of a massive celebration of “hippies,” “flower power,” and psychedelic culture popularly known as the Summer of Love. Along with alcohol, marijuana, and hallucinogenic drugs, thousands of young people caught up in this anti-establishment movement used methamphetamine with devastating and sometimes deadly consequences.<sup>10</sup> By then, “Speed Kills,” previously applied to traffic safety measures, had become a familiar anti-drug slogan.

The 1970 Controlled Substances Act (CSA) imposed strict controls on the importing, manufacture, and retail availability of amphetamine-related drugs. Over-the-counter amphetamine/methamphetamine products such as diet pills all but disappeared. The Chemical Control and Trafficking Act (1988) mandated additional control of pseudoephedrine and other methamphetamine precursor<sup>11</sup> substances and imposed mandatory sentences for methamphetamine possession.<sup>12</sup>

By the 1990s, illegal methamphetamine labs in Mexico and the United States were providing an increasing supply of the drug, and “super labs” in the American Southwest and across the Mexican border controlled the trade. In 1996, passage of the Comprehensive Methamphetamine Control Act increased penalties for making and selling the drug and created a task force to combat its spread. The 2000 Methamphetamine Anti-Proliferation Act imposed further limits on the sale of precursor ingredients used in other products.<sup>13</sup>

Smaller “mom and pop” methamphetamine labs, however, can and do spring up quickly and can move easily to avoid detection. Many of those engaged in these operations are addicted to drugs themselves, and their ability to handle the dangerous and volatile chemicals required to manufacture methamphetamine safely may be severely impaired. Their activities also pose serious threats to the physical environment and to the safety of those in their vicinity, particularly children.<sup>14</sup>

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<sup>8</sup> Wikipedia. November 16, 2005. Methamphetamine: History.

<http://en.wikipedia.org/wiki/Methamphetamine#History>

<sup>9</sup> Anglin, M.D.; Burke, C.; Perrochet, B.; Stamper, E.; Dawud-Noursi, S. April–June 2000. History of the Methamphetamine Problem. UCLA Drug Abuse Research Center/UCLA Department of Psychiatry; UCLA/Matrix Coordinating Center for the CSAT Methamphetamine Treatment Project, Los Angeles, CA. *J Psychoactive Drugs*. 32(2):137-41. <http://amphetamines.com/methamphetamine/index.html>

<sup>10</sup> Bonné, J. 2005. Hooked in the Haight: Life, Death, or Prison. MSNBC.

<http://msnbc.msn.com/id/3071769/>

<sup>11</sup> A precursor is a substance that is combined with another substance to produce a new substance.

<sup>12</sup> *The CQ Researcher*. July 15, 2005. Methamphetamine: Are Tougher Anti-Meth Laws Needed? Volume 15, Number 25. CQ Press. [www.chpa-info.org/Web/advocacy/federal\\_advocacy/CQ\\_Press\\_Meth.pdf#search='Methamphetamine%3A%20Are%20Tougher%20AntiMeth%20Laws%20Needed%20cq%20researcher'](http://www.chpa-info.org/Web/advocacy/federal_advocacy/CQ_Press_Meth.pdf#search='Methamphetamine%3A%20Are%20Tougher%20AntiMeth%20Laws%20Needed%20cq%20researcher')

<sup>13</sup> Ibid.

<sup>14</sup> The Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Prevention. 2002. Meth: What’s Cooking in Your Neighborhood? <http://media.shs.net/prevline/pdfs/vhs143g.pdf>

Pseudoephedrine is an ingredient in a number of over-the-counter cold remedies anyone can purchase in retail stores or via the Internet, and it can easily be extracted from these products to produce methamphetamine. A number of recent policy initiatives have set out to reduce bulk sale of these products and to restrict purchase of even single units. Some stores and retail chains, such as many Target, Wal-Mart, and Rite-Aid locations, have voluntarily taken such products out of their aisles and placed them where their purchase can be carefully monitored and restricted.<sup>15, 16</sup>

Many States have enacted legislation that make such practices mandatory for retailers. Oklahoma, Oregon, Georgia, Kentucky, Kansas, Iowa, Tennessee, Illinois, Arkansas, Wyoming, West Virginia, Mississippi, and South Dakota were among the first to do so, and more States have followed or soon will.<sup>17</sup> Early reports suggest that these policies are reducing the number of “mom and pop” meth labs and motivating more methamphetamine addicts to seek treatment.

However, not everyone is convinced of the benefits of such laws. Frontiers of Freedom, a nonprofit group chaired by former Wyoming Republican Senator Malcolm Wallop, insists that meth manufacturers obtain ingredients in bulk from illegal sources inside and outside the United States and that the new restrictions on access to cold remedies impose needless hardships on law-abiding cold sufferers.<sup>18</sup> Several national authorities also express doubts that cutting access to popular cold remedies will have much impact on the supply of methamphetamine in the long run.<sup>19</sup> Early reports from some States with such policies show sharp declines in the number of meth lab seizures, but not necessarily in the use of the drug, strongly suggesting that out-of-State and across-the-border sources have stepped in to maintain or even increase availability. Meanwhile, at the end of 2005, Federal measures appeared likely to limit consumer access to ephedrine and pseudoephedrine medicines to a greater extent.<sup>20</sup>

One recipe for making meth—sometimes known as the “Nazi method”—calls for anhydrous ammonia, a colorless gas normally used as a fertilizer or as an industrial refrigerant. Anhydrous ammonia can be explosive and lethal; in the environment, it can produce acute injuries to those engaged in meth manufacture, emergency responders, and others. Widespread theft of anhydrous ammonia by operators of meth labs has prompted

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<sup>15</sup> *Washington Post*. May 14, 2005. Retailers restrict some cold medicines: Ingredients can be used to make meth. [www.washingtonpost.com/wp-dyn/content/article/2005/05/13/AR2005051301449.html](http://www.washingtonpost.com/wp-dyn/content/article/2005/05/13/AR2005051301449.html)

<sup>16</sup> *USA TODAY*. April 25, 2005. States limiting sale of cold remedies. [www.usatoday.com/news/health/2005-04-25-methamphetamine\\_x.htm](http://www.usatoday.com/news/health/2005-04-25-methamphetamine_x.htm)

<sup>17</sup> *Ibid.*

<sup>18</sup> NPNWeb.com. June 16, 2005. Web Exclusives: Groups question merits of anti-meth legislation; research details effect on retailers. [www.npnweb.com/uploads/featurearticles/2005/WebExclusives/061605\\_we.asp](http://www.npnweb.com/uploads/featurearticles/2005/WebExclusives/061605_we.asp)

<sup>19</sup> *The CQ Researcher*. July 15, 2005. Methamphetamine: Are Tougher Anti-Meth Laws Needed? Volume 15, Number 25. CQ Press. [www.chpa-info.org/Web/advocacy/federal\\_advocacy/CQ\\_Press\\_Meth.pdf#search='Methamphetamine%3A%20Are%20Tougher%20AntiMeth%20Laws%20Needed%20cq%20researcher'](http://www.chpa-info.org/Web/advocacy/federal_advocacy/CQ_Press_Meth.pdf#search='Methamphetamine%3A%20Are%20Tougher%20AntiMeth%20Laws%20Needed%20cq%20researcher')

<sup>20</sup> *New York Times*. December 15, 2005. Restrictions on meth ingredients are sought. [www.nytimes.com/2005/12/15/health/15meth.html?ex=1292302800&en=410ca0e70ab6f3b5&ei=5088&pa rtner=rssnyt&emc=rss](http://www.nytimes.com/2005/12/15/health/15meth.html?ex=1292302800&en=410ca0e70ab6f3b5&ei=5088&pa rtner=rssnyt&emc=rss)

health and law enforcement officials to recommend a number of security measures for unattended tanks, such as fencing and valve locks, and for use of personal protective equipment for those responding to the release of anhydrous ammonia.<sup>21</sup>

### ***What does methamphetamine do? How and why do people use it?***

Initially, methamphetamine decreases fatigue and appetite, heightens attention, and increases activity and respiration, creating feelings of high energy.<sup>22</sup> Women (primarily) use meth to lose weight. Men and women both use it to remain alert and productive for long hours while engaged in work that is physically demanding or tedious.<sup>23</sup> Long-distance truck drivers use it this way, as do students writing term papers and professional athletes faced with physically exhausting competition schedules. Others, such as people who have HIV/AIDS, use methamphetamine to *regain* feelings of energy and capability that they no longer experience in their normal lives.<sup>24</sup>

Some people use methamphetamine simply for the brief but intense “rush” they experience immediately after smoking or injecting the drug, as well as for the feeling of euphoria, or well-being, that can last from 20 minutes to 12 hours.<sup>25</sup> For those who want to take something that will produce a high and make it possible for them to stay awake and be physically (and perhaps sexually) active for long periods of time, methamphetamine is an inexpensive, readily available, and long-lasting choice. For them, methamphetamine compares favorably with other drugs capable of inducing some of the same effects, including cocaine, heroin, and some so-called “club drugs.”<sup>26, 27, 28</sup>

When they stop using methamphetamine, users may experience a variety of withdrawal symptoms, including fatigue, depression, anxiety, paranoia, aggression, and an intense

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<sup>21</sup> Centers for Disease Control and Prevention. April 15, 2005. Anhydrous Ammonia Thefts and Releases Associated With Illicit Methamphetamine Production—16 States, January 2000–June 2004. *MMWR Weekly*. 54(14); 359-361. [www.cdc.gov/mmwr/preview/mmwrhtml/mm5414a4.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5414a4.htm)

<sup>22</sup> National Institute on Drug Abuse. April 1998, Reprinted January 2002. Research Report Series: Methamphetamine Abuse and Addiction. [www.nida.nih.gov/ResearchReports/methamph/methamph.html](http://www.nida.nih.gov/ResearchReports/methamph/methamph.html)

<sup>23</sup> Rawson, R.A., Ph.D.; Anglin, M.D., Ph.D.; Ling, W., M.D. 2002. Will the Methamphetamine Problem Go Away? UCLA Integrated Substance Abuse Programs, UCLA Department of Psychiatry. *Journal of Addictive Diseases*. Vol. 21(1). [www.asam.org/jol/Articles/Rawson%20et%20al%20article.pdf](http://www.asam.org/jol/Articles/Rawson%20et%20al%20article.pdf)

<sup>24</sup> UCSF Center for AIDS Prevention Studies. July 2004. How Do Club Drugs Impact HIV Prevention? UCSF-CAPS Fact Sheet #55E. [www.caps.ucsf.edu/publications/clubdrugs.html](http://www.caps.ucsf.edu/publications/clubdrugs.html)

<sup>25</sup> Office of National Drug Control Policy. Updated October 13, 2005. Drug Facts: Methamphetamine. [www.whitehousedrugpolicy.gov/drugfact/methamphetamine/index.html](http://www.whitehousedrugpolicy.gov/drugfact/methamphetamine/index.html)

<sup>26</sup> National Institute on Drug Abuse. April 1998, Reprinted January 2002. Research Report Series: Methamphetamine Abuse and Addiction. [www.nida.nih.gov/ResearchReports/methamph/methamph.html](http://www.nida.nih.gov/ResearchReports/methamph/methamph.html)

<sup>27</sup> Institute for Intergovernmental Research. The Methamphetamine Problem: A Question and Answer Guide. [www.iir.com/centf/guide.htm](http://www.iir.com/centf/guide.htm)

<sup>28</sup> Gahlinger, Paul M., M.D., Ph.D., M.P.H. June 1, 2004. Club Drugs: MDMA, Gamma-Hydroxybutyrate (GHB), Rohypnol, and Ketamine. *American Family Physician*. Vol. 69/No. 11. [www.aafp.org/afp/20040601/2619.html](http://www.aafp.org/afp/20040601/2619.html)

craving for more of the drug. In some cases, psychotic symptoms may persist for months or years following use.<sup>29</sup>

### ***How addictive is methamphetamine?***

Many published references caution that methamphetamine is a highly addictive drug. One indication of the addictive nature of the drug is provided by a Substance Abuse and Mental Health Services Administration (SAMHSA) finding, following the release of the 2004 National Survey on Drug Use and Health (NSDUH):

“Although the number of past-year and past-month methamphetamine users did not change significantly between 2002 and 2004, the number of past-month methamphetamine users who met criteria for abuse or dependence on one or more illicit drugs in the past year increased from 164,000 (27.5 percent of past-month methamphetamine users) in 2002 to 346,000 (59.3 percent) in 2004.”<sup>30</sup>

According to SAMHSA’s Center for Substance Abuse Treatment (CSAT), the lag time between first use of methamphetamine and addiction is from 2 to 5 years. But CSAT also notes that a good deal of clinical experience and anecdotal information strongly indicate that for those who inject or smoke the drug—as many regular users do—addiction may be established in *less than 1 year*.<sup>31</sup>

### ***How does methamphetamine use affect other aspects of health?***

Chronic use of methamphetamine can lead to serious health problems, although users are more likely to show up in hospital emergency rooms because they have been injured in fights or accidents than because of deteriorating health.<sup>32</sup>

In general, effects of chronic meth abuse include:<sup>33</sup>

- Organ toxicity
- Compromised health (e.g., malnourishment, poor hygiene)

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<sup>29</sup> Office of National Drug Control Policy. November 2003. Fact Sheet: Methamphetamine. [www.whitehousedrugpolicy.gov/publications/factsht/methamph/](http://www.whitehousedrugpolicy.gov/publications/factsht/methamph/)

<sup>30</sup> The Substance Abuse and Mental Health Services Administration/Office of Applied Studies. [The NSDUH Report: Methamphetamine Use, Abuse, and Dependence: 2002, 2003, and 2004](http://www.samhsa.gov/2k5/meth/meth.cfm): Highlights. <http://oas.samhsa.gov/2k5/meth/meth.cfm>

<sup>31</sup> The Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment. 1999. Treatment Improvement Protocols: TIP 33: Treatment for Stimulant Use Disorders, Chapter 2. [www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.57619](http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.57619)

<sup>32</sup> The Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment. 1999. Treatment Improvement Protocols: TIP 33: Treatment for Stimulant Use Disorders, Chapter 5. [www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.57794](http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.57794)

<sup>33</sup> The Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment. 1999. Treatment Improvement Protocols: TIP 33: Treatment for Stimulant Use Disorders, Chapter 2. [www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.57619](http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.57619)

- Dental problems
- Dermatitis

Chronic psychological effects include various psychiatric disorders, such as:<sup>34</sup>

- Psychosis
- Paranoia
- Suicidal tendencies

Among bingers, who repeat cycles of use and experience both the initial “rush” and subsequent dysphoria of withdrawal, sometimes referred to as “tweaking,” effects include.<sup>35</sup>

- Not eating
- Depression
- Increased paranoia
- Belligerence
- Aggression

The dental effects of chronic methamphetamine use are the subject of numerous recent media accounts. The American Dental Association (ADA) advises that “the oral effects of methamphetamine can be devastating.” ADA describes “meth mouth” as including rampant caries (cavities), a result of meth’s acidic nature, its xerostomic (dry mouth) effect, and the tooth grinding and teeth clenching often observed in meth addicts. Added to these effects, methamphetamine use often makes its users crave high-calorie (i.e., sugar-laden) soft drinks.<sup>36</sup>

SAMHSA’s CSAT lists physiological problems likely to be reported by chronic methamphetamine users:<sup>37</sup>

- Extreme fatigue—with physical and mental exhaustion and disrupted sleep patterns
- Nutritional disorders—extreme weight loss, anemia, anorexia, cachexia (body wasting)
- Poor hygiene and self-care
- Skin disorders and secondary skin infections—itching, lesions, hives, urticaria
- Hair loss

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<sup>34</sup> The Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment. 1999. Treatment Improvement Protocols: TIP 33: Treatment for Stimulant Use Disorders, Chapter 2. [www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.57619](http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.57619)

<sup>35</sup> Ibid.

<sup>36</sup> American Dental Association. Updated August 9, 2005. Dental Topics A to Z: Methamphetamine Use. [www.ada.org/prof/resources/topics/methmouth.asp](http://www.ada.org/prof/resources/topics/methmouth.asp)

<sup>37</sup> The Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment. 1999. Treatment Improvement Protocols: TIP 33: Treatment for Stimulant Use Disorders, Figure 5-6: Common Symptoms of Chronic Stimulant Abuse/Dependence. [www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.table.59145](http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.table.59145)

- Muscle pain/tenderness—may indicate rhabdomyolysis (breakdown and release of muscle fibers into the circulatory system, often leading to kidney damage)
- Cardiovascular damage—from toxicity and contaminants in meth production, with concurrent renal and hepatic problems
- Hypertensive crises with renal damage from sustained hypertension
- Difficulty breathing—may reflect pulmonary edema, pneumonitis, obstructive airway disease, barotrauma (pressure-related ear pain), and other complications
- Myocarditis, infarcts (tissue death due to lack of oxygen)
- Headaches, strokes, seizures, vision loss
- Choreoathetoid (involuntary movement) disorders
- Impaired sexual performance and reproductive functioning
- Cerebrovascular changes, including evidence of cerebral hemorrhages and atrophy with associated cognitive deficits
- Ischemic bowel (death of part of the intestine when its blood supply is cut off), gastrointestinal complaints

On the psychiatric and behavioral side, CSAT's list includes:

- Paranoia with misinterpretation of environmental cues; psychosis with delusions and hallucinations
- Apprehension—with hopelessness and a fear of impending doom that resembles panic disorder
- Depression—with suicidal thinking and behavior
- Acute anxiety
- Eating disorders

Also on the list of harmful consequences related to meth use, abuse of such stimulants can “lead to uncharacteristically aberrant or deviant sexual behaviors, the use of prostitutes, and HIV high-risk behaviors.”<sup>38</sup> High-risk behaviors for HIV, of course, create similar risks for other STDs.

### ***Who is most likely to use methamphetamine or develop problems?***

If there is any good news about methamphetamine, it's that meth has not yet gained widespread popularity among teens. Use has occurred traditionally among people ages 19 to 40. In fact, use of methamphetamine among those ages 12 to 17 has declined somewhat in recent years. For example, according to the National Institute on Drug Abuse's (NIDA's) Monitoring the Future survey, use dropped about one-third between 2001 and 2004, when 8<sup>th</sup>- , 10<sup>th</sup>- , and 12<sup>th</sup>-grade numbers are combined.<sup>39</sup> Further good

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<sup>38</sup> The Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment. 1999. Treatment Improvement Protocols: TIP 33: Treatment for Stimulant Use Disorders, Chapter 2. [www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.57619](http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.57619)

<sup>39</sup> Office of National Drug Control Policy. December 19, 2005. National Survey Finds Overall Youth Drug Use Down Again: Declines Seen in Meth, Marijuana, Steroids, Ecstasy, and Alcohol. Media Campaign Flash.

news is that the average age of first use has been increasing, from 18.9 years in 2002 to 20.4 years in 2003 and to 22.1 years in 2004.<sup>40</sup>

Overall, use is somewhat higher among males (0.7 percent) than females (0.5 percent).<sup>41</sup> But in “large clinical populations,” the ratio of men to women has been found to be one to one.<sup>42</sup> As with other methamphetamine-related data, there also may be regional differences regarding relative rates of use by gender. NIDA’s Community Epidemiology Workgroup (CEWG) found male use higher in several cities, the same in others, but lower than female use in still others.<sup>43</sup>

In terms of ethnic/racial prevalence, SAMHSA found that Native Hawaiians and other Pacific Islanders (2.2 percent) reported the highest rates of past-year methamphetamine use, followed by American Indians or Alaska Natives (1.7 percent) and persons reporting two or more races (1.9 percent). Past-year methamphetamine use among whites (0.7 percent) and Hispanics (0.5 percent) was higher than among Asians (0.2 percent) or blacks (0.1 percent).<sup>44</sup>

Men who have sex with men (MSM), a research category that includes self-identified gay and bisexual men as well as men who do not identify themselves as such but sometimes have sex with other men, are a population in which methamphetamine use has had particularly deadly consequences. Because MSM frequently use methamphetamine specifically for its aphrodisiac effects, enabling them to engage in extended periods of sexual activity, their use of the drug has greatly increased their risks for HIV/AIDS and other STDs. In spite of numerous press accounts of widespread methamphetamine use at gay dance clubs and among young gay men, specific information is scarce. However, studies have found as many as 25 percent of gay men who reported past-month use of methamphetamine to be HIV positive.<sup>45</sup> As one of the earliest groups hit by the current resurgence of the drug’s popularity in the United States, gay communities have also been among the first to mount aggressive methamphetamine prevention efforts. Although results are difficult to measure, in 2005 both San Francisco and New York City reported signs that gay men in their communities may be reducing their use of this drug.

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<sup>40</sup> The Substance Abuse and Mental Health Services Administration/Office of Applied Studies. September 16, 2005. The NSDUH Report: Methamphetamine Use, Abuse, and Dependence: 2002, 2003, and 2004, In Brief. <http://oas.samhsa.gov/2k5/meth/meth.htm>

<sup>41</sup> Ibid.

<sup>42</sup> Rawson, R.A., Ph.D. June 2005. Methamphetamine Addiction: Cause for Concern—Hope for the Future. Department of Psychiatry and Behavioral Sciences, UCLA. [www2.apa.org/ppo/rawson62805.ppt#257,1](http://www2.apa.org/ppo/rawson62805.ppt#257,1)

<sup>43</sup> Office of National Drug Control Policy. November 2002. Pulse Check: Trends in Drug Abuse: January–June 2002 Reporting Period.

[www.whitehousedrugpolicy.gov/publications/drugfact/pulsechk/nov02/pulse\\_nov02.pdf](http://www.whitehousedrugpolicy.gov/publications/drugfact/pulsechk/nov02/pulse_nov02.pdf)

<sup>44</sup> The Substance Abuse and Mental Health Services Administration/Office of Applied Studies. [The NSDUH Report: Methamphetamine Use, Abuse, and Dependence: 2002, 2003, and 2004](http://oas.samhsa.gov/2k5/meth/meth.cfm): Highlights. <http://oas.samhsa.gov/2k5/meth/meth.cfm>

<sup>45</sup> Specter, Michael. May 23, 2005. Higher risk: Crystal meth, the Internet, and dangerous choices about AIDS. *The New Yorker*. [www.newyorker.com/fact/content/articles/050523fa\\_fact](http://www.newyorker.com/fact/content/articles/050523fa_fact)

## ***How big is America's methamphetamine problem?***

In its executive summary, the *Methamphetamine Interagency Task Force—Final Report: Federal Advisory Committee* summarized findings and recommendations of the November 1999 Task Force meeting and National Town Hall Meeting on Methamphetamine. This report contained two important points about the scope of the current methamphetamine problem in the United States:<sup>46</sup>

- “There is a lack of data about the prevalence of methamphetamine use and abuse.” (Editor’s note: Subsequent surveys have improved understanding of meth problems in the United States, although much more research is needed.)
- “A number of indicators...show that methamphetamine use is spreading.... Since the early 1990s, methamphetamine gradually has been moving into the Midwest and South. The drug is manufactured and distributed by Mexican sources using established drug trafficking routes; domestic clandestine laboratories are another significant source. Now, methamphetamine is used throughout most major metropolitan areas, less in the Northeast.”

Meth does not appear to be the “biggest” national drug problem, even for treatment programs. An October 2005 article in *Youth Today* refers to SAMHSA data and points out that “Meth is not even close.... Meth was the drug of choice for only 7 percent of people who sought treatment in 2003.”<sup>47</sup> (This 7 percent—which actually includes all stimulant use under the major category of “amphetamine/methamphetamine”<sup>48</sup>—compares with 14 percent for cocaine, 16 percent for marijuana, 18 percent for opiates, and 42 percent for alcohol.)

In many cases, the severe effects of repeated meth use may account for much of the increasing demands on treatment services and law enforcement. As early as 1996, DEA noted that today’s ephedrine-based methamphetamine is “several times more potent than its other forms.”<sup>49</sup>

## ***How many people use methamphetamine?***

According to SAMHSA’s 2004 NSDUH, nearly 12 million Americans aged 12 or older reported that they had used methamphetamine at least once in their lifetime. Not quite

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<sup>46</sup> Methamphetamine Interagency Task Force. 2000. *Methamphetamine Interagency Task Force: Final Report: Federal Advisory Committee*. [www.ojp.usdoj.gov/nij/methintf/index.html](http://www.ojp.usdoj.gov/nij/methintf/index.html).

<sup>47</sup> Shirk, M. October 2005. The meth epidemic: Hype vs. reality: The facts about how the drug affects child welfare and how agencies have coped. *Youth Today*. [www.youthtoday.org/youthtoday/oct05/story2\\_10\\_05.html](http://www.youthtoday.org/youthtoday/oct05/story2_10_05.html)

<sup>48</sup> The Substance Abuse and Mental Health Services Administration/Office of Applied Studies. Drug Abuse Warning Network, 2003: Interim National Estimates of Drug-Related Emergency Department Visits. [http://dawninfo.samhsa.gov/files/DAWN\\_ED\\_Interim2003.pdf](http://dawninfo.samhsa.gov/files/DAWN_ED_Interim2003.pdf)

<sup>49</sup> U.S. Drug Enforcement Administration. March 1996. Methamphetamine Situation in the United States. [www.fas.org/irp/agency/doj/dea/product/meth/toc.htm](http://www.fas.org/irp/agency/doj/dea/product/meth/toc.htm)

1.5 million of them said they had used meth at least once in the past year. More than one-third of that group—583,000—reported past-month use of methamphetamine.<sup>50</sup>

Among youth between ages 12 and 17, lifetime use of methamphetamine in the SAMHSA data was 1.2 percent for 2004, down from 1.5 percent in 2002. Past-year use was 0.6 percent, compared with 0.9 percent for 2002. Past-month use was 0.2 percent among 12- to 17-year-olds in 2004 vs. 0.3 percent in 2002.<sup>51</sup> (Alcohol is by far the substance most likely to be abused by underage youth; their past-month use of marijuana, cocaine, psychotherapeutics, and pain relievers is at substantially higher levels than their past-month use of methamphetamine.)

These findings are consistent with those of NIDA's 2004 Monitoring the Future survey. Monitoring the Future also concluded that past-year prevalence for methamphetamine use among 8<sup>th</sup>-, 10<sup>th</sup>-, and 12<sup>th</sup>-grade students was "down considerably" from 1999.<sup>52</sup> For 2005, Monitoring the Future found statistically significant declines in student use of methamphetamine in one or more grades.<sup>53</sup> The Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance System has reported similar declines.<sup>54</sup>

But these numbers only tell a part of the story about America's current methamphetamine "epidemic"—and by no means the most compelling part, according to many who speak out on the issue. As the director of the Office of National Drug Control Policy's (ONDCP's) National Youth Anti-Drug Media Campaign said at a recent press conference, "As good as the news is from national statistics on the decline in teen drug use, national surveys tend to mask local and regional drug trends."<sup>55</sup> In releasing the 2005 Monitoring the Future survey, the survey's principal investigator acknowledged "that the pattern of declining meth use among adolescents seems to be inconsistent with recent press reports of a growing meth epidemic" and speculated that use might be increasing among school dropouts not included in the survey.

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<sup>50</sup> The Substance Abuse and Mental Health Services Administration/Office of Applied Studies. Updated October 2, 2005. NSDUH 2004. Appendix H, Selected Prevalence Tables, Table H.1—Types of Illicit Drug Use in Lifetime, Past Year, and Past Month Among Persons Aged 12 to 17: Numbers in Thousands, 2002–2004. <http://oas.samhsa.gov/NSDUH/2k4NSDUH/2k4results/appH.htm>

<sup>51</sup> The Substance Abuse and Mental Health Services Administration/Office of Applied Studies. Updated October 2, 2005. NSDUH 2004. Appendix H, Selected Prevalence Tables, Table H.3—Types of Illicit Drug Use in Lifetime, Past Year, and Past Month Among Persons Aged 12 to 17: Percentages, 2002–2004. <http://oas.samhsa.gov/NSDUH/2k4NSDUH/2k4results/appH.htm#tabh.3>

<sup>52</sup> National Institute on Drug Abuse. April 2005. Monitoring the Future: National Results on Adolescent Drug Use: Overview of Key Findings 2004. [www.monitoringthefuture.org/pubs/monographs/overview2004.pdf](http://www.monitoringthefuture.org/pubs/monographs/overview2004.pdf)

<sup>53</sup> Johnston, L.D.; O'Malley, P.M.; Bachman, J.G.; Schulenberg, J.E. December 19, 2005. Teen drug use down, but progress halts among youngest teens. University of Michigan News and Information Services: Ann Arbor, MI. [www.monitoringthefuture.org/pressreleases/05drugpr.pdf](http://www.monitoringthefuture.org/pressreleases/05drugpr.pdf)

<sup>54</sup> Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System (YRBSS). Youth Online: Comprehensive Results: Percentage of Students Who Used Methamphetamine One or More Times During Their Life. <http://apps.nccd.cdc.gov/yrbss/SelectLocyear.asp?cat=3&Quest=Q53>

<sup>55</sup> Denniston, R., Director, National Youth Anti-Drug Media Campaign. December 15, 2005. Personal communication. Office of National Drug Control Policy.

## ***How many meth users are in the treatment, hospital, and criminal justice systems?***

Another look at NSDUH reveals sharp increases (164,000 for 2002 vs. 346,000 in 2004) in the numbers of past-month meth users who met criteria for abuse of or dependence on one or more illicit drugs. Similarly, SAMHSA also found big increases in the number of past-month meth users who m

Other reports from numerous public and private sources describe dramatic, alarming, and sometimes overwhelming increases in meth-related hospital and substance abuse treatment admissions, meth crimes and court cases, meth-related damage to the environment, and cases of child endangerment due to meth use. It's not unusual for these sources to describe methamphetamine use as "a growing problem" or even to claim that it's "the biggest drug problem." For example, in a 2005 report by the National Association of Counties (NACo), 58 percent of law enforcement officials in 500 U.S. counties said that methamphetamine was the biggest drug problem in their counties.<sup>57</sup>

Methamphetamine users and manufacturers enter the criminal justice system in a number of ways, and it is here that reports of big increases in methamphetamine-related problems are found. Of about 35,000 DEA arrests in 2001, for example, nearly a third (32.0 percent) fell under the category of "other drugs," which included "stimulants (e.g., methamphetamine), depressants (e.g., barbiturates), and hallucinogens (e.g., LSD and PCP)." Rapid increases in the numbers of reported annual drug lab seizures, with meth labs representing the majority, add thousands of annual arrestees to the justice system.<sup>58</sup> Although published studies of a link between identity theft and meth use have yet to appear, law enforcement personnel in several communities have reported that methamphetamine is involved in the majority of such crimes in their areas.<sup>59</sup>

In many communities, drug courts have provided the "central response" to methamphetamine problems. In western States, some of these drug courts have reported huge increases in the numbers of meth-related cases in their jurisdictions.<sup>60</sup> Nationally, 4,453 offenders who were in the Federal court system during 2003 received treatment for methamphetamine abuse.<sup>61</sup> A 2005 report on the progress of California's widely

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<sup>56</sup> The Substance Abuse and Mental Health Services Administration/Office of Applied Studies. September 16, 2005. The NSDUH Report: Methamphetamine Use, Abuse, and Dependence: 2002, 2003, and 2004, In Brief. <http://oas.samhsa.gov/2k5/meth/meth.htm>

<sup>57</sup> National Association of Counties. July 5, 2005. The Meth Epidemic in America: Two Surveys of U.S. Counties: The Criminal Effect of Meth on Communities/The Impact of Meth on Children. [www.nationaldec.org/research%20and%20articles/research/NACO%20Report.pdf](http://www.nationaldec.org/research%20and%20articles/research/NACO%20Report.pdf)

<sup>58</sup> Office of National Drug Control Policy. March 2003. Drug Data Summary: March 2003. [www.whitehousedrugpolicy.gov/publications/factsht/drugdata/](http://www.whitehousedrugpolicy.gov/publications/factsht/drugdata/)

<sup>59</sup> County of Los Angeles Department of Health Services, Public Health, Alcohol, and Drug Program Administration. January 2006. Review of Methamphetamine Use and Costs in Los Angeles County.

<sup>60</sup> Huddleston, C.W., III. May 2005. Drug Courts: An Effective Strategy for Communities Facing Methamphetamine. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. [www.ncjrs.gov/pdffiles1/bja/209549.pdf](http://www.ncjrs.gov/pdffiles1/bja/209549.pdf)

<sup>61</sup> Administrative Office of the U.S. Courts Office of Public Affairs. July 2004. Addicted and a Danger to the Community: Supervising Meth Addicts. *The Third Branch*. Volume 36, Number 7. [www.uscourts.gov/ttb/july04ttb/addicts/index.html](http://www.uscourts.gov/ttb/july04ttb/addicts/index.html)

discussed Proposition 36 program for court referral of non-violent offenders to treatment noted that more than half (52.7 percent) of the 51,033 offenders who entered drug treatment during the program's third year, which ended on June 30, 2004, reported methamphetamine as their primary drug problem.<sup>62</sup> (It is worth noting, in light of questions about the effectiveness of methamphetamine treatment, that about one-third of those sent to treatment under Proposition 36 during this period completed treatment, with meth users as likely to complete treatment as others.)

The National Drug Intelligence Center (NDIC), a service of the U.S. Department of Justice, flatly states, "The threat posed to the United States by the trafficking and abuse of methamphetamine is high and increasing" in a February 2005 document, "National Drug Threat Assessment 2005."<sup>63</sup> NDIC cites a number of reports of increased methamphetamine production, related arrests, treatment admissions, and apparent sharp increases in the smuggling of methamphetamine from Mexico since 2001.

### ***What about methamphetamine-endangered children?***

The plight of children who live with methamphetamine-using adults or are at or near meth labs is cause for real public concern. Demands on services needed to get these children out of harm's way and provide for their needs have increased in some jurisdictions, even though national numbers do not yet reflect a widespread need for such services. Of more than 14,000 meth lab incidents in 2003 reported to DEA, just under 1,300 incidents involved a child being exposed to toxic chemicals, and 724 children at these sites were taken into protective custody. (Additional data relating to drug-endangered children and methamphetamine are included in the Fact Sheet: Children in this resource kit.)

NACo published other alarming reports in 2005 on methamphetamine's impact on communities and on children, such as increases in out-of-home placements of children across the United States because of methamphetamine. The NACo reports also spawned a number of national media stories, such as one called "Meth's Youngest Victims," aired on *NBC Nightly News* in August 2005.<sup>64</sup>

The *NBC Nightly News* story cited double-digit increases in out-of-home placements of children in California, Colorado, and Minnesota due to meth lab incidents. NBC called these children "meth orphans" and said that "3,000 children were pulled from homes during meth lab seizures last year." This figure appears to have come from the DEA's El Paso Intelligence Center report that in 2003 "over 3,000 children were present during the

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<sup>62</sup> Douglas Longshore, Ph.D.; Darren Urada, Ph.D.; Elizabeth Evans; Yih-Ing Hser, Ph.D.; Michael Prendergast, Ph.D.; and Angela Hawken. July 22, 2005. Evaluation of the Substance Abuse and Crime Prevention Act: 2004 Report. UCLA Integrated Substance Abuse Programs. [www.uclaisap.org/Prop36/documents/sacpa080405.pdf](http://www.uclaisap.org/Prop36/documents/sacpa080405.pdf)

<sup>63</sup> National Drug Intelligence Center, U.S. Department of Justice. National Drug Threat Assessment: 2005. [www.usdoj.gov/ndic/pubs11/12620/index.htm](http://www.usdoj.gov/ndic/pubs11/12620/index.htm)

<sup>64</sup> MSNBC. August 9, 2005. Meth's youngest victims: Children of meth lab homes are placed into foster care. *NBC Nightly News* with Brian Williams. [www.msnbc.msn.com/id/8888124/](http://www.msnbc.msn.com/id/8888124/)

seizure of clandestine laboratories nationwide.”<sup>65</sup> But this analysis may overstate the real number. ONDCP, in citing the 3,000 figure, elaborates: “The labs affected more than 3,000 children. This includes children who were residing at the labs but may not have been present at the time of the seizure as well as children who were visiting the site.” In fact, the actual number of children taken into protective custody during meth lab-related incidents in 2003 was 724, according to the original DEA/El Paso Intelligence Center data.<sup>66</sup>

The October 2005 *Youth Today* feature on the subject of methamphetamine’s impact on children found some national experts skeptical of the NACo report. For example, the executive director of the National Coalition for Child Protection Reform expressed his belief that fears of losing foster care entitlements were behind some of the county statistics summarized in the reports. Others whom *Youth Today* asked about this pointed to significant *declines* in big-city foster care admissions in recent years, in contrast to some of the NACo findings.<sup>67</sup>

### ***Do regional differences explain discrepancies in reported numbers? Are some users under-reported?***

Sharp regional differences in the popularity of methamphetamine may explain some seeming discrepancies. Places with the greatest numbers of users and associated problems also may be generating the most frequent and attention-getting reports. A look at the June 2005 Advance Report of NIDA’s Community Epidemiology Work Group (CEWG) provides a good illustration. The CEWG meeting noted that there were exceedingly high percentages of meth-related treatment admissions in Hawaii (57.3 percent), San Diego (45.2 percent), Arizona (37.5 percent), and Los Angeles (26.7 percent); there also were relatively high proportions of primary methamphetamine admissions for Minneapolis/St. Paul (19.6 percent), Denver (17.6 percent), Seattle (15.2 percent), San Francisco (14.5 percent), Atlanta (11.3 percent), and St. Louis (6.5 percent). However, methamphetamine reports, relative to numbers of emergency room reports for other drugs (alcohol was excluded), were *low* in other areas where CEWG captures such information, such as Baltimore, Boston, Chicago, Detroit, New York, and Newark.<sup>68</sup>

Some of the groups whose methamphetamine use actually is increasing at alarming rates are under-represented in national data, resulting in additional discrepancies in reported

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<sup>65</sup> U.S. Drug Enforcement Administration. November 18, 2004. Law Enforcement and the Fight Against Methamphetamine: Statement of Joseph T. Rannazzisi, Deputy Chief, Office of Enforcement Operations, Before the House Government Reform Committee, Subcommittee on Criminal Justice, Drug Policy, and Human Resources. [www.usdoj.gov/dea/pubs/cngrtest/ct111804.html](http://www.usdoj.gov/dea/pubs/cngrtest/ct111804.html)

<sup>66</sup> Office of National Drug Control Policy. February 6, 2004. Fighting Methamphetamine in the Heartland: How Can the Federal Government Assist State and Local Efforts? [www.whitehousedrugpolicy.gov/news/testimony04/020604/meth.html](http://www.whitehousedrugpolicy.gov/news/testimony04/020604/meth.html)

<sup>67</sup> Shirk, M. October 2005. The meth epidemic: Hype vs. reality: The facts about how the drug affects child welfare and how agencies have coped. *Youth Today*. [www.youthtoday.org/youthtoday/oct05/story2\\_10\\_05.html](http://www.youthtoday.org/youthtoday/oct05/story2_10_05.html)

<sup>68</sup> National Institute on Drug Abuse’s Community Epidemiology Workgroup. June 2005. Epidemiological Trends in Drug Abuse: Advance Report. [www.drugabuse.gov/PDF/CEWG/AdvReport605.pdf](http://www.drugabuse.gov/PDF/CEWG/AdvReport605.pdf)

numbers. For example, small-town and rural youth may not be as well-represented in national surveys as those who live in larger cities, but DEA estimates that 12- to 14-year-olds in smaller communities are 104 percent more likely to use meth than their peers in larger cities (bear in mind that only 0.7 percent of those between ages 12 and 17 report past-month use, according to NSDUH, so the numbers of meth users in this age group will be relatively low everywhere).<sup>69</sup> Similarly, although MSM are widely believed to be using methamphetamine at much higher rates than others, they may be significantly under-represented in national surveys. In San Francisco, where the gay meth-and-AIDS connection has been reported by many sources, a 2005 street interview survey of MSM found 10 percent reporting crystal meth use during the prior 6 months, compared with 18 percent in a comparable 2003 survey. Experts believe this may signal a decline in meth's popularity in this population.<sup>70</sup>

### ***What does all this mean?***

The finding of the Methamphetamine Interagency Task Force at the end of 1999—that access to and use of methamphetamine is spreading eastward and into rural America<sup>71</sup>—continues to be echoed in subsequent State and local data. At the same time, declining use of the drug in some populations may contribute to stable and decreasing prevalence nationally, while the swift devastation methamphetamine visits on those who use it repeatedly propels increasing numbers of users into treatment, jails, and drug court programs.

#### **Prevention**

In its final report, the Methamphetamine Interagency Task Force included a section on prevention and education that stressed comprehensive, targeted, community-based prevention.<sup>72</sup> This section offered a set of guiding principals, summarized here:

- Effective drug prevention requires the involvement of many segments of the community.
- Methamphetamine prevention should use established prevention principles and be part of broader drug abuse prevention efforts.
- Methamphetamine prevention must clearly identify target populations, motivations, risk factors, and demographics and tailor strategies to address the specific needs of communities. Prevention efforts also must recognize the multigenerational characteristics of meth manufacturing.
- Prevention must be guided by research and evaluation.
- Prevention programs must be evaluated to determine their effectiveness.
- Parents/adults should be included in prevention programs for youth.

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<sup>69</sup> Drug Enforcement Administration. Fact Sheet: Fast Facts About Meth. [www.dea.gov/pubs/pressrel/methfact03.html](http://www.dea.gov/pubs/pressrel/methfact03.html)

<sup>70</sup> Buchanan, Wyatt. November 4, 2005. San Francisco interviews indicate drop in meth use by gay men: Experts say results should be backed by other research. *San Francisco Chronicle*. [www.sfgate.com/cgi-bin/article.cgi?file=/c/a/2005/11/04/BAG7KFJ1GL1.DTL](http://www.sfgate.com/cgi-bin/article.cgi?file=/c/a/2005/11/04/BAG7KFJ1GL1.DTL)

<sup>71</sup> Methamphetamine Interagency Task Force. 2000. *Methamphetamine Interagency Task Force: Final Report: Federal Advisory Committee*. [www.ojp.usdoj.gov/nij/methintf/index.html](http://www.ojp.usdoj.gov/nij/methintf/index.html).

<sup>72</sup> Methamphetamine Interagency Task Force. 2000. *Final Report: Part II—Prevention and Education. Federal Advisory Committee*. [www.ojp.usdoj.gov/nij/publications/methintf/2.html](http://www.ojp.usdoj.gov/nij/publications/methintf/2.html)

- Community prevention should target adult users with both long and short histories of meth use.

Based on these principals, the Methamphetamine Interagency Task Force made a series of specific prevention recommendations that are likely to be familiar to those already engaged in evidence-based substance abuse prevention:

- Address methamphetamine issues through broad-based drug prevention and education efforts that target all forms of drug use and that are based on research and established prevention principles.
- Develop science-based prevention program planning and intervention guidelines in communities where methamphetamine is already a problem.
- Involve the entire community in prevention efforts, including educators, youth, parents, vendors of materials used in meth manufacture, law enforcement officials, business leaders, members of the faith community, social services providers, and representatives of government agencies and organizations.
- Identify the changing population characteristics of users, their motivations, risk factors, and demographics.
- Involve parents and other adults in prevention and education programs for youth, particularly in the areas of monitoring for “latchkey” children, enhancing parent-child communication skills, and providing consistent family/home rules for youth behavior and leisure time activities.
- Ensure that media campaigns proceed with caution, focusing on raising awareness of methamphetamine using messages designed to minimize unintended effects, such as arousing curiosity about meth.
- Develop or augment programs aimed at educating those communities in which methamphetamine is an emerging or chronic problem.

NIDA makes the following broad recommendation for preventing methamphetamine abuse:<sup>73</sup>

“Effective prevention of drug use begins with assessing the specific nature of the drug problem within the local community and adapting prevention programs accordingly. Prevention programs should start early, be comprehensive, and stress key points repeatedly. Family-focused prevention efforts have a greater impact than strategies that focus on parents only or children and adolescents only.”

In recent years, SAMHSA has awarded several CSAP [Targeted Capacity Expansion \(TCE\) grants for methamphetamine and inhalant prevention, intervention, and infrastructure](#) development. In announcing some of these awards, SAMHSA has noted that methamphetamine abuse has spread eastward, even as Western and Mountain States are experiencing increasing rates of methamphetamine addiction. At the same time, SAMHSA has published public education materials and collaborated with ONDCP on

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<sup>73</sup> National Institute on Drug Abuse. March 1999. NIDA Notes: Methamphetamine Abuse Alert. Volume 13, Number 6. [www.drugabuse.gov/NIDA\\_Notes/NNV0113N6/tearoff.html](http://www.drugabuse.gov/NIDA_Notes/NNV0113N6/tearoff.html)

other publications to raise awareness about the threat of methamphetamine and to teach effective prevention strategies.

SAMHSA also has emphasized application of its Matrix and Strategic Prevention Framework to efforts aimed at preventing methamphetamine abuse. (See sections III and IV of this resource kit to review the SAMHSA Matrix and to read more about SAMHSA's Strategic Prevention Framework.)

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## **VI. Talking Points**

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- Methamphetamine is a powerful psychostimulant closely related to amphetamine, from which it is derived.<sup>74</sup>
- Injecting or smoking methamphetamine produces a short but intense and pleasurable “rush.”<sup>75</sup>
- When taken orally, or by snorting, methamphetamine causes a less intense but much longer-lasting high, which many users claim can continue for several hours.<sup>76</sup>
- When ingested, methamphetamine releases large amounts of dopamine in the brain, causing feelings of pleasure and euphoria.<sup>77</sup>
- Withdrawal symptoms, when meth use has stopped, may include fatigue, depression, anxiety, paranoia, aggression, and an intense craving for more of the drug. In some cases, psychotic symptoms may persist for months or years following use.<sup>78</sup>
- Because of its high potential for abuse and addiction, methamphetamine is a Schedule II drug, with very limited legal use for medical purposes, and only then by prescription and with regular physician monitoring.<sup>79</sup>

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<sup>74</sup> National Institute on Drug Abuse. April 1998, Reprinted January 2002. Research Report Series: Methamphetamine Abuse and Addiction. [www.nida.nih.gov/ResearchReports/methamph/methamph.html](http://www.nida.nih.gov/ResearchReports/methamph/methamph.html)

<sup>75</sup> Ibid.

<sup>76</sup> Ibid.

<sup>77</sup> Ibid.

<sup>78</sup> Office of National Drug Control Policy. November 2003. Fact Sheet: Methamphetamine. [www.whitehousedrugpolicy.gov/publications/factsht/methamph/](http://www.whitehousedrugpolicy.gov/publications/factsht/methamph/)

<sup>79</sup> U.S. Drug Enforcement Administration. Drug Scheduling. [www.usdoj.gov/dea/pubs/scheduling.html](http://www.usdoj.gov/dea/pubs/scheduling.html)

- The process from first use of methamphetamine to addiction may take between 2 and 5 years, although there also is evidence that addiction can occur in *less than 1 year* of chronic use.<sup>80</sup>
- Besides its great potential for addiction, chronic methamphetamine use may result in depression, paranoia, psychosis, belligerence, and aggression.<sup>81</sup>
- Chronic methamphetamine use also can lead to serious physical health problems, such as exhaustion, anemia, hair loss, impaired vision, stroke, seizures, heart problems, and numerous other conditions.<sup>82</sup>
- “Meth mouth,” a cluster of severe dental problems, is another possible outcome of chronic methamphetamine use, due to the acidic and xerostomic (dry mouth) effects of the drug itself, to jaw clenching and teeth grinding often observed in meth users, and to their extremely poor nutrition.<sup>83</sup>
- Unlike plant-based drugs, methamphetamine is a synthetic drug and can be made easily with inexpensive ingredients available in many retail stores or from Internet sources. The equipment needed for the manufacture of methamphetamine in small “mom and pop” labs is easy to obtain.<sup>84</sup>
- The manufacture of methamphetamine in “mom and pop” labs and at bigger “super labs” places people at and near these sites—including children—at great risk of being injured, either temporarily or for life, or of being killed.<sup>85</sup>
- Chemicals used to make methamphetamine as well as wastes produced during its manufacture are toxic and may be highly flammable.<sup>86</sup>

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<sup>80</sup> The Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment. 1999. Treatment Improvement Protocols: TIP 33: Treatment for Stimulant Use Disorders, Chapter 2. [www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.57619](http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.57619)

<sup>81</sup> Ibid.

<sup>82</sup> The Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment. 1999. Treatment Improvement Protocols: TIP 33: Treatment for Stimulant Use Disorders, Figure 5-6: Common Symptoms of Chronic Stimulant Abuse/Dependence. [www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.table.59145](http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.table.59145)

<sup>83</sup> American Dental Association. Updated on August 9, 2005. Dental Topics A to Z: Methamphetamine Use. [www.ada.org/prof/resources/topics/methmouth.asp](http://www.ada.org/prof/resources/topics/methmouth.asp)

<sup>84</sup> The Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Prevention. 2002. Meth: What’s Cooking in Your Neighborhood? <http://media.shs.net/prevline/pdfs/vhs143g.pdf>

<sup>85</sup> Ibid.

<sup>86</sup> Ibid.

- Nationally, the age of first use of methamphetamine has risen in recent years and was 22.1 years in 2004.<sup>87</sup>
- Also at a national level, methamphetamine use among teens has been low compared to their use of several other drugs, and has declined in recent years. In 2004, past-year use of methamphetamine among those ages 12 to 17 was 0.6 percent, and past-month use was 0.2 percent.<sup>88</sup>
- The 2005 Monitoring the Future survey reported statistically significant declines in student use of methamphetamine in one or more grades. However, the survey’s principal investigator acknowledged “that the pattern of declining meth use among adolescents seems to be inconsistent with recent press reports of a growing meth epidemic” and speculated that use might be increasing among school dropouts not included in the survey.<sup>89</sup>
- Access to and use of methamphetamine has continued its spread eastward and into rural America.<sup>90</sup> In some communities, States, regions, and specific populations, methamphetamine use appears to be increasing, which may represent a substantial challenge in the overall substance abuse picture.
- Among men who have sex with men, use of methamphetamine in conjunction with sexual activity has substantially increased their risks for HIV/AIDS and other STDs.<sup>91, 92</sup>

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<sup>87</sup> The Substance Abuse and Mental Health Services Administration/Office of Applied Studies. September 16, 2005. [The NSDUH Report: Methamphetamine Use, Abuse, and Dependence: 2002, 2003, and 2004](http://oas.samhsa.gov/2k5/meth/meth.htm), In Brief. <http://oas.samhsa.gov/2k5/meth/meth.htm>

<sup>88</sup> The Substance Abuse and Mental Health Services Administration/Office of Applied Studies. Updated October 2, 2005. NSDUH 2004. Appendix H, Selected Prevalence Tables, Table H.3—Types of Illicit Drug Use in Lifetime, Past Year, and Past Month Among Persons Aged 12 to 17: Percentages, 2002–2004. <http://oas.samhsa.gov/NSDUH/2k4NSDUH/2k4results/appH.htm#tabh.3>

<sup>89</sup> Johnston, L.D.; O’Malley, P.M.; Bachman, J.G.; Schulenberg, J.E. December 19, 2005. Teen drug use down, but progress halts among youngest teens. University of Michigan News and Information Services: Ann Arbor, MI. [www.monitoringthefuture.org/pressreleases/05drugpr.pdf](http://www.monitoringthefuture.org/pressreleases/05drugpr.pdf)

<sup>90</sup> Methamphetamine Interagency Task Force. 2000. *Methamphetamine Interagency Task Force: Final Report: Federal Advisory Committee*. [www.ojp.usdoj.gov/nij/methintf/index.html](http://www.ojp.usdoj.gov/nij/methintf/index.html).

<sup>91</sup> Marcelle, George. May/June 1996. Meth, Men, and Myths: Increased Risk in the Gay Community. Center for Substance Abuse Prevention’s *Prevention Pipeline*. Volume 9, No. 3.

<sup>92</sup> Centers for Disease Control and Prevention. March 8, 2004. 2004 National STD Prevention Conference: Crystal methamphetamine use, the Internet, and other factors likely fueling increases in STDs, risky behavior among gay and bisexual men. [www.cdc.gov/std/2004STDConf/MediaRelease/CrystalMeth.htm](http://www.cdc.gov/std/2004STDConf/MediaRelease/CrystalMeth.htm)

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**VII. Preventing Methamphetamine Use/Abuse:  
Examples of Federal, National, State, and  
Community Efforts**

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***Federal***

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Prevention (CSAP) awarded 27 grants totaling \$8.8 million in 2002 to "prevent the use of ecstasy and other club drugs, methamphetamine, and inhalants. Thirteen of the 27 grant awards will develop prevention infrastructure; 14 of the 27 grant awards will focus on prevention interventions."

[www.dhhs.gov/news/press/2002pres/20021025b.html](http://www.dhhs.gov/news/press/2002pres/20021025b.html)

In 2004, SAMHSA/CSAP awarded two [Targeted Capacity Expansion \(TCE\) grants](#) to the Michigan Department of Community Health and to The Wheel, Inc., of Phoenix, AZ. These grants are intended for [methamphetamine and inhalant prevention interventions or infrastructure development](#).

[www.samhsa.gov/grants/2004/awardees2004\\_CSAP1.aspx](http://www.samhsa.gov/grants/2004/awardees2004_CSAP1.aspx)

In October 2004, the President's *National Synthetic Drugs Action Plan* was published jointly by the White House Office of National Drug Control Policy (ONDCP) and the U.S. Attorney General, with methamphetamine as one of the primary drugs targeted. Prevention is one of four categories of recommendations included in the plan.

[www.whitehousedrugpolicy.gov/publications/national\\_synth\\_drugs/](http://www.whitehousedrugpolicy.gov/publications/national_synth_drugs/)

The Congressional Caucus To Fight and Control Methamphetamine was established to raise awareness; advance policies against the manufacture, distribution, and use of methamphetamine; educate others about the dangers of methamphetamine abuse; involve State and community leaders, law enforcement, public health professionals, and advocacy groups in efforts to reduce and prevent methamphetamine use; and build congressional support for anti-methamphetamine measures. The Caucus maintains a Web site offering news, information, and links to other resources at [www.house.gov/larsen/meth/](http://www.house.gov/larsen/meth/).

The ONDCP Methamphetamine Awareness Web site has information on a variety of methamphetamine-related topics (e.g., health, law enforcement).

[www.whitehousedrugpolicy.gov/drugfact/methamphetamine/index.html](http://www.whitehousedrugpolicy.gov/drugfact/methamphetamine/index.html)

ONDCP also partners with the U.S. Department of Health and Human Services and the U.S. Department of Justice in sponsoring the Federal government's one-stop Web site on meth-related matters at [www.methresources.gov](http://www.methresources.gov).

A detailed overview of Federal and international efforts to control trafficking in chemicals used to manufacture methamphetamine is provided in the ONDCP fact sheet "Efforts To Control Precursor Chemicals" at [www.whitehousedrugpolicy.gov/publications/international/factsht/precursor.html](http://www.whitehousedrugpolicy.gov/publications/international/factsht/precursor.html).

The U.S. Department of Justice's Community-Oriented Policing Services' (COPS) Methamphetamine Initiative funds State and local law enforcement agencies to form partnerships to develop and implement methamphetamine counter-measures. A section of the COPS Web site has details, fact sheets, a manual, an interim evaluation of the program, and other pertinent information at [www.cops.usdoj.gov/default.asp?Item=57](http://www.cops.usdoj.gov/default.asp?Item=57).

### ***National***

The National Association of Counties (NACO) has created the Meth Action Clearinghouse, which distributes a useful fact sheet the group published about sources of funding for various meth-related programs and services. The July 2005 NACO report on methamphetamine is also posted, along with a listing of their national Methamphetamine Action Group, at [www.naco.org/Template.cfm?Section=Meth\\_Action\\_Clearinghouse](http://www.naco.org/Template.cfm?Section=Meth_Action_Clearinghouse).

The Clandestine Laboratory Investigators Association (CLIA) is a nonprofit organization offering training, technical support, legislation assistance, and expert testimony to all law enforcement, prosecutors, and emergency service personnel. The group's Web site includes information on identifying methamphetamine labs with a nine-point checklist of possible "indicators" of a clandestine laboratory at [www.clialabs.com/](http://www.clialabs.com/).

Established in 2003, the National Alliance for Drug-Endangered Children encourages and trains communities to create multidisciplinary teams to address the needs of abused children, including children removed from meth lab sites and methamphetamine-using parents/guardians, at [www.nationaldec.org/](http://www.nationaldec.org/).

The Methamphetamine Treatment Project Cooperative Agreement is funded by SAMHSA/Center for Substance Abuse Treatment (CSAT) and jointly implemented by UCLA's Integrated Substance Abuse Programs and the Matrix Institute on Addictions (known for its development of "the Matrix model" methamphetamine treatment protocol). The project's purpose is to develop, implement, and evaluate the adaptation and implementation of the Matrix model in community drug treatment programs. The project's team members have archived their key documents at [www.methamphetamine.org/mtcc.htm](http://www.methamphetamine.org/mtcc.htm).

The nonprofit organization Children and Family Futures, Inc., provides an extensive resource list on methamphetamine and its impact on women, children, and families.

Links to public and private resources at national and State levels are included, along with training opportunities and a number of key documents on the topic.

[www.cffutures.org/MethamphetamineList.htm](http://www.cffutures.org/MethamphetamineList.htm)

## **State**

### **Hawaii**

**Hawaii** has been particularly hard-hit by methamphetamine and has convened a Joint House-Senate Task Force on Ice and Drug Abatement. The Task Force's investigations included "listening to over 400 persons" and participating in meetings of community groups seeking to stop the use and spread of methamphetamine in Hawaii. In January 2004, the Task Force issued a 192-page final report—"Hawaii Ice"—that strongly supported stepped-up prevention activities and offered a specific recommendation for increased State spending for prevention.

[www.ocjc.state.or.us/PSReview/references/HawaiiIce20040130.pdf](http://www.ocjc.state.or.us/PSReview/references/HawaiiIce20040130.pdf)

### **Illinois**

Community coalitions are identified as one of the recommended methamphetamine prevention strategies in **Illinois**. The State attorney general's MethNet Web site also supplies information about other ways to prevent methamphetamine problems, including school-based prevention, law enforcement, drug courts, and other approaches. Noting the "unique challenges" LGBT people in Illinois may face in overcoming methamphetamine addiction, the Web site provides a listing of programs in the State with expertise in helping LGBT clients.

In November 2005, **Illinois** began adopting legislation to tighten sales of medications used in the illegal manufacture of methamphetamine. The measure requires that buyers present a legal ID and sign a logbook. Neighboring States such as **Iowa** and **Missouri** had adopted similar legislation, prompting their residents to travel to Illinois to purchase large quantities of drugs containing pseudoephedrine. (As noted in the Overview/Discussion in this resource kit, by the end of 2005, more than three dozen States had passed laws restricting access to over-the-counter cold remedies containing methamphetamine precursor drugs.)

[www.illinoisattorneygeneral.gov/methnet/index.html](http://www.illinoisattorneygeneral.gov/methnet/index.html)

### **Indiana**

The Meth-Free **Indiana** Coalition was established in 2005 to promote and support implementation of the State's tough new anti-methamphetamine legislation. The group has launched a campaign targeting retailers in the State to make them and their customers aware of new legal restrictions on retail sales of products containing ephedrine and pseudoephedrine. The group also served as a sponsor and promoter of a December 2005 Midwestern Governors Association Regional Meth Summit, held in the Indiana State capitol, Indianapolis. The coalition consists of 20 agencies and 12 outside entities, hosts monthly meetings, and has delivered more than 5,000 kits about methamphetamine abuse to Indiana stores and businesses.

[www.in.gov/cji/methfreeindiana/index.html](http://www.in.gov/cji/methfreeindiana/index.html)

## **Iowa**

In 1999, **Iowa's** Department of Public Health received a SAMHSA/CSAT TCE grant and began the Adult Methamphetamine Treatment Project that October. The project promoted a targeted case management approach for methamphetamine treatment and urged treatment providers to learn and use methamphetamine-specific approaches. Project success is reflected in the September 2004 Iowa Outcomes Monitoring System Year Six Report, published by the Iowa Consortium for Substance Abuse Research and Evaluation. The report found that "clients whose primary substance at admission was methamphetamine had the highest abstinence rate of 65.5 percent [6 months after completing treatment]."

[www.idph.state.ia.us/bhpl/common/pdf/substance\\_abuse/sa\\_oms\\_report.pdf](http://www.idph.state.ia.us/bhpl/common/pdf/substance_abuse/sa_oms_report.pdf)

As do some other States, **Iowa** also promotes the "Life or Meth: What's the Cost?" education program and makes the Internet version of the program available at the Iowa Governor's Office of Drug Control Policy Web site, along with other methamphetamine countermeasures, at [www.state.ia.us/government/odcp/](http://www.state.ia.us/government/odcp/).

In May 2005, **Iowa** joined a growing list of States legislating control of retail sale of over-the-counter cold remedies containing ephedrine or pseudoephedrine with the passage of the Iowa Pseudoephedrine Control Act, one of the Nation's strongest such laws.

[www.state.ia.us/government/odcp/information\\_trends/pseudo%20what%20you%20need%20to%20know.html](http://www.state.ia.us/government/odcp/information_trends/pseudo%20what%20you%20need%20to%20know.html)

In 2003, **Iowa's** Department of Public Health received a SAMHSA/CSAP Prevention of Methamphetamine Abuse grant, with a project period of November 2003 to October 2006. This project focuses on providing evidence-based prevention programming, with a meth-specific component for youth ages 6 to 19 parents, and communities to reduce methamphetamine abuse. The grant recipients partner with community coalitions to provide community education and collaboration of their efforts. A resource guide for implementing evidence-based programs in schools is being developed as a cross-site project. The guide, entitled "Program Implementation Readiness: A Guide for Agency-School Planning and Communication," is available through the Iowa Department of Public Health. The target audience for the guide is prevention staff members and includes materials and checklists on personal assessment, relationship-building and ongoing communication with school personnel, program selection, communication plan development, and sustainability.

As in a number of other States implementing similar laws as part of a coordinated strategy to eliminate and discourage illegal methamphetamine labs, **Iowa** soon saw substantial decreases in the number of such operations in the State, by as much as 80 percent according to one estimate.

[www.in.gov/cji/methfreeindiana/pdfs/Iowa\\_Meth\\_Fact\\_Sheet.pdf](http://www.in.gov/cji/methfreeindiana/pdfs/Iowa_Meth_Fact_Sheet.pdf)

## **Kansas**

The **Kansas** Methamphetamine Prevention Project promotes and provides prevention approaches aimed at reducing both the supply of and the demand for methamphetamine in communities. Project partners include the State's Addiction and Prevention Services agency, along with many other Kansas groups with an interest in methamphetamine prevention measures. A Web site offers detailed statistics about methamphetamine use, production, and trafficking in Kansas; links to prevention strategy resources; and other helpful information.

[www.ksmethpreventionproject.org/kmppstatistics.htm](http://www.ksmethpreventionproject.org/kmppstatistics.htm)

## **Michigan**

The work of **Michigan's** Methamphetamine Prevention and Treatment Community, under the auspices of the State's Department of Community Health, is described at [www.michigan.gov/mdch/0,1607,7-132-2946\\_5112\\_24327\\_24330-68813--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2946_5112_24327_24330-68813--,00.html). In 2004, Michigan used funding provided by a 3-year CSAP Methamphetamine Prevention Grant to establish the State's Meth Prevention Project. The Project is guided by the Michigan Methamphetamine Task Force, made up of State Police, environmental groups, public health and social services agencies, and other interests. The project will implement recommendations the Task Force included in a 2003 report on methamphetamine problems in Michigan.

The Task Force and the **Michigan** Department of Community Health engaged the Pacific Institute for Research and Evaluation (PIRE) to evaluate the project, and PIRE's first report was published in March 2005. The PIRE evaluation report includes a logic model for methamphetamine prevention in four Michigan regions, which may be of interest to others contemplating statewide methamphetamine prevention projects.

[www.michigan.gov/documents/PIRE\\_Baseline\\_Data\\_Report\\_122741\\_7.4-11-05.doc](http://www.michigan.gov/documents/PIRE_Baseline_Data_Report_122741_7.4-11-05.doc)

## **Montana**

As stated on its homepage at [www.montanameth.org](http://www.montanameth.org), "The Montana Meth Project is the only prevention-focused organization in **Montana** using a research methodology approach to reduce the prevalence and frequency of meth use in the State." The group's goal is to reduce the prevalence of first-time meth use in the State; they focus on public service messaging, public policy, and community action. Since its inception early in 2005, the project has formed an advisory council, launched and twice refreshed a statewide advertising campaign, and conducted three Meth Use and Attitudes Surveys.

[www.montanameth.org/](http://www.montanameth.org/)

## **New York**

In August 2005, **New York** Governor Pataki signed tough new anti-meth lab legislation in acknowledgment that methamphetamine abuse had emerged as a serious threat to the State's health and safety. As part of its educational mission, the State's Office of Alcoholism and Substance Abuse Services began developing the Methamphetamine Electronic Clearinghouse within its Web site to accumulate and archive materials supportive of the new laws and of comprehensive prevention efforts targeting methamphetamine use.

[www.oasas.state.ny.us/meth/index.htm](http://www.oasas.state.ny.us/meth/index.htm)

## **Ohio**

The **Ohio** Methamphetamine Advisory Committee was established through the collaboration and leadership of the Ohio Department of Alcohol and Drug Addiction Services and the Ohio Attorney General's Office. Four subcommittees gather and promote information about meth lab site cleanup, development of a strategic State plan on methamphetamine, recommendations for tamper-proof locks on anhydrous ammonia tanks, and children endangered by exposure to methamphetamine production.

Focusing on preventing methamphetamine use in the State, the **Ohio** Resource Network for Safe and Drug-Free Schools and Communities has compiled methamphetamine prevention resources at [www.ebasedprevention.org](http://www.ebasedprevention.org). In addition, the Drug-Free Action Alliance has formed the Ohio Coalition Against Methamphetamine, which offers reproducible methamphetamine materials at [www.ohioparents.org/programs/meth.php](http://www.ohioparents.org/programs/meth.php).

An **Ohio** Policy Academy is being planned for the summer of 2006. An expert panel will provide information useful in implementing and strengthening support for the State's recent legislation to combat methamphetamine production and distribution. This bill, A.B. 53, was developed with the help of the Ohio Methamphetamine Advisory Committee.

## **Oklahoma**

**Oklahoma's** 2004 Trooper Nik Green Act (so named in memory of a State trooper killed by a methamphetamine addict) imposed strict restrictions on the sale of products containing ephedrine or pseudoephedrine and called for new court procedures and monitoring for methamphetamine arrestees. The Oklahoma legislation was credited for sharp declines in illicit drug labs in the State and became the model for similar laws in other States.

[www.oksenate.gov/publications/legislative\\_briefs/legis\\_brief\\_2004/meth\\_labs.html](http://www.oksenate.gov/publications/legislative_briefs/legis_brief_2004/meth_labs.html)

## **Oregon**

With SAMHSA/CSAP support, the **Oregon** Partnership Methamphetamine Awareness Project is designed to "reduce, prevent, and delay teen methamphetamine use in targeted communities." Student participation is a key element, with students producing a methamphetamine documentary film, public service announcements, and a Web log (blog) on the topic. The project is part of the Oregon Partnership's YouthLink program and maintains its own Web site at [www.methawarenessproject.org/](http://www.methawarenessproject.org/).

### **South Dakota**

Under the **South Dakota** Methamphetamine Task Force, 13 communities were working together by the start of 2005 to develop local strategies to stop the use of methamphetamine in the State. The Task Force's nine goals were supported by a series of State legislative actions, beginning with measures to control access to pseudoephedrine and to provide better protection for children involved with methamphetamine-using adults.

[www.state.sd.us/governor/Main/documents/STATE%20OF%20THE%20STATE%20SP%20EECH%202005.pdf](http://www.state.sd.us/governor/Main/documents/STATE%20OF%20THE%20STATE%20SP%20EECH%202005.pdf)

### **Tennessee**

In **Tennessee**, the district attorney's Anti-Meth Task Force maintains a list of partners that include multiple State agencies, State and local anti-drug coalitions, and such powerful private-sector partners as Tennessee's Outdoor Advertising Association. Through its Web site, concerned citizens can join the task force, obtain free brochures and other meth information, and post personal stories about the drug. A statewide anti-meth campaign for television was due to launch at the end of 2005 as the task force began planning for a spring 2006 meth forum at Eastern Tennessee State University. Also at the end of 2005, Tennessee inaugurated an online State registry of known methamphetamine offenders, modeled on similar sex-offender registries.

[www.methfreetn.org/](http://www.methfreetn.org/)

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## **VIII. Fact Sheet: Children**

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Adult use of methamphetamine or involvement in its manufacture and distribution creates multiple risks to the health and well-being of the users' own children and other children in their care:

- Maternal use of methamphetamine during pregnancy may result in birth abnormalities and certain kinds of learning disabilities.
- Methamphetamine users are more likely to neglect or abuse children in their care compared to other adults.
- Children living in or spending time in places where methamphetamine is being made are exposed to toxic chemical contamination as well as the possibility of fire and explosions.
- As with children of alcoholics, children of methamphetamine abusers and addicts are also at increased risk for developing serious problems in their own lives, including substance abuse problems.

### ***Additional Facts***

- Current knowledge regarding the potential effects of maternal methamphetamine use during pregnancy is limited. But the few human studies that do exist show increased rates of premature delivery, placental abruption (early separation of a normal placenta from the wall of the uterus), retarded fetal growth, and cardiac and brain abnormalities.<sup>93</sup>
- Research into the effects of prenatal exposure to methamphetamine in humans is only beginning. Despite widespread media reports warning that even a single dose of methamphetamine during pregnancy could result in birth defects, there is no

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<sup>93</sup> Volkow, Nora, M.D., Director, NIDA. April 21, 2005. Testimony Before the Subcommittee on Labor, Health, and Human Services; Education; and Related Agencies. Committee on Appropriations, U.S. Senate. [www.hhs.gov/asl/testify/t050425b.html](http://www.hhs.gov/asl/testify/t050425b.html)

scientific evidence of such extreme risk in human subjects.<sup>94</sup> However, no safe level of methamphetamine consumption has been established for pregnant women. Therefore, women who are pregnant or planning to become pregnant should avoid alcohol, tobacco, and other drugs for their own health and the health of their fetus.

- Chemicals used to cook meth as well as toxic compounds and byproducts from its manufacture produce toxic fumes, vapors, and spills. A child at a meth lab may inhale or swallow toxic substances; inhale the secondhand smoke of adults who use meth; receive an injection or skin prick from discarded needles or other drug paraphernalia; absorb methamphetamine and other toxic substances through the skin after contact with contaminated surfaces, clothing, or food; or become ill after directly ingesting chemicals or an intermediate product.<sup>95</sup>
- A child's exposure to low levels of some meth ingredients may produce headache, nausea, dizziness, and fatigue. Exposure to high levels can produce shortness of breath, coughing, chest pain, dizziness, lack of coordination, eye and tissue irritation, chemical burns (to the skin, eyes, mouth, and nose), and death. Corrosive substances may cause injury through inhalation or contact with the skin. Solvents can irritate the skin, mucous membranes, and respiratory tract and affect the central nervous system.<sup>96</sup>
- Chronic exposure to the chemicals used in meth manufacture may cause cancer; damage the brain, liver, kidney, spleen, and immunologic system; and result in birth defects. Normal cleaning will not remove methamphetamine and some chemicals used to make it. They may remain on eating/cooking utensils, floors, countertops, and absorbent materials. Toxic byproducts of meth manufacturing are often improperly disposed of outdoors, endangering children and others who live, eat, play, or even just walk at or near the site.<sup>97</sup> There are also serious legal and economic implications for the owners/landlords of contaminated meth lab sites.<sup>98</sup>
- The U.S. Department of Justice estimates that approximately 15 percent of meth labs are discovered as a result of a fire or explosion.<sup>99</sup> However, a source

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<sup>94</sup> Lester, Barry, Ph.D. August 17, 2005. One Hit of Meth Enough to Cause "News Defects." Join Together. [www.jointogether.org/news/yourturn/commentary/2005/one-hit-of-meth-enough-to.html](http://www.jointogether.org/news/yourturn/commentary/2005/one-hit-of-meth-enough-to.html)

<sup>95</sup> U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime. June 2003. Children at Clandestine Methamphetamine Labs: Helping Meth's Youngest Victims. Bulletin NCJ 197590. [www.ojp.usdoj.gov/ovc/publications/bulletins/children/](http://www.ojp.usdoj.gov/ovc/publications/bulletins/children/)

<sup>96</sup> Ibid.

<sup>97</sup> Ibid.

<sup>98</sup> Office of National Drug Control Policy. October 2004. National Synthetic Drugs Action Plan: The Federal Government Response to the Production, Trafficking, and Abuse of Synthetic Drugs and Diverted Pharmaceutical Products. [www.whitehousedrugpolicy.gov/publications/national\\_synth\\_drugs/](http://www.whitehousedrugpolicy.gov/publications/national_synth_drugs/)

<sup>99</sup> U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime. June 2003. Children at Clandestine Methamphetamine Labs: Helping Meth's Youngest Victims. Bulletin NCJ 197590. [www.ojp.usdoj.gov/ovc/publications/bulletins/children/](http://www.ojp.usdoj.gov/ovc/publications/bulletins/children/)

referenced in the Centers for Disease Control and Prevention's (CDC's) *Morbidity and Mortality Weekly Report*, dated April 15, 2005, puts the percentage of meth labs found because of a fire or explosion at 20 to 30 percent.<sup>100</sup>

- Children living at methamphetamine labs or with meth-using adults are at increased risk for severe neglect. Also, they are more likely to be physically and sexually abused by family members and known family associates.<sup>101</sup>
- Children at meth lab sites or whose parents/guardians use meth may witness violence, be forced to participate in violence, find themselves taking care of an incapacitated or injured parent or sibling, or see the police arrest and remove a parent.<sup>102</sup>
- The Drug Enforcement Administration's El Paso Intelligence Center reported 14,260 methamphetamine lab incidents in 2003, with at least 1 child present at 1,442 of these lab incidents. Nearly 1,300 incidents involved a child being exposed to toxic chemicals. Of children present at these sites, 724 were taken into protective custody, 44 were injured, and 3 were killed.<sup>103</sup>
- In a case-by-case analysis of 1,048 child deaths in Arizona reported in 2004, alcohol and drug abuse was identified as a preventable cause in 10 percent (102) of these deaths. Of these 102 cases, 21 child deaths involved methamphetamine, and meth was identified as a preventable factor in one 1 out of 5 maltreatment deaths of children.<sup>104</sup>
- In 2002, the National Clandestine Laboratory Database reported 8,911 clandestine laboratory seizures. More than 90 percent of these were methamphetamine production sites, and more than 2,078 incidents involved children.<sup>105</sup>

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<sup>100</sup> Centers for Disease Control and Prevention. April 15, 2005. Acute Public Health Consequences of Methamphetamine Laboratories—16 States, January 2000–January 2004. *Morbidity and Mortality Weekly Report*. 54(14):356-359. <http://ncadi.samhsa.gov/govpubs/mmwr/vol54/mm5414a3.aspx>

<sup>101</sup> U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime. June 2003. Children at Clandestine Methamphetamine Labs: Helping Meth's Youngest Victims. Bulletin NCJ 197590. [www.ojp.usdoj.gov/ovc/publications/bulletins/children/](http://www.ojp.usdoj.gov/ovc/publications/bulletins/children/)

<sup>102</sup> Ibid.

<sup>103</sup> Office of National Drug Control Policy. February 6, 2004. Fighting Methamphetamine in the Heartland: How Can the Federal Government Assist State and Local Efforts? [www.whitehousedrugpolicy.gov/news/testimony04/020604/meth.html](http://www.whitehousedrugpolicy.gov/news/testimony04/020604/meth.html)

<sup>104</sup> Arizona Department of Health Services. November 2005. Arizona Child Fatality Review Program. Twelfth Annual Report. [www.azdhs.gov/phs/owch/pdf/cfr2005.pdf](http://www.azdhs.gov/phs/owch/pdf/cfr2005.pdf)

<sup>105</sup> North Metro Task Force. Drug Endangered Children. National Jewish Research Center Methamphetamine Research Report—Synopsis. [www.nmtf.us/geteducated/drugendgrchildren.htm#](http://www.nmtf.us/geteducated/drugendgrchildren.htm#)

- Based on responses from law enforcement and county child welfare agencies in 303 counties in 13 States, a July 2005 report by the National Association of Counties found that:<sup>106</sup>

“Forty percent of all the child welfare officials in the survey report increased out-of-home placements because of meth in the last year.

“During the past 5 years, 71 percent of the responding counties in California reported an increase in out-of-home placements because of meth, and 70 percent of Colorado counties reported an increase.

“More than 69 percent of counties in Minnesota reported a growth in out-of-home placements because of meth during the last year, as did 54 percent of the responding counties in North Dakota.”

- A report published in 2004 by the Council of State Governments suggests that methamphetamine abuse may partly account for the higher rates of substance abuse among rural youth compared to their urban peers.<sup>107</sup>
- The Drug Enforcement Administration estimates that 12- to 14-year-olds living in smaller towns are 104 percent more likely to use meth than those in this age group who live in larger cities.<sup>108</sup>
- Children who have lived in the kind of drug environment typical of methamphetamine-using adults can suffer stress and trauma and may develop emotional, behavioral, and cognitive problems. They may suffer from low self-esteem, have difficulty relating well to other children or to adults, and have problems trusting others or forming healthy relationships. Children removed from such environments may suffer from post-traumatic stress disorder for up to a year.<sup>109</sup>

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<sup>106</sup> National Association of Counties. July 5, 2005. The Meth Epidemic in America: Two Surveys of U.S. Counties: The Criminal Effect of Meth on Communities/The Impact of Meth on Children.

[www.nationaldec.org/research%20and%20articles/research/NACO%20Report.pdf](http://www.nationaldec.org/research%20and%20articles/research/NACO%20Report.pdf)

<sup>107</sup> Council of State Governments. March 2004. Drug Abuse in America—Rural Meth.

[www.csg.org/NR/rdonlyres/e7ikxr65zumtwpirtbdyxgcaru5wy7uru2yzfyomiezficwvhl3s6dxt7dz2bzsip4cpgefqa65jvpokvb6ajxb/drug+abuse+in+america-rural+meth.pdf](http://www.csg.org/NR/rdonlyres/e7ikxr65zumtwpirtbdyxgcaru5wy7uru2yzfyomiezficwvhl3s6dxt7dz2bzsip4cpgefqa65jvpokvb6ajxb/drug+abuse+in+america-rural+meth.pdf)

<sup>108</sup> Drug Enforcement Administration. Fact Sheet: Fast Facts About Meth.

[www.dea.gov/pubs/pressrel/methfact03.html](http://www.dea.gov/pubs/pressrel/methfact03.html)

<sup>109</sup> Peed, C.R., Director, Office of Community-Oriented Policing Services, U.S. Department of Justice. November 2004. Children in Meth Labs: Risky Business. *Community Links*.

[www.nationaldec.org/research%20and%20articles/articles/Meth%20and%20ChildrenByCOPSDirector.pdf](http://www.nationaldec.org/research%20and%20articles/articles/Meth%20and%20ChildrenByCOPSDirector.pdf)

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## **VIII. Fact Sheet: Adolescents/Young Adults/Adults**

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- Over the past several years, adult use of methamphetamine in the United States has been rising, but adolescent use appears to be declining.<sup>110</sup> At the same time, the proliferation of small “mom and pop” methamphetamine labs has created or increased many problems, such as reported cases of child endangerment and demands for cleanup of hazardous wastes at such sites.<sup>111</sup>
- The Drug Enforcement Administration estimates that 12- to 14-year-olds living in smaller towns are 104 percent more likely to use meth than those in this age group who live in larger cities.<sup>112</sup>
- “The proportion of drug-test positives for amphetamines increased among workers subject to Federal testing regulations [0.35 percent for the first half of 2005 vs. 0.31 percent for 2004 and 0.29 percent in 2003], while overall drug-test positives decreased among all U.S. workers in the first half of 2005, according to the semi-annual Drug Testing Index<sup>®</sup> released today [December 1, 2005] by Quest Diagnostics Incorporated.”<sup>113</sup>
- Although the incidence of positive drug tests attributable to amphetamines among federally mandated, safety-sensitive employees in the U.S. increased by 13 percent in this group of workers during the first half of 2005, the incidence of positive drug tests related to methamphetamine in the general workforce declined by 4 percent during the same period.<sup>114</sup>

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<sup>110</sup> Office of National Drug Control Policy. October 2004. National Synthetic Drugs Action Plan: The Federal Government Response to the Production, Trafficking, and Abuse of Synthetic Drugs and Diverted Pharmaceutical Products. [www.whitehousedrugpolicy.gov/publications/national\\_synth\\_drugs/](http://www.whitehousedrugpolicy.gov/publications/national_synth_drugs/)

<sup>111</sup> Ibid.

<sup>112</sup> Drug Enforcement Administration. Fact Sheet: Fast Facts About Meth. [www.dea.gov/pubs/pressrel/methfact03.html](http://www.dea.gov/pubs/pressrel/methfact03.html)

<sup>113</sup> Quest Diagnostics, Inc. December 1, 2005. Drug Testing Index: Amphetamines Drug-Test Positives Are Up Among Safety-Sensitive Workers in the First Half of 2005, According to Quest Diagnostics’ Drug Testing Index.<sup>®</sup> [www.questdiagnostics.com/employersolutions/dti\\_11\\_2005/dti\\_index.html](http://www.questdiagnostics.com/employersolutions/dti_11_2005/dti_index.html)

<sup>114</sup> Ibid.

- Regarding findings of the 2005 Monitoring the Future (MTF) survey in December 2005, Lloyd Johnston, longtime principal investigator for the annual student survey, acknowledged that MTF findings appeared to be at odds with reports of methamphetamine's increased popularity among adolescents. "We are aware that the pattern of declining meth use among adolescents seems to be inconsistent with recent press reports of a growing meth epidemic," Johnston said. "But if use is spreading, it does not seem to be doing so in this segment of the population. Of course, it is possible that use is increasing among high school dropouts, who are not captured in the survey, and among young adults."<sup>115</sup>
- In its earliest report of 2005 MTF findings, the White House Office of National Drug Control Policy noted that when figures for grades 8, 10, and 12 were combined, methamphetamine use among students had dropped by about one-third since 2001.<sup>116</sup>
- The 2005 MTF found that annual prevalence of methamphetamine use was 1.8 percent among 8<sup>th</sup> graders, 2.9 percent among 10<sup>th</sup> graders, and 2.5 percent among 12<sup>th</sup> graders. In 1999, the corresponding prevalence rates had been 3.2 percent, 4.6 percent, and 4.7 percent, respectively.<sup>117</sup>
- According to the National Survey on Drug Use and Health (NSDUH) for 2004, the average age of first use among new methamphetamine users was 22.1. In 2003, the average age of first use was 20.4, and in 2002 it was age 18.9.<sup>118</sup>
- In 2004, 4.9 percent of those who were 12 or older had used methamphetamine at least once in their lives; 1.4 million persons aged 12 or older (0.6 percent of the population) had used methamphetamine in the past year; and 600,000 (0.2 percent) had used meth in the past month.<sup>119</sup>
  - In other words, in 2004, 95.1 percent of Americans 12 and older had *never* used methamphetamine; 99.4 percent of them had *not* used methamphetamine in the past year; and 99.8 percent of them had *not* done so during the past 30 days.

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<sup>115</sup> Johnston, L.D.; O'Malley, P.M.; Bachman, J.G.; Schulenberg, J.E. December 19, 2005. Teen drug use down, but progress halts among youngest teens. University of Michigan News and Information Services: Ann Arbor, MI. <http://monitoringthefuture.org/pressreleases/05drugpr.pdf>

<sup>116</sup> Office of National Drug Control Policy. December 19, 2005. Meth and Steroid Use Decline Sharply Among Youth: Overall Youth Drug Use Down Again. [www.whitehousedrugpolicy.gov/pda/121905.html](http://www.whitehousedrugpolicy.gov/pda/121905.html)

<sup>117</sup> National Institute on Drug Abuse. 2005. Table 2: Trends in Annual Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders. Monitoring the Future. [www.monitoringthefuture.org/data/05data/pr05t2.pdf](http://www.monitoringthefuture.org/data/05data/pr05t2.pdf)

<sup>118</sup> Substance Abuse and Mental Health Services Administration/Office of Applied Studies. [The NSDUH Report: Methamphetamine Use, Abuse, and Dependence: 2002, 2003, and 2004](http://www.oas.samhsa.gov/2k5/meth/meth.cfm), Highlights.

<sup>119</sup> Substance Abuse and Mental Health Services Administration/Office of Applied Studies. September 16, 2005. The NSDUH Report: Methamphetamine Use, Abuse, and Dependence: 2002, 2003, and 2004, In Brief. <http://www.oas.samhsa.gov/2k5/meth/meth.htm>

- Although the *numbers* of past-month users of methamphetamine meeting the criteria for drug abuse/dependence increased in 2004, the *prevalence* of methamphetamine use was similar in 2002, 2003, and 2004.<sup>120</sup>
- Based on 2002, 2003, and 2004 NSDUH data, past-year methamphetamine use was higher for young adults aged 18 to 25 (1.6 percent) than for youths aged 12 to 17 (0.7 percent). The rate for adults aged 26 or older was 0.4 percent. Thus, according to these data, 99.3 percent of youths aged 12 to 17 had *not* used methamphetamine in the past year.<sup>121</sup>
  - In these same NSDUH data, past-year use was higher among males (0.7 percent) than females (0.5 percent) and among whites (0.7 percent) and Hispanics (0.5 percent) than among Asians (0.2 percent) or blacks (0.1 percent). Native Hawaiians or other Pacific Islanders reported the highest rates of past-year use (2.2 percent), followed by American Indians or Alaska Natives (1.7 percent) and persons reporting two or more races (1.9 percent).<sup>122</sup>
- In 1993, there were 21,000 treatment program admissions of persons with a primary methamphetamine use problem. Ten years later, in 2003, that number had increased to 117,000, according to the SAMHSA/Office of Applied Studies Treatment Episode Data Set.<sup>123</sup>
- In treatment, methamphetamine users have reported physical symptoms associated with the use of methamphetamine, including weight loss, tachycardia (abnormal rapidity of heart action), tachypnea (abnormal rapidity of respiration), hyperthermia (unusually high fever), insomnia, and muscular tremors.<sup>124</sup>
- Psychiatric symptoms most often reported by methamphetamine users in treatment include violent behavior, repetitive activity, memory loss, paranoia, delusions of reference, auditory hallucinations, and confusion or fright.<sup>125</sup>
- During FY 2003, 4,456 Federal offenders were sentenced for methamphetamine-related charges in U.S. courts. Most were white (59.3 percent), male (85.9 percent), and U.S. citizens (76.9 percent).<sup>17</sup>

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<sup>120</sup> The Substance Abuse and Mental Health Services Administration/Office of Applied Studies. September 16, 2005. The NSDUH Report: Methamphetamine Use, Abuse, and Dependence: 2002, 2003, and 2004, In Brief. <http://oas.samhsa.gov/2k5/meth/meth.htm>

<sup>121</sup> Ibid.

<sup>122</sup> Ibid.

<sup>123</sup> Ibid.

<sup>124</sup> The Substance Abuse and Mental Health Services Administration/Office of Applied Studies. Updated April 6, 2004. Methamphetamine Abuse in the United States. <http://oas.samhsa.gov/NHSDA/Treatan/treana13.htm>

<sup>125</sup> Ibid.

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## VIII. Fact Sheet: Women

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- More than 35 percent of women who used methamphetamine said they did so to lose weight, compared with less than 10 percent of methamphetamine-using men who used it for this purpose. More than 35 percent of women who used methamphetamine reported that they used it to relieve depression, compared with about a quarter of male methamphetamine users who said they took the drug because of depression.<sup>126</sup>
- According to data from the National Survey on Drug Use and Health, average past-year use of methamphetamine by females in 2002, 2003, and 2004 was 0.5 percent, compared with 0.7 percent among males.<sup>127</sup>
- In “large clinical research populations,” the gender ratio for methamphetamine use is one to one, compared with the gender ratios for cocaine (two women to one man) and heroin (three women to one man).<sup>128</sup>
- In 12 cities, males were the predominant users of methamphetamine. In 8 other cities, men and women were equally likely to use the drug. But in three additional cities—Columbia (SC), El Paso, and Memphis—women were more likely to use methamphetamine than were men.<sup>129</sup>
- Between 1992 and 2002, approximately 45 percent of primary methamphetamine/amphetamine treatment admissions were women. (Note: In

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<sup>17</sup> U.S. Sentencing Commission. 2005. *Sourcebook of Federal Sentencing Statistics, 2003*. [www.ussc.gov/ANNRPT/2003/SBtoc03.htm](http://www.ussc.gov/ANNRPT/2003/SBtoc03.htm)

<sup>126</sup> Rawson, R.A., Ph.D. June 2005. Methamphetamine Addiction: Cause for Concern—Hope for the Future. Department of Psychiatry and Behavioral Sciences, UCLA. [www2.apa.org/ppo/rawson62805.ppt#257,1](http://www2.apa.org/ppo/rawson62805.ppt#257,1)

<sup>127</sup> The Substance Abuse and Mental Health Services Administration/Office of Applied Studies. September 16, 2005. The NSDUH Report: Methamphetamine Use, Abuse, and Dependence: 2002, 2003, and 2004, In Brief. <http://oas.samhsa.gov/2k5/meth/meth.htm>

<sup>128</sup> Rawson, R.A., Ph.D. June 2005. Methamphetamine Addiction: Cause for Concern—Hope for the Future. Department of Psychiatry and Behavioral Sciences, UCLA. [www2.apa.org/ppo/rawson62805.ppt#257,1](http://www2.apa.org/ppo/rawson62805.ppt#257,1)

<sup>129</sup> Office of National Drug Control Policy. November 2002. Pulse Check: Trends in Drug Abuse: January–June 2002 Reporting Period. [www.whitehousedrugpolicy.gov/publications/drugfact/pulsechk/nov02/pulse\\_nov02.pdf](http://www.whitehousedrugpolicy.gov/publications/drugfact/pulsechk/nov02/pulse_nov02.pdf)

1992, primary admissions for methamphetamine/amphetamine were relatively rare; by 2002, they had increased to 7 percent.)<sup>130</sup>

- In 2002, females accounted for 40 percent of emergency department visits related to meth, an increase from 37 percent in 1995 (9,434 emergency department visits in 1995 compared to 15,482 in 2002).<sup>131</sup>
- Montana's State health department's Addictive and Mental Disorders Division reported that women made up 49 percent of the patients treated for a primary addiction to meth in FY 2004, an increase of almost 10 percent from 2 years earlier, and significantly higher than the percentage treated for other primary addictions.<sup>132</sup>
- In FY 2002, approximately 28 percent (1,528) of female arrests by the Drug Enforcement Administration involved methamphetamine.<sup>133</sup>
- Among those engaged in the sale of illicit drugs, methamphetamine is involved in about a third (33 percent) of reported cases of domestic violence.<sup>134</sup>
- An important concern about methamphetamine and pregnant women is the effect of methamphetamine on the fetus. A UCLA pilot study of 14 children between ages 3 and 6 whose mothers had used meth during pregnancy suggested that specific types of verbal learning may be significantly impaired in such children.<sup>135</sup>
- Maternal use of methamphetamine during pregnancy may result in prenatal complications, premature delivery, and changes in neonatal behavior patterns such as abnormal reflexes and extreme irritability. Use during pregnancy also may be associated with congenital deformities.<sup>136</sup>
- Current knowledge regarding the potential effects of maternal methamphetamine use during pregnancy is limited. But the few human studies that do exist show increased rates of premature delivery, placental abruption (early separation of a

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<sup>130</sup> The Substance Abuse and Mental Health Services Administration's Drug and Alcohol Services Information System. September 17, 2004. The DASIS Report: Primary Methamphetamine/Amphetamine Treatment Admissions: 1992–2002. [www.oas.samhsa.gov/2k4/methTX/methTX.htm](http://www.oas.samhsa.gov/2k4/methTX/methTX.htm)

<sup>131</sup> The Substance Abuse and Mental Health Services Administration's Drug Abuse Warning Network. July 2004. The DAWN Report: Amphetamine and Methamphetamine Emergency Department Visits: 1995–2002. [www.oas.samhsa.gov/2k4/amphetamines.pdf](http://www.oas.samhsa.gov/2k4/amphetamines.pdf)

<sup>132</sup> Moore, Michael. January 2005. Meth has taken a devastating toll on women. *Missoulian*. [www.missoulian.com/bonus/methandwomen/meth02.php](http://www.missoulian.com/bonus/methandwomen/meth02.php)

<sup>133</sup> Bureau of Justice Statistics. November 2003. Compendium of Federal Justice Statistics, 2001. [www.ojp.usdoj.gov/bjs/abstract/cfjs01.htm](http://www.ojp.usdoj.gov/bjs/abstract/cfjs01.htm)

<sup>134</sup> Office of National Drug Control Policy. November 2002. Pulse Check: Trends in Drug Abuse: January–June 2002 Reporting Period.

[www.whitehousedrugpolicy.gov/publications/drugfact/pulsechk/nov02/pulse\\_nov02.pdf](http://www.whitehousedrugpolicy.gov/publications/drugfact/pulsechk/nov02/pulse_nov02.pdf)

<sup>135</sup> National Drug Court Institute. April 2000. Drug Court Practitioner Fact Sheet: Methamphetamine. Vol. 2, No. 2. [www.ndci.org/publications/methamphetamine\\_factsheet.pdf](http://www.ndci.org/publications/methamphetamine_factsheet.pdf)

<sup>136</sup> Institute for Intergovernmental Research. The Methamphetamine Problem: A Question-and-Answer Guide. [www.iir.com/centf/guide.htm](http://www.iir.com/centf/guide.htm)

normal placenta from the wall of the uterus), retarded fetal growth, and cardiac and brain abnormalities.<sup>137</sup>

- Methamphetamine can increase the libido, although long-term use may result in sexual dysfunction. Use of methamphetamine has been linked with rougher sex practices, which can cause abrasions, bleeding, and increased risk of contracting HIV/AIDS and other STDs. Intravenous drug use and increased sexual risks among methamphetamine users place them at the highest risk for HIV of any group.<sup>138</sup>

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<sup>137</sup> Volkow, Nora, M.D., Director, NIDA. April 21, 2005. Testimony Before the Subcommittee on Labor, Health, and Human Services; Education; and Related Agencies. Committee on Appropriations, U.S. Senate. [www.hhs.gov/asl/testify/t050425b.html](http://www.hhs.gov/asl/testify/t050425b.html)

<sup>138</sup> U.S. Drug Enforcement Administration. Fact Sheet: What Meth Can Do to Your Health. [www.dea.gov/pubs/pressrel/methfact04.html](http://www.dea.gov/pubs/pressrel/methfact04.html)

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**VIII. Fact Sheet:  
Lesbian, Gay, Bisexual, and Transgender Persons**

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- No one knows how many lesbian, gay, bisexual, and transgender (LGBT) people live in the United States or what percentage of the total population they represent. It is equally uncertain whether LGBT people experience different rates of addiction than others, although a number of studies conclude that LGBT people “...are more likely to use alcohol, tobacco, and other drugs than the general population, are less likely to abstain, [and] report higher rates of substance abuse problems....”<sup>139</sup>
- For more than a decade, gay men have been drawn to methamphetamine because of its initial aphrodisiac effects. Its increasing popularity among gay men who use it this way has prompted substance abuse professionals familiar with LGBT issues to refer to methamphetamine as “the gay man’s second drug of choice [after alcohol],” with injection use more common in this population than among meth users as a whole.<sup>140</sup>
- Stimulant abuse is known “to lead to uncharacteristically aberrant or deviant sexual behaviors, the use of prostitutes, and HIV high-risk behaviors.”<sup>141</sup>
- A 1997 landmark ethnographic study in Los Angeles County involving interviews with 54 current users of crystal meth and 9 former users, all of whom self-identified as gay, bisexual, transgender, or heterosexually identified men who have sex with men (MSM), revealed that:<sup>142</sup>
  - 41 percent of participants were HIV positive.

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<sup>139</sup> National Association of Lesbian and Gay Addiction Professionals. July 2002. Alcohol, Tobacco, and Other Drug Problems and Lesbian, Gay, Bisexual, Transgender (LGBT) Individuals. [www.nalgap.org/PDF/Resources/LGBT.pdf](http://www.nalgap.org/PDF/Resources/LGBT.pdf)

<sup>140</sup> Marcelle, George. May/June 1996. Meth, Men, and Myths: Increased Risk in the Gay Community. Center for Substance Abuse Prevention’s *Prevention Pipeline*. Volume 9, No. 3.

<sup>141</sup> The Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment. 1999. Treatment Improvement Protocols: TIP 33: Treatment for Stimulant Use Disorders, Chapter 2. [www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.57619](http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.57619)

<sup>142</sup> Reback, C.J., Ph.D. 1997. The Social Construction of a Gay Drug: Methamphetamine Use Among Gay and Bisexual Males in Los Angeles. [www.uclaisap.org/documents/final-report\\_cjr\\_1-15-04.pdf](http://www.uclaisap.org/documents/final-report_cjr_1-15-04.pdf)

- 64 percent considered themselves “functional” meth users.
  - 79 percent reported using a condom only occasionally when engaging in anal sex, identified as one of the highest risks for HIV transmission.
  - “...use of crystal meth...is facilitated through various gay institutions such as telephone sex lines, personal advertising, computer networks, circuit parties, bars, and clubs.”
- Reported increases in methamphetamine use among MSM across the country raise public health concerns because meth use has been linked with sexual risk behaviors for HIV and STDs as well as sharing of injection equipment. Methamphetamine and other “party” drugs (ecstasy, ketamine, and GHB [gamma hydroxybutyrate]) may be used to decrease social inhibitions and enhance sexual experiences. Along with alcohol and nitrate inhalants (“poppers”), these drugs have been associated with risky sexual practices among MSM.<sup>143</sup>
  - Methamphetamine use also may be particularly attractive to some gay/bisexual men who are HIV infected because meth 1) helps these men cope with an HIV+ diagnosis, 2) provides temporary escape from their HIV status, 3) makes them feel better physically, 4) may be a method for coping with the prospect of death, and 5) helps users manage negative self-perceptions.<sup>144</sup>
  - Methamphetamine use as a sexual performance-enhancing drug among gay men has substantially increased their risk for transmission of HIV/AIDS and other STDs.<sup>145, 146</sup>
  - Reviewing studies of substance abuse among LGBT people for a 2001 treatment provider’s guide, SAMHSA’s Center for Substance Abuse Treatment (CSAT) noted that “abuse of methamphetamine has increased dramatically in recent years among some segments of the LGBT community. HIV and hepatitis C infections are linked with methamphetamine use.” For those methamphetamine users in this group who inject the drug, CSAT warns that there is also risk for hepatitis B.<sup>147</sup>

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<sup>143</sup> National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention. Updated July 25, 2005. Fact Sheet: HIV/AIDS Among Men Who Have Sex With Men. [www.cdc.gov/hiv/pubs/facts/msm.htm](http://www.cdc.gov/hiv/pubs/facts/msm.htm)

<sup>144</sup> Semple, S.J.; Patterson, T.L.; Grant, I. 2002. Motivations associated with methamphetamine use among HIV+ men who have sex with men. *Journal of Substance Abuse Treatment*. pp. 149–156. [www.hnrc.ucsd.edu/publications\\_pdf/3352002.pdf](http://www.hnrc.ucsd.edu/publications_pdf/3352002.pdf)

<sup>145</sup> Marcelle, George. May/June 1996. Meth, Men, and Myths: Increased Risk in the Gay Community. Center for Substance Abuse Prevention’s *Prevention Pipeline*. Volume 9, No. 3.

<sup>146</sup> Centers for Disease Control and Prevention. March 8, 2004. 2004 National STD Prevention Conference: Crystal methamphetamine use, the Internet, and other factors likely fueling increases in STDs, risky behavior among gay and bisexual men. [www.cdc.gov/std/2004STDConf/MediaRelease/CrystalMeth.htm](http://www.cdc.gov/std/2004STDConf/MediaRelease/CrystalMeth.htm)

<sup>147</sup> The Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment. 2001. A Provider’s Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals, DHHS Publication No. (SMA) 01-3498. <http://media.shs.net/prevline/pdfs/BKD392/index.pdf>

- “In one recent study, 25 percent of those men who reported methamphetamine use in the previous month were infected with HIV. The drug appears to double the risk of infection (both because it erases inhibitions and, it seems, because of physiological changes that make the virus easier to transmit), and the risk climbs the more one uses it.”<sup>148</sup>
- Between 1,039,000 and 1,185,000 people in the United States were living with HIV/AIDS at the end of 2003. Of them, MSM represented the largest proportion.<sup>149</sup> An estimated 207,323 MSM—including 24,334 MSM who inject drugs—were living with AIDS. MSM represented 66 percent of all men in the United States who were living with HIV/AIDS at the end of 2003, and 51 percent of all people living with HIV/AIDS at that time.<sup>150</sup>
- Woman-to-woman transmission of HIV is rare compared to male rates of transmission. Through December 1998, there were a total of 109,311 AIDS cases among women. Of these, 2,220 were women who had sex with women (WSW). Of these 2,220 WSW, 347 were reported to have had sex only with women, and 98 percent of them also had another risk, injection drug use, in most of these cases.<sup>151</sup>
- In recent years, the Internet has created new opportunities for MSM to meet sex partners. Internet users can easily and anonymously find partners with similar sexual interests. The Internet also may normalize risky behaviors by making others aware of these behaviors and creating new connections between the men who engage in them. In contrast, the Internet also has been demonstrated to have potential as a powerful tool for use with interventions.<sup>152</sup>
- A 2001 cross-sectional Internet study of sexual and drug-using behaviors among more than 2,600 MSM chatroom participants who completed an online survey found strong associations among use of crystal meth, unprotected anal intercourse, multiple sex partners, and an incidence of STDs.<sup>153</sup>

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<sup>148</sup> Specter, Michael. May 23, 2005. Higher risk: Crystal meth, the Internet, and dangerous choices about AIDS. *The New Yorker*. [www.newyorker.com/fact/content/articles/050523fa\\_fact](http://www.newyorker.com/fact/content/articles/050523fa_fact)

<sup>149</sup> National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention. Updated June 21, 2005. Fact Sheet: A Glance at the HIV/AIDS Epidemic. [www.cdc.gov/hiv/pubs/Facts/At-A-Glance.htm](http://www.cdc.gov/hiv/pubs/Facts/At-A-Glance.htm)

<sup>150</sup> National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention. Updated July 25, 2005. Fact Sheet: HIV/AIDS Among Men Who Have Sex With Men. [www.cdc.gov/hiv/pubs/facts/msm.htm](http://www.cdc.gov/hiv/pubs/facts/msm.htm)

<sup>151</sup> National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention. Updated July 2003. Fact Sheet: HIV/AIDS Among Women Who Have Sex With Women. [www.cdc.gov/hiv/pubs/facts/wsw.htm](http://www.cdc.gov/hiv/pubs/facts/wsw.htm)

<sup>152</sup> National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention. Updated July 25, 2005. Fact Sheet: HIV/AIDS Among Men Who Have Sex With Men. [www.cdc.gov/hiv/pubs/facts/msm.htm](http://www.cdc.gov/hiv/pubs/facts/msm.htm)

<sup>153</sup> Hirshfield, S.; Remien, R.H.; Walavalkar, I.; Chiasson, M.A. 2004. Crystal Methamphetamine Use Predicts Incident STD Infection Among Men Who Have Sex With Men Recruited Online: A Nested Case-Control Study. *J Med Internet Res* 6(4):e41. [www.jmir.org/2004/4/e41/](http://www.jmir.org/2004/4/e41/)

- Underscoring regional differences in the popularity of methamphetamine among gay men, an article in the *San Francisco Chronicle* reported that, in a 2005 street survey, 10 percent of self-identified gay and bisexual men in the city reported having used crystal meth during the prior 6 months, compared with 18 percent who said they had done so in a comparable survey done in 2003. This prompted city health officials to suggest that meth use in this bay area population may be declining.<sup>154</sup> But earlier in 2005, a journalist quoted representatives of several large LGBT-serving programs in New York City who had witnessed an increase in injection use of crystal meth among gay men in their community.<sup>155</sup> The New York City article echoes similar recent accounts published in gay media in Washington, DC, and in Boston, pointing to meth's arrival in eastern metropolitan gay culture.

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<sup>154</sup> Buchanan, Wyatt. November 4, 2005. San Francisco interviews indicate drop in meth use by gay men: Experts say results should be backed by other research. *San Francisco Chronicle*. [www.sfgate.com/cgi-bin/article.cgi?file=/c/a/2005/11/04/BAG7KFJ1GL1.DTL](http://www.sfgate.com/cgi-bin/article.cgi?file=/c/a/2005/11/04/BAG7KFJ1GL1.DTL)

<sup>155</sup> Osborne, Duncan. January 2005. More gay men injecting meth: Needle exchange programs report more gay, bisexual men among their client base. *Gay City News*. Vol. 4, No. 2 [www.gaycitynews.com/gcn\\_355/moregaymen.html](http://www.gaycitynews.com/gcn_355/moregaymen.html)

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## VIII. Fact Sheet: The Environment

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- Methamphetamine is essentially a mixture of pharmaceutical extracts and poisonous materials.<sup>156</sup>
- Ingredients for making methamphetamine are found in over-the-counter cold medicines and diet pills and in such household products as lithium camera batteries, matches, tincture of iodine, and hydrogen peroxide. Flammable products, such as charcoal lighter fluid, gasoline, kerosene, paint thinner, rubbing alcohol, and mineral spirits are often used in the methamphetamine production process.<sup>157</sup>
- Methamphetamine is easily manufactured in clandestine laboratories (meth labs). Cold medicines containing ephedrine or pseudoephedrine and other ingredients are “cooked” in meth labs, often using common household utensils, to produce methamphetamine.<sup>158</sup>
- In making methamphetamine, corrosive products such as muriatic acid, sulfuric (battery) acid, and sodium hydroxide from lye-based drain cleaners also may be used.<sup>159</sup>
- Anhydrous ammonia—potentially explosive and lethal—is used in the “Nazi method” of illegal methamphetamine manufacture. In the environment, it can cause serious harm to people making methamphetamine, emergency responders,

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<sup>156</sup> Burns, Scott, Deputy Director for State and Local Affairs, ONDCP. February 6, 2004. Fighting Methamphetamine in the Heartland: How Can the Federal Government Assist State and Local Efforts? Statement Before the House Committee on Government Reform; Subcommittee on Criminal Justice, Drug Policy, and Human Resources. [www.whitehousedrugpolicy.gov/news/testimony04/020604/020604.pdf](http://www.whitehousedrugpolicy.gov/news/testimony04/020604/020604.pdf)

<sup>157</sup> Ibid.

<sup>158</sup> Office of National Drug Control Policy. November 2003. Fact Sheet: Methamphetamine. [www.whitehousedrugpolicy.gov/publications/factsht/methamph/](http://www.whitehousedrugpolicy.gov/publications/factsht/methamph/)

<sup>159</sup> Burns, Scott, Deputy Director for State and Local Affairs, ONDCP. February 6, 2004. Fighting Methamphetamine in the Heartland: How Can the Federal Government Assist State and Local Efforts? Statement Before the House Committee on Government Reform; Subcommittee on Criminal Justice, Drug Policy, and Human Resources. [www.whitehousedrugpolicy.gov/news/testimony04/020604/020604.pdf](http://www.whitehousedrugpolicy.gov/news/testimony04/020604/020604.pdf)

and others.<sup>160</sup> In places where anhydrous ammonia is used as a fertilizer, farmers report that their ammonia tanks are being tapped by “cooks,” who use this highly toxic chemical to produce methamphetamine.<sup>161</sup>

- Nearly all of the chemicals used to produce methamphetamine are flammable and corrosive poisons.<sup>162</sup>
- It may cost thousands of dollars to clean up a property where methamphetamine has been manufactured. It is not uncommon for buildings to be razed and rebuilt after a meth lab has been discovered to make these properties safe and habitable again.<sup>163</sup>
- The costs of secondary cleanup, including removing contaminated soil and structures, are often left to the landowner or landlord. Some States place liens on properties until cleanup is completed. When property is deemed commercially or agriculturally unusable, losses to owners can be in the millions of dollars.<sup>164</sup>
- The waste produced during meth manufacture—corrosive liquids, acid vapors, heavy metals, solvents, and other harmful materials—can cause disfigurement or death when touched or inhaled.<sup>165</sup>
- The environmental impact of methamphetamine manufacture is often severe. Producing one pound of methamphetamine involves creating 5 to 7 pounds of toxic waste material, and meth production releases poisonous gas into the atmosphere. Many meth lab operators dump the toxic waste down household drains, in fields and yards, or along roads and highways.<sup>166</sup>
- Because of these toxic meth lab wastes, first response personnel may incur injury when dealing with the hazardous substances. The most common symptoms they suffer are respiratory and eye irritations, headaches, dizziness, nausea, and shortness of breath.<sup>167</sup>

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<sup>160</sup> Centers for Disease Control and Prevention. April 15, 2005. Anhydrous Ammonia Thefts and Releases Associated With Illicit Methamphetamine Production—16 States, January 2000–June 2004. *MMWR Weekly*. 54(14); 359-361. [www.cdc.gov/mmwr/preview/mmwrhtml/mm5414a4.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5414a4.htm)

<sup>161</sup> Burns, Scott, Deputy Director for State and Local Affairs, ONDCP. February 6, 2004. Fighting Methamphetamine in the Heartland: How Can the Federal Government Assist State and Local Efforts? Statement Before the House Committee on Government Reform; Subcommittee on Criminal Justice, Drug Policy, and Human Resources. [www.whitehousedrugpolicy.gov/news/testimony04/020604/020604.pdf](http://www.whitehousedrugpolicy.gov/news/testimony04/020604/020604.pdf)

<sup>162</sup> Ibid.

<sup>163</sup> Ibid.

<sup>164</sup> Office of National Drug Control Policy. October 2004. National Synthetic Drugs Action Plan: The Federal Government Response to the Production, Trafficking, and Abuse of Synthetic Drugs and Diverted Pharmaceutical Products. [www.whitehousedrugpolicy.gov/publications/national\\_synth\\_drugs/](http://www.whitehousedrugpolicy.gov/publications/national_synth_drugs/)

<sup>165</sup> U.S. Drug Enforcement Administration. 2002. Fact Sheet: Meth in America: Not in Our Town. [www.usdoj.gov/dea/pubs/pressrel/methfact01.html](http://www.usdoj.gov/dea/pubs/pressrel/methfact01.html)

<sup>166</sup> Office of National Drug Control Policy. November 2003. Fact Sheet: Methamphetamine. [www.whitehousedrugpolicy.gov/publications/factsht/methamph/](http://www.whitehousedrugpolicy.gov/publications/factsht/methamph/)

<sup>167</sup> Ibid.

- Since meth labs can be portable and are easily dismantled, stored, or moved, it is easy for their operators to avoid law enforcement authorities. Meth labs have been found in apartments, hotel rooms, rented storage spaces, and trucks. Meth labs also have been known to be boobytrapped, and their operators are likely to be well armed.<sup>168</sup>
- The U.S. Department of Justice estimates that approximately 15 percent of meth labs are discovered as the result of a fire or explosion.<sup>169</sup> However, a source referenced in the Centers for Disease Control and Prevention's *Morbidity & Mortality Weekly Report*, dated April 15, 2005, puts the percentage of meth labs found due to a fire or explosion at 20 to 30 percent.<sup>170</sup>
- Under regulations of the Environmental Protection Agency, the Drug Enforcement Administration's (DEA's) Hazardous Waste Disposal Program contracts for the cleanup of contaminated meth lab sites. The DEA says that the number of such cleanups has "skyrocketed" in recent years, although the cost of these cleanup operations is declining, thanks to improved systems. In FY 2002, DEA estimated that the average cleanup cost was approximately \$3,300, which by 2005 had declined to approximately \$2,000.<sup>171</sup> At sites of large-scale meth manufacturing, or "super labs," these costs may be considerably higher.

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<sup>168</sup> Office of National Drug Control Policy. November 2003. Fact Sheet: Methamphetamine. [www.whitehousedrugpolicy.gov/publications/factsht/methamph/](http://www.whitehousedrugpolicy.gov/publications/factsht/methamph/)

<sup>169</sup> U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime. June 2003. Children at Clandestine Methamphetamine Labs: Helping Meth's Youngest Victims. Bulletin NCJ 197590. [www.ojp.usdoj.gov/ovc/publications/bulletins/children/](http://www.ojp.usdoj.gov/ovc/publications/bulletins/children/)

<sup>170</sup> Centers for Disease Control and Prevention. April 15, 2005. Acute Public Health Consequences of Methamphetamine Laboratories—16 States, January 2000–January 2004. *Morbidity & Mortality Weekly Report*. 54(14):356-359. <http://ncadi.samhsa.gov/govpubs/mmwr/vol54/mm5414a3.aspx>

<sup>171</sup> Joseph T. Rannazzisi, Deputy Chief, Office of Enforcement Operations, Drug Enforcement Administration. September 27, 2005. Statement Before the House Judiciary Committee; Subcommittee on Crime, Terrorism, and Homeland Security. H.R. 3889, the Methamphetamine Epidemic Elimination Act of 2005. [www.usdoj.gov/dea/pubs/cngrtest/ct092705.html](http://www.usdoj.gov/dea/pubs/cngrtest/ct092705.html)

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## **VIII. Fact Sheet: Law Enforcement/Interdiction**

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- Methamphetamine is a Schedule II drug under the Federal Controlled Substances Act passed in 1970 and amended several times since then. Schedule II drugs have a high potential for abuse; have legal, medical applications in the United States; and, if used regularly, may lead to physical and/or psychological dependence. Other Schedule II drugs include morphine, phencyclidine (PCP), and methadone.<sup>172</sup>
- Chronic methamphetamine abuse can result in psychotic behavior, characterized by intense paranoia (possibly leading to homicidal or suicidal thinking), visual and auditory hallucinations, and out-of-control rages that may be accompanied by extremely violent behavior.<sup>173</sup>
- Prevention, treatment, and enforcement, including interdiction, are critical to disrupting the abuse and trafficking of illicit drugs. Since crop eradication is not an option for a synthetic drug like methamphetamine, it is important to control the precursor and essential chemicals used in its production. Tight regulatory interventions are necessary, while drug-control policies must be balanced with other considerations, such as the public's need to obtain medications for legitimate use without undue interference by law enforcement.<sup>174</sup>
- By 2002, the National Drug Threat Assessment Survey (NDTAS) showed that nearly one-third of State and local law enforcement agencies said that methamphetamine was their primary drug threat. In the Pacific Northwest, more than 80 percent of law enforcement agencies reporting to NDTAS reported

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<sup>172</sup> U.S. Drug Enforcement Administration. Drug Scheduling. [www.usdoj.gov/dea/pubs/scheduling.html](http://www.usdoj.gov/dea/pubs/scheduling.html)

<sup>173</sup> National Institute on Drug Abuse. April 1998, Reprinted January 2002. Research Report Series: Methamphetamine Abuse and Addiction. [www.nida.nih.gov/ResearchReports/methamph/methamph.html](http://www.nida.nih.gov/ResearchReports/methamph/methamph.html)

<sup>174</sup> Interagency Working Group on Synthetic Drugs. May 23, 2005. Interim Report to the Director of National Drug Control Policy, Attorney General, Secretary for Health and Human Services.

[www.whitehousedrugpolicy.gov/publications/pdf/interim\\_rpt.pdf](http://www.whitehousedrugpolicy.gov/publications/pdf/interim_rpt.pdf)

methamphetamine as their principal drug threat. In the West Central region, 74 percent said that methamphetamine was their principal threat.<sup>175</sup>

- Methamphetamine accounts for an estimated 96 percent of all clandestine lab seizures in the United States. The Drug Enforcement Administration's El Paso Intelligence Center reported more than 10,000 lab seizures in 2003 and nearly 5,000 such seizures in the first 6 months of 2004.<sup>176</sup>
- California, where hundreds of labs are seized annually, leads the Nation in methamphetamine production, thanks to its numerous "super labs," capable of producing in excess of 10 pounds of meth per cycle.<sup>177</sup>
- Until recently, pseudoephedrine diverted from or through Canada fueled large domestic methamphetamine laboratories in the United States. In the first years of the 21<sup>st</sup> century, large-scale production of the drug has been shifting south of the border and is being replaced by Mexican production.<sup>178</sup>
- Authorities estimate that at least 80 percent of the methamphetamine consumed in America comes from super labs in and outside of U.S. borders; about 20 percent comes from smaller domestic laboratories that usually produce no more than a few ounces but may be capable of producing several pounds.<sup>179</sup>
- Large-scale U.S. methamphetamine manufacturing has declined, and high-volume production has shifted to Mexico, in part due to Federal chemical control and enforcement pressures. In addition, a growing number of States have imposed retail controls on pseudoephedrine products, with promising results.<sup>180</sup>
- Between FY 1992 and FY 1998, Federal cases involving methamphetamine tripled from 630 to 2,234, with more than 20 percent of all methamphetamine cases involving use of a weapon, according to the U.S. Sentencing Commission.<sup>181</sup>
- The Sentencing Commission also reported that in FY 2002, 2,171 Federal cases related to methamphetamine were filed against 4,208 defendants.<sup>182</sup>

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<sup>175</sup> Dana Hunt, Ph.D.; Sarah Kuck; Linda Truitt, Ph.D. May 2005. Methamphetamine Use: Lessons Learned. Abt Associates, Inc. for the U.S. Department of Justice. [www.ncjrs.gov/pdffiles1/nij/grants/209730.pdf](http://www.ncjrs.gov/pdffiles1/nij/grants/209730.pdf)

<sup>176</sup> Office of National Drug Control Policy. October 2004. National Synthetic Drugs Action Plan: The Federal Government Response to the Production, Trafficking, and Abuse of Synthetic Drugs and Diverted Pharmaceutical Products. [www.whitehousedrugpolicy.gov/publications/national\\_synth\\_drugs/](http://www.whitehousedrugpolicy.gov/publications/national_synth_drugs/)

<sup>177</sup> Ibid.

<sup>178</sup> Interagency Working Group on Synthetic Drugs. May 23, 2005. Interim Report to the Director of National Drug Control Policy, Attorney General, Secretary for Health and Human Services. [www.whitehousedrugpolicy.gov/publications/pdf/interim\\_rpt.pdf](http://www.whitehousedrugpolicy.gov/publications/pdf/interim_rpt.pdf)

<sup>179</sup> Ibid.

<sup>180</sup> Ibid.

<sup>181</sup> Dana Hunt, Ph.D.; Sarah Kuck; Linda Truitt, Ph.D. May 2005. Methamphetamine Use: Lessons Learned. Abt Associates, Inc. for the U.S. Department of Justice. [www.ncjrs.gov/pdffiles1/nij/grants/209730.pdf](http://www.ncjrs.gov/pdffiles1/nij/grants/209730.pdf)

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<sup>182</sup> Ibid.

- Also during FY 2002, congressional testimony by staff members of the Office of National Drug Control Policy stated that Federal charges had been filed in about 100 methamphetamine lab cases.<sup>183</sup>
- In 2003, a median of 4.7 percent of adult male arrestees and a median of 8.8 percent of adult female arrestees tested positive for methamphetamine at the time of their arrests, according to preliminary data from the Arrestee Drug Abuse Monitoring ([ADAM](#)) Program.<sup>184</sup>
- In 2002, between 20 and 31 percent of male arrestees and between 12 and 42 percent of female arrestees in Des Moines, Omaha, Phoenix, Portland, Salt Lake City, San Diego, and San Jose tested positive for recent methamphetamine use. In major eastern U.S. cities, comparable rates were much lower.<sup>185</sup>
- In 2003, the cities with the highest percentages of adult male arrestees who tested positive for methamphetamine were Honolulu (40.3 percent), Phoenix (38.3), San Diego (36.2), and Los Angeles (28.7).<sup>186</sup>
- A series of Federal legislations have established increasingly severe Federal penalties for methamphetamine-related offenses:<sup>187</sup>
  - Anti-Drug Abuse Act of 1986; Federal Sentencing Guidelines (1987)
  - Anti-Drug Abuse Act of 1988
  - Crime Control Act of 1990; Federal Sentencing Guidelines (1991)
  - Comprehensive Methamphetamine Control Act of 1996; Federal Sentencing Guidelines (1997)
  - Methamphetamine Trafficking Enhancement Act of 1998
  - Methamphetamine Anti-Proliferation Act of 2000
- Under Federal law, methamphetamine trafficking carries minimum penalties of 5 years in prison and fines of \$2 million for individuals (or \$4 million, if not an individual) for first offenses involving less than 50 pure grams. These penalties

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<sup>183</sup> Dana Hunt, Ph.D.; Sarah Kuck; Linda Truitt, Ph.D. May 2005. Methamphetamine Use: Lessons Learned. Abt Associates, Inc. for the U.S. Department of Justice. [www.ncjrs.gov/pdffiles1/nij/grants/209730.pdf](http://www.ncjrs.gov/pdffiles1/nij/grants/209730.pdf)

<sup>184</sup> Office of National Drug Control Policy. Updated December 1, 2005. Drug Facts: Methamphetamine—Overview. [www.whitehousedrugpolicy.gov/drugfact/methamphetamine/index.html](http://www.whitehousedrugpolicy.gov/drugfact/methamphetamine/index.html)

<sup>185</sup> Office of National Drug Control Policy. October 2004. National Synthetic Drugs Action Plan: The Federal Government Response to the Production, Trafficking, and Abuse of Synthetic Drugs and Diverted Pharmaceutical Products. [www.whitehousedrugpolicy.gov/publications/national\\_synth\\_drugs/](http://www.whitehousedrugpolicy.gov/publications/national_synth_drugs/)

<sup>186</sup> National Institute on Drug Abuse. Updated May 5, 2005. NIDA InfoFacts: Methamphetamine. [www.nida.nih.gov/infofacts/methamphetamine.html](http://www.nida.nih.gov/infofacts/methamphetamine.html)

<sup>187</sup> Dana Hunt, Ph.D.; Sarah Kuck; Linda Truitt, Ph.D. May 2005. Methamphetamine Use: Lessons Learned. Abt Associates, Inc. for the U.S. Department of Justice. [www.ncjrs.gov/pdffiles1/nij/grants/209730.pdf](http://www.ncjrs.gov/pdffiles1/nij/grants/209730.pdf)

are doubled for second offenses or offenses involving larger amounts of the drug.<sup>188</sup>

- The maximum Federal penalty for methamphetamine trafficking is life imprisonment for two or more prior offenses.<sup>189</sup>

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<sup>188</sup> Ibid.

<sup>189</sup> Dana Hunt, Ph.D.; Sarah Kuck; Linda Truitt, Ph.D. May 2005. Methamphetamine Use: Lessons Learned. Abt Associates, Inc. for the U.S. Department of Justice.  
[www.ncjrs.gov/pdffiles1/nij/grants/209730.pdf](http://www.ncjrs.gov/pdffiles1/nij/grants/209730.pdf)

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## VIII. Fact Sheet: Myths

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***The current methamphetamine situation has spawned several myths and inaccuracies:***

***Myth: Methamphetamine is the number one substance abuse problem today.***

The accuracy of such a claim depends on who is making it and what measures and “lens” they are using. In many places, drug units of law enforcement agencies, drug court treatment programs, child protective services and foster care placement agencies, substance abuse treatment programs, and hospital emergency departments are seeing increasing meth-related problems, sometimes more than any other drug problem. For them, methamphetamine *is* the biggest substance abuse problem they are addressing.

But these accounts do not offer a consistent national picture showing where methamphetamine fits in the Nation’s overall substance abuse patterns. Given the uneven regional distribution of methamphetamine use, manufacture, and distribution, an overall picture is somewhat elusive. Even so, publicly funded treatment admissions are one helpful measure—methamphetamine ranked sixth in 2003, accounting for only 7.7 percent of such admissions. (Alcohol alone led with 23.2 percent, followed by alcohol plus another drug at 18.7 percent, marijuana at 15.4 percent, heroin at 14.4 percent, and smoked cocaine [crack] at 9.9 percent).<sup>190</sup>

According to the 2004 Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) National Survey on Drug Use and Health (NSDUH), almost 600,000 Americans aged 12 years and older reported methamphetamine use in the past month. They were among about 1.5 million who said they had used methamphetamine at least

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<sup>190</sup> The Substance Abuse and Mental Health Services Administration/Office of Applied Studies. 2003 Treatment Episode Data Set. As referenced by NIDA. March 2005. InfoFacts: Treatment Trends. [www.nida.nih.gov/Infofacts/treatmenttrends.html](http://www.nida.nih.gov/Infofacts/treatmenttrends.html)

once in the past year, and a total of 12 million who reported having used it at least once in their lifetime.<sup>191</sup>

***Myth: Methamphetamine is popular among teens.***

Thus far, this does not appear to be true, although methamphetamine use among certain teen subgroups in some communities may be increasing (e.g., among lesbian, gay, bisexual, and transgender [LGBT] youth in some cities; among rural youth in some parts of the country). Nationally, methamphetamine use among 12- to 17-year-olds has declined as the average age of first use has risen (to 22.1 years of age in 2004).<sup>192</sup> SAMHSA data for 2002, 2003, and 2004 show prevalence of past-year methamphetamine use among 12- to 17-year-olds at 0.7 percent.<sup>193</sup> The 2005 Monitoring the Future survey also reported that methamphetamine use has declined among high school students in recent years, although the survey’s principal author took note that these findings are at odds with recent press reports of increasing use among young people and said, “...it is possible that use is increasing among high school dropouts, who are not captured in the survey, and among young adults.”<sup>194</sup>

***Myth: Even occasional use of methamphetamine leads to addiction.***

Methamphetamine is often referred to as a “highly addictive” drug. One indication of the drug’s addictive nature comes from a highlight from the 2004 NSDUH: “...the number of past-month methamphetamine users who met criteria for abuse or dependence on one or more illicit drugs in the past year increased from 164,000 (27.5 percent of past-month methamphetamine users) in 2002 to 346,000 (59.3 percent) in 2004.”<sup>195</sup>

SAMHSA’s Center for Substance Abuse Treatment (CSAT) estimates that the lag time from first use of methamphetamine to addiction is from 2 to 5 years, but also cites reports that addiction may be established in less than 1 year after first use.<sup>196</sup> However, addiction to methamphetamine, as to any addictive substance, is usually the result of chronic use,

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<sup>191</sup> The Substance Abuse and Mental Health Services Administration/Office of Applied Studies. Updated October 2, 2005. NSDUH 2004. Appendix H, Selected Prevalence Tables, Table H.3—Types of Illicit Drug Use in Lifetime, Past Year, and Past Month Among Persons Aged 12 to 17: Percentages, 2002–2004. <http://oas.samhsa.gov/NSDUH/2k4NSDUH/2k4results/appH.htm#tabh.3>

<sup>192</sup> The Substance Abuse and Mental Health Services Administration/Office of Applied Studies. [The NSDUH Report: Methamphetamine Use, Abuse, and Dependence: 2002, 2003, and 2004](http://oas.samhsa.gov/2k5/meth/meth.cfm): Highlights. <http://oas.samhsa.gov/2k5/meth/meth.cfm>

<sup>193</sup> Ibid.

<sup>194</sup> Johnston, L.D.; O’Malley, P.M.; Bachman, J.G.; Schulenberg, J.E. December 19, 2005. Teen drug use down, but progress halts among youngest teens. University of Michigan News and Information Services: Ann Arbor, MI. <http://monitoringthefuture.org/pressreleases/05drugpr.pdf>

<sup>195</sup> The Substance Abuse and Mental Health Services Administration/Office of Applied Studies. [The NSDUH Report: Methamphetamine Use, Abuse, and Dependence: 2002, 2003, and 2004](http://oas.samhsa.gov/2k5/meth/meth.cfm): Highlights. <http://oas.samhsa.gov/2k5/meth/meth.cfm>

<sup>196</sup> The Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment. 1999. Treatment Improvement Protocols: TIP 33: Treatment for Stimulant Use Disorders, Chapter 2. [www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.57619](http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.57619)

leading to increased tolerance, higher and more frequent dosages, and changes in ingestion methods.<sup>197</sup> Although any meth use is risky, some people use methamphetamine once or twice, or infrequently, without becoming addicted. Nevertheless, the euphoria and intense well-being methamphetamine users experience leaves many users who did not plan to continue using meth eager to repeat the experience, thus luring them on to increased and frequent use.

***Myth: Babies born to meth-using women are likely to have serious, long-term damage.***

Some evidence indicates that methamphetamine use during pregnancy *may* result in certain birth abnormalities or learning disabilities.<sup>198</sup> However, information about the effects of prenatal exposure to methamphetamine is still limited. For now, inflammatory terms like “meth babies” and “ice babies” should not be used.<sup>199</sup> Obviously, women who are pregnant or planning for motherhood should avoid methamphetamine along with all forms of substance abuse.

***Myth: More children are endangered by methamphetamine-using caregivers than by adults using any other drug.***

Children in the care of adults who use or sell methamphetamine are certainly at increased risk for being neglected or abused. If these adults also are engaged in the manufacture of methamphetamine, they and anyone else in their household is at great risk of serious harm from exposure to chemicals used in this process. But not all methamphetamine-using adults neglect or abuse children in their care, and most methamphetamine users do not attempt to make the drug themselves.

According to Federal estimates, there are far more children living with families who have alcoholism than there are children in the care of adults who use methamphetamine or are involved in its manufacture and distribution. In 2003, for example, an estimated 1,300 meth lab incidents involved a child being exposed to toxic chemicals, and 724 children were removed from such sites.<sup>200</sup> Based on 2001 data, SAMHSA estimated that “more than 6 million children lived with at least 1 parent who abused or was dependent on alcohol or an illicit drug” that year.<sup>201</sup>

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<sup>197</sup> National Institute on Drug Abuse. April 1998, Reprinted January 2002. Research Report Series: Methamphetamine Abuse and Addiction. [www.nida.nih.gov/ResearchReports/methamph/methamph.html](http://www.nida.nih.gov/ResearchReports/methamph/methamph.html)

<sup>198</sup> Volkow, Nora, M.D., Director, NIDA. April 21, 2005. Testimony Before the Subcommittee on Labor, Health, and Human Services; Education; and Related Agencies. Committee on Appropriations, U.S. Senate. [www.hhs.gov/asl/testify/t050425b.html](http://www.hhs.gov/asl/testify/t050425b.html)

<sup>199</sup> Lewis, D., M.D., Brown University. July 25, 2005. Meth Science, Not Stigma: Open Letter to the Media. Join Together Online. [www.jointogether.org/sa/news/features/reader/0,1854,577769,00.html](http://www.jointogether.org/sa/news/features/reader/0,1854,577769,00.html)

<sup>200</sup> Office of National Drug Control Policy. February 6, 2004. Fighting Methamphetamine in the Heartland: How Can the Federal Government Assist State and Local Efforts? [www.whitehousedrugpolicy.gov/news/testimony04/020604/meth.html](http://www.whitehousedrugpolicy.gov/news/testimony04/020604/meth.html)

<sup>201</sup> The Substance Abuse and Mental Health Services Administration/Office of Applied Studies. June 2, 2003. The NSDUH Report: Children Living With Substance-Abusing or Substance-Dependent Parents. <http://oas.samhsa.gov/2k3/children/children.htm>

It is important to increase awareness about risks to children posed by meth use and production. Information on what others can do to prevent or limit such risks for children should be communicated, along with steps children in substance abuse situations can take to protect themselves. But messages should avoid demonizing users, who need to be encouraged to step forward and seek treatment.

***Myth: Methamphetamine abusers/addicts do not respond to treatment.***

Anecdotally, a number of substance abuse and mental health treatment providers have expressed disappointment and frustration in treating clients whose only or primary drug problem is methamphetamine. However, programs specifically tailored to respond to the unique treatment needs of methamphetamine addicts are reporting successes, sometimes at exceptional rates. In its May 2005 “Fact Sheet: Methamphetamine,” for example, the National Association of State Alcohol and Drug Abuse Directors provides these examples:<sup>202</sup>

- Colorado—80 percent of meth users were abstinent at discharge.
- Tennessee—65 percent of meth users were abstinent 6 months after treatment.
- Texas—88 percent of meth users were abstinent 60 days after discharge.
- Utah—60.8 percent of meth users were abstinent at discharge.

A review of treatment outcomes of Iowa’s publicly funded substance abuse programs found that 65.5 percent of methamphetamine clients were still abstinent 6 months after discharge, the highest rate of any drug category in the State.<sup>203</sup> As in other examples of treatment success in working with meth clients, Iowa’s programs found that these addicts often needed more time in treatment than others.

Similarly, the Matrix Model, based on an earlier cocaine treatment model of the Matrix Institute, was adapted with support from the National Institute on Drug Abuse to treat methamphetamine addicts and has demonstrated high rates of abstinence 6 months after completion of the 16-week program. With additional testing of the Matrix Model in additional communities funded by SAMHSA’s CSAT, this model has now been adopted by several programs throughout the United States, and the curriculum is now marketed by the Hazelden Foundation, a well-known distributor of substance abuse education materials.<sup>204</sup>

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<sup>202</sup> National Association of State Alcohol and Drug Abuse Directors. May 2005. Fact Sheet: Methamphetamine. [www.nasada.org/resource.php?base\\_id=328](http://www.nasada.org/resource.php?base_id=328)

<sup>203</sup> The Iowa Consortium for Substance Abuse Research and Evaluation. September 2004. Outcome Monitoring System: Iowa Project: Year Six Report. [www.idph.state.ia.us/bhpl/common/pdf/substance\\_abuse/sa\\_oms\\_report.pdf](http://www.idph.state.ia.us/bhpl/common/pdf/substance_abuse/sa_oms_report.pdf)

<sup>204</sup> Hazelden Foundation. The Matrix Model Family of Products. [www.hazelden.org/servlet/hazelden/cms/ptt/hazl\\_7030\\_shade.html?sh=t&sf=t&page\\_id=29787](http://www.hazelden.org/servlet/hazelden/cms/ptt/hazl_7030_shade.html?sh=t&sf=t&page_id=29787)

Even programs serving populations deemed particularly difficult to reach have had success in treating clients with meth problems. Since gay men were among the earliest groups reported to be increasing their use of methamphetamine more than a decade ago, LGBT-identified programs were among the first to cope with the results and among the first to create effective treatment approaches. The Stepping Stone, a residential program for gay persons in San Diego, instituted a Sexual Behavior Relapse Prevention pilot program to increase client retention, decrease client recidivism, and reduce HIV-infection from drug- or sex-linked relapse. At 6-month and 1-year followups, significant improvement on all three measures was reported for clients on the pilot-study track, compared with clients on the traditional program.<sup>205</sup>

But by the time many people with a serious meth problem reach treatment, the degree of impairment they present may be more severe than with many other substance abuse clients; they may have a number of physical and mental health issues that existing treatment programs are not equipped to handle. Methamphetamine withdrawal can last from 2 days to 2 weeks, with various degrees of brain dysfunction continuing for months after a user becomes abstinent. Problems that may need to be addressed in treating meth addicts include depression, fatigue, anxiety, anergia (passivity and lack of energy), drug craving, severe cognitive impairment, continuing paranoia, hypersexuality, irritability, drug craving in response to conditioned cues, and even violence.<sup>206</sup>

In some places where methamphetamine has recently emerged as a significant treatment issue, substance abuse treatment resources may be limited at best, and it is unlikely that programs in such communities have adequate mental health and medical staff, or even adequate meth-specific training for substance abuse services staff. As yet, only a few treatment programs exist nationwide that have successfully adapted models to address the unique treatment needs of methamphetamine addicts.<sup>207</sup>

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<sup>205</sup> Braun-Harvey, D.; Zians, J. December 2004. Using Sexual Behavior Relapse Prevention To Reduce Chemical Dependency Treatment Failures. Conference PowerPoint presentation at the 26<sup>th</sup> annual Southeast Conference on Alcohol Dependence (SECAD), Atlanta, GA.

<sup>206</sup> Methamphetamine Interagency Task Force. 2000. *Final Report: Federal Advisory Committee. Part III: Treatment*. [www.ojp.usdoj.gov/nij/methintf/3.html](http://www.ojp.usdoj.gov/nij/methintf/3.html)

<sup>207</sup> Ibid.

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## **IX. Selected Web-based Resources on Methamphetamine**

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<http://oas.samhsa.gov/amphetamines.htm>

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Office of Applied Studies summarizes the latest data and trends relating to methamphetamine from the National Survey on Drug Use and Health (NSDUH), the Drug and Alcohol Services Information System (DASIS) Reports, the Drug Abuse Warning Network (DAWN), and other sources.

<http://store.health.org/catalog/results.aspx?topic=6&h=drugs>

The SAMHSA National Clearinghouse for Alcohol and Drug Information Web site has online files of publications and other media about methamphetamine, including several Webcasts.

[www.ncsacw.samhsa.gov/MethamphetamineList.htm](http://www.ncsacw.samhsa.gov/MethamphetamineList.htm)

SAMHSA's National Center on Substance Abuse and Child Welfare has files of several important methamphetamine documents—including national and State protocols for drug-endangered children (DEC)—and links to other resources on meth as it relates to child health and safety.

[www.hhs.gov/asl/testify/t051020.html](http://www.hhs.gov/asl/testify/t051020.html)

This SAMHSA testimony, "Comprehensively Combating Methamphetamines: Impacts on Health and Environment," was given before the Subcommittee on Health and the Subcommittee on the Environment and Hazardous Materials, Committee on Energy and Commerce, U.S. House of Representatives, Thursday, October 20, 2005.

[www.hhs.gov/asl/testify/t050425.html](http://www.hhs.gov/asl/testify/t050425.html)

This SAMHSA testimony, "The Prevention and Treatment of Methamphetamine Abuse," was delivered before the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, Committee on Appropriations, U.S. Senate, Thursday, April 21, 2005.

[www.methresources.gov](http://www.methresources.gov)

Three Federal agencies—the U.S. Departments of Justice and Health and Human Services and the Office of National Drug Control Policy (ONDCP)—collaborate in providing this one-stop Web resource on methamphetamine. The site has information on

conferences, programs, funding, training and technical assistance, policies and legislation, and more. Numerous reports and other documents are housed on this site, and the “Prevention and Education” section includes State profiles of drug indicators.

[www.nyhealth.gov/diseases/aids/harm\\_reduction/crystalmeth/docs/meth\\_literature\\_index.pdf](http://www.nyhealth.gov/diseases/aids/harm_reduction/crystalmeth/docs/meth_literature_index.pdf)

The New York State Department of Health provides “A Key to Methamphetamine-Related Literature.” Included are 5,000 entries, each of which is hypertext linked to the PubMed abstract. The citations are organized under approximately 300 indexed terms and may also be accessed via broader grouped themes, which include animal studies; behavioral correlates; geography; HIV and STDs; legal issues; medical issues; neurological, cognitive, and psychological issues; populations; and treatment. Besides being larger than its predecessor, the current version has enhanced international coverage and a new section for “review articles.”

[www.nida.nih.gov/DrugPages/Methamphetamine.html](http://www.nida.nih.gov/DrugPages/Methamphetamine.html); (also available at [www.drugabuse.gov/drugpages/methamphetamine.html](http://www.drugabuse.gov/drugpages/methamphetamine.html))

The National Institute on Drug Abuse (NIDA) page on methamphetamine has links to fact sheets, publications, news, and additional meth-related resources.

[www.nida.nih.gov/Infobox/methamphetamine.html](http://www.nida.nih.gov/Infobox/methamphetamine.html)

**This NIDA resource contains detailed information on what methamphetamine use does to mental and physical health.**

[www.raconline.org/info\\_guides/meth](http://www.raconline.org/info_guides/meth)

This section of the Rural Assistance Center’s (RAC’s) Web site contains articles, resources, and facts on the methamphetamine problem in America. RAC is operated on behalf of the U.S. Department of Health and Human Services’ Rural Initiative.

[www.drugstory.org/drug\\_info/methamphetamine.asp](http://www.drugstory.org/drug_info/methamphetamine.asp)

ONDCP’s DrugStory.org Web site was developed to meet the information needs of journalists and entertainment writers covering drug-related issues. The “Methamphetamine” section of the site has links to many other Federal resources on methamphetamine, recent news stories about the drug, and several informational documents, including “Quick Reference: Methamphetamine,” a bulleted summary of key points about meth.

[www.drugfree.org/Portal/DrugIssue/Meth/index.html](http://www.drugfree.org/Portal/DrugIssue/Meth/index.html)

The 2005 ONDCP National Youth Anti-Drug Media Campaign television spots on methamphetamine are included in the “Ads” section of this Partnership for a Drug-Free America site. Other information relating to methamphetamine for teens, young adults, parents, and the community can also be accessed.

[www.whitehousedrugpolicy.gov/enforce/dr\\_endangered\\_child.html](http://www.whitehousedrugpolicy.gov/enforce/dr_endangered_child.html)

This ONDCP Enforcement article on DEC includes links to several protocols developed by various agencies for responding to meth lab incidents in which children are involved.

A selection of programs to help such children, summaries of DEC-related legislation in several States and the District of Columbia, articles, and a conference calendar are included.

[www.ojp.usdoj.gov/nij/methintf/index.html](http://www.ojp.usdoj.gov/nij/methintf/index.html)

Reflecting growing Federal concern about the spread of methamphetamine use and manufacturing in the United States, the 1999 Methamphetamine Interagency Task Force's Final Report summarized data from Federal sources and provided recommendations for future government policies and actions.

[www.usdoj.gov/dea](http://www.usdoj.gov/dea)

The U.S. Department of Justice's Drug Enforcement Administration (DEA) has primary responsibility for enforcing the Nation's controlled substance laws and regulations. The DEA site has methamphetamine fact sheets at

[www.usdoj.gov/dea/concern/meth\\_factsheet.html](http://www.usdoj.gov/dea/concern/meth_factsheet.html)

[www.justthinktwice.com](http://www.justthinktwice.com)

DEA sponsors this youth-oriented site, which offers lively graphics, videos, interactive elements, and a section devoted to methamphetamine.

[www.usdoj.gov/dea/concern/amphetamines.html](http://www.usdoj.gov/dea/concern/amphetamines.html)

Links to files providing information on meth's effects, news items about the drug, and resources are available at this DEA site.

[www.usdoj.gov/ndic/pubs5/5048/index.htm](http://www.usdoj.gov/ndic/pubs5/5048/index.htm)

This U.S. Department of Justice site provides information about Yaba (a.k.a. Ya Ba), a combination of methamphetamine and caffeine in pill form.

[www.ojp.gov/ovc/publications/bulletins/children/197590.pdf](http://www.ojp.gov/ovc/publications/bulletins/children/197590.pdf)

The Office for Victims of Crime, in the U.S. Department of Justice's Office of Justice Programs, published this bulletin on children at clandestine meth labs in June 2003, summarizing health and safety issues for children living at meth lab sites.

[www.nationaldec.org/research%20and%20articles/research/NACO%20Report.pdf](http://www.nationaldec.org/research%20and%20articles/research/NACO%20Report.pdf)

Five hundred U.S. counties were invited by the National Association of Counties to respond to a survey about methamphetamine-related problems in their jurisdictions. The results, published in July 2005 under the title *The Meth Epidemic in America*, have been the basis for several dramatic media accounts of the drug's impact on communities and their programs and services.

[www.ada.org/prof/resources/topics/methmouth.asp](http://www.ada.org/prof/resources/topics/methmouth.asp)

This section of the American Dental Association's Web site provides an overview of methamphetamine and footnoted details about "meth mouth," the severe dental effects of chronic meth use.

[www.crystalmeth.org](http://www.crystalmeth.org)

This free 12-step self-help program is intended for methamphetamine addicts seeking abstinent recovery.

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## **X. Selected Web-based Resources on Prevention**

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[www.nasadad.org/index.php?doc\\_id=6](http://www.nasadad.org/index.php?doc_id=6)

The National Prevention Network (NPN) is the prevention component of the National Association of State Alcohol and Drug Abuse Directors (NASADAD). Information about NPN and its activities can be found in this area of the NASADAD site.

[www.nasadad.org/index.php?base\\_id=283](http://www.nasadad.org/index.php?base_id=283)

This area of the NASADAD site has links to most of the State agencies administering substance abuse services. NPN members are senior staff members of these agencies and may be located through links on the NASADAD Web site.

[www.samhsa.gov](http://www.samhsa.gov)

The Substance Abuse and Mental Health Services Administration (SAMHSA) is an agency of the U.S. Department of Health and Human Services. SAMHSA administers the Center for Substance Abuse Prevention (CSAP), the Center for Substance Abuse Treatment, the Center for Mental Health Services, and the SAMHSA National Clearinghouse for Alcohol and Drug Information (NCADI), among other resources.

<http://preventionpathways.samhsa.gov>

Prevention Pathways is SAMHSA's gateway to information on prevention programs, program implementation, evaluation technical assistance, online courses, and other prevention resources.

<http://preventionplatform.samhsa.gov>

SAMHSA's Prevention Platform provides tools to help prevention programs with assessment, capacity, planning, implementation, and evaluation. Viewers also can find the Communities That Care survey instruments in Word and PDF formats for easy downloading and reproduction.

<http://modelprograms.samhsa.gov>

The SAMHSA Model Programs on this site have been tested in communities across America and have been proven to prevent or decrease substance abuse and other high-risk behaviors.

<http://prevention.samhsa.gov/capacity/default.aspx>

This section of the SAMHSA site highlights large-scale evaluations of selected flagship CSAP grant programs.

[www.ncadi.samhsa.gov](http://www.ncadi.samhsa.gov)

SAMHSA's NCADI offers free information, publications, database searches, and other prevention services.

[www.captus.org](http://www.captus.org)

CSAP's Centers for the Application of Prevention Technologies (CAPTs) link science-based strategies to practices through dissemination of prevention knowledge and field application of knowledge. The site has links to the Web sites of the five regional CAPTs serving States, territories, and Puerto Rico.

[www.samhsa.gov/preventionpartners](http://www.samhsa.gov/preventionpartners)

The Partners for Substance Abuse Prevention site is a meeting place for groups to get involved in prevention or to enhance or expand their current prevention activities.

<http://prevention.samhsa.gov/tobacco>

CSAP oversees implementation of the Synar Amendment, requiring States to enforce laws prohibiting the sale and distribution of tobacco products to those under 18. This site offers basic information about Synar and links to additional resources.

<http://prevention.samhsa.gov/stateprofiles>

This site provides links to a substance abuse prevention profile of each State.

<http://dwp.samhsa.gov/index.aspx>

SAMHSA's Division of Workplace Programs provides centralized access to information about drug-free workplaces and related topics.

<http://prevention.samhsa.gov/capacity/prevedutools.aspx>

This page links to information about CSAP's public education programs, ranging from raising awareness about the dangers of marijuana to helping girls develop a healthy, drug-free lifestyle.

<http://drugfreecommunities.samhsa.gov>

The Drug-Free Communities program (DFC) provides grants of up to \$100,000 to community coalitions that mobilize their communities to prevent youth alcohol, tobacco, illicit drug, and inhalant abuse. The program enables community coalitions to strengthen their coordination and prevention efforts, encourage citizen participation in substance abuse reduction efforts, and disseminate information about effective programs.

[www.fascenter.samhsa.gov](http://www.fascenter.samhsa.gov)

The Fetal Alcohol Spectrum Disorders Center for Excellence (FAS Center for Excellence) is a federally funded initiative devoted to preventing and addressing fetal alcohol spectrum disorders (FASD). This Web site is designed to provide resources and information on FASD to expand the knowledge base and promote best practices. It also supports individuals, families, and communities affected by FASD in an effort to improve quality of life.

[www.teachin.samhsa.gov](http://www.teachin.samhsa.gov)

Since 2002, SAMHSA, the U.S. Department of Health and Human Services, and Scholastic Inc. have collaborated to provide school-based, underage alcohol use prevention materials in time for Alcohol Awareness month each April. This two-part set of materials is designed especially for use by fifth-grade students, their families, and their teachers. The materials are sent to fifth-grade classroom teachers nationwide each year.

[www.stopalcoholabuse.gov](http://www.stopalcoholabuse.gov)

This Web site is a comprehensive portal of Federal resources for information on underage drinking and ideas for combating this issue. People interested in underage drinking prevention—including parents, educators, community-based organizations, and youth—will find a wealth of valuable information here.

[www.udetc.org](http://www.udetc.org)

This is the site of the Office of Juvenile Justice and Delinquency Prevention's Enforcing Underage Drinking Laws Program and includes environmental prevention information.

[www.whitehousedrugpolicy.gov](http://www.whitehousedrugpolicy.gov)

The White House Office of National Drug Control Policy (ONDCP) sets policies, priorities, and objectives for the Nation's drug control program to reduce illicit drug use, manufacturing, and trafficking; drug-related crime and violence; and drug-related health consequences. The site has links to ONDCP's other Web sites, including its National Youth Anti-Drug Media Campaign.