

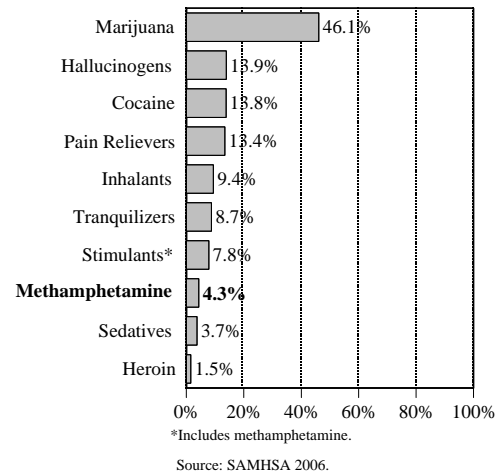
CESAR BRIEFING

Methamphetamine in Maryland 2006

CESAR Briefings are designed to provide concise answers and information on requested topics related to substance abuse and are available online at www.cesar.umd.edu. For additional information or to request a *CESAR Briefing*, please contact Erin Artigiani at 301-405-9794 or erin@cesar.umd.edu.

In 2005, a relatively low number of U.S. residents—4% or an estimated 12.8 million people—reported using methamphetamine at least once in their lifetime, compared to 46% for marijuana, 14% for cocaine, and 2% for heroin, as shown in Figure 1 (Substance Abuse and Mental Health Services Administration, 2006). Methamphetamine use has historically been concentrated in Hawaii, California, and other West Coast states (Anglin, Burke, Perrochet, Stamper, & Dawud-Noursi, 2000) and the majority of methamphetamine use and production remains in localized areas west of the Mississippi River (National Drug Intelligence Center, 2004; Substance Abuse and Mental Health Services Administration, 2003). Many states responded to the threat of methamphetamine labs by passing legislation regulating the sale of precursor drugs such as pseudoephedrine. This legislation has contributed to a marked shift in manufacturing. The majority of methamphetamine is now produced south of the border in Mexico and labs seized in the U.S. have gotten smaller (Washington/Baltimore High Intensity Drug Trafficking Area, 2006). Despite the fact that methamphetamine production, trafficking, and use in the northeastern U.S. are isolated and limited relative to that of other drugs, small methamphetamine labs have sprung up east of the Mississippi, and there has been recent speculation that “meth use is exploding in cities and suburbs all across America” (Teague, March 2, 2005).¹ The purpose of this report is to analyze existing indicators of methamphetamine use and its consequences in Maryland to provide an evidence-based evaluation of the current status and potential threat of methamphetamine in this state.

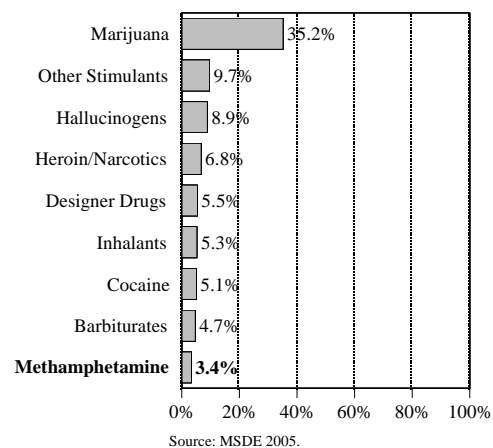
Figure 1: Percentage of U.S. Residents Aged 12 or Older Reporting Lifetime Use of Illicit Drugs, 2005



What Is the Scope of Methamphetamine Use in Maryland?

Methamphetamine is rarely produced or used in Maryland. In 2005, there were 8 labs seized in Maryland, compared to 12,139 labs seized nationally (Washington/Baltimore High Intensity Drug Trafficking Area, 2005; Drug Enforcement Administration, n.d.). Methamphetamine ranked 10th and 12th grade students—less than 4% reported ever using the drug in 2004, as shown in Figure 2 (MSDE, 2005). Crank, a lower level and more inexpensive form of

Figure 2: Percentage of 10th and 12th Grade Maryland Students Reporting Lifetime Use of Illicit Drugs, 2004

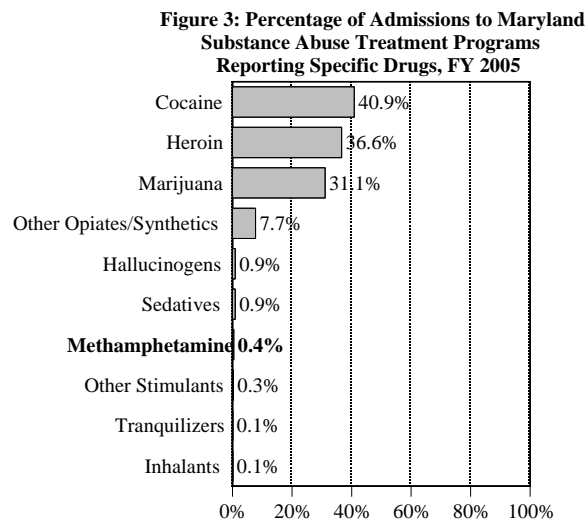


¹ For a discussion on how a previous localized methamphetamine problem came to be projected on a national level, see Jenkins, 1994.

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methamphetamine, approximately 40% pure, is the most common form of methamphetamine in the Washington/Baltimore HIDTA Region (Washington/Baltimore High Intensity Drug Trafficking Area, 2006).

Furthermore, less than 1% of all treatment admissions in Maryland in FY2005 were methamphetamine related, as shown in Figure 3 (Maryland Alcohol and Drug Abuse Administration, 2006). Nationally, admissions involving methamphetamine as a primary substance of abuse are continuing to increase reaching 8% of all admissions (Substance Abuse and Mental Health Services Administration, 2006) In the Baltimore and Washington, D.C., metropolitan statistical areas (MSAs)² there were 39 methamphetamine-related emergency department visits in 2002, compared to 9,002 for cocaine and 6,312 for heroin (Substance Abuse and Mental Health Services Administration, 2003). Additionally, there were no methamphetamine-caused deaths in Maryland in 2003 and one death each in 2004 and 2005 (Maryland Office of the Chief Medical Examiner, 2006).



Source: SAMIS 2006.

Who Uses Methamphetamine in Maryland?

As the above section shows, the demand for and availability of methamphetamine is relatively low in Maryland. However, several sources indicate that small pockets of use do exist among certain populations. Users are most likely to be 18 to 40 year old white males of diverse backgrounds, including unemployed persons (Maryland Alcohol and Drug Abuse Administration, 2006), blue-collar workers, persons with ties to traditional methamphetamine users (i.e. motorcycle gang members and long-distance truckers), white-collar professionals, and homosexuals (National Drug Intelligence Center, 2002). The small percentage of youth who use methamphetamine are also most likely to be white males and they report using multiple other drugs in their lifetime (ADAA, 2006). There is evidence that youth methamphetamine users are also involved with club drug use and the rave/club scenes (Office of National Drug Control Policy, 2004; Washington/Baltimore High Intensity Drug Trafficking Area, 2004).

Where Is Methamphetamine Used in Maryland?

Geographically, the primary markets for methamphetamine in Maryland are in the western, eastern, and southern parts of the state. Residents of western Maryland are some of the primary users of methamphetamine (Office of National Drug Control Policy, Maryland, 2006). High school students in Garrett, Washington, and Allegany counties have the first, second, and fifth highest rates of lifetime methamphetamine use in the state respectively—with Garrett County more than double the statewide rate of 5.1% (MSDE, 2005). In addition, three of the eight methamphetamine labs seized from January 2003 to May 2004 were from the western Maryland counties of Garrett and Washington, and three were from Charles County (Washington/Baltimore High Intensity Drug Trafficking Area, 2004). Four of the eight labs seized in 2005 were in the eastern counties of Cecil, Harford, and Caroline (Washington/Baltimore High Intensity Drug Trafficking Area, 2005). Garrett, Allegany, and Washington counties largely mimic

²The Baltimore MSA encompasses Anne Arundel, Baltimore, Carroll, Harford, Howard, and Queen Anne's counties and Baltimore City. The Washington, D.C., MSA encompasses the District of Columbia, Calvert, Charles, Frederick, Montgomery, and Prince George's counties, and 10 counties in Virginia.

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the patterns of methamphetamine production and use seen in West Virginia. West Virginia has seen a dramatic increase in clandestine methamphetamine laboratories seizures in the past few years. Additionally, it is believed that methamphetamine manufacturing is primarily focused in the West Virginia panhandle, the counties adjacent to Garrett, Allegany, and Washington counties (Office of National Drug Control Policy, West Virginia, 2006).

Methamphetamine use also exists in counties in the eastern part of the state. High school students in Kent, Queen Anne's, Caroline, and Worcester counties have above average rates of lifetime methamphetamine use ranging from 6.9% to 9.5% (MSDE, 2005).

Worcester County also has an above average rate of methamphetamine-related treatment admissions at 8.6 per 100,000 residents (Maryland Alcohol and Drug Abuse Administration, 2006). According to law enforcement officials, Kent, Queen Anne's, Caroline, and Worcester counties are at risk for methamphetamine use because "geographically and

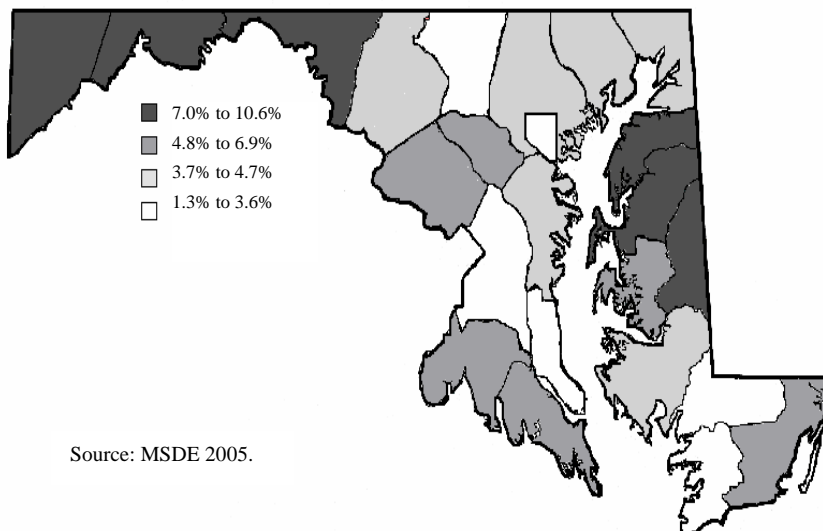
demographically, these four counties fit the national methamphetamine-hosting 'prototype,' in that they are less urban in nature, more sparsely populated, and comprised of fewer African Americans" (Washington/Baltimore High Intensity Drug Trafficking Area, 2004). Moreover, Ocean City, one of Worcester County's most frequented summer vacationing spots is largely comprised of tourists during the summer months, an increase in the sparsely populated area that can largely affect the flow of drugs, particularly methamphetamine, in and out of the area.

Another pocket of methamphetamine use is in southern Maryland, particularly Charles and St. Mary's counties. These two counties, as well as Calvert County have some of the highest rates of methamphetamine-related treatment admissions in the state, ranging from 10.4 to 22.8 per 100,000 residents (Maryland Alcohol and Drug Abuse Administration, 2006). While high school students in Charles and Calvert counties report close to the statewide average rate of lifetime methamphetamine use, high school students in St. Mary's County are above the average rate of lifetime methamphetamine use (MSDE, 2005).

Is Methamphetamine an Emerging Problem?

While defining an emerging drug problem is extremely subjective, a drug may be potentially emerging as a problem in a certain area of the state if indicators of use, treatment, and/or law enforcement are increasing in that area or are relatively high or increasing in surrounding areas. Indicators of methamphetamine use and related health consequences have remained relatively stable or decreased in the past few years. For example, lifetime methamphetamine use among Maryland high school seniors has remained at or below 5% since 2001, down from the recent peak of 9% in 1996 (Maryland State Department of Education, 1997–2005). The number of methamphetamine-related emergency department

Figure 4: Percentage of Maryland 12th Grade Students Reporting Lifetime Use of Methamphetamine, by County, 2004



Source: MSDE 2005.

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mentions in the Washington, D.C., and Baltimore MSAs combined decreased from 68 in 2000 to 39 in 2002 (Substance Abuse and Mental Health Services Administration, 2003).

Methamphetamine is present in areas surrounding Maryland, particularly in Washington, D.C., within the homosexual community and club scene, (Washington/Baltimore High Intensity Drug Trafficking Area, 2006) and the Shenandoah Valley of Virginia (Boorstein, August 22, 2004; Washington/Baltimore High Intensity Drug Trafficking Area, 2004). In addition, the number of methamphetamine labs seized in surrounding states has been increasing. For example, five methamphetamine labs were seized in Virginia in 2001, compared to 75 in 2004, and 52 in 2005 (Drug Enforcement Administration, 2006b). The number of labs seized between 2001 and 2005 increased in West Virginia from 17 to 213 (Drug Enforcement Administration, 2006c) and between 2001 and 2004 in Pennsylvania from 18 to 106 (Drug Enforcement Administration, 2006a). There is also anecdotal evidence that Hispanic criminal groups may expand their distribution networks from Virginia to Maryland (Washington/Baltimore High Intensity Drug Trafficking Area, 2004).

Conclusions

The demand for and availability of methamphetamine in Maryland is extremely low compared to other drugs. Methamphetamine users in Maryland tend to be Caucasian males, including blue- and white-collar workers, persons with ties to motorcycle gang members and long-distance truckers, youths, homosexuals, and those involved with the rave and club scenes. In addition, methamphetamine use is more prevalent in the western, eastern, and southern parts of the state. While available data do not indicate that methamphetamine is an emerging drug in Maryland, the growing number of methamphetamine labs and use reported in neighboring states could be indicative of an increase in methamphetamine use in our area at some point in the future.

Based on these conclusions, CESAR recommends the following:

- 1) Indicators of methamphetamine use should continue to be monitored, with close attention paid to the specific populations and areas of the state that have shown signs of methamphetamine use.
- 2) While methamphetamine production, trafficking, and use are low in Maryland, this drug presents a unique threat to first responders. Substances used in methamphetamine labs are extremely flammable, explosive, and toxic. Police officers, firefighters, emergency medical technicians, and hospital personnel should receive comprehensive training in identifying and handling methamphetamine labs and contaminated materials.
- 3) Maryland's existing legislation on methamphetamine and its precursors should be reviewed and compared with those of other states to ensure that Maryland's laws will be adequate should methamphetamine become a problem in the future.
- 4) Methamphetamine prevention, education, and training should be instituted in parts of the state and among populations that have shown above average use of methamphetamine. For example, school-based methamphetamine education and prevention could be instituted in counties with relatively high rates of student drug use, such as Garrett County. Targeting high-risk behaviors in general may also be effective, since many methamphetamine users are poly-drug users.

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