CESAR BRIEFING
Methamphetamine in Washington, D.C.

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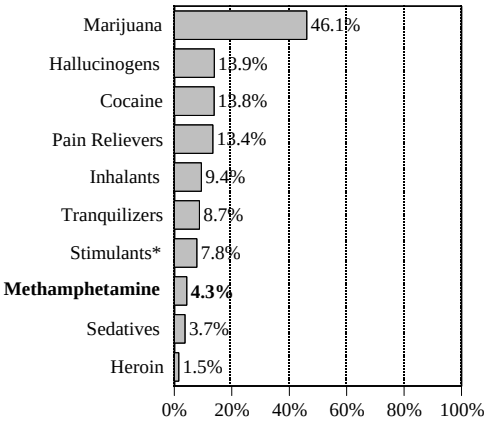
In 2005, a relatively low number of U.S. residents—4% or an estimated 12.8 million people—reported using methamphetamine at least once in their lifetime, compared to 46% for marijuana, 14% for cocaine, and 2% for heroin, as shown in Figure 1 (Substance Abuse and Mental Health Services Administration, 2006). The number of U.S. household residents age 12 or older who reported using methamphetamine in the past year decreased from 2002 to 2005. More importantly, the number of first time users in the past year decreased significantly from 2004 to 2005 (from 318,000 to 192,000) (Substance Abuse and Mental Health Services Administration (SAMHSA), 2007). This decrease in past-year initiation appears to have occurred in both females and males.

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



*Includes methamphetamine.

Source: SAMHSA 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). 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] 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 (HIDTA), 2006). The purpose of this report is to analyze existing indicators of methamphetamine use and its consequences in the District to provide an evidence-based evaluation of the current status and potential threat of methamphetamine in this City.

What Is the Scope of Methamphetamine Use in the District? [2]

Abuse and manufacture of methamphetamine does not appear to be a major problem in the District. There were no deaths caused by methamphetamine in 2004 or 2005. The Washington/Baltimore HIDTA and other members of the DC Epidemiological Workgroup report that methamphetamine use is established in

[1] For a discussion on how a previous localized methamphetamine problem came to be projected on a national level, see Jenkins, 1994.
[2] Artigiani, E; Hsu, M.; Rinehart, C.; and Wish, E. "Patterns and Trends of Drug Abuse in Washington, DC." Epidemiologic Trends in Drug Abuse: Proceedings of the Community Epidemiology Workgroup. Washington, DC: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse. In press.

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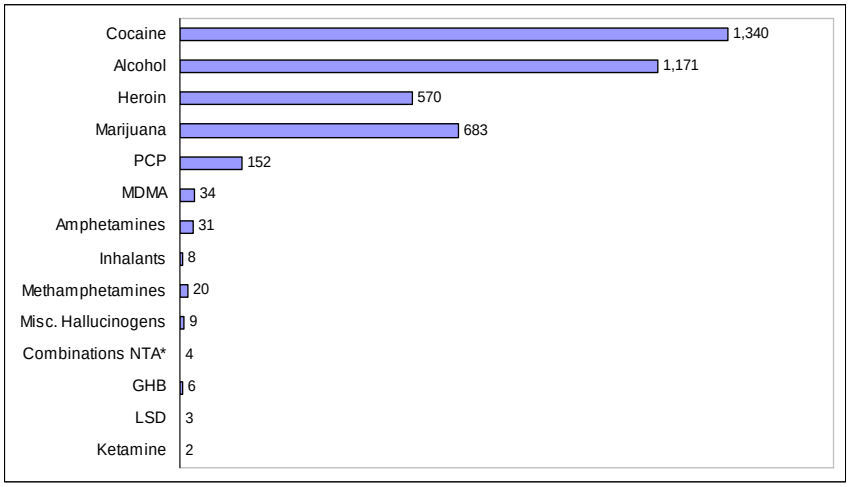
the homosexual community. Detectives from the Metropolitan Police Department reported in 2004 that both tablet and powder methamphetamine were visible in the Washington, DC, club scene. The Washington/Baltimore HIDTA indicates that, in 2006, crank—a less expensive and less pure form of methamphetamine—is the most common form available in the Washington/Baltimore region. Methamphetamine is trafficked from California through Atlanta to DC. There was one methamphetamine lab in the District in 2005, one residential search, and four parcel interdictions, according to the HIDTA.

Number of Drug Reports in Drug-Related ED Visits in the Washington, DC, Metropolitan Area, by Drug Category (Unweighted Data[1]): Jan.-June 2005



NOTES: [1]The unweighted data are from Washington, D.C., metropolitan area hospitals reporting to DAWN. During the first six months of 2005, between 9 and 11 EDs reported data each month. Tables reflect cases that have been received by DAWN as of 12/6-74/05. All DAWN cases are reviewed for quality control. Based on this review, cases may be corrected or deleted. Therefore, these data are subject to change.
SOURCE: DAWN *Live!*, OAS, SAMHSA, update 12/6-7/2005

National Forensic Laboratory Information System data for FY2006 show that approximately 1 percent of analyzed drug items tested positive for methamphetamine, making it the fifth most frequently found drug. The NDIC reported that powder methamphetamine sold for $40 to $150 per gram retail in June of 2006. The DC Pretrial Services Agency does not regularly test for methamphetamine; however, a special study beginning in 2006 testing for amphetamines found that approximately 2 percent of all specimens tested in April and May 2006 were positive for amphetamines. The majority of these tests confirmed for MDMA or MDA.

Amphetamine-related arrests ranged from 4 to 10 each year from 2001 to 2004. All arrests during this time involved adults. In 2004, 6 of the 10 arrests involved the sale or manufacture of amphetamines and 4 involved possession. There were 18 arrests recorded in 2005. However, this category now also contains barbiturates.

The results of the 2005 YRBS also indicate a very low level of methamphetamine use in DC. The percentage of public school students in grades 9 to 12 reporting lifetime use decreased from 5.7 percent in 2003 to 2.0 percent in 2005. This is similar to the national data from the Monitoring the Future Survey which shows a decrease in 10th and 12th graders reporting lifetime methamphetamine use from 2004 to 2006 (Johnston, L.D. et al., 2006).

Who Uses Methamphetamine in the District?

As the above section shows, the demand for and availability of methamphetamine is relatively low in the District. However, several sources indicate that pockets of use do exist among certain populations. Approximately 2,000 District residents age 12 and older reported past year methamphetamine use (SAMHSA, OAS, NSDUH 2002-2004, special data run 12/12/05). Methamphetamine was involved in 20

of the 4,033 drug-related emergency department visits in the DC Metropolitan Area in the first six months of 2005, the most recent data available (DAWN Live! 2005). This data, 2003 treatment admission data, and household survey data indicate that users were most likely to be 18 to 45 year old, Caucasian, and male (TEDS, 2003; DAWN Live! data, 2005; SAMHSA, OAS, NSDUH, 2002-2004).

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 if indicators of use, treatment, and/or criminal justice activities are relatively high or increasing in that area or in surrounding areas. Indicators of methamphetamine use and related health consequences have remained relatively low in the past few years in the District. For example, treatment admissions with amphetamines as a primary substance of abuse decreased from 33 in 2001 to 10 in 2003, the most recent year for which data is available. The number of methamphetamine-related emergency department mentions in the Washington, DC, and Baltimore Metropolitan Statistical Areas combined decreased from 68 in 2000 to 39 in 2002 (SAMHSA, 2003).

Conclusions

The demand for and availability of methamphetamine in the District is low compared to other drugs. Methamphetamine users in the District tend to be Caucasian males. While available data do not indicate that methamphetamine is an emerging drug in the District, there are significant gaps in our understanding of methamphetamine use in key populations such as the Lesbian Gay Bisexual Transgender community. The DC Crystal Meth Working Group is working with the Addiction Prevention and Recovery Administration to fill this void by utilizing a variety of approaches including a web based survey.

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 that have shown signs of methamphetamine use.

2) While methamphetamine production, trafficking, and use are low in the District, 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) The District's existing legislation on methamphetamine and its precursors should be reviewed and compared with those of other states to ensure that the District's laws will be adequate should methamphetamine become a problem in the future.

4) Methamphetamine prevention, education, and training should be instituted among populations that have shown above average use of methamphetamine. For example, the prevention efforts of the DC Crystal Meth Working Group and the Whitman Walker Clinic should be sustained. Similar efforts in other states appear to be beginning to show signs of success.

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