The Developing Methamphetamine Problem: Selected CESAR Publications 1996–2008*

Center for Substance Abuse Research (CESAR)
4321 Hartwick Rd, Ste 501
College Park, MD 20740
301-405-9770
301-403-8342 (fax)
cesar@cesar.umd.edu
http://www.cesar.umd.edu

* Updated January 10, 2008. New selections are added to this publication as they are released. Check www.cesar.umd.edu periodically for the most up-to-date version of this publication.

This publication was supported by BJAG-2005-1065, awarded by the U.S. Department of Justice (USDOJ) through the Maryland Governor's Office of Crime Control and Prevention (GOCCP). The Assistant Attorney General, Office of Justice Programs, coordinates the activities of the program offices and bureaus. Points of view or opinions contained within this document are those of the authors and do not necessarily represent the official position or policies of USDOJ or GOCCP.

The Developing Methamphetamine Problem: July 1996–January 2008

Table of Contents

CESAR FAX

Nearly 8,000 Youths Drink Alcohol for the First Time on an Average Day; More Than 4,000 Use Illicit Drugs for the First Time (October 29, 2007)

New CEWG Report Released: Cocaine/Crack Abuse Stable at High Levels or Increasing; Methamphetamine Abuse Continues to Be Low in East (August 27, 2007)

Rural Methamphetamine Users May Be at Higher Risk for Health Complications (August 20, 2007)

Among Young Adults, Native Americans and White Males in South and West Most Likely to Use Crystal Methamphetamine (July 23, 2007)

How Prevalent is Crystal Methamphetamine Use Among Young Adults? (July 16, 2007)

National Treatment Admissions for Primary Abuse of Heroin Decrease; Other Opiates and Methamphetamine Continue to Increase (March 5, 2007)

Number of Methamphetamine Users Drop (February 12, 2007)

National Treatment Admissions for Primary Abuse of Marijuana, Methamphetamine, and Other Opiates Continue to Increase; Heroin Decreases (September 25, 2006)

Nonmedical Use of Prescription Drugs More Prevalent in U.S. than Use of Most Illicit Drugs (September 11, 2006)

First National Synthetic Drug Control Strategy Seeks to Reduce Methamphetamine and Prescription Drug Abuse; Proposes Ten Point Plan for Helping State and Local Governments (July 17, 2006)

Illicit Drug Use by U.S. High School Students Declining (June 12, 2006)

Majority of U.S. Youths and Young Adults Who Have Used Club Drugs Have Used Three or More Types of Illicit Drugs (May 22, 2006)

Using Urine Specimens from Parolees/Probationers to Create a Statewide Drug Monitoring System (March 6, 2006)

Proposed FY 2007 Federal Drug Control Budget Increases Funding for Drug Courts; Decreases Funding for Many State and Local Drug Programs (February 27, 2006)

Study Finds 5% of Pregnant Women Use Methamphetamine in Methamphetamine-Prevalent Areas of the U.S. (February 20, 2006)

Colorado Survey Finds Relatively High Rates of Lifetime Club Drug Use Among Adolescent Treatment Clients (February 13, 2006)

Use of Depressants Among U.S. 12th Graders Increases While Amphetamine Use Decreases; Meth Use Not Spreading in This Population (December 19, 2005)

BJA Report: Drug Courts May Be an Effective Tool for Communities Facing Methamphetamine Problems (October 31, 2005)

New National Household Survey Data Illustrates Geographical Variation in Methamphetamine Use (October 3, 2005)

New CEWG Advance Report Released: Cocaine Most Widely Abused Illicit Stimulant; Methamphetamine Abuse Varies (September 19, 2005)

Leading Doctors, Scientists, and Researchers Request that Media and Policymakers Stop Perpetuating "Meth Baby" Myths (August 15, 2005)

Methamphetamine Named Top Problem by Majority of County Law Enforcement Agencies in Western U.S.; Will the East Follow? (July 25, 2005)

Methamphetamine Treatment Admission Rates Higher than Those of Cocaine and/or Heroin in Western States (March 21, 2005)

National Methamphetamine Epidemic? (March 7, 2005)

Cocaine and Methamphetamine Greatest U.S. Drug Threats, According to State and Local Law Enforcement Agencies (August 16, 2004)

Cocaine, Heroin, Methamphetamine, and Marijuana Are Greatest Drug Threats to U.S. (March 11, 2002)

Arrestees Who Use Methamphetamine Less Likely Than Non-Meth Users to Be Arrested for a Violent Offense (July 5, 1999)

Arrestee Methamphetamine Use Shows Clear Regional Variations (June 28, 1999)

Methamphetamine Use in the Western United States: An In-Depth Look (July 28, 1997)

Arrestee Methamphetamine Use Concentrated in West Coast DUF Sites (August 26, 1996)

National DAWN Data Show Significant Increases in Drug-Related Emergency Department Episodes (July 1, 1996)

CESAR BRIEFING

Methamphetamine in Maryland 2007 (July 2007)

Methamphetamine in Washington, D.C. (February 2007)

Online Publications

Drug Information: Methamphetamine (2006)

CESAR FAX

October 29, 2007
Vol. 16, Issue 43

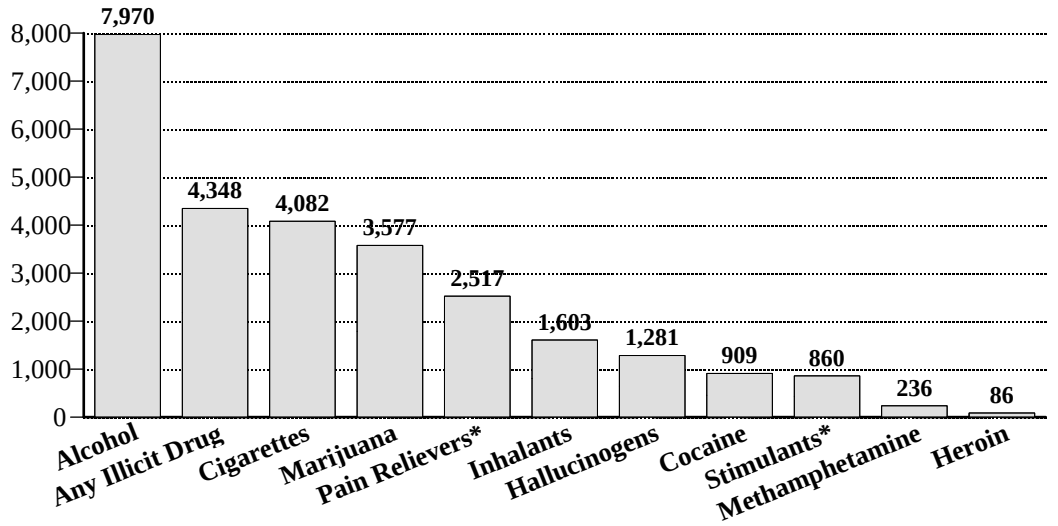
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Nearly 8,000 Youths Drink Alcohol for the First Time on an Average Day; More Than 4,000 Use Illicit Drugs for the First Time

Thousands of youths use alcohol, tobacco, and other drugs for the first time each day in the United States, according to a recent analysis of data from the 2006 National Survey on Drug Use and Health (NSDUH). On an average day in the past year, 7,970 youths ages 12 to 17 drank alcohol for the first time and 4,082 smoked cigarettes. More than 4,300 youths per day used at least one kind of illicit drug for the first time, primarily marijuana (3,577 new initiates on an average day) and used pain relievers used nonmedically (2,517 new initiates). The substances with the lowest number of initiates on an average day were methamphetamine (236) and heroin (86). A copy of the report, which also describes average daily substance use prevalence and treatment admissions by youth, is available online at http://www.oas.samhsa.gov/2k7/youthFacts/youth.cfm.

Number of U.S. Youths Ages 12 to 17 Who Used Substances for the First Time on an Average Day, 2006



*Nonmedical use of pain relievers and stimulants.

NOTE: The number of youths who use a substance for the first time on an average day was calculated by summing the weighted counts of respondents ages 12 to 17 who initiated substance use in the past year and dividing by 365.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration, Office of Applied Studies, "A Day in the Life of American Adolescents: Substance Use Facts," *The OAS Report*, October 18, 2007.

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••

The Governor's Office of Crime Control and Prevention funded this project under grant BJAG 2005-1065. All points of view in this document are those of the author and do not necessarily represent the official position of any State agency.

CESAR FAX

August 27, 2007
Vol. 16, Issue 34

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

New CEWG Report Released: Cocaine/Crack Abuse Stable at High Levels or Increasing; Methamphetamine Abuse Continues to Be Low in East

For the past 30 years, NIDA's Community Epidemiology Work Group (CEWG) has served as a national drug abuse surveillance system. Comprised of a network of epidemiologists and researchers from 22 geographically dispersed areas of the nation, the CEWG meets twice a year to share qualitative and quantitative information on current and emerging drug abuse patterns and trends. Following are highlights from the recently released report on the proceedings of the 61st meeting, held this past January.

- **Marijuana** continues to be the most widely available and abused drug across CEWG areas, with abuse indicators remaining stable at high levels in 15 CEWG areas and increasing in 5 areas.
- C**ocaine/crack** abuse indicators remained stable at high levels in 16 CEWG areas, stable at low levels in 3 areas, and increased in 3 areas (Honolulu, Maine, and New Mexico).
- **Methamphetamine** abuse indicators remained stable at low levels in 10 CEWG areas in the east and stable at higher levels in 2 areas in the west (Los Angeles and San Francisco). Increases in methamphetamine abuse indicators occurred in 5 areas (New Mexico, Phoenix, San Diego, Seattle, and Texas). There were reports of "changing demographics in methamphetamine-abusing populations in 13 CEWG areas, with reports in some areas of increases of abuse among youth, women, and Hispanics" (p. 43).
- **Heroin** abuse indicators were stable or mixed at high levels in 5 CEWG areas (Baltimore, Boston, Detroit, Los Angeles, and New York City) and at low levels in 10 CEWG areas. While 2 CEWG areas (Chicago and New Mexico) reported increases in abuse indicators, five areas (Atlanta, Denver, Philadelphia, St. Louis, and San Francisco) reported decreases in heroin abuse indicators. For example, "in the first half of 2006, heroin was reported as a primary drug for about 9 percent of Denver treatment admissions (excluding alcohol), down from 22 percent in 2003" (p. 24).
- **Hydrocodone** and **oxycodone** continue to be the most widely abused other opiates in many CEWG areas. For example, in Atlanta, "multiple abuse indicators show that hydrocodone is the most commonly abused narcotic analgesic . . . , followed by oxycodone" (p. 34). Indicators of the abuse of **fentanyl** continued to increase in 5 CEWG areas. Nine CEWG areas reported deaths involving **methadone**. In Maine, "methadone has caused more deaths than any other drug (38 percent of the drug deaths in 2005)" (p. 33).

SOURCE: Adapted by CESAR from National Institute on Drug Abuse, *Community Epidemiology Work Group, Epidemiologic Trends in Drug Abuse, Proceedings of the Community Epidemiology Work Group: Highlights and Executive Summary*, January 2007. Available online at http://www.drugabuse.gov/PDF/CEWG/Vol1_107.pdf.

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••

The Governor's Office of Crime Control and Prevention funded this project under grant BJAG 2005-1065. All points of view in this document are those of the author and do not necessarily represent the official position of any State agency.

CESAR FAX

August 20, 2007
Vol. 16, Issue 33

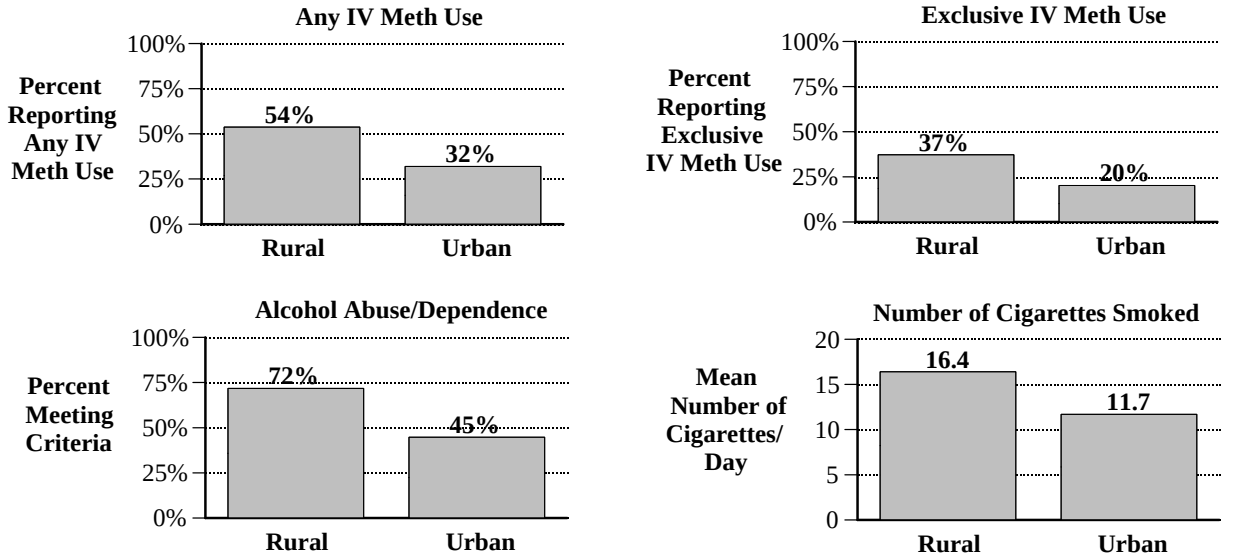
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Rural Methamphetamine Users May Be at Higher Risk for Health Complications

Rural methamphetamine users living in the Midwest may be at higher risk than urban users for medical complications related to their methamphetamine use, according to a recent study of adult methamphetamine users receiving services at five Midwestern drug treatment centers. Rural methamphetamine users were significantly more likely to report ever using the drug intravenously (54% vs. 32%) as well as exclusive intravenous use of methamphetamine (i.e., they never used the drug any other way) (37% vs. 20%). In addition, rural methamphetamine users were more likely to meet the criteria for alcohol abuse or dependence and to smoke a greater number of cigarettes per day than urban users. The authors suggest that, "the infectious complications associated with injection drug use and the medical risks associated with greater cigarette use and alcoholism may contribute to a higher frequency of infectious diseases, chronic lung disease, and alcohol-related liver disease in rural than urban methamphetamine users" (p. 83).

Intravenous (IV) Methamphetamine Use, Alcohol Abuse/Dependence, and Mean Number of Cigarettes Smoked per Day by Midwestern Adult Methamphetamine Users, 2004-2005
(n=78 rural and 94 urban participants)



SOURCE: Adapted by CESAR from Grant, K.M., Kelley, S.S., Agrawal, S., Meza, J.L., Meyer, J.R., Romberger, D.J. "Methamphetamine Use in Rural Midwesterners," *The American Journal on Addictions* 16(2):79-84, 2007.

University of Maryland at College Park Seeks Health Services Faculty Member for Newly Developing Program in Health Services Administration

Responsibilities include developing a health services/health policy research program, obtaining outside funding to support this program, developing and teaching graduate courses, advising graduate students, and supervising graduate research projects. More information is available online at http://www.personnel.umd.edu/jobposting/cgi-bin/empFAC.idc#106033.

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••

The Governor's Office of Crime Control and Prevention funded this project under grant BJAG 2005-1206. All points of view in this document are those of the author and do not necessarily represent the official position of any State agency.

CESAR FAX

July 23, 2007
Vol. 16, Issue 29

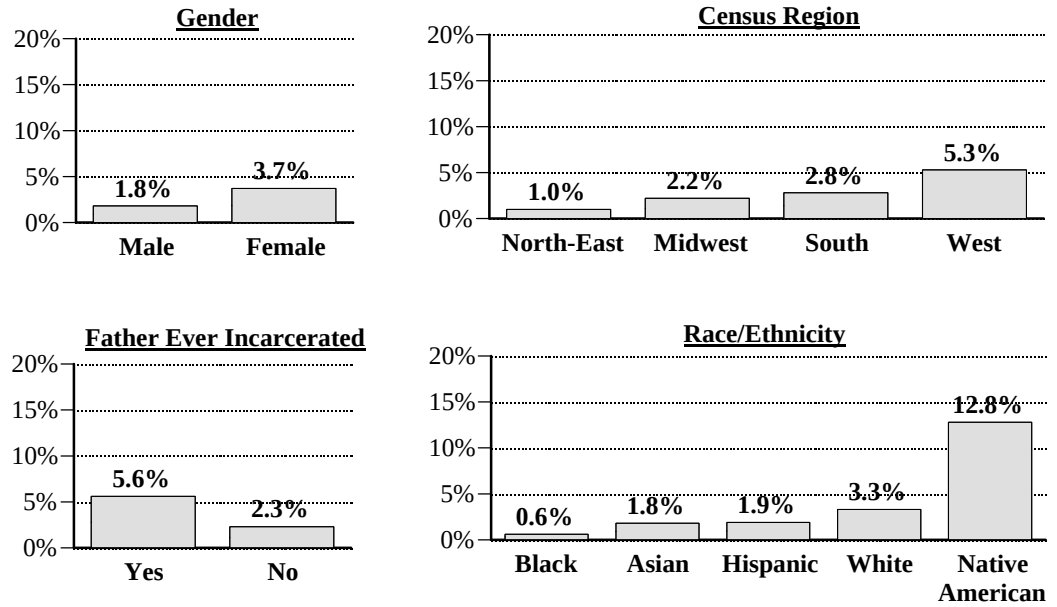
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Among Young Adults, Native American and White Males in South and West Most Likely to Use Crystal Methamphetamine

In 2001–2002, 2.8% of young adults reported using crystal methamphetamine in the past year, according to data from the National Longitudinal Study of Adolescent Health (Add Health). While this rate is relatively low compared to the use of other drugs, it is higher than that reported by previous surveys (see *CESAR FAX*, Volume 16, Issue 28). The study also found that among young adults ages 18 to 26, men and persons living in the southern and western regions of the U.S. were more likely to use crystal methamphetamine. Other significant predictors of crystal methamphetamine use were being of Native American or white race and having an incarcerated father (see figures below).* Among women, crystal methamphetamine use was found to be significantly associated with drug selling, low condom use, and regretting a sexual situation due to alcohol or drug use (data not shown). The authors suggest the future research focus on the high prevalence rates among Native Americans, the effect of a father's incarceration on methamphetamine and other drug use, and the relationship between methamphetamine use and criminal and sexual activity among women.

Percentage of U.S. Residents Ages 18 to 26 Reporting Past Year Crystal Methamphetamine Use, 2001–2002



*These differences were statistically significant after controlling for socio-demographic characteristics; cigarette, alcohol, cocaine, and I.V. drug use; and novelty seeking.

SOURCE: Adapted by CESAR from Iritani, B.J.; Hallfors, D.D.; and Bauer, D.J. "Crystal Methamphetamine Use Among Young Adults in the USA," *Addiction* 102(7): 1102-1113, 2007. For more information, contact Bonita J. Iritani at iritani@pire.org.

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••

The Governor's Office of Crime Control and Prevention funded this project under grant BJAG 2005-1206. All points of view in this document are those of the author and do not necessarily represent the official position of any State agency.

CESAR FAX

July 16, 2007
Vol. 16, Issue 28

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

How Prevalent Is Crystal Methamphetamine Use Among Young Adults?

A recent report analyzing data from the National Longitudinal Study of Adolescent Health (Add Health) suggests that crystal methamphetamine use by young adults is "considerable higher" than previous surveys have indicated. The table below describes the methodology used to obtain estimates of crystal methamphetamine use by three surveys conducted around the same time: Add Health, Monitoring the Future (MTF), and the National Survey on Drug Use and Health (NSDUH). The methodological differences between the three surveys may help explain why estimates of crystal methamphetamine use differ. The question remains which estimate policymakers should use.

Comparison of Three Surveys Reporting the Prevalence of Crystal Methamphetamine Use Among Young Adults

	Add Health	MTF	NSDUH	Comments
Crystal Meth Estimate (Past Year Use)	2.8%	1.4%	1.7% (all meth use)	NSDUH does not differentiate between meth and crystal meth.
Survey Question	"In the past year, have you used crystal meth?"	"On how many occasions (if any) have you smoked (or inhaled the fumes of) crystal meth ("ice") during the last 12 months?"	"How long has it been since you last used methamphetamine, Desoxyn, or Methedrine?"	Add Health asks about a variety of sensitive behaviors (other than drug use) which may disinhibit reporting of substance use. NSDUH asks about meth in the context of prescription drugs, which may lead to underreporting.
When Conducted	August 2001–April 2002	Spring of 2002	January–December 2001	
Sample Size	14,108	1,767	22,658	Larger sample sizes provide more robust estimates.
Ages Surveyed	18–26	19–28	18–25	
Description of Survey Sample	Longitudinal study of nationally representative sample of persons who were in 7th–12th grades in 1994–95. Original respondents were re-interviewed 1, 2, and 6 years later.	Follow-up survey of representative sample of persons who participated in the MTF survey when they were in 12th grade (not necessarily the same individuals each year).	Nationally representative sample of residents of households, noninstitutional group living quarters, and civilians living on military bases.	MTF excludes high school drop outs, who may be at higher risk for substance use. Add Health re-interviewed the same respondents several times. The resulting rapport may have increased their willingness to report substance use.
How Administered	Computer-assisted self-interviews (CASI) conducted in home.	Paper survey mailed to home.	Computer-assisted self-interviews (CASI) conducted in home.	CASI are associated with greater reporting of substance use.
Recall Assistance	Calendar.	None.	Calendar.	Calendar may increase the ability to recall past behaviors.

SOURCES: A full list of sources is available on the online version of this issue (www.cesar.umd.edu/cesar/cesarfax/vol16/16-28.pdf).

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••

The Governor's Office of Crime Control and Prevention funded this project under grant BJAG 2005-1206. All points of view in this document are those of the author and do not necessarily represent the official position of any State agency.

CESAR FAX

March 5, 2007
Vol. 16, Issue 9

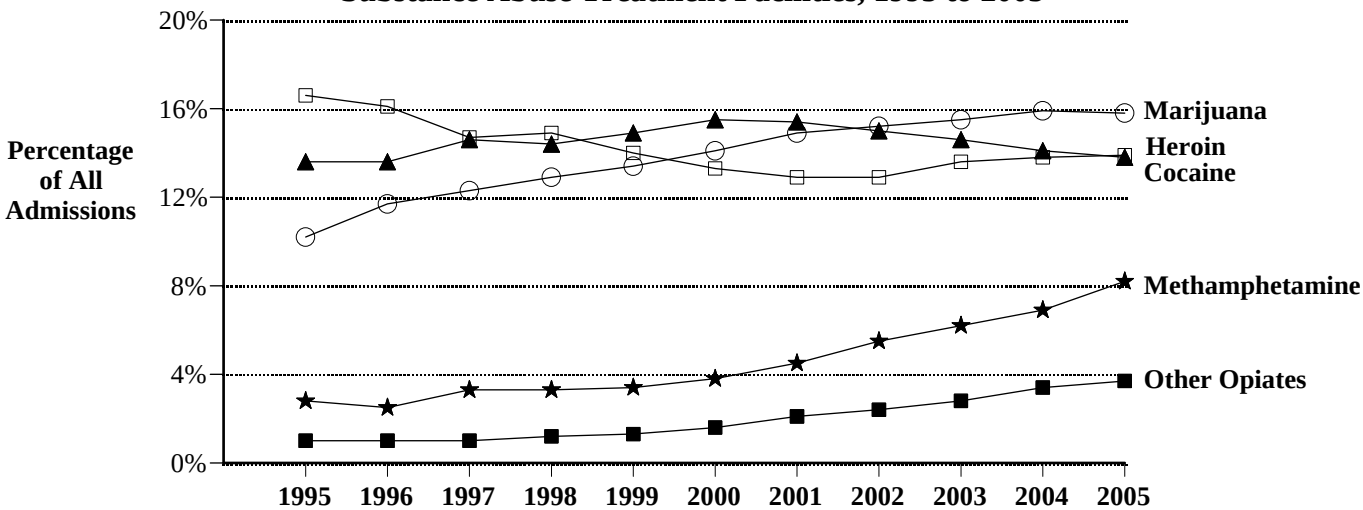
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

National Treatment Admissions for Primary Abuse of Heroin Decrease; Other Opiates and Methamphetamine Continue to Increase

The percentage of admissions to state-funded substance abuse treatment facilities citing heroin as a primary substance of abuse decreased from a recent peak of 15.5% in 2000 to 13.8% in 2005, according to data from the national Treatment Episode Data Set (TEDS). In contrast, admissions for the primary abuse of opiates other than heroin, such as oxycodone and nonprescription methadone, have more than tripled during the past decade, reaching a high of 3.7% in 2005. Methamphetamine-related admissions have also increased (from 2.8% in 1995 to 8.2% in 2005). However, national household survey data show that the number of new methamphetamine users decreased significantly from 2004 to 2005, suggesting that rates of methamphetamine are declining (data not shown; see *CESAR FAX*, Volume 16, Issue 6).

Primary Substance of Abuse at Admission to U.S. State Licensed or Certified Substance Abuse Treatment Facilities, 1995 to 2005



SOURCE: Adapted by CESAR from the Office of Applied Studies, SAMHSA, *Treatment Episode Dataset (TEDS) Highlights—2005, National Admissions to Substance Abuse Treatment Services*, 2007. Available online at http://www.oas.samhsa.gov/dasis.htm#teds2.

Historic Drug Czar Conference DVD Now Available!

On June 17th, 2006, CESAR and the Institute for Behavior and Health sponsored a Drug Czar Conference at the University of Maryland. The one-day meeting featured seven of the eleven men who have served as heads of the White House drug abuse prevention office. An unedited 6 DVD set of this historic meeting is now available for $95, including shipping. Ordering information is available online at http://www.cesar.umd.edu.

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••

The Governor's Office of Crime Control and Prevention funded this project under grant BJAG 2005-1206. All points of view in this document are those of the author and do not necessarily represent the official position of any State agency.

CESAR FAX

February 12, 2007
Vol. 16, Issue 6

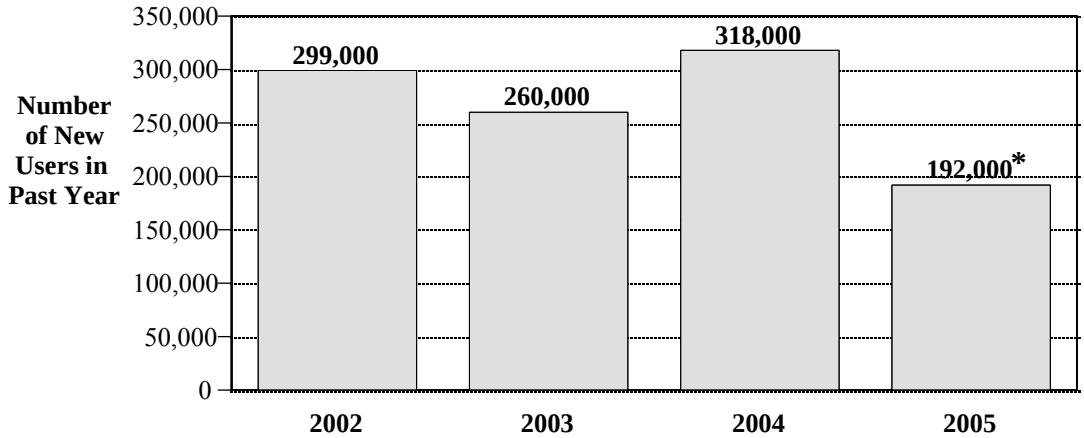
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Number of New Methamphetamine Users Drops

The number of U.S. household residents age 12 or older who used methamphetamine for the first time in the past year decreased significantly from 2004 to 2005, according to data from the most recent National Survey on Drug Use and Health. The number of recent methamphetamine initiates remained relatively stable from 2002 and 2004, but decreased from 318,000 to 192,000 from 2004 to 2005. At the same time, the percentage of persons using methamphetamine in the past year has also decreased, from 0.7% in 2002 to 0.5% in 2005 (data not shown). Since "measures of initiation are often leading indicators of emerging patterns of substance use" (p. 45), it is possible that there will be a further decline in the prevalence of methamphetamine use when 2006 survey data are released later this year.

Number of New Methamphetamine Users Age 12 or Older in Past Year, 2005



*The difference between the 2004 and 2005 estimates is statistically significant at the p≤0.01 level.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), "Methamphetamine Use," *The NSDUH Report*, January 26, 2007. Available online at http://www.oas.samhsa.gov/2k6/meth/meth.cfm.

Historic Drug Czar Conference DVD Now Available!

On June 17th, 2006, CESAR and the Institute for Behavior and Health sponsored a Drug Czar Conference at the University of Maryland. The one-day meeting featured seven of the eleven men who have served as heads of the White House drug abuse prevention office. An unedited 6 DVD set of this historic meeting is now available for $95, including shipping. Ordering information is available online at http://www.cesar.umd.edu.

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••

The Governor's Office of Crime Control and Prevention funded this project under grant BJAG 2005-1206. All points of view in this document are those of the author and do not necessarily represent the official position of any State agency.

CESAR FAX

September 25, 2006
Vol. 15, Issue 38

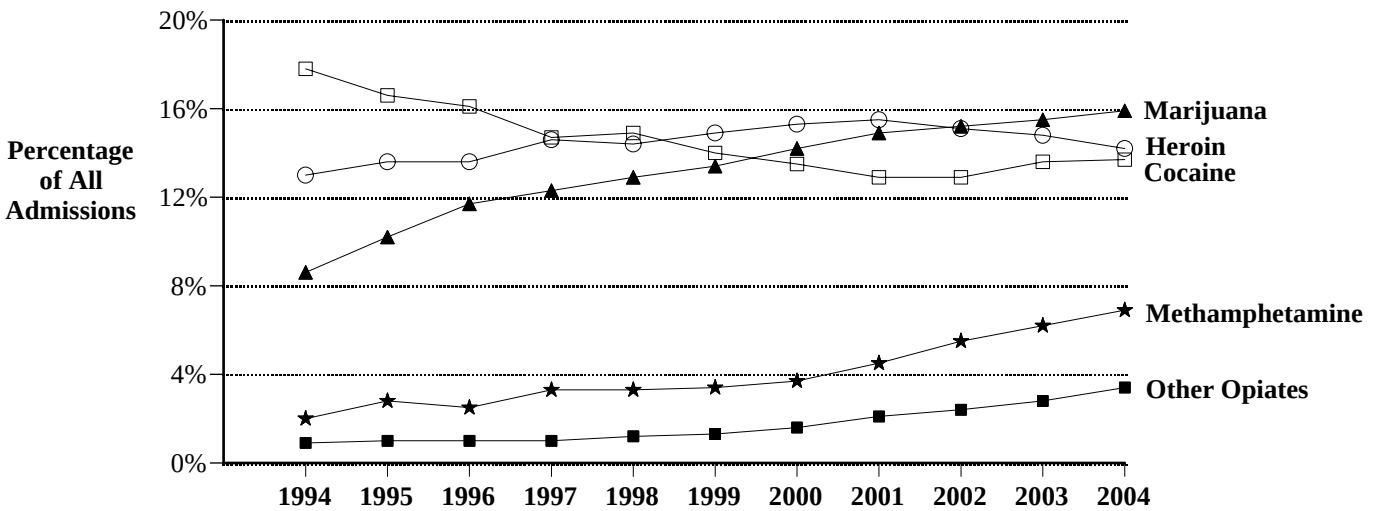
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

National Treatment Admissions for Primary Abuse of Marijuana, Methamphetamine, and Other Opiates Continue to Increase; Heroin Decreases

The percentage of marijuana-, methamphetamine- and other opiates-related admissions to state-funded substance abuse treatment facilities have continued to increase in recent years, according to data from the national Treatment Episode Data Set (TEDS). The percentage of treatment admissions citing marijuana as a primary substance of abuse has increased steadily over the past few years, reaching a high of 15.9% in 2004 (the most recent year for which data are available). Admissions for the primary abuse of methamphetamine and opiates other than heroin have also increased. Since 2000, treatment admissions for other opiates have doubled (from 1.6% to 3.4% in 2004) while those for methamphetamine have nearly doubled (from 3.7% to 6.9%). Heroin-related treatment admissions have declined in recent years, while admissions for primary abuse of cocaine have remained relatively steady.

Primary Substance of Abuse at Admission to U.S. State Licensed or Certified Substance Abuse Treatment Facilities, 1994 to 2004



*The category "Other Opiates" is composed primarily of oxycodone and nonprescription methadone, but also include other opiates and synthetics such as codeine and hydrocodone.

SOURCE: Adapted by CESAR from the Office of Applied Studies, SAMHSA, *Treatment Episode Dataset (TEDS) 1994-2004, National Admissions to Substance Abuse Treatment Services*, 2006. Available online at http://wwwdasis.samhsa.gov/teds04/tedsad2k4web.pdf.

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••

The Governor's Office of Crime Control and Prevention funded this project under grant BJAG 2005-1206. All points of view in this document are those of the author and do not necessarily represent the official position of any State agency.

CESAR FAX

September 11, 2006
Vol. 15, Issue 36

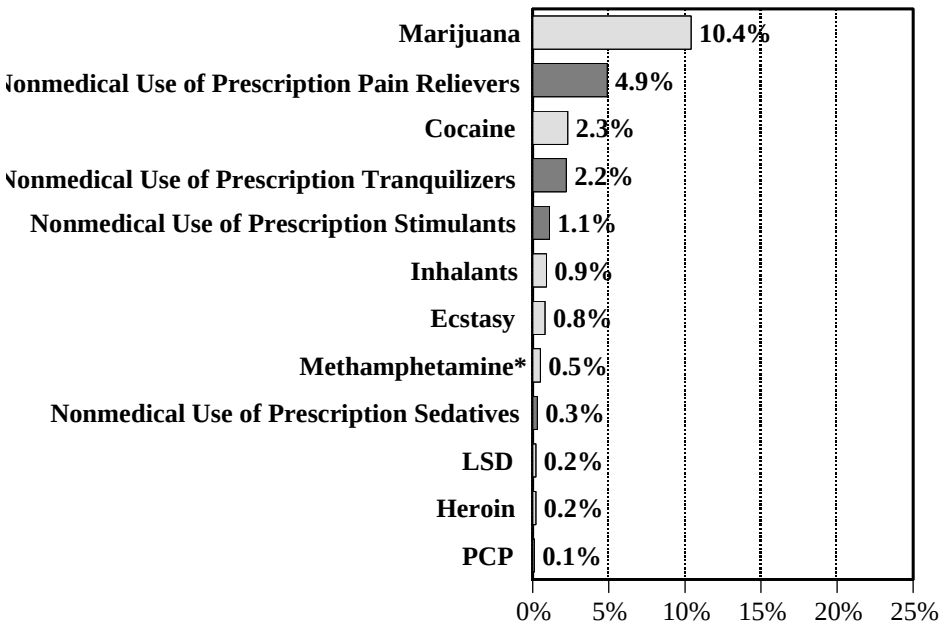
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Nonmedical Use of Prescription Drugs More Prevalent in U.S. than Use of Most Illicit Drugs

U.S. household residents are more likely to report nonmedical use of prescription drugs† than the use of almost all illicit drugs, according to recently released data from the 2005 National Survey on Drug Use and Health (NSDUH). One in twenty persons age 12 or older reported using prescription pain relievers nonmedically in the past year—more than any illicit drug with the exception of marijuana. Furthermore, the nonmedical use of prescription tranquilizers (2.2%) and stimulants (1.1%) was outranked by only marijuana and cocaine. All other illicit drugs, including ecstasy, heroin, and PCP, were used by less than 1% of U.S. household residents.

Percentage of U.S. Household Residents (Age 12 or Older) Reporting Past Year Drug Use, 2005



†Nonmedical use refers to using a prescription pain reliever, tranquilizer, stimulant, or sedative without a personal prescription or only for the experience or feeling it causes.

*Methamphetamine is also included in the drug category stimulants.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), *Results from the 2005 National Household Survey on Drug Use and Health: National Findings*, 2006. Available online at http://www.oas.samhsa.gov/nsduh/2k5nsduh/2k5Results.pdf.

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••

The Governor's Office of Crime Control and Prevention funded this project under grant BJAG 2005-1206. All points of view in this document are those of the author and do not necessarily represent the official position of any State agency.

CESAR FAX

July 17, 2006
Vol. 15, Issue 28

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

First National Synthetic Drug Control Strategy Seeks to Reduce Methamphetamine and Prescription Drug Abuse; Proposes Ten Point Plan for Helping State and Local Governments

In June, 2006 the Office of National Drug Control Policy issued its first-ever national *Synthetic Drug Control Strategy*, noting that "the unique nature of illicit markets for synthetic drugs warrants a targeted response" (p. 1). The primary goals of the strategy are to reduce methamphetamine use and prescription drug abuse by 15% by 2008 and to reduce the number of domestic methamphetamine laboratories by 25% by 2008. Recognizing that "state and local partners are crucial in carrying out the Administration's strategy for the synthetic drug problem" (p. 19), the strategy also offers a ten point plan for helping state and local governments fight synthetic drugs (see below). The *Synthetic Drug Control Strategy* is available online at http://www.whitehousedrugpolicy.gov/publications/synthetic_drg_control_strat/

National Synthetic Drug Control Strategy Ten-Point Plan for Helping Communities Fight Synthetic Drugs

1. Encourage states to include in their comprehensive drug control strategies a plan to address regional methamphetamine and controlled substance prescription drug abuse threats.
2. Identify and share the most effective state-level approaches for reducing methamphetamine production and use, as well as controlled substance prescription drug diversion.
3. Expand Drug Endangered Children programs and training to all 50 states by the end of 2008.
4. Increase availability of treatment and prevention programs by expanding the number of drug courts and random student drug testing programs.
5. Improve data collection related to methamphetamine use and production.
6. Expand prescription drug monitoring programs to all 50 states by the end of 2008.
7. Cosponsor and fund four regional methamphetamine conferences in 2006 to coordinate federal, state, and local action against synthetic drugs.
8. Continue ambitious training programs for law enforcement.
9. Provide funds for laboratory seizure and clean up through the Community Oriented Policing (COPS) program.
10. Provide procedures and standards for laboratory cleanup and improve our national knowledge base as to toxicity.

SOURCE: Adapted by CESAR from Executive Office of the President, *Synthetic Drug Control Strategy: A Focus on Methamphetamine and Prescription Drug Abuse*, 2006.

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••

The Governor's Office of Crime Control and Prevention funded this project under grant BJAG 2005-1206. All points of view in this document are those of the author and do not necessarily represent the official position of any State agency.

CESAR FAX

June 12, 2006
Vol. 15, Issue 23

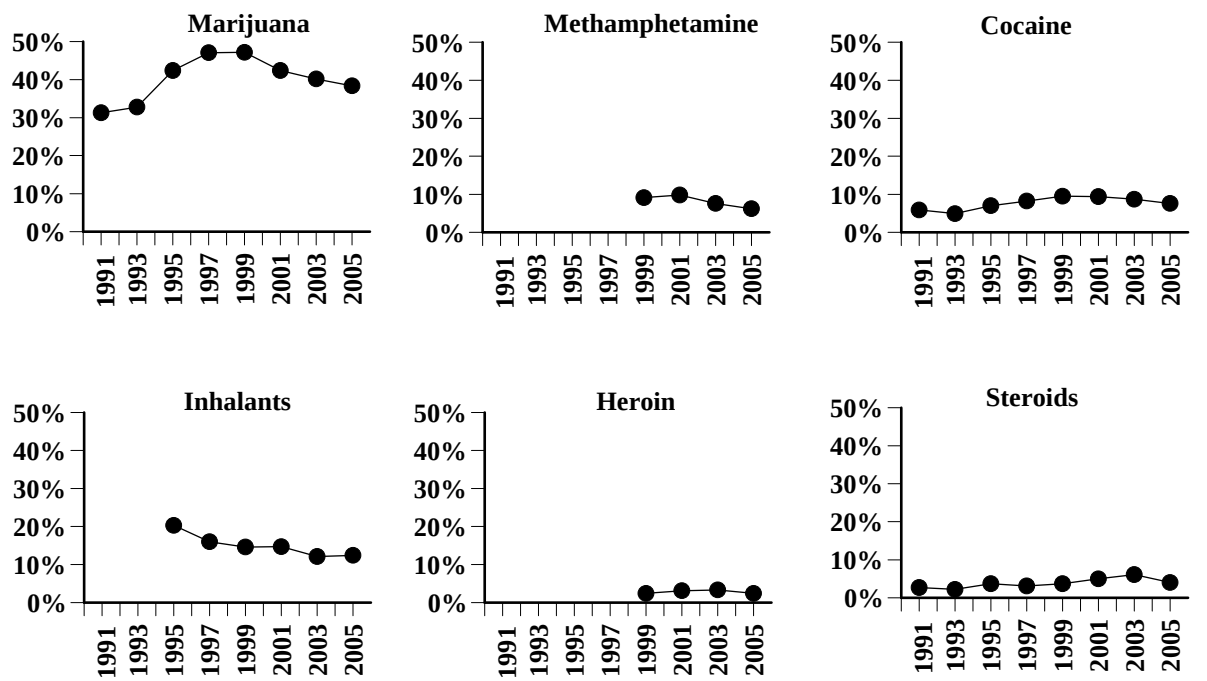
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Illicit Drug Use by U.S. High School Students Declining

The percentage of U.S. high school students reporting lifetime use of many illicit drugs has declined in recent years, according to data from the national Youth Risk Behavior Survey (YRBS). The percentage of students in grades 9 through 12 reporting lifetime use of marijuana has declined from a peak of 47% in 1999 to 38% in 2005. Methamphetamine use has also declined, from 9% when it was first measured in 1999 to 6% in 2005. The first half of this decade has also seen declines in cocaine and inhalant use while steroid use has only recently declined (from 6% in 2003 to 4% in 2005). Heroin use has remained stable at around 3%. These results are consistent with those of other national surveys of youths, such as the Monitoring the Future survey and the National Survey on Drug Use and Health.

Percentage of U.S. High School Students Reporting Lifetime Illicit Drug Use, 1991 to 2005



NOTE: The Youth Risk Behavior Surveillance (YRBS) survey employs a three-stage cluster sample design to produce a nationally representative sample of public and private school students in grades 9 to 12.

SOURCE: Adapted by CESAR from the Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance—United States, 2005," *Morbidity and Mortality Weekly Report* 55 (SS-5), June 9, 2006. Available online at http://www.cdc.gov/HealthyYouth/yrbs/index.htm.

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••

The Governor's Office of Crime Control and Prevention funded this project under grant BJAG 2005-1206. All points of view in this document are those of the author and do not necessarily represent the official position of any State agency.

CESAR FAX

May 22, 2006
Vol. 15, Issue 20

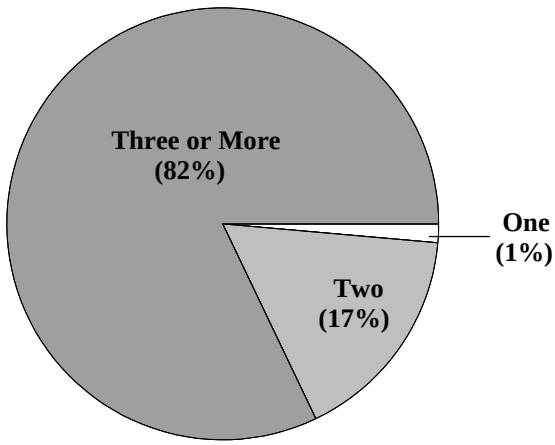
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Majority of U.S. Youths and Young Adults Who Have Used Club Drugs Have Used Three or More Types of Illicit Drugs

The majority of club drug users are multiple drug users, according to a recent analysis of data from the 2002 National Survey on Drug Use and Health. Overall, 20% of youths and young adults ages 16 to 23 reported ever using at least one or more of the club drugs methamphetamine, MDMA, LSD, GHB, ketamine, or flunitrazepam. Nearly one-fifth (17%) of these lifetime club drug users reported using two different types of illicit drugs and 82% reported using three or more different types of drugs in their lifetime.* Users of GHB, ketamine, flunitrazepam, and methamphetamine were most likely to be multi-drug users—between 96% and 100% reported have ever used three or more types of illicit drugs. These findings are consistent with those of a study of multiple drug use among Maryland public high school students (see *CESAR FAX*, Volume 14, Issue 35), which found users of less common drugs were more likely to use multiple drugs.

Number of Types of Illicit Drugs Used by U.S. Club Drug Users Ages 16 to 23, 2002
(unweighted N=3,691)



*Drug types: cocaine, inhalants, marijuana, heroin, hallucinogens, sedatives, tranquilizers, pain relievers, and stimulants.

SOURCE: Adapted by CESAR from Wu, L.-T.; Schlenger, W.E.; and Glavin, D.M. Concurrent Use of Methamphetamine, MDMA, LSD, Ketamine, GHB, and Flunitrazepam Among American Youths, *Drug and Alcohol Dependence*, In Press, 2006. For more information, contact Dr. Li-Tzy Wu at litzywu@yahoo.com.

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••

The Governor's Office of Crime Control and Prevention funded this project under grant BJAG 2005-1206. All points of view in this document are those of the author and do not necessarily represent the official position of any State agency.

CESAR FAX

March 6, 2006
Vol. 15, Issue 9

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Using Urine Specimens from Parolees/Probationers to Create a Statewide Drug Monitoring System

Trends in the drugs detected in urinalysis from offenders have been found to provide advance warning of drug epidemics in the greater community. The recent demise of the national ADAM (Arrestee Drug Abuse Monitoring) program and the Maryland OPUS (Offender Population Urine Screening) program has left Maryland and other states without important tools for forecasting drug epidemics. DEWS staff therefore worked with the Maryland Division of Parole and Probation (DPP) to pilot an innovative program of expanded testing of urine specimens that DPP staff routinely collect from probationers and parolees. DEWS staff over-sampled* drug positive specimens that the DPP Guilford Laboratory† had tested for a panel of five drugs (benzodiazepines, cocaine, marijuana, opiates, and PCP). The study specimens were then sent to an independent, private laboratory who tested them for the presence of more than 30 drugs. Key findings from the pilot study include:

- Almost all (97%) of the probationers/parolees who tested positive for at least one of the drugs in the expanded screen had already tested positive for at least one of the five more common drugs tested for by the DPP. However, the use of some less common drugs, notably buprenorphine, methadone, and oxycodone, would have gone undetected by the DPP's drug screen.
- Sixteen specimens contained oxycodone and 15 specimens contained buprenorphine. About one half of the specimens that contained buprenorphine or oxycodone also contained two or more other drugs, raising the possibility of abuse of these prescription drugs in Maryland.
- Methamphetamine does not appear to be used by this population in the six jurisdictions sampled in Maryland. Only one specimen tested positive for amphetamine and confirmatory testing did not detect methamphetamine.
- The pattern of positive test results for cocaine, PCP, marijuana, and opiates was consistent with the types of drugs for which the general population in the sampled localities sought treatment.
- It was remarkably quick and inexpensive for the researchers to sample 299 specimens and send them to an independent lab to be screened for a wide variety of drugs.

Maryland and other states should consider implementing a program of periodic expanded testing of urine specimens routinely collected from probationers/parolees, not only to ensure that they are routinely testing for the drugs being used by the persons they supervise, but also to provide the state with a tool for rapidly detecting and researching emerging drug problems.

*While about 20% of all specimens screened by DPP tested positive in 2004, 75% of the 299 specimens selected for this study had tested positive in the DPP panel. The number of drugs detected by the expanded testing is therefore higher than would be expected in a random sample of all DPP specimens.

†The Guilford Laboratory is a centralized urinalysis testing facility for 15 DPP collection facilities located in Baltimore City and Baltimore, Howard, Prince George's Charles, and Washington counties.

SOURCE: Maryland Drug Early Warning System (DEWS), CESAR. "Using Urine Specimens from Parolees/Probationers to Create a Statewide Drug Monitoring System," *DEWS Investigates*, February 2006. Available online at http://www.cesar.umd.edu. Print copies may be obtained by emailing cesar@cesar.umd.edu. For more information, contact Dr. Eric Wish at ewish@cesar.umd.edu.

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••

The Governor's Office of Crime Control and Prevention funded this project under grant BJAG 2005-1206. All points of view in this document are those of the author and do not necessarily represent the official position of any State agency.

CESAR FAX

February 27, 2006
Vol. 15, Issue 8

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Proposed FY 2007 Federal Drug Control Budget Increases Funding for Drug Courts; Decreases Funding for Many State and Local Drug Programs

The proposed $12.7 billion National Drug Control Budget for fiscal year 2007 increases funding for drug courts, student drug testing, and the National Youth Anti-Drug Media Campaign. At the same time, federal support for many state and local drug programs are proposed to be reduced or eliminated. Reasons for these reductions include that the programs have achieved their purpose, are inappropriately focused, are ineffective, and/or may be more appropriately supported through other resources. Following are highlights of some of the changes proposed by the FY2007 drug control budget.

Programs with Increased Funding

- Drug Courts (+$59.3 million; from $9.9 to $69.2 million)
- Safe and Drug-Free Schools and Communities National Programs (+$21.5 million; from $144.4 to $165.9 million)
    - Research-Based Grant Assistance to Local Educational Agencies (+$52 million; from $0 to $52 million)
    - Student Drug Testing (+$4.6 million; from $10.4 to $15 million)
- National Youth Anti-Drug Media Campaign (+$21 million; from $99 to $120 million)
- Methamphetamine Laboratory Cleanup Program (+$20.4 million; from $19.7 to $40.1 million)
- Prescription Drug Monitoring Program (+$2.5 million; from $7.4 to $9.9 million)

Programs with Reduced Funding

- Treatment Programs of Regional & National Significance (-$23.5 million; from $398.9 to $375.4 million)
- High Intensity Drug Trafficking Areas (HIDTA) (-$17.1 million; from $224.7 to $207.6 million)
- Prevention Programs of Regional & National Significance (-$12.3 million; from $192.9 to $180.6 million)
- National Institute on Drug Abuse (-$5.2 million; from $1.0 to $994.8 million)

Programs Eliminated

- Safe and Drug-Free Schools and Communities State Grants (-$346.5 million) and Alcohol Abuse Reduction Programs (-$32.4 million)
- Enforcing Underage Drinking Laws (-$24.7 million)
- Residential Substance Abuse Treatment (-$9.9 million)
- Drug Enforcement Administration Demand Reduction Program (-$9.3 million)
- National Alliance of Model State Drug Laws (-$1.0 million)

There have also been proposed cuts to grant programs that are not a part of the National Drug Control Budget, but that may have an impact on state substance abuse efforts. The $327.2 million Byrne Justice Assistance Grant Program, which provides funds to state and local governments to prevent and control crime, is slated to be discontinued, as is the Byrne Discretionary Grant Program ($189.3 million) and the Juvenile Accountability Incentive Block Grant Program ($49.4 million).

SOURCES: Adapted by CESAR from Executive Office of the President, *National Drug Control Strategy: FY2007 Budget Summary*, 2006 (http://www.whitehousedrugpolicy.gov/publications/policy/07budget); and *Executive Office of the President, Budget of the United States Government Fiscal Year 2007*, 2006 (http://www.whitehouse.gov/omb/budget/fy2007).

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••

The Governor's Office of Crime Control and Prevention funded this project under grant BJAG 2005-1206. All points of view in this document are those of the author and do not necessarily represent the official position of any State agency.

CESAR FAX

February 20, 2006
Vol. 15, Issue 7

A Weekly FAX from the Center for Substance Abuse Research

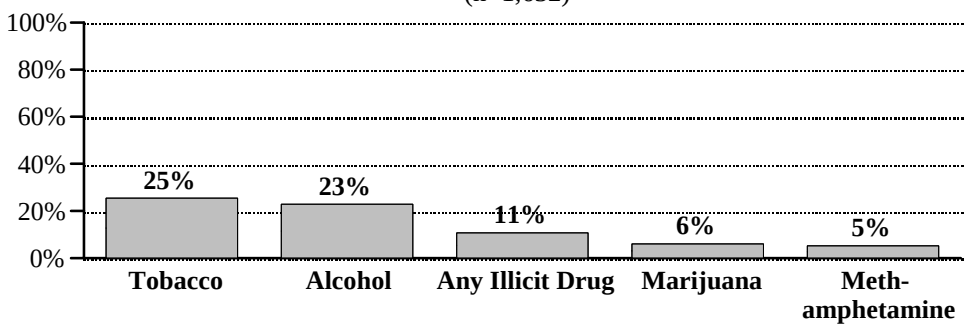
University of Maryland, College Park

Study Finds 5% of Pregnant Women Use Methamphetamine in Methamphetamine-Prevalent Areas of the U.S.

According to the first large-scale study to estimate the prevalence of prenatal substance use in areas of the U.S. known to have methamphetamine problems, 5% of women living in these regions used methamphetamine at least once during their pregnancy. One-fourth of the women in this study used tobacco and 23% used alcohol while pregnant. In addition, 11% used illicit drugs prenatally. The authors note that "the finding that approximately 5% of pregnant women in this study use methamphetamine at some point during their pregnancy highlights the need for educating primary care physicians and obstetric and gynecologic specialty practitioners to be aware of treatment options and community resources to enable access to treatment," particularly "in regions where methamphetamine is currently a large problem and in other areas where it is an emerging concern" (p. 8).

Percentage of Women Using Substances At Least Once During Pregnancy, Los Angeles, CA; Des Moines, IA; Tulsa, OK; and Honolulu, HI; 2004

(n=1,632)



NOTES: Data presented are from initial results of the Infant Development, Environment, and Lifestyle (IDEAL) study, an ongoing longitudinal multi-site study of prenatal methamphetamine exposure being conducted in Los Angeles, CA; Des Moines, IA; Tulsa, OK; and Honolulu, HI (NIDA Grant R01DA014948; P.I.: Dr. Barry Lester). Staff members at each site were responsible for monitoring hospital delivery logs and attempting to approach every mother who delivered a baby within the last 48 hours. An average of 75% of mothers who recently delivered were approached for consent and screened for eligibility. Substance use was determined by either self-report or meconium testing.

SOURCE: Adapted by CESAR from Arria, A.M.; Derauf, C.; LaGasse, L.L.; Grant, P.; Shah, R.; Smith, L.; Haning, W.; Huestis, M.; Strauss, A.; Della Grotta, S.; Liu, J.; and Lester, B. "Methamphetamine and Other Substance Use During Pregnancy: Preliminary Estimates from the Infant Development, Environment, and Lifestyle (IDEAL) Study," *Maternal and Child Health Journal* Online First, 1-10, January 5, 2006. For more information, contact Dr. Amelia Arria of CESAR at aarria@cesar.umd.edu.

CESAR Seeking PI-Level Researchers with Existing Funding

CESAR is seeking PI-level researchers who wish to relocate to CESAR with their existing grants and/or collaborate with CESAR in obtaining new funding. If you have a proven funding track record and are interested in working in a supportive and stimulating, university-based team environment, please send a letter of interest and a resume to Dr. Eric Wish at CESAR, 4321 Hartwick Rd, Ste 501, College Park, MD 20740; 301-403-8342 (fax); cesar@cesar.umd.edu.

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••

The Governor's Office of Crime Control and Prevention funded this project under grant BJAG 2005-1206. All points of view in this document are those of the author and do not necessarily represent the official position of any State agency.

CESAR FAX

February 13, 2006
Vol. 15, Issue 6

A Weekly FAX from the Center for Substance Abuse Research

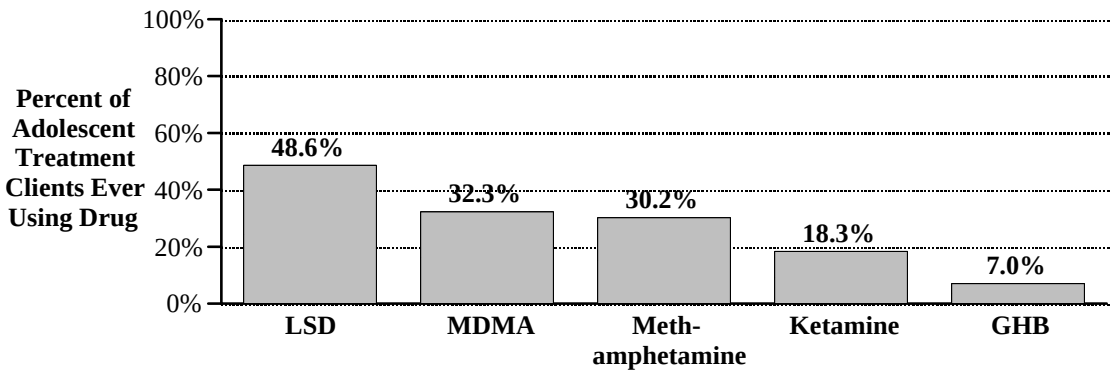
University of Maryland, College Park

Colorado Survey Finds Relatively High Rates of Lifetime Club Drug Use Among Adolescent Treatment Clients

Previous survey research on club drug use has focused almost exclusively on student, household, and rave populations. However, relatively high rates of club drug use have also been found among youths in treatment, according to a recently published Colorado study. Nearly one-half of adolescents in publicly funded substance abuse treatment programs in Colorado reported using LSD at least once in their lifetime and nearly one-third reported using MDMA or methamphetamine (see figure below). The authors note that while high rates of club drug use in a treatment population may not be surprising, they underscore the importance of continued collection of information about club drug use among youths in treatment. Specifically, "state agencies that monitor and plan for adolescent and young adult treatment needs should consider incorporating club drug variables into existing treatment client data collections systems" if they are not already doing so (p. 97).

Percentage of Adolescent (age 17 and younger) Treatment Clients Reporting Lifetime Use of Club Drugs, Colorado, 2001

(n=486)



NOTE: Data presented are from a survey of a convenience sample of adolescents and young adults receiving treatment from 13 publicly funded substance abuse treatment programs in Colorado from May through September 2001.

SOURCE: Adapted by CESAR from Hopfer C., Mendelson B., Van Leeuwen J.M., Kelly S., Hooks, S. "Club Drug Use Among Youths in Treatment for Substance Abuse," *The American Journal on Addictions* 15(1):94-99, 2006. For more information, contact Dr. Christian Hopfer at christian.hopfer@uchsc.edu.

CESAR Seeking PI-Level Researchers with Existing Funding

CESAR is seeking PI-level researchers who wish to relocate to CESAR with their existing grants and/or collaborate with CESAR in obtaining new funding. If you have a proven funding track record and are interested in working in a supportive and stimulating, university-based team environment, please send a letter of interest and a resume to Dr. Eric Wish at CESAR, 4321 Hartwick Rd, Ste 501, College Park, MD 20740; 301-403-8342 (fax); cesar@cesar.umd.edu.

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••

The Governor's Office of Crime Control and Prevention funded this project under grant BJAG 2005-1206. All points of view in this document are those of the author and do not necessarily represent the official position of any State agency.

CESAR FAX

December 19, 2005
Vol. 14, Issue 51

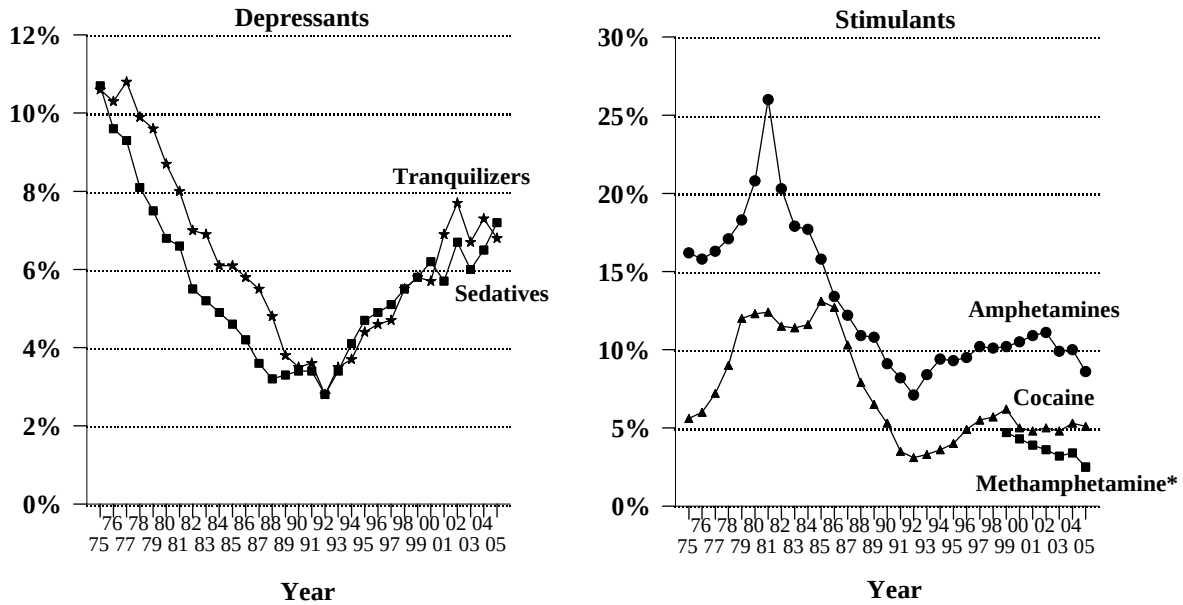
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Use of Depressants Among U.S. 12th Graders Increases While Amphetamine Use Decreases; Meth Use Not Spreading in This Population

The use of depressants among high school seniors in the U.S. continues to increase, according to recently released data from the 2005 Monitoring the Future survey. The percentage of 12th graders reporting past year use of tranquilizers and sedatives—central nervous system depressants—increased from a low of 2.8% in 1992 to around 7% in 2005. During the same time period the use of the stimulants cocaine and amphetamine increased slightly but has stabilized (cocaine) or declined (amphetamines) in recent years. Methamphetamine use has decreased as well, reaching a low of 2.5% in 2005. The authors acknowledge that "the pattern of declining meth use among adolescents seems to be inconsistent with recent press reports of a growing meth epidemic" but note that "if use is spreading, it does not seem to be doing so in this segment of the population" (p. 3).

Percentage of Twelfth Graders Reporting Use of Depressants and Stimulants in the Past Year, 1975 to 2005



*Methamphetamine is also included in amphetamines.

SOURCE: Adapted by CESAR from University of Michigan, "Teen Drug Use Down But Progress Halts Among Youngest Teens," Monitoring the Future press release, December 19, 2005. Available online at http://www.monitoringthefuture.org.

CESAR Looking to Hire Principal Investigator-Level Researchers

CESAR is seeking to hire a PI-level researchers with a proven funding track record. If you are interested in working in a supportive and stimulating, university-based team environment, please send a letter of interest and a resume to Dr. Eric Wish at CESAR, 4321 Hartwick Rd, Ste 501, College Park, MD 20740; 301-405-9787 (fax); cesar@cesar.umd.edu.

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••

The Governor's Office of Crime Control and Prevention funded this project under grant BJAG 2005-1206. All points of view in this document are those of the author and do not necessarily represent the official position of any State agency.

CESAR FAX

October 31, 2005
Vol. 14, Issue 44

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

BJA Report: Drug Courts May Be an Effective Tool for Communities Facing Methamphetamine Problems

Methamphetamine use is a growing problem in many parts of the United States, overwhelming the resources of not only drug treatment programs but also the criminal justice system.* Drug courts—which were first implemented in the early 1980s to provide treatment for cocaine- and heroin-addicted offenders—are now being used in several states to adjudicate methamphetamine-using offenders, according to a recent report from the Bureau of Justice Assistance (BJA). Drug courts can be effective with this population because they provide increased accountability, supervision, monitoring, and structure. They are also an ideal setting for providing comprehensive, long-term, and evidence-based treatment specific to methamphetamine abuse. For example, drug courts can provide services for methamphetamine addicts that are more intensive and longer in duration than those received by offenders addicted to other drugs. The BJA report, available online at http://www.ncjrs.gov/pdffiles1/bja/209549.pdf, offers the following recommendations for existing drug courts planning to target a methamphetamine-using population.

- Make sure that community supervision strategies include random, unannounced home visits and drug testing, using probation and law enforcement officers who are trained in detecting methamphetamine laboratories and use.
- Increase the frequency of drug court status hearings (e.g., weekly) for the first 90 days of the program to increase the methamphetamine user's accountability.
- Set short-term treatment compliance and abstinence goals and provide positive reinforcements (e.g., public praise, vouchers for goods or services, free dental care) when these goals are achieved.
- Ensure that treatment services are longer, evidence-based, and relevant to the methamphetamine-using population. Offer stimulant abuse-specific strategies and use cognitive-behavioral treatment modalities, including treatment for co-occurring mental health disorders.
- Provide total service coordination and comprehensive case management during treatment. Provide physical health, comprehensive relapse prevention, community reinforcement, and continuing care and aftercare services before discharge. Maintain monthly telephone contact and provide ongoing alumni with support meetings after discharge.

*See CESAR, *The Developing Methamphetamine Problem: Selected Publications,1996-2005*, 2005 (http://www.cesar.umd.edu/cesar/pubs/20050801.pdf) for more information on methamphetamine use and related-consequences.

SOURCE: Adapted by CESAR from Bureau of Justice Assistance, U.S. Department of Justice. *Drug Courts: An Effective Strategy for Communities Facing Methamphetamine*, 2005.

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••

The Governor's Office of Crime Control and Prevention funded this project under grant BJAG 2005-1206. All points of view in this document are those of the author and do not necessarily represent the official position of any State agency.

CESAR FAX

October 3, 2005
Vol. 14, Issue 40

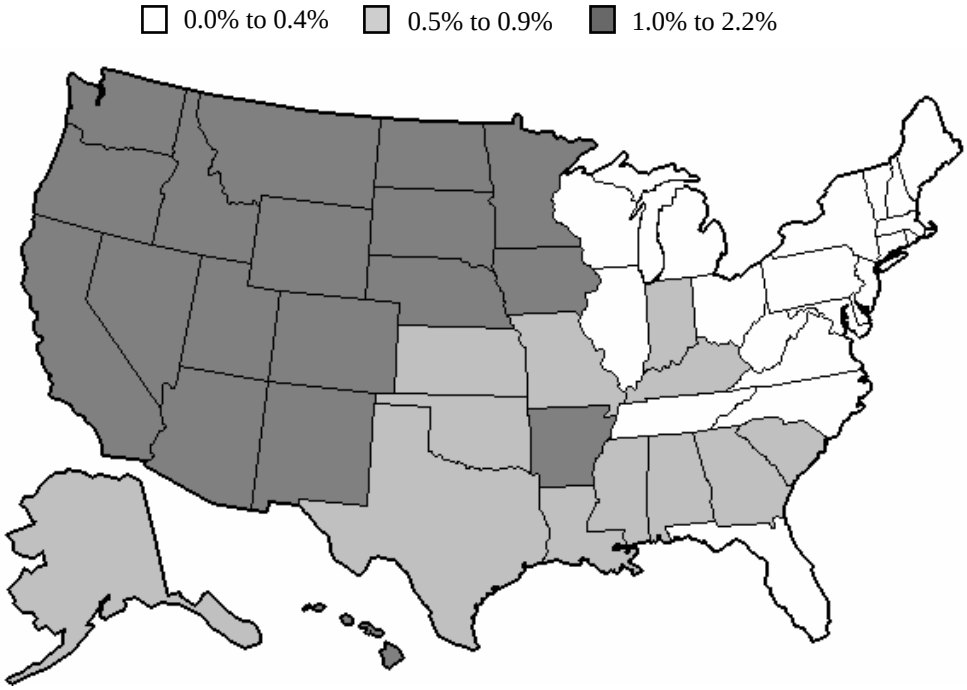
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

New National Household Survey Data Illustrates Geographical Variation in Methamphetamine Use

Methamphetamine use is highest in the western United States and lowest in the Northeast, according to recently released data from the National Survey on Drug Use and Health. Overall, 0.6% of U.S. residents—an estimated 1.4 million persons—reported using methamphetamine in the past year, ranging from 2.2% in Nevada to 0.04% in Connecticut. States with 1% or more of their residents reporting methamphetamine use were predominantly in the western U.S., while states with less than 0.5% of their residents reporting methamphetamine use were clustered in the northeastern part of the nation. These findings support geographical variations found in other indicators of methamphetamine use (see *CESAR FAX*, Volume 14, Issues 12 and 30). It should be noted, however, that the average level of methamphetamine use across the United States (0.6%) remains substantially lower than those of almost all other illicit drugs, including marijuana (10.6%), prescription pain relievers used non-medically (4.7%), cocaine (2.4%), tranquilizers (2.1%), and hallucinogens (1.6%).

Methamphetamine Use in the Past Year Among U.S. Residents Age 12 or Older, 2002-2004



SOURCES: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), "State estimates for use of types of illicit drug in lifetime, past year, & past month for population age 12 and older (annual estimates based on 2002-2004)," 2005. Available online at http://oas.samhsa.gov/2k5States/statePE.doc; and SAMHSA, "Methamphetamine Use, Abuse, and Dependence: 2002, 2003, and 2004," *The NSDUH Report*, September 16, 2005. Available online at http://oas.samhsa.gov/2k5/meth/meth.cfm.

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••

The Governor's Office of Crime Control and Prevention funded this project under grant BJAG 2005-1206. All points of view in this document are those of the author and do not necessarily represent the official position of any State agency.

CESAR FAX

September 19, 2005
Vol. 14, Issue 38

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

New CEWG Advance Report Released: Cocaine Most Widely Abused Illicit Stimulant; Methamphetamine Abuse Varies

The Community Epidemiology Work Group (CEWG) is a network of epidemiologists and researchers from 21 U.S. areas that meets twice a year to discuss current and emerging substance abuse problems. The 57th meeting, held in California this past January, focused on stimulant abuse, particularly of methamphetamine and cocaine. Following are highlights from the recently released advance report of the meeting proceedings.

- **Cocaine** continues to be the most widely abused illicit stimulant in CEWG areas. Indicators of cocaine abuse remain high in all CEWG areas except Honolulu and San Diego, where cocaine indicators are low but methamphetamine indicators remain at high levels.
- The extent of **methamphetamine** abuse varies greatly across CEWG areas. Methamphetamine abuse indicators continue to be high in Honolulu, San Diego, San Francisco, and Seattle. "Eastern CEWG areas other than Atlanta continue to report very low indicators of methamphetamine abuse, but some eastern area CEWG representatives reported recent increases in methamphetamine labs instate and, although the numbers remain small, increases were observed in methamphetamine treatment admissions in some CEWG metropolitan and outlying nonmetropolitan areas" (p. 6).
- While **methamphetamine** continues to be more prevalent in rural areas, there are clear indications of the availability and abuse of methamphetamine in some suburban and urban areas as well. In Atlanta, "methamphetamine is an increasing threat in the suburban areas because of the drug's low price and ease of availability; as a consequence, it is replacing some traditional drugs as a less expensive, more potent alternative" (p. 15).
- **Methamphetamine** use among gay males was reported in several CEWG areas, including New York; Philadelphia; Washington, D.C.; and Miami, "raising concern that the combination of methamphetamine use and associated sexual behaviors may increase risk for HIV transmission" (p. 16).

SOURCE: Adapted by CESAR from National Institute on Drug Abuse, Community Epidemiology Work Group, *Epidemiologic Trends in Drug Abuse, Advance Report and Highlights/Executive Summary: Abuse of Stimulants and Other Drugs*, 2005. Available online at http://www.drugabuse.gov/PDF/CEWG/AdvReport_Vol1_105.pdf.

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••

The Governor's Office of Crime Control and Prevention funded this project under grant BJAG 2005-1206. All points of view in this document are those of the author and do not necessarily represent the official position of any State agency.

CESAR FAX

August 15, 2005
Vol. 14, Issue 33

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Leading Doctors, Scientists, and Researchers Request that Media and Policymakers Stop Perpetuating "Meth Baby" Myths

On July 27, 2005, more than 90 leading medical doctors, scientists, psychological researchers, and treatment specialists released an open letter requesting that "policies addressing prenatal exposure to methamphetamines and media coverage of this issue be based on science, not presumption or prejudice." Following are some of the highlights of the letter.

- The terms "ice babies" and "meth babies" lack medical and scientific validity and should not be used.
- "Although research on the medical and developmental effects of prenatal methamphetamine exposure is still in its early stages, our experience with almost 20 years of research on the chemically related drug, cocaine, has not identified a recognizable condition, syndrome or disorder that should be termed 'crack baby' nor found the degree of harm reported in the media and then used to justify numerous punitive legislative proposals."
- Previous research with similar labels applied to children exposed parentally to cocaine have found that these labels "harm the children to which they are applied, lowering expectations for their academic and life achievements, discouraging investigation into other causes for physical and social problems the child might encounter, and leading to policies that ignore factors, including poverty, that may play a much more significant role in their lives."
- There is no such thing as a "meth-addicted baby." Addiction is defined as "compulsive behavior that continues in spite of adverse consequences." Thus, by definition, babies cannot be "addicted" to methamphetamines or anything else.
- While physiologic dependence (not addiction) has been documented among infants exposed in utero to opiates, no such dependence symptoms have been found following prenatal cocaine or methamphetamine exposure.
- Media and policymakers too often "rely on people who lack any scientific experience or expertise for their information about the effects of prenatal exposure to methamphetamine and about the efficacy of treatment."

A copy of the letter, including a listing of the professionals signing the letter, is available online at http://www.jointogether.org/sa/files/pdf/Meth_Letter.pdf. For more information, contact Dr. David C. Lewis at 401-444-1818 or David_Lewis@brown.edu.

SOURCE: Adapted by CESAR from Join Together, "Open Letter," July 27, 2005. Available online (http://www.jointogether.org/sa/files/pdf/Meth_Letter.pdf). Accessed 8/10/05.

Compilation of CESAR Methamphetamine Publications Now Available

A compilation of selected CESAR methamphetamine publications from 1996 to 2005 is available on our website at http://www.cesar.umd.edu. The packet can also be emailed to you by contacting CESAR at cesar@cesar.umd.edu.

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••

CESAR FAX is supported by BYRN 2004-1206, awarded by the U.S. Department of Justice through the Governor's Office of Crime Control and Prevention.

CESAR FAX

July 25, 2005
Vol. 14, Issue 30

A Weekly FAX from the Center for Substance Abuse Research

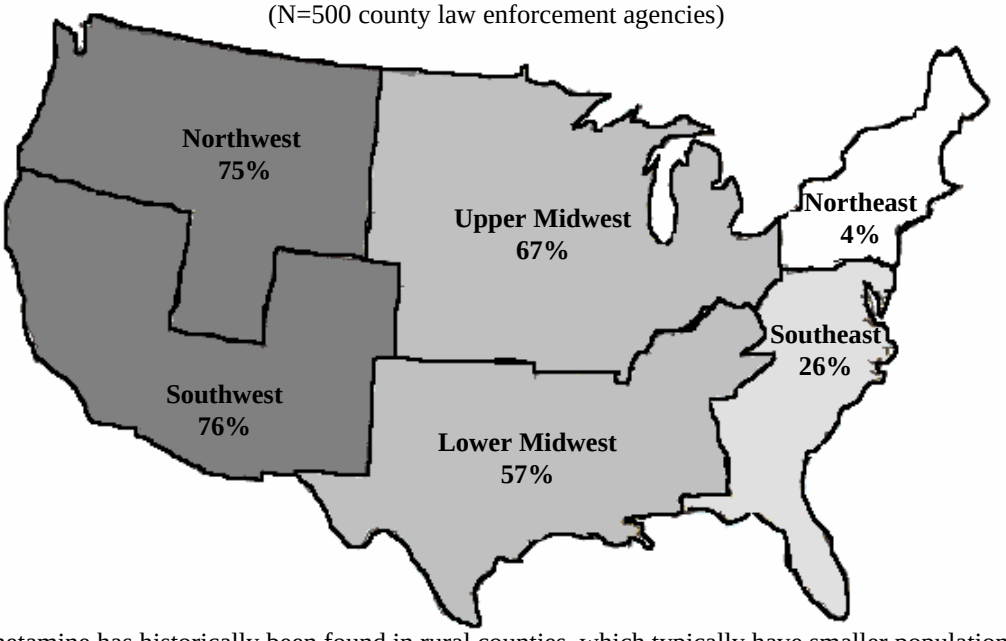
University of Maryland, College Park

Methamphetamine Named Top Problem by Majority of County Law Enforcement Agencies in Western U.S.; Will the East Follow?

More than one-half of 500 county law enforcement agencies in the U.S. report that methamphetamine is their primary drug problem, according to a recent survey conducted by the National Association of Counties.* Three-fourths of law enforcement agencies in the Northwest and Southwest part of the country reported that, based on drug-related arrests in the last year, methamphetamine was the biggest problem in their county. More than one-half of responding agencies in the Upper Midwest (67%) and Lower Midwest (57%) reported the same. In contrast, around one-fourth of agencies in the Southeast and only 4% of those in the Northeast reported methamphetamine as their number one drug problem. While these findings support previous research indicating that the West and Midwest have been hit hardest by methamphetamine use (see *CESAR FAX*, Volume 14, Issue 12), they also suggest that the Eastern U.S. should be vigilant for any increase in methamphetamine-related problems.

Percentage of County Law Enforcement Agencies Reporting That Methamphetamine Is the Biggest Problem in Their County, by Region, 2005

(N=500 county law enforcement agencies)



NOTE: Methamphetamine has historically been found in rural counties, which typically have smaller populations. More than three-fourths (81.6%) of the county law enforcement agencies responding to this survey were from counties with a population of less than 50,000. (In comparison, 70.1% of all counties in the U.S. have a population of less than 50,000.) Thus, the counties reporting a methamphetamine problem may actually represent a relatively small percentage of the U.S. population.

*Surveys were conducted by Research, Inc., of Washington, D.C., with 500 county law enforcement agencies from 45 states (Connecticut, Delaware, Hawaii, Massachusetts, and Rhode Island did not respond to the survey).

SOURCE: Adapted by CESAR from National Association of Counties, *The Meth Epidemic in America: Two Surveys of U.S. Counties*, 2005. Available online at http://www.naco.org.

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••

CESAR FAX is supported by BYRN 2004-1206, awarded by the U.S. Department of Justice through the Governor's Office of Crime Control and Prevention.

CESAR FAX

March 21, 2005
Vol. 14, Issue 12

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Methamphetamine Treatment Admission Rates Higher Than Those of Cocaine and/or Heroin in Western States

More than three-fourths of western states have higher rates of methamphetamine/amphetamine-related* treatment admissions than cocaine- or heroin-related admissions, according to data from the 2002 national Treatment Episode Data Set (TEDS). In Idaho, for example, methamphetamine and other amphetamines were reported as the primary drugs of abuse at a rate of 116 per 100,000 residents, compared to a rate of 6 per 100,000 for cocaine and 3 per 100,000 for heroin. In contrast, one-third (4 out of 12) of states in the north central region of the country, 2 of the 17 southern states, and none of the northeastern states had rates of methamphetamine/amphetamine treatment admissions higher than those for cocaine and/or heroin.

U.S. Treatment Admissions per 100,000 Population by Primary Substance of Abuse, 2002

(Highlighted methamphetamine rates are those that are higher than cocaine and/or heroin treatment rates in that state)

		Cocaine	Heroin	Meth*
WEST	Alaska	42	4	15
	Arizona	14	11	**28**
	California	81	160	**200**
	Colorado	78	44	68
	Hawaii	33	21	**217**
	Idaho	6	3	**116**
	Montana	16	8	**119**
	Nevada	61	39	**157**
	New Mexico	10	13	4
	Oregon	56	158	**324**
	Utah	42	49	**115**
	Washington	81	111	**150**
	Wyoming	25	2	**167**

		Cocaine	Heroin	Meth*
NORTHEAST	Connecticut	183	626	4
	Maine	36	99	4
	Massachusetts	60	671	1
	New Hampshire	28	47	7
	New Jersey	74	370	2
	New York	269	366	3
	Pennsylvania	93	116	2
	Rhode Island	173	485	2
	Vermont	72	164	4

		Cocaine	Heroin	Meth*
MIDWEST	Illinois	149	108	13
	Indiana	64	11	23
	Iowa	64	10	**198**
	Kansas	102	3	61
	Michigan	122	90	5
	Minnesota	93	22	78
	Missouri	161	32	86
	Nebraska	49	<1	**102**
	North Dakota	6	1	**65**
	Ohio	73	35	2
	South Dakota	13	2	**69**
	Wisconsin	36	12	4

		Cocaine	Heroin	Meth*
SOUTH	Alabama	109	5	36
	Arkansas	90	2	**125**
	Delaware	191	254	2
	District of Columbia	399	470	4
	Florida	125	36	5
	Georgia	108	9	22
	Kentucky	65	6	13
	Louisiana	213	18	18
	Maryland	199	481	3
	Mississippi	71	4	17
	North Carolina	79	13	3
	Oklahoma	60	5	**119**
	South Carolina	106	13	7
	Tennessee	77	---	9
	Texas	50	23	13
	Virginia	72	30	3
	West Virginia	1	4	<1

*Methamphetamine constitutes about 95 percent of combined methamphetamine/amphetamine admissions. Four states (Arkansas, Connecticut, Oregon, and Texas) do not distinguish between methamphetamine and amphetamine admissions.

--- Heroin admissions are included in Other Opiates in Tennessee.

NOTES: Data are from treatment facilities that are state-licensed/certified and/or receive public funding. Treatment clients may report up to three substance problems. Geographic divisions are based on the U.S. Census Bureau regions.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *Treatment Episode Data Set (TEDS) 1992-2002, National Admissions to Substance Abuse Treatment Services*, 2004. Available online at http://oas.samhsa.gov/dasis.htm#teds2.

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••

CESAR FAX is supported by BYRN 2004-1206, awarded by the U.S. Department of Justice through the Governor's Office of Crime Control and Prevention.

CESAR FAX

March 7, 2005
Vol. 14, Issue 10

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

National Methamphetamine Epidemic?

"…smokable methamphetamine will be the drug plague of the 1990's"
(New York Times, September 16, 1989)

"…meth could become the biggest scourge of American drug enforcement since the cocaine epidemic."
(Christian Science Monitor, October 27, 1995)

"…the drug [methamphetamine] could become 'the crack of the 21st century'."
(The Oregonian, December 31, 2004)

While methamphetamine use has gradually spread eastward during the past decade, the majority of methamphetamine use and production remains west of the Mississippi River. Many communities in the Northeast and mid-Atlantic regions of the country have yet to experience the degree of methamphetamine problems seen in other areas, suggesting that at present the problem should not be portrayed as a national epidemic. Rather, it appears to be concentrated and growing in rural communities. Yet speculation that "meth use is exploding in cities and suburbs all across America"[1] periodically reemerges.[2] Media coverage of this "national" methamphetamine problem prompted a recent CESAR analysis of methamphetamine use in Maryland. Following is a summary of the major findings of the report, *Methamphetamine in Maryland*, which will be available this week at http://www.cesar.umd.edu.

- Methamphetamine ranked last among nine illicit drugs most commonly used by Maryland students. Less than 5% of 10th and 12th grade students reported ever using methamphetamine in 2002, compared to 36% for marijuana, 11% for other stimulants, and 10% for hallucinogens.
- Less than 0.5% of all treatment admissions in Maryland in FY2004 were methamphetamine related.
- In the Baltimore and Washington, D.C., metropolitan statistical areas combined there were 39 methamphetamine-related emergency department visits in 2002, compared to 9,002 for cocaine and 6,312 for heroin. There was one methamphetamine-caused death in Maryland in 2004.
- According to the National Clandestine Laboratory Database, one methamphetamine lab was found in Maryland in 2004, compared to 474 in California and 1,049 in Missouri.[3]
- Small pockets of use do exist among certain populations and regions of the state. As elsewhere in the country, methamphetamine users in Maryland are most likely to be white males of diverse socioeconomic backgrounds living in rural areas.
- While available data do not indicate that methamphetamine is a prevalent drug of abuse in Maryland, the growing number of methamphetamine labs and use reported in neighboring states, such as Virginia, suggest that indicators of methamphetamine use in Maryland should continue to be monitored.

[1]The Today Show, "Methamphetamine abuse on rise with suburban women" March 2, 2005.

[2]For a discussion on how a previous localized methamphetamine problem came to be projected on a national level, see Jenkins, Philip. "'The Ice Age' The Social Construction of a Drug Panic," *Justice Quarterly* (11)1:7-31, 1994.

[3]These figures may underestimate the actual number of methamphetamine labs seized in each state because law enforcement agencies are not required to report lab seizures to the National Clandestine Laboratory Database.

SOURCE: Center for Substance Abuse Research, "Methamphetamine in Maryland," *CESAR Briefing*, March 2005. For more information, contact Eric Wish at 301-405-9774 or ewish@cesar.umd.edu.

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••
CESAR FAX is supported by BYRN 2004-1206, awarded by the U.S. Department of Justice through the Governor's Office of Crime Control and Prevention.

CESAR FAX

August 16, 2004
Vol. 13, Issue 33

A Weekly FAX from the Center for Substance Abuse Research

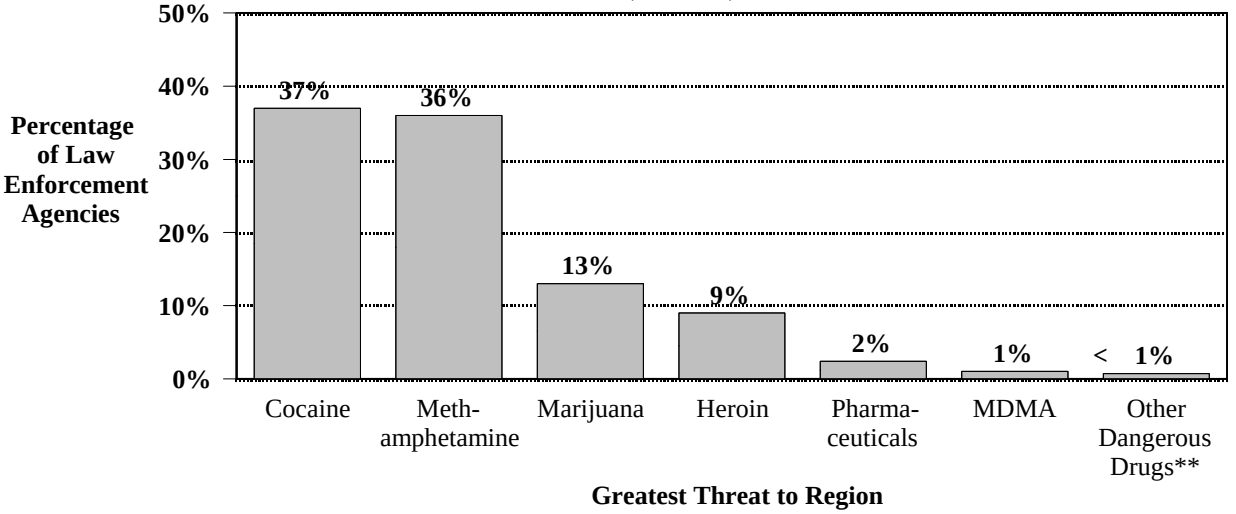
University of Maryland, College Park

Cocaine and Methamphetamine Greatest U.S. Drug Threats, According to State and Local Law Enforcement Agencies

Cocaine and methamphetamine were identified by the majority of U.S. state and local law enforcement agencies as the greatest drug threat in their region, according to data from the 2003 National Drug Intelligence Center National Drug Threat Survey. More than two-thirds of the state and local law enforcement agencies surveyed identified either powder or crack cocaine (37%) or methamphetamine (36%) as the greatest drug threat in their area. Marijuana and heroin were the next greatest drug threats reported (by 13% and 9%, respectively.) Cocaine was considered to be a greater threat in the Great Lakes, Northeast/Mid-Atlantic, and Southeast regions of the U.S., while methamphetamine was generally reported as a greater problem in the Pacific, West Central, and Southwest regions (data not shown).

Percentage of U.S. State and Local Law Enforcement Agencies that Identified a Particular Drug as the Greatest Threat to Their Region, 2003*

(N=3,497)



*Percentages do not add up to 100 due to the omission of the "no response" category.

**Other Dangerous Drugs include the club drugs GHB, ketamine, and Rohypnol® as well as the hallucinogens LSD, PCP, and psilocybin.

NOTE: The 2003 National Drug Threat Survey was administered to a probability-based sample of state and local law enforcement agencies and was designed to provide representative data at national, regional, and state levels.

SOURCE: Adapted by CESAR from The National Drug Intelligence Center, U.S. Department of Justice, *National Drug Threat Assessment 2004*, April 2004. Available online at http://www.usdoj.gov/ndic/topics/ndtas.htm.

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••

CESAR FAX is supported by BYRN 2004-1206, awarded by the U.S. Department of Justice through the Governor's Office of Crime Control and Prevention.

CESAR FAX

March 11, 2002
Vol. 11, Issue 10
Distribution 5,297

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Cocaine, Heroin, Methamphetamine, and Marijuana Are Greatest Drug Threats to U.S.

Cocaine is the primary drug threat to the United States, followed by heroin, methamphetamine, and marijuana, according to the *2002 National Drug Threat Assessment* issued by the National Drug Intelligence Center. MDMA (ecstasy) trafficking and use has also increased greatly over the past year. Other club drugs (GHB, ketamine, and Rohypnol), hallucinogens, and prescription drugs are also a growing concern. A copy of the full report is available online at http://www.usdoj.gov/ndic/

Current Availability, Demand, Production, and Distribution of Selected Drugs, 2002

Drug	Availability	Demand	Production	Distribution
Cocaine	All areas of the country.	High and relatively stable since the mid-90s. Slight downward trends recently.	South America, primarily Colombia.	Gangs control most retail distribution across the country. Violence is common.
Heroin	All major metropolitan areas; increasingly available in many rural and suburban areas.	Has increased steadily since early 90s; use now appears to be stabilizing at high levels.	South America (primarily Colombia) and Mexico.	Criminal groups, gangs.
Methamphetamine	Throughout the western U.S. and increasingly available in eastern areas.	Stable or increasing slightly.	United States and Mexico	Criminal groups, gangs (including motorcycle), and local independents
Marijuana	Most widely available illicit drug	Stable or decreased slightly. Exceeds that of any other illicit drug.	United States and Mexico	Criminal groups (wholesale), gangs (including motorcycle), and independents.
MDMA (ecstasy)	In every state; availability is increasing.	Increased sharply since mid-90s and is growing	Primarily Netherlands or Belgium; labs emerging in Canada and Mexico	Independents and gangs.

NOTE: Gangs refer to groups or associations of three or more persons with a common identifying sign, symbol, or name, the members of which individually or collectively engage in criminal activity that creates an atmosphere of fear and intimidation.

SOURCE: Adapted by CESAR from National Drug Intelligence Center, "National Drug Threat Assessment 2002," 2001.

"Prescription Drug Abuse—A New Epidemic" to Be Held at Rockville Barnes & Noble Store

The Honorable Asa Hutchinson (Administrator of the Drug Enforcement Administration), Cindy Mogil (author of the book "Swallowing a Bitter Pill"), other specialists, and guest politicians will discuss this critical health problem at the Rockville Barnes & Noble Store on Monday, March 18th at 7:30 pm.

•• 301-403-8329 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••
CESAR FAX is supported by a grant from the Governor's Office of Crime Control & Prevention.

CESAR FAX

July 5, 1999
Vol. 8, Issue 27
Distribution: 4,299

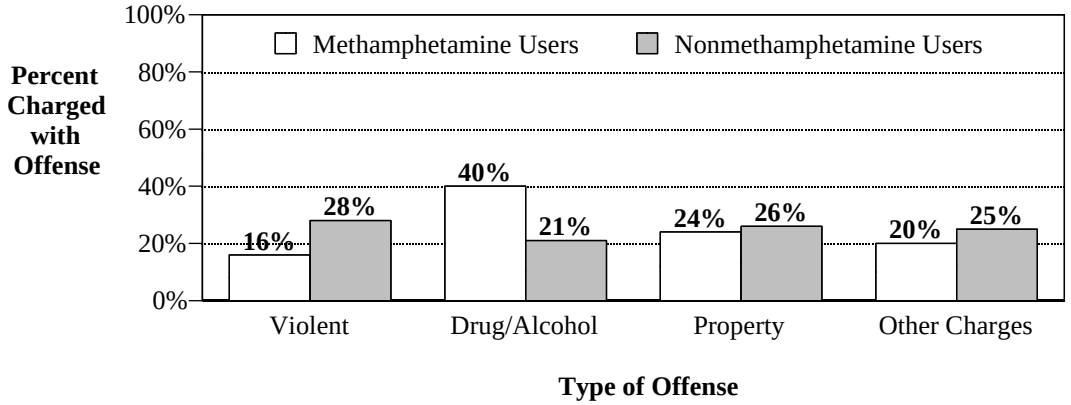
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Arrestees Who Use Methamphetamine Less Likely Than Non-Meth Users to Be Arrested for a Violent Offense

Methamphetamine users were significantly less likely than non-users to be arrested for a violent offense, according to recent data from five western Arrestee Drug Abuse Monitoring (ADAM) program sites.* Overall, 16% of the adult arrestees who reported using meth within the 30 days prior to the interview had been charged with violent crimes--compared to nearly twice as many non-methamphetamine users (28%). According to the authors, this finding appears to differ with medical literature and popular press reports about the connection between methamphetamine and violent behavior. A similar finding 15 years ago showed that D.C. arrestees who used PCP were less likely to be arrested for violent crimes (Wish, 1986).

Percentage of Adult Arrestees Charged with Violent, Drug/Alcohol, Property, and Other Offenses, by Reported Methamphetamine Use, 1996-97
(n=929 arrestees in Los Angeles, Phoenix, Portland, San Diego, and San Jose ADAM Sites)



*A methamphetamine addendum was added to the interviews conducted in five western ADAM sites that appeared to have increasing rates of meth use--Los Angeles, Phoenix, Portland, San Diego, and San Jose.

NOTES: Methamphetamine use was measured by self-report. Non-methamphetamine users may have used one or more other drugs.

SOURCES: Adapted by CESAR from data from National Institute of Justice (NIJ), "Meth Matters: Report on Methamphetamine Users in Five Western Cities" NIJ Research Report, 1999. A copy is available at www.ojp.usdoj.gov/nij/pubs.htm.
Eric D. Wish, "PCP and Crime: Just Another Illicit Drug?" In Doris H. Clouet (Ed.), *Phencyclidine: An Update*, NIDA Research Monograph 64, 1986.

•• 301-403-8329 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••
CESAR FAX is supported by a grant from the Governor's Office of Crime Control & Prevention.

CESAR FAX

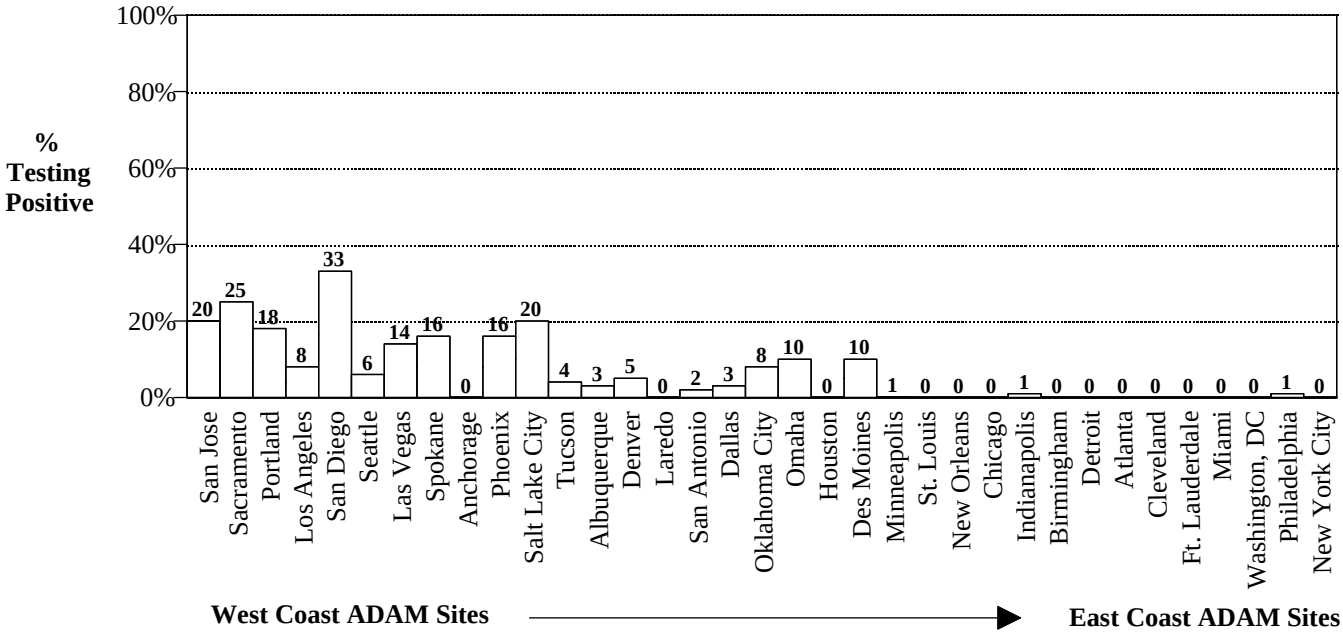
June 28, 1999
Vol. 8, Issue 26
Distribution: 4,297

A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Arrestee Methamphetamine Use Shows Clear Regional Variations

Recent data from the Arrestee Drug Abuse Monitoring (ADAM) program (formerly the DUF program) show that the majority of adult arrestees who test positive by urinalysis for methamphetamine use are in western U.S. ADAM sites. The most active regions appear to be California and areas to the north (Washington, Oregon) and west (Arizona, Nevada, Utah), where methamphetamine positive rates have continued to steadily increase since 1990. In contrast, arrestee meth use in eastern and southern ADAM sites is virtually nonexistent. The authors conclude that "although the rapid growth in methamphetamine use among arrestees has abated, it nevertheless has a broad and strong hold in areas where it appeared a decade ago" (p. 20).

Percentage of Adult Arrestees Testing Positive for Methamphetamine, by ADAM Site, 1998



SOURCE: Adapted by CESAR from data from National Institute of Justice (NIJ), "1998 Annual Report on Methamphetamine Use Among Arrestees," NIJ Research Report, 1999. A copy of the report is available online at www.ojp.usdoj.gov/nij/pubs.htm.

•• 301-403-8329 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••
CESAR FAX is supported by a grant from the Governor's Office of Crime Control & Prevention.

CESAR FAX

July 28, 1997
Vol. 6, Issue 29
Distribution: 2,900

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Methamphetamine Use in the Western United States: An In-Depth Look

Over the past several years, the Office of National Drug Control Policy's Pulse Check series has reported the increase and spread of methamphetamine use in West Coast states. To gain more in-depth information concerning this trend, a special Pulse Check study was conducted in six states that appear to have been affected the most by methamphetamine--Arizona, California, Hawaii, New Mexico, Oregon, and Washington. Drug ethnographers, law enforcement officials, and treatment providers in each state were interviewed to determine the nature and extent of methamphetamine use in this region.

What is the Level of Methamphetamine Use?

Ethnographers, law enforcement officials, and treatment providers in all six states reported that methamphetamine use was a high-priority problem. On average, 27% to 55% of treatment admissions in each of the states were methamphetamine users. In several areas, methamphetamine has surpassed alcohol and cocaine as the primary drugs of abuse among treatment admissions. Interestingly, all states reported that the primary reason for methamphetamine clients' entry into treatment was legal problems, such as "aggressive behaviors like fighting or bizarre or inappropriate behaviors which prompt others to call the police" (p. X).

Who is Using Methamphetamine?

In five of the six states, the majority of methamphetamine users are described by sources as white males in their 20s and 30s who are blue collar workers or unemployed. However, there have been recent increases in use among youth, Native American and Hispanic populations. Hawaii was the only one of the six states to report a wide range in the types of users; "while many [treatment] programs report that users are young (teens and twenties), there is a range of jobs, ethnicities, and education levels reported" (p. IX).

How is Methamphetamine Being Used?

Patterns of use varied across the six states. According to treatment data, snorting and smoking were the most common modes of ingestion in California and Arizona, while the majority of treated users in Oregon and New Mexico preferred snorting or injecting the drug. In Hawaii, no treatment programs reported that clients injected; 81% reported that clients smoked the drug. Treatment providers in Washington reported that clients were equally likely to smoke, snort, or inject methamphetamine. Some unique modes of ingestion were also reported. In California, "putting methamphetamine into coffee in what is termed 'biker's coffee' is reported by ethnographic sources as popular among young professionals interested in the drug's energizing and appetite suppressant effects" (p. III). Eating methamphetamine (putting methamphetamine on paper or food and chewing it) was reported by a law enforcement source in Washington State.

SOURCE: Adapted by CESAR from data from the Office of National Drug Control Policy (ONDCP), *Pulse Check: National Trends in Drug Abuse*, Summer 1997. To receive a complimentary copy, call the ONDCP Drugs and Crime Clearinghouse at 800-666-3332. For more information, contact Dr. Dana Hunt of Abt Associates at 617-492-7100.

CESAR FAX is supported by a grant from the Governor's Office of Crime Control & Prevention.

•• 301-403-8329 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu (e-mail) ••

CESAR FAX

August 26, 1996
Vol. 5, Issue 33
Distribution: 2,550

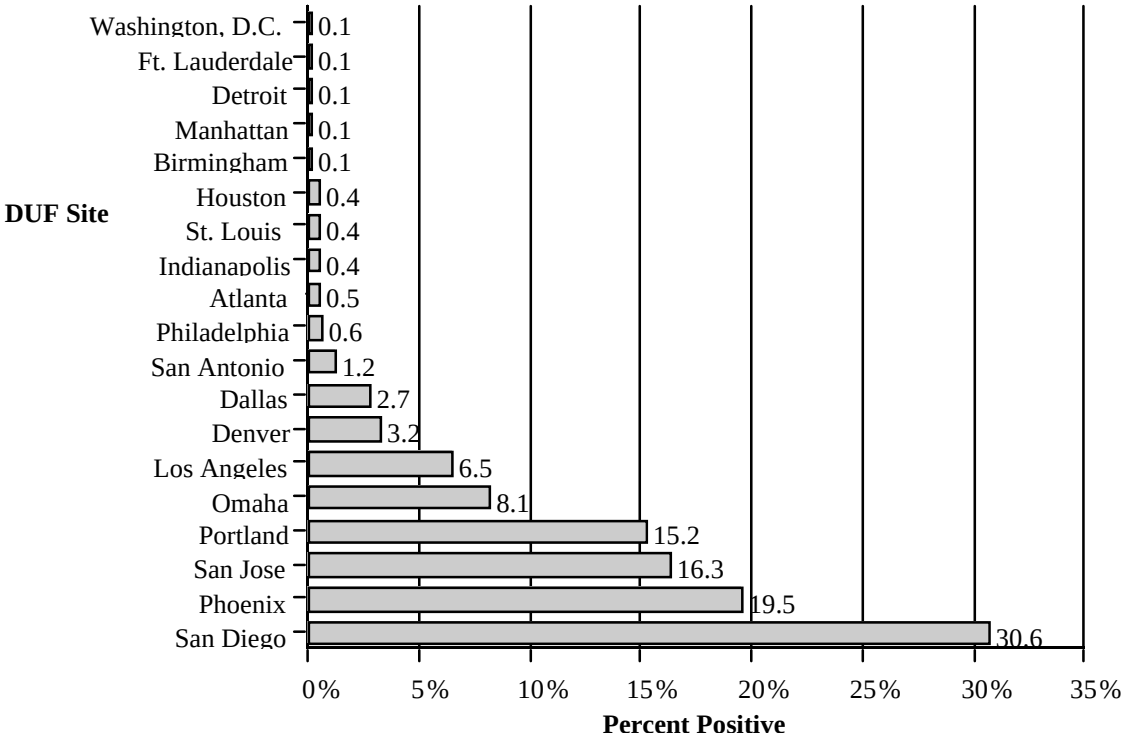
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland at College Park

Arrestee Methamphetamine Use Concentrated in West Coast DUF Sites

According to the 1995 Drug Use Forecasting (DUF) Annual Report, methamphetamine use among arrestees varies greatly by region of the country, with the highest drug positive rates found at western DUF sites (see figure). However, "sites such as Denver, Omaha, and St. Louis could experience significant increases if current trends continue" (p. 13). In 1995, methamphetamine rivaled or surpassed use of cocaine and marijuana at four West Coast sites (Phoenix, Portland, San Diego, and San Jose). One possible explanation for these findings is that many of these sites are close to Mexico, thought to be a major source of methamphetamine.

Percentage of Adult Arrestees Testing Positive by Urinalysis for Methamphetamine, by DUF Site, 1995*
(N=approximately 1,700 arrestees at each site)



*Four of the 23 DUF sites (Chicago, Cleveland, Miami, and New Orleans) had no adults test positive for methamphetamine in 1995 and are not shown in the table.

SOURCE: Adapted by CESAR from data from the "1995 Annual Report on Adult and Juvenile Arrestees," Drug Use Forecasting, National Institute of Justice. To obtain a copy of this report, please contact NCJRS at 800-851-3420 or 301-251-5500.

WANT TO LEARN MORE ABOUT METHAMPHETAMINE?

CESAR's electronic bulletin board, the CESAR BOARD, has information on both methamphetamine and amphetamine (including descriptions of the drugs and the effects of use) under the Metnet Drug Information Database and the Drug Information Conference. The CESAR BOARD can be accessed via modem (301-403-8343 or 1-800-84-CESAR for callers) or World Wide Web (www.bsos.umd.edu/cesar/cesar.html).

CESAR FAX is supported by a grant from the Governor's Office of Crime Control & Prevention.

·· 301-403-8329 (voice) ·· 301-403-8342 (fax) ·· CESAR@cesar.umd.edu (e-mail) ··

CESAR FAX

July 1, 1996
Vol. 5, Issue 25
Distribution: 2,500

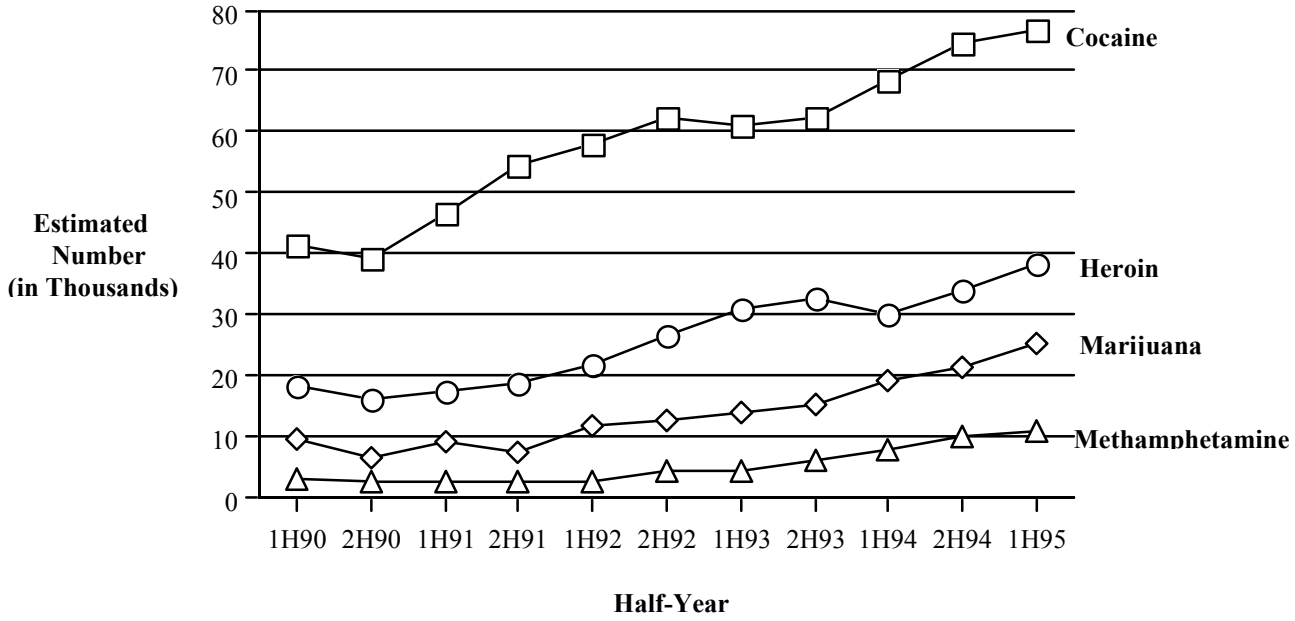
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland at College Park

National DAWN Data Show Significant Increases in Drug-Related Emergency Department Episodes

Preliminary data from the Drug Abuse Warning Network (DAWN) for the first 6 months of 1995 show that individuals suffering negative health consequences of illicit drug use continue to seek services from hospital emergency departments (EDs) across the nation. Significant increases were found among ED episodes related to cocaine (12%), heroin (27%), marijuana (32%), and methamphetamine (35%) compared with data from the first half of 1994. One possible explanation for the increases in the cocaine- and heroin-related ED visits is that a cohort of users is experiencing chronic effects of long-term drug use. "DAWN data show that the proportion of drug-related episodes among persons aged 35 years and older has been increasing. As drug users age . . . they become susceptible to a variety of health problems which are exacerbated by drug use, especially the cumulative effects of prolonged use. These individuals may be using emergency departments for treatment of nonurgent health problems" (p. 13).

Estimated Number (in Thousands) of Cocaine-, Heroin-, Marijuana-, and Methamphetamine-Related U.S. Emergency Department Episodes, First Half 1990 - First Half 1995



SOURCE: Adapted by CESAR from data from the Substance Abuse and Mental Health Services Administration (SAMHSA), "Preliminary Estimates from the Drug Abuse Warning Network," Advance Report Number 14, May 1996. For more information, contact SAMHSA at 301-443-7980.

CESAR FAX is supported by a grant from the Governor's Office of Crime Control & Prevention.

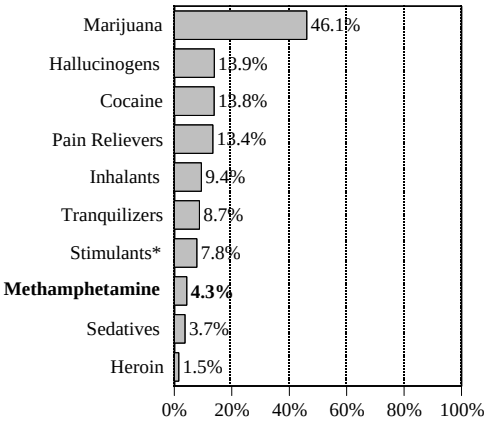
•• 301-403-8329 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu (e-mail) ••

CESAR BRIEFING
Methamphetamine in Maryland 2007

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 [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 [NDIC], 2004; SAMHSA, 2003; Washington/Baltimore High Intensity Drug Trafficking Area [W/B HIDTA], 2007). 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 (W/B HIDTA, 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 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



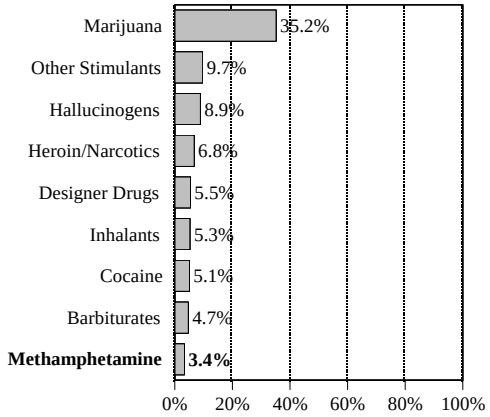
*Includes methamphetamine.

Source: SAMHSA 2006.

What Is the Scope of Methamphetamine Use in Maryland?

Methamphetamine is rarely produced or used in Maryland. In 2006, 5 labs were seized in the state, a decrease from 8 in 2005 (W/B HIDTA, 2007). Methamphetamine ranked last among 9 illicit drugs most commonly used by 10th and 12th grade students—less than 4% reported ever using the drug in 2004, as shown in Figure 2 (Maryland State Department of Education [MSDE], 2005). Crank, a lower level and more inexpensive form of methamphetamine, which is approximately 40% pure, is the most common form of

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



Source: MSDE 2005.

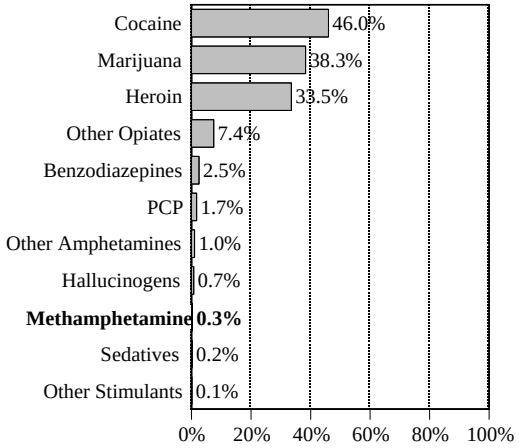
[1] For a discussion on how a previous localized methamphetamine problem came to be projected on a national level, see Jenkins, 1994.

This *CESAR Briefing* was supported by BYRN 2004-1206, awarded by the U.S. Department of Justice (USDOJ) through the Maryland Governor's Office of Crime Control and Prevention (GOCCP). Points of view or opinions contained within this document are those of the authors and do not necessarily represent the official position or policies of USDOJ or GOCCP.

methamphetamine in the Washington/Baltimore HIDTA Region (W/B HIDTA, 2006).

Furthermore, as in prior years, less than 1% of all treatment admissions in Maryland in FY2006 were methamphetamine related, as shown in Figure 3 (Maryland Alcohol and Drug Abuse Administration [ADAA], 2006). Nationally, admissions involving methamphetamine as a primary substance of abuse remained at 8% of all admissions (ADAA, 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 (SAMHSA, 2003). Additionally, there were no methamphetamine-caused deaths in Maryland in 2003 and one death each in 2004, 2005, and 2006 (Maryland Office of the Chief Medical Examiner, 2006, 2007).

Figure 3: Percentage of Admissions to Maryland Substance Abuse Treatment Programs Reporting Specific Drugs, FY 2006



Source: SAMIS 2007.

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 (ADAA, 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 (NDIC, 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 [ONDCP], 2006; W/B HIDTA, 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 (ONDCP, 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).

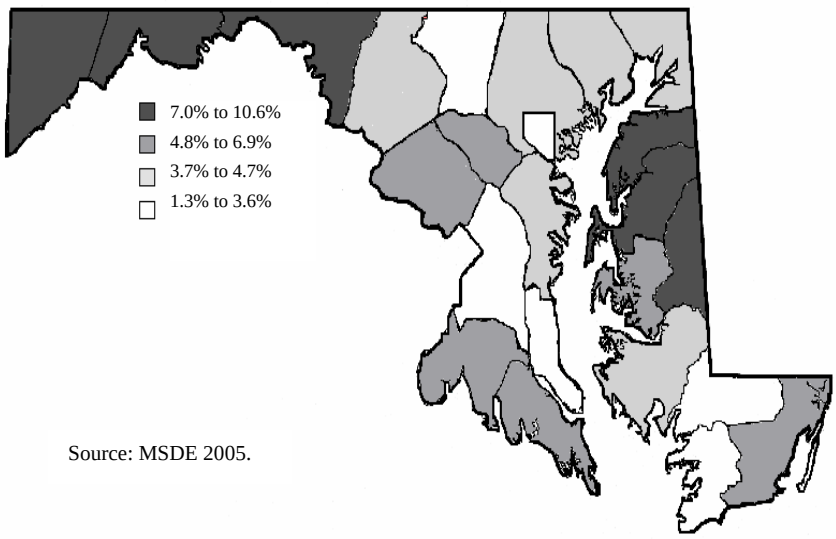
Methamphetamine use also exists in counties in the eastern part of the state. High school students in Kent, Queen Anne's, Caroline, and Worcester counties have above average rates of lifetime methamphetamine use ranging from 6.9% to 9.5% (MSDE, 2005). Worcester County also has an above average rate of methamphetamine–related treatment admissions at 8.6 per 100,000 residents (ADAA, 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" (W/B HIDTA, 2004). Moreover, Ocean City, one of Worcester County's most-frequented summer vacationing spots is largely comprised of tourists during the summer

[2]The 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.

months, an increase in the sparsely populated area that can largely affect the flow of drugs, particularly methamphetamine, in and out of the area.

In addition, the number of labs has decreased from 8 from January 2003 to May 2004, as well as in 2005, to only 5 labs being seized in 2006 (W/B HIDTA, 2004, 2005, 2006). The labs have tended to be found in more rural and suburban counties. Additionally, the Washington/Baltimore HIDTA has reported no dumpsites or chemical seizures in the HIDTA region, and the number of drug trafficking organizations distributing methamphetamine has remained stable at around seventeen (W/B HIDTA, 2006, 2007).

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



Source: MSDE 2005.

Another pocket of methamphetamine use was in southern Maryland, particularly Charles and St. Mary's counties. These two counties, as well as Calvert County had some of the highest rates of methamphetamine-related treatment admissions in the state in FY 2005, ranging from 10.4 to 22.8 per 100,000 residents (ADAA, 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). In FY 2006, however, no jurisdiction reported more than 22 admissions mentioning methamphetamine, far fewer than the thousands of admissions mentioning marijuana, cocaine, and heroin. The jurisdictions with the highest numbers of admissions were in counties in the Baltimore/Washington corridor (Baltimore City, Baltimore, Montgomery, Anne Arundel, and Carroll) (CESAR, 2007).

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 and law enforcement 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 (MSDE, 1997–2005). The number of methamphetamine-related emergency department mentions in both the Washington, D.C., and Baltimore MSAs combined decreased from 68 in 2000 to 39 in 2002 (SAMHSA, 2003). The percentage of treatment admissions has remained below 1 percent for the past 6 years and, according to law enforcement indicators they show no signs of increasing.

Methamphetamine is present in areas surrounding Maryland, particularly in Washington, D.C., within the homosexual community and club scene, (W/B HIDTA, 2006) and the Shenandoah Valley of Virginia (Boorstein, August 22, 2004; W/B HIDTA, 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 [DEA],

2006b). The number of labs seized between 2001 and 2005 increased in West Virginia from 17 to 213 (DEA, 2006c) and between 2001 and 2004 in Pennsylvania from 18 to 106 (DEA, 2006a). There is also anecdotal evidence that Hispanic criminal groups may be expanding their distribution networks from Virginia to Maryland (W/B HIDTA, 2004 & 2007; Rezey & Artigiani 2007).

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.

References

Anglin, M. D., Burke, C., Perrochet, B., Stamper, E., & Dawud-Noursi, S. (2000). History of the Methamphetamine Problem. *Journal of Psychoactive Drugs, 32*(2), 137-141.

Boorstein, M. (August 22, 2004). In Va., Narcotic Makes an Isolated Rise; By Large Margin, Shenandoah Valley Has Region's Heaviest Methamphetamine Traffic. *Washington Post,* p. C08.

Rezey, Maribeth & Erin Artigiani. (2007). *Washington/Baltimore High Intensity Area Regional Drug Scan 2007.* College Park, MD: Center for Substance Abuse Research.

Drug Enforcement Administration. (2006a). *State Factsheets: Pennsylvania 2006.* Available online at http://www.usdoj.gov/dea/pubs/states/pennsylvania.html (accessed 10/5/06).

Drug Enforcement Administration. (2006b). *State Factsheets: Virginia 2006.* Available online at http://www.usdoj.gov/dea/pubs/states/virginia.html (accessed 10/5/06).

Drug Enforcement Administration. (2006c). *State Factsheets: West Virginia 2006*. Available online at http://www.usdoj.gov/dea/pubs/states/westvirginia.html (accessed 10/5/06).

Drug Enforcement Administration. (n.d.). *Total of All Meth Clandestine Laboratory Incidents*. Available online at http://www.dea.gov/concern/map_lab_seizures.html (accessed 10/5/06).

Jenkins, P. (1994). 'The Ice Age' The Social Construction of a Drug Panic. *Justice Quarterly*, *11*(1), 7-31.

Maryland Alcohol and Drug Abuse Administration. (2006). Data supplied to the Center for Substance Abuse Research (CESAR) from the Substance Abuse Management Information System (SAMIS).

Maryland Office of the Chief Medical Examiner. (2006). Personal communications from Dr. Mary Ripple, 10/19/2006.

Maryland Office of the Chief Medical Examiner. (2007). Personal communications from Dr. Mary Ripple, 7/30/2007.

Maryland State Department of Education. (1997–2005). *1996, 1998, 2001, 2002, and 2004 Maryland Adolescent Survey reports*.

National Drug Intelligence Center. (2002). *Maryland Drug Threat Assessment*. Johnstown, PA: U.S. Department of Justice.

National Drug Intelligence Center. (2004). *National Drug Threat Assessment 2004*. Johnstown, PA: U.S. Department of Justice.

Office of National Drug Control Policy. (2006). *State of Maryland Profile of Drug Indicators*. http://www.whitehousedrugpolicy.gov/statelocal/md/md.pdf (accessed 10/13/06).

Office of National Drug Control Policy. (2006). *State of West Virginia Profile of Drug Indictors*. http://www.whitehousedrugpolicy.gov/statelocal/wv/wv.pdf (accessed 10/13/06).

State of Maryland Department of Health and Mental Hygiene Alcohol and Drug Abuse Administration, Maryland Alcohol and Drug Abuse Administration. (2007). *Outlooks and Outcomes for Maryland Substance Abuse Prevention, Intervention, and Treatment: Fiscal Year 2006*. Baltimore: Author.

Substance Abuse and Mental Health Services Administration. (2003). *Emergency Department Trends from the Drug Abuse Warning Network, Final Estimates 1995-2002*. Rockville: Office of Applied Studies.

Substance Abuse and Mental Health Services Administration. (2004). *Overview of Findings from the 2003 National Survey on Drug Use and Health*. Rockville: Office of Applied Studies.

Substance Abuse and Mental Health Services Administration. (2006). *Methamphetamine/Amphetamine Treatment Admissions in Urban and Rural Areas: 2004*. Rockville: Office of Applied Studies.

Teague, D. (March 2, 2005). Methamphetamine Abuse on Rise with Suburban Women. *Today Show, NBC News*.

Washington/Baltimore High Intensity Drug Trafficking Area. (2004). *Methamphetamine: A Unique Threat to Law Enforcement*.

Washington/Baltimore High Intensity Drug Trafficking Area. (2005). *Methamphetamine in Maryland.*

Washington/Baltimore High Intensity Drug Trafficking Area. (2006). *Threat Assessment for Budget Year 2007.*

Washington/Baltimore High Intensity Drug Trafficking Area. (2007). *Threat Assessment for Budget Year 2008.*

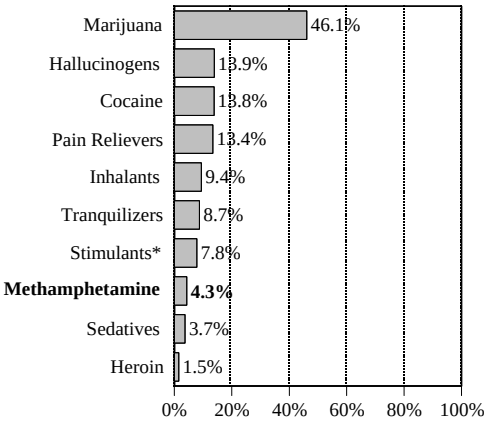
Washington/Baltimore High Intensity Drug Trafficking Area. (2007). *2006 Annual Report.*

CESAR BRIEFING
Methamphetamine in Washington, D.C.

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). 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]

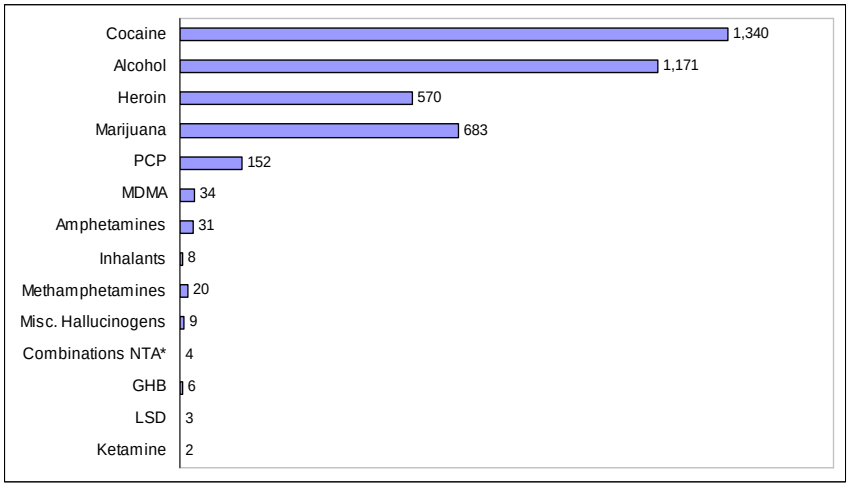
Abuse and manufacture of methamphetamine does not appear to be a major problem in the District. There were no deaths caused by methamphetamine in 2004 or 2005. The Washington/Baltimore HIDTA and other members of the DC Epidemiological Workgroup report that methamphetamine use is established in

[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.

This *CESAR Briefing* was supported by the State Epidemiological Outcomes Workgroup grant, awarded by the Center for Substance Abuse Prevention (CSAP) to the DC Department of Health Addiction Prevention and Recovery Administration (APRA). Points of view or opinions contained within this document are those of the authors and do not necessarily represent the official position or policies of CSAP or APRA.

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.

References

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.

Anglin, M. D., Burke, C., Perrochet, B., Stamper, E., & Dawud-Noursi, S. (2000). History of the Methamphetamine Problem. *Journal of Psychoactive Drugs, 32*(2), 137-141.

Boorstein, M. (August 22, 2004). In Va., Narcotic Makes an Isolated Rise; By Large Margin, Shenandoah Valley Has Region's Heaviest Methamphetamine Traffic. *Washington Post*, p. C08.

DC Office of the Chief Medical Examiner. (2007). Personal communications from Dr. Fiona Couper, 1/2007.

Drug Enforcement Administration. (2006a). *State Factsheets: Pennsylvania 2006.* Available online at http://www.usdoj.gov/dea/pubs/states/pennsylvania.html (accessed 10/5/06).

Drug Enforcement Administration. (2006b). *State Factsheets: Virginia 2006*. Available online at http://www.usdoj.gov/dea/pubs/states/virginia.html (accessed 10/5/06).

Drug Enforcement Administration. (2006c). *State Factsheets: West Virginia 2006*. Available online at http://www.usdoj.gov/dea/pubs/states/westvirginia.html (accessed 10/5/06).

Drug Enforcement Administration. (n.d.). *Total of All Meth Clandestine Laboratory Incidents*. Available online at http://www.dea.gov/concern/map_lab_seizures.html (accessed 10/5/06).

Jenkins, P. (1994). 'The Ice Age' The Social Construction of a Drug Panic. *Justice Quarterly*, *11*(1), 7-31.

Johnston, L. D., O'Malley, P. M., Bachman, J. G. & Schulenberg, J. E. (December 21, 2006). *Teen drug use continues down in 2006, particularly among older teens; but use of prescription-type drugs remains high.* University of Michigan News and Information Services: Ann Arbor, MI. [On-line]. Available: www.monitoringthefuture.org; accessed 02/22/07.

National Drug Intelligence Center. (2002). *Maryland Drug Threat Assessment*. Johnstown, PA: U.S. Department of Justice.

National Drug Intelligence Center. (2004). *National Drug Threat Assessment 2004*. Johnstown, PA: U.S. Department of Justice.

Office of National Drug Control Policy. (2006). *State of Maryland Profile of Drug Indicators*. http://www.whitehousedrugpolicy.gov/statelocal/md/md.pdf (accessed 10/13/06).

Office of National Drug Control Policy. (2006). *State of West Virginia Profile of Drug Indictors.* http://www.whitehousedrugpolicy.gov/statelocal/wv/wv.pdf (accessed 10/13/06).

Substance Abuse and Mental Health Services Administration. (2003). *Emergency Department Trends from the Drug Abuse Warning Network, Final Estimates 1995-2002*. Rockville: Office of Applied Studies.

Substance Abuse and Mental Health Services Administration. (2004). *Overview of Findings from the 2003 National Survey on Drug Use and Health*. Rockville: Office of Applied Studies.

Substance Abuse and Mental Health Services Administration. (December 8, 2005). DAWN Live! Special data run January-June 2005.

Substance Abuse and Mental Health Services Administration. (December 12, 2005). National Survey on Drug Use and Health special data run.

Substance Abuse and Mental Health Services Administration. (2006). *Methamphetamine/Amphetamine Treatment Admissions in Urban and Rural Areas: 2004*. Rockville: Office of Applied Studies.

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (January 2007). *The NSDUH Report: Methamphetamine Use*. Rockville: Office of Applied Studies.

Substance Abuse and Mental Health Services Administration. Quick Stats: Treatment Episodes Data Set. Available: wwwdasis.samhsa.gov; accessed 02/22/07.

Teague, D. (March 2, 2005). Methamphetamine Abuse on Rise with Suburban Women. *Today Show, NBC News*.

Washington/Baltimore High Intensity Drug Trafficking Area. (2004). *Methamphetamine: A Unique Threat to Law Enforcement*.

Washington/Baltimore High Intensity Drug Trafficking Area. (2006). *Threat Assessment for Budget Year 2007.*

Website Drug Profile: Methamphetamine
Center for Substance Abuse Research
University of Maryland, College Park
Updated October 2006

PROFILE

Methamphetamine is a highly addictive and very potent central nervous stimulant, also known as "meth," "crystal meth," "ice," and "glass."[1] A Schedule II drug, methamphetamine is an extremely powerful amphetamine. The effects are long-lasting and users have been known to stay awake for days during binges.

Methamphetamine abuse and production is concentrated in the Western, Southwestern, and Midwestern United States.[2] Additionally, the growth of independent U.S.-based laboratories has dramatically increased in the Pacific Northwest, Midwest, and some portions of the Southeast. Production and availability is also beginning to spread to the Northeast. Due to increased restrictions on cold preparations and pharmaceuticals containing methamphetamine, as well as restrictions on the importation of bulk pseudoephedrine from Canada, the number of domestic methamphetamine superlabs has greatly decreased in the past few years. To offset that decline, the expansion of Mexican-based trafficking groups has increased their control of illegal laboratories and superlabs.[3]

HISTORY

Methamphetamine was derived from amphetamine in Japan in 1919. Both of these chemicals were originally used in nasal decongestants and in bronchial inhalers. Methamphetamine has also been used in the treatment of obesity. [4] It first was brought to the United States in the 1930's, but use of the drug surged in the 1950's and 1960's when users began injecting more frequently.[5] The drug was outlawed as a part of the U.S. Drug Abuse and Regulation Control Act of 1970. Production and trafficking soared again in the 1990's in relation to organized crime in the Southwestern United States and Mexico.[6]

METHOD OF USE

Methamphetamine can be taken orally, by intravenous injection, by smoking, or by snorting. The drug appears in powder ("crystal") form, which can be processed into a rock ("ice") or liquid form for the purpose of injection. After taking the drug, users experience a short but intense rush that lasts 5 to 30 minutes, depending on the route of administration. Afterwards, the stimulant's

---

[1] NIDA Methamphetamine Infofax. http://www.drugabuse.gov/Infofax/methamphetamine.html. October 6, 2006.
[2] DEA Methamphetamine Page. http://www.dea.gov/concern/meth_factsheet.html. October 6, 2006.
[3] ONDCP Methamphetamine Page. http://www.whitehousedrugpolicy.gov/drugfact/methamphetamine/index.html. October 6, 2006
[4] Methamphetamine Addiction Page. http://www.methamphetamineaddiction.com/methamphetamine_hist.html. October 6, 2006.
[5] ACDE Methamphetamine Facts. http://www.acde.org/common/meth.htm. October 6, 2006.
[6] ACDE Methamphetamine Facts. October 9, 2006.

other effects, including increased activity, decreased appetite, and a sense of well-being, can last 6 to 12 hours. Some users will continue taking doses of methamphetamine occasionally to sustain the high and to avoid the severe withdrawal symptoms.[7]

METHAMPHETAMINE'S EFFECTS ON THE BRAIN

Methamphetamine stimulates the release of excess dopamine, which plays an important role in the regulation of pleasure.[8] The release of dopamine and serotonin produce the intense rush that users feel. Even after the initial rush subsides, the brain remains in an alert state and keeps the user's body on edge. After the effects have worn off, the brain is depleted of its dopamine, and depression is a common result. Methamphetamine is easily addictive because the highs are so intense and the lows are so severe. In addition, regular users build up a tolerance to the drug's effects, needing more of the drug to feel the original effect. Furthermore, methamphetamine can be extremely addictive.

Methamphetamine appears to have neurotoxic (brain-damaging) effects, destroying brain cells that contain dopamine and serotonin.[9] Over time, abuse appears to cause reduced levels of dopamine, which can result in symptoms like those of Parkinson's disease.[10] Methamphetamine also stimulates locomotor activity (i.e., reflexes, basic physical movements) and produces "stereotypic behaviors"—random, repetitive, compulsive movements and actions such as twitching or picking at the skin—as a side effect.[11]

METHAMPHETAMINE'S EFFECTS ON THE USER

In addition to being physically addictive, methamphetamine can also be very psychologically addictive as well. Under the influence of methamphetamine, users experience bursts of energy, talkativeness, and excitement. Users are able to go for hours or even days without sleep or food.[12]

High doses or chronic use have been associated with increased nervousness, irritability, paranoia, and occasionally violent behavior, while withdrawal from high doses generally leads to severe depression. Chronic abuse produces a psychosis similar to schizophrenia and is characterized by paranoia, picking at the skin, self-absorption, auditory and visual hallucinations, and sometimes episodes of violence.[13]

Tweaking

The most dangerous stage of methamphetamine abuse occurs when an abuser has not slept in 3-15 days and is irritable and paranoid. This behavior is referred to as "tweaking," and the user is known as the "tweaker." The tweaker craves more methamphetamine, but it is difficult to achieve the original high, causing frustration and unstable behavior in the user. Because of the

---

[7] NIDA Research Report. http://www.drugabuse.gov/ResearchReports/methamph/methamph.html. October 9, 2006.
[8] NIDA Research Report.
[9] NIDA Methamphetamine Infofax.
[10] NIDA Methamphetamine Infofax.
[11] NIDA Methamphetamine Infofax.
[12] ACDE Methamphetamine Facts.
[13] ACDE Methamphetamine Facts.

tweaker's unpredictability, there have been reports that they can react violently, which can lead to involvement in domestic disputes, spur-of-the-moment crimes, or motor vehicle accidents. A tweaker can appear normal – eyes clear, speech concise, and movements brisk; however, a closer look will reveal that the person's eyes are moving ten times faster than normal, the voice has a slight quiver, and movements are quick and jerky. These physical signs are more difficult to identify if the tweaker has been using a depressant such as alcohol; however, if the tweaker has been using a depressant, his or her negative feelings—including paranoia and frustration – can increase substantially. A person should use extreme caution when dealing with an individual on methamphetamine.[14]

Short-Term Effects[15]

- Brief rush, euphoria
- Increased physical activity
- Increased blood pressure and breathing rate
- Dangerously elevated body temperature
- Decreased appetite
- Insomnia
- Unpredictable behavior
- Heavy sweating
- Nausea, vomiting
- Hypothermia
- Uncontrollable jaw clenching, cracked teeth
- Sores, skin infections
- Seizures, convulsions, sudden death

Long-Term Effects[16]

These negative effects can occur during or after methamphetamine intoxication:

- Damaged nerve terminals in the brain
- Increased heart rate, irregular heartbeat, increased blood pressure
- Brain damage similar to Parkinson's or Alzheimer's Diseases
- Repetitive motor activity, performing repetitive meaningless tasks
- Weight loss
- Prolonged anxiety, paranoia, insomnia
- Psychotic behavior, violence,
- Formication (the sensation of bugs creeping on the skin)
- Visual and auditory hallucinations
- Homicidal or suicidal thoughts
- Acute lead poisoning in intravenous methamphetamine abusers
- Strokes, heart infections, lung disease, kidney damage, liver damage
- Increased risk behavior, especially if drug is injected

[14] Stop Drugs Methamphetamine Page. http://www.stopdrugs.org/tweaking.html. October 9, 2006
[15] NIDA Research Report.
[16] NIDA Research Report.

- When used by a pregnant woman, premature birth; babies suffer cardiac defects, cleft palate, and other birth defects
- Increased HIV, Hepatitis B and C in intravenous methamphetamine abusers
- Death

SIGNS OF ABUSE

There are several indicators that can help identify a person who has been abusing methamphetamine. Chronic use can cause violent behavior, anxiety, confusion, insomnia, auditory hallucinations, mood disturbances, delusions, and paranoia.[17] Chronic methamphetamine users also often display poor hygiene, a pale, unhealthy complexion, and sores on their bodies due to formication—the sensation of bugs creeping on the skin.[18] If this type of behavior is not typical for that person, he or she may have a drug problem.

TERMINOLOGY[19]

Slang Terms for Methamphetamine:

Meth, Crystal Meth, Crystal, Speed, Crank, Ice, Glass, Chalk, Redneck Cocaine, Yellow Powder, Yellow Barn, Tina, Tick-Tick, Spoosh, Scootie

Slang Terms for Smokable Methamphetamine:

Hot Ice, Super Ice, L.A. Glass, L.A. Ice, Quartz, Batu, Hanyak, Hiropon

LINKS

NIDA Methamphetamine Infofax. http://www.drugabuse.gov/Infofax/methamphetamine.html
NIDA Research Report: Methamphetamine abuse and addiction.
http://www.drugabuse.gov/ResearchReports/methamph/methamph.html
ONDCP Methamphetamine Facts & Figures.
http://www.whitehousedrugpolicy.gov/drugfact/methamphetamine/index.html
DEA Amphetamines/Methamphetamine Page. http://www.dea.gov/concern/amphetamines.html

[17] DEA Methamphetamine Page
[18] NIDA Research Report.
[19] ONDCP Methamphetamine Street Terms.
http://www.whitehousedrugpolicy.gov/streetterms/ByType.asp?intTypeID=14. October 9, 2006.