

DRUG WAR FACTS

Methamphetamine

1. "Methamphetamine, sometimes used medically (for attention-deficit hyperactivity disorder, obesity, and narcolepsy), is easily manufactured illicitly, and its use has become widespread in Holland, Great Britain, and North America. Illicit use of methamphetamine is the chief type of amphetamine abuse in North America."

Source: "Amphetamine," The Merck Manual, Section 15. Psychiatric Disorders, Chapter 198. Drug Use and Dependence, Merck & Co. Inc., from the web at <http://www.merck.com/mmpe/sec15/ch198/ch198c.html> last accessed May 31, 2007.

2. Just 5.3% of those aged 12 and over in the US have ever tried methamphetamine, and approximately 0.2% of the population has used methamphetamine in the past month. In comparison, 40.1% were reported to have tried marijuana in their lifetimes and 6.0% of the population were estimated to have tried marijuana in the past month; 13.8% of the population were reported to have ever tried cocaine and 1.0% were past month users; 1.5% of the US population have ever tried heroin and 0.1% were estimated to be past month users; and 4.7% of the US population have ever tried Ecstasy (MDMA) while 0.2% were estimated to be past month users.

Source: Substance Abuse and Mental Health Services Administration. (2006). Results from the 2005 National Survey on Drug Use and Health: National Findings (Office of Applied Studies, NSDUH Series H-30, DHHS Publication No. SMA 06-4194). Rockville, MD, p. 225, Table G.2, p. 229, Table G.6, and p. 238, Table G.15.

3. "The rates for past month and past year methamphetamine use did not change between 2004 and 2005, but the lifetime rate declined from 4.9 to 4.3 percent. From 2002 to 2005, decreases were seen in lifetime (5.3 to 4.3 percent) and past year (0.7 to 0.5 percent) use, but not past month use (0.3 percent in 2002 vs. 0.2 percent in 2005). Although the number of past month users has remained steady since 2002, the number of methamphetamine users who were dependent on or abused some illicit drug did rise significantly during this period, from 164,000 in 2002 to 257,000 in 2005 (Figure 2.3)."

Source: Substance Abuse and Mental Health Services Administration. (2006). Results from the 2005 National Survey on Drug Use and Health: National Findings (Office of Applied Studies, NSDUH Series H-30, DHHS Publication No. SMA 06-4194). Rockville, MD, p. 16.

4. "The number of new users of stimulants generally increased during the 1990s, but there has been little change since 2000. Incidence of methamphetamine use generally rose between 1992 and 1998. Since then, there have been no statistically significant changes."

Source: Substance Abuse and Mental Health Services Administration. (2004). Results from the 2003 National Survey on Drug Use and Health: National Findings (Office of Applied Studies, NSDUH Series H-25, DHHS Publication No. SMA 04-3964). Rockville, MD, p. 46. Also available on the web at <http://www.oas.samhsa.gov/nhsda/2k3nsduh/2k3Results.htm#ch5>, last accessed Aug. 31, 2005.

5. "The number of recent new users of methamphetamine taken nonmedically among persons aged 12 or older was 192,000 in 2005 (Figure 5.4). Between 2002 and 2004, the number of methamphetamine initiates remained steady at around 300,000 per year, but there was a decline from 2004 (318,000 initiates) to 2005. The average age of new methamphetamine users aged 12 to 49 was 18.9 years in 2002, 20.4 years in 2003, 20.6 years in 2004, and 18.6 years in 2005."

Source: Substance Abuse and Mental Health Services Administration. (2006). Results from the 2005 National Survey on Drug Use and Health: National Findings (Office of Applied Studies, NSDUH Series H-30, DHHS Publication No. SMA 06-4194). Rockville, MD, p. 50.

6. "Methamphetamine is an addictive stimulant drug that strongly activates certain systems in the brain. Methamphetamine is chemically related to amphetamine, but the central nervous system effects of methamphetamine are greater. Both drugs have some limited therapeutic uses, primarily in the treatment of obesity. "Methamphetamine is made in illegal laboratories and has a high potential for abuse and addiction. Street methamphetamine is referred to by many names, such as 'speed,' 'meth,' and 'chalk.' Methamphetamine hydrochloride, clear chunky crystals resembling ice, which can be inhaled by smoking, is referred to as 'ice,' 'crystal,' 'glass,' and 'tina.'"

Source: National Institute on Drug Abuse, InfoFacts: Methamphetamine (Rockville, MD: US Department of Health and Human Services), from the web at <http://www.nida.nih.gov/infofacts/methamphetamine.html> last accessed January 9, 2006.

7. "80 percent of all methamphetamine in the United States comes from super labs in Mexico and California. However, the purity of that methamphetamine ranges from 15 percent to 20 percent. Individuals who manufacture meth, often dubbed 'cookers' usually only make about an ounce for personal use, but the product is about 85 percent to 95 percent pure."

Source: Testimony of Commissioner Michael Campion, Minnesota Department of Public Safety, US House of Representatives Committee on Government Reform Subcommittee on Criminal Justice, Drug Policy & Human Resources, June 27, 2005, available at http://www.csdp.org/research/Campion_Testimony.pdf.

8. "Law enforcement pressure and strong precursor chemical sales restrictions have achieved marked success in decreasing domestic methamphetamine production. Mexican DTOs, however, have exploited the vacuum created by rapidly expanding their control over methamphetamine distribution -- even to eastern states -- as users and distributors who previously produced the drug have sought new, consistent sources. These Mexican methamphetamine distribution groups (supported by increased methamphetamine production in Mexico) are often more difficult for local law enforcement agencies to identify, investigate, and dismantle because they typically are much more organized and experienced than local independent producers and distributors. Moreover, these Mexican criminal groups typically produce and distribute ice methamphetamine that usually is smoked, potentially resulting in a more rapid onset of addiction to the drug."

Source: National Drug Intelligence Center, "National Methamphetamine Threat Assessment" (Johnstown, PA: US Dept. of Justice, Nov. 2006), p. 1.

9. "Methamphetamine releases high levels of the neurotransmitter dopamine, which stimulates brain cells, enhancing mood and body movement. It also appears to have a neurotoxic effect, damaging brain cells that contain dopamine as well as serotonin, another neurotransmitter. Over time, methamphetamine appears to cause reduced levels of dopamine, which can result in symptoms like those of Parkinson's disease, a severe movement disorder."

Source: National Institute on Drug Abuse, InfoFacts: Methamphetamine (Rockville, MD: US Department of Health and Human Services), from the web at <http://www.nida.nih.gov/infofacts/methamphetamine.html> last accessed January 9, 2006.

10. "Methamphetamine is taken orally or intranasally (snorting the powder), by intravenous injection, and by smoking. Immediately after smoking or intravenous injection, the methamphetamine user experiences an intense sensation, called a 'rush' or 'flash,' that lasts only a few minutes and is described as extremely pleasurable. Oral or intranasal use produces euphoria—a high, but not a rush. Users may become addicted quickly, and use it with increasing frequency and in increasing doses."

Source: National Institute on Drug Abuse, InfoFacts: Methamphetamine (Rockville, MD: US Department of Health and Human Services), from the web at <http://www.nida.nih.gov/infofacts/methamphetamine.html> last accessed January 9, 2006.

11. "The psychologic effects of using amphetamines are similar to those produced by cocaine and include alertness, euphoria, and feelings of competence and power. Amphetamines typically cause erectile dysfunction in men but enhance sexual desire. Use is associated with unsafe sex practices, and users are at higher risk of sexually transmitted infections, including HIV infection."

Source: "Amphetamine," The Merck Manual, Section 15. Psychiatric Disorders, Chapter 198. Drug Use and Dependence, Merck & Co. Inc., from the web at <http://www.merck.com/mmpe/sec15/ch198/ch198c.html> last accessed May 31, 2007.

12. "Repeated use of amphetamines has been shown to cause death of large numbers of brain cells. Repeated use also induces dependence. Tolerance develops slowly, but amounts several hundred-fold greater than the amount originally used may eventually be ingested or injected. Tolerance to various effects develops unequally, so that tachycardia and enhanced alertness diminish, but hallucinations and delusions may occur. However, even massive doses are rarely fatal. Long-term users have reportedly injected as much as 15,000 mg of amphetamine in 24 h without observable acute illness."

Source: "Amphetamine," The Merck Manual, Section 15. Psychiatric Disorders, Chapter 198. Drug Use and Dependence, Merck & Co. Inc., from the web at <http://www.merck.com/mmpe/sec15/ch198/ch198c.html> last accessed May 31, 2007.

13. "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.

"The term 'meth addicted baby' is no less defensible. Addiction is a technical term that refers to compulsive behavior that continues in spite of adverse consequences. By definition, babies cannot be 'addicted' to methamphetamines or anything else. The news media continues to ignore this fact.

"In utero physiologic dependence on opiates (not addiction), known as Neonatal Narcotic Abstinence Syndrome, is readily diagnosable and treatable, but no such symptoms have been found to occur following prenatal cocaine or methamphetamine exposure."

Source: Open letter to the press and the public signed by 93 medical and psychological researchers, from the web at http://www.csdp.org/news/news/Meth_Letter.pdf, last accessed Jan. 9, 2006.

14. "During Vietnam both the Air Force and Navy made amphetamines available to aviators. Intermittently since Vietnam up through Desert Storm the Air Force has used both amphetamines and sedatives in selected aircraft for specific missions."

Source: "Performance Maintenance During Continuous Flight Operations: A Guide For Flight Surgeons," NAVMED P-6410, Naval Strike and Air Warfare Center, Jan. 1, 2000, p. 8, available online through the Virtual Naval Hospital of the University of Iowa, at <http://www.vnh.org/PerformMaint/>, last accessed Jan. 2, 2003.

15. "Following Desert Storm an anonymous survey of deployed fighter pilots was completed. 464 surveys were returned (43%). For Desert Storm: 57% used stimulants at some time (17% routinely, 58% occasionally, 25% only once). Within individual units, usage varied from 3% to 96%, with higher usage in units tasked for sustained combat patrol (CAP) missions. Sixty one percent of those who used stimulants reported them essential to mission accomplishment."

Source: "Performance Maintenance During Continuous Flight Operations: A Guide For Flight Surgeons," NAVMED P-6410, Naval Strike and Air Warfare Center, Jan. 1, 2000, p. 11, available online through the Virtual Naval Hospital of the <http://www.vnh.org/PerformMaint/>, last accessed Jan. 2, 2003.

16. "Amphetamine abusers are prone to accidents, because the drug produces excitation and grandiosity followed by excess fatigue and sleeplessness. Taken IV, amphetamine may lead to serious antisocial behavior and can precipitate a schizophrenic episode."

Source: "Amphetamine," The Merck Manual, Section 15. Psychiatric Disorders, Chapter 198. Drug Use and Dependence, Merck & Co. Inc., from the web at <http://www.merck.com/mmpe/sec15/ch198/ch198c.html> last accessed May 31, 2007.

17. "Methamphetamine causes increased heart rate and blood pressure and can cause irreversible damage to blood vessels in the brain, producing strokes. Other effects of methamphetamine include respiratory problems, irregular heartbeat, and extreme anorexia. Its use can result in cardiovascular collapse and death."

Source: National Institute on Drug Abuse, InfoFacts: Methamphetamine (Rockville, MD: US Department of Health and Human Services), from the web at <http://www.nida.nih.gov/infofacts/methamphetamine.html> last accessed January 9, 2006.

18. "An exhaustion syndrome occurs with repeated use of methamphetamine, involving intense fatigue and need for sleep after the stimulation phase. Methamphetamine can also produce a psychosis in which the person misinterprets others' actions, hallucinates, and becomes unrealistically suspicious. Some users experience a prolonged depression, during which suicide is possible. Methamphetamine use has also led to deaths attributed to severe dehydration, disseminated intravascular coagulation, and renal failure. Users have a high rate of severe tooth decay affecting multiple teeth; causes involve decreased salivation, acidic combustion products, and poor oral hygiene."

Source: "Amphetamine," The Merck Manual, Section 15. Psychiatric Disorders, Chapter 198. Drug Use and Dependence, Merck & Co. Inc., from the web at <http://www.merck.com/mmpe/sec15/ch198/ch198c.html> last accessed May 31, 2007.

19. "People who use high IV doses usually accept that they will eventually experience paranoia and often do not act on it. Nevertheless, with very intense drug use or near the end of weeks of use, awareness may fail and the user may respond to the delusions. Recovery from even prolonged amphetamine psychosis is usual. Thoroughly disorganized and paranoid users recover slowly but completely. The more florid symptoms fade within a few days or weeks, but some confusion, memory loss, and delusional ideas commonly persist for months."

Source: "Amphetamine," The Merck Manual, Section 15. Psychiatric Disorders, Chapter 198. Drug Use and Dependence, Merck & Co. Inc., from the web at <http://www.merck.com/mmpe/sec15/ch198/ch198c.html> last accessed May 31, 2007.

20. "Further contributing to the threat posed by the trafficking and abuse of methamphetamine, some chemicals used to produce methamphetamine are flammable, and improper storage, use, or disposal of such chemicals often leads to clandestine laboratory fires and explosions. National Clandestine Laboratory Seizure System (NCLSS) 2003 data show that there were 529 reported methamphetamine laboratory fires or explosions nationwide, a slight decrease from 654 reported fires or explosions in 2002."

Source: National Drug Threat Assessment 2004 (Johnstown, PA: National Drug Intelligence Center, April 2004), pp. 17-18.

21. "Toxic chemicals used to produce methamphetamine often are discarded in rivers, fields, and forests, causing environmental damage that results in high cleanup costs. For example, DEA's annual cost for cleanup of clandestine laboratories (almost entirely methamphetamine laboratories) in the United States has increased steadily from FY1995 (\$2 million), to FY1999 (\$12.2 million), to FY 2002 (\$23.8 million). Moreover, the Los Angeles County Regional Criminal Information Clearinghouse, a component of the Los Angeles HIDTA, reports that in 2002 methamphetamine laboratory cleanup costs in the combined Central Valley and Los Angeles HIDTA areas alone reached \$3,909,809. Statewide, California spent \$4,974,517 to remediate methamphetamine laboratories and dumpsites in 2002."

Source: National Drug Threat Assessment 2004 (Johnstown, PA: National Drug Intelligence Center, April 2004), p. 18.

22. "In fact, according to National Drug Threat Survey (NDTS) 2006 data, 38.8 percent of state and local law enforcement officials nationwide report methamphetamine as the greatest drug threat to their areas, a

higher percentage than that for any other drug."

Source: National Drug Intelligence Center, "National Methamphetamine Threat Assessment" (Johnstown, PA: US Dept. of Justice, Nov. 2006), p. 1.

For a more complete perspective, view Drug War Facts sections Drug Use Estimates, Ecstasy, and Treatment

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Updated: Thursday, 31-May-2007 21:12:57 PDT ~ Accessed: 113220 times