



Fact Sheet:



Facts and Figures On Methamphetamine

Background

- Methamphetamine is a strong central nervous system stimulant. The drug produces a state of increased energy, suppressed appetite, and elevated mood; effects may last as long as 10-12 hours vs. 45 minutes typical of cocaine use. The drug is easily produced, widely available, inexpensive to buy, and easy to use.
- Use can be devastating socially, physiologically, economically, and environmentally. Dependence occurs swiftly. Many use the drug in combination with alcohol and marijuana; like cocaine and heroin, it can be smoked, snorted, or injected.
- Chronic use is highly toxic; the body essentially burns itself up. Chronic use can lead to malnutrition, paranoia, confusion, anxiety, sleeplessness, aggressiveness, heart failure, seizures, coma, and death.
- Methamphetamine causes extensive tooth and gum damage, such as dry mouth and rotting teeth. According to an article by *Join Together Online*, jails and prisons have racked up large dentistry bills due to a high influx of methamphetamine users. Methamphetamine use also promotes tooth decay by making users crave sugary, caffeinated soda and causing

them to forget to brush or floss their teeth. Experts claim that just a year or two of methamphetamine use can destroy users' teeth.

- Methamphetamine can harm the developing fetus, increase an individual's risk of developing AIDS and other diseases (via needle sharing, rough sex, and lack of protection with condoms), cause serious driver impairment, and it can be dangerous when mixed with other licit or illicit drugs.

California Alcohol and Other Drug System (CADDs) Statistics

- CADDs collects client data from all publicly monitored treatment providers in California.
- CADDs data State Fiscal Year (SFY) 97/98 through SFY 03/04 shows that from SFY 97/98 until SFY 01/02, the percentage of unique clients admitted with a primary methamphetamine problem remained fairly constant at between 18 and 21 percent of all unique clients. Unique client counts with a primary methamphetamine problem increased slightly from SFY 97/98 to SFY 00/01 from 27,293 to 29,470.
- There was a sizeable increase in both the percentage (20.6 percent to 26.5

percent) of all clients and number (29,470 to 43,408) of unique clients admitted for primary methamphetamine use from SFY 00/01 to SFY 01/02.

- The most current three years of CADDs data (SFY 01/02 through SFY 03/04) shows that the percentage of unique clients with a primary methamphetamine problem increased from 26.5 percent of all clients in SFY 01/02 (includes amphetamines) to 31.5 percent of all clients in SFY 03/04. Client counts with a primary methamphetamine problem increased from 43,408 in SFY 01/02 to 51,818 in SFY 03/04.
- Most of this increase in the percentage and number of clients seen for methamphetamine use was because of a large increase in the numbers of individuals referred from the criminal justice system, in particular those referred to treatment from the Substance Abuse Crime Prevention Act (SACPA). SACPA and other criminal justice referred clients have a much higher percentage with methamphetamine as the drug of choice.
- Methamphetamine is now the most commonly reported primary drug of abuse in CADDs, surpassing alcohol and heroin.
- For SFY 97/98 to SFY 01/02, the percentage of client admissions under 21 years of age with a primary methamphetamine problem decreased slightly from 13.3 percent of the clients in SFY 97/98 to 11.6 percent in SFY 01/02.

- In SFY 02/03, this rate continued to decrease to 10.6 percent but it went up in 03/04 to 11.5 percent.
- The percent of White clients with a primary methamphetamine problem decreased steadily, from 70.1 percent in SFY 97/98 to 59.3 percent in SFY 03/04. The percent of Hispanic clients with a primary methamphetamine problem increased steadily, from 20.2 percent in SFY 97/98 to 28.9 percent in SFY 02/03. In SFY 03/04, that rate decreased to 24.1 percent.

Women and Methamphetamine

- Methamphetamine use is growing among women in the US. In 1999, 47% of patients in substance abuse centers who identified methamphetamine as their primary drug of use were women.
US Department of Health Services
- More middle-class women are using methamphetamine compared to the 1990s. Some reasons why women are using methamphetamine include performance (sexual; physical) and weight control.
Alcoholism & Drug Abuse Weekly
- The drug appeals to women because: (1) it is relatively inexpensive; (2) gives them energy to take care of their children (if they have them); (3) is a weight-loss aid; and (4) it allows them to feel more efficient in everything they do.
Alcoholism & Drug Abuse Weekly
- Methamphetamine is popular with adolescent females because of its anorexic properties.
US Department of Justice, Drug

Enforcement Agency Publications,
Methamphetamine: A Growing Threat

- CADDIS data shows that the percent of women clients with a primary methamphetamine problem remained constant at 35 percent of the total unduplicated count of clients between 2001 and 2004.

National Population Prevalence Estimate

- There are no reliable estimates of the total numbers of Californians using methamphetamines.
- However, in California, in 1992, the admission rate per 100,000 persons was 48.6 percent and in 2002, it was 200.1 percent, nearly quadrupling in just ten years.
- According to the U.S. Department of Health and Human Services' *Results from the 2002 National Survey on Drug Use and Health: National Findings*, more than 12 million people in the U.S. age 12 and older (5.3 percent) reported that they had used methamphetamine at least once in their lifetime.

Emergency Room Mentions

- The Drug Abuse Warning Network (DAWN) collects drug mention data from a national sample of emergency rooms. In California, three standard metropolitan service areas (SMSAs) are included: Los Angeles, San Diego, and San Francisco. Total methamphetamine mentions in emergency rooms in these areas showed an increase of 43.1 percent, from 2,123 in 1998 to 3,038 in 2002.

Methamphetamine Lab Seizures

- Nationally, methamphetamine lab seizures steadily increased from 3,811 in 1998 to 9,236 in 2002. During that period, California's percentage of the total methamphetamine lab seizures each year decreased steadily, from 45.9 percent to 12.2 percent of the national totals.
- The numbers of lab seizures in California also decreased from 1,749 in 1998 to 1,130 in 2002. During 2002 (most current data available) the six counties with the largest numbers of lab seizures were San Bernardino (223), Riverside (187), Los Angeles (162), Stanislaus (47), Butte (41), and Orange (41).

Drug Endangered Children

- During 2001, the California Department of Toxic Substances Control conducted over 2,000 methamphetamine lab cleanups, costing California taxpayers close to \$5.5 million, or \$2,450 per lab.
ONDCCP Clearinghouse
- In 2004, there were 221 children involved in methamphetamine laboratory incidents in California that were reported to the El Paso Intelligence Center (EPIC).
ONDCCP Clearinghouse
- In one 2002 study, 48 of the 80 children (60 percent) removed from methamphetamine labs had methamphetamine in their systems.
Policy Brief (October 2004), "Drug Endangered Children," Carnevale Associates LLC.

- Children are considered to be drug endangered if they are under 18 years of age, suffer physical harm or neglect from direct or indirect exposure to illegal drugs or alcohol, or live in a dwelling where illegal drugs are used or manufactured.

Policy Brief (October 2004).

- Children who reside in or are in close proximity to methamphetamine labs are exposed to a number of dangers including fires, explosions and toxic fumes. Chemicals used to produce methamphetamine emit fumes caustic enough to burn lungs, damage the brain, kidneys, or liver, and even kill.

Policy Brief (October 2004).

- These children are also at an increased risk for abuse and neglect. They often live in deplorable conditions and face many hazards including weapons and firearms, booby traps intended for authorities, vermin-infested living and play areas, a lack of heating and cooling, and inadequate plumbing.

Policy Brief (October 2004).