

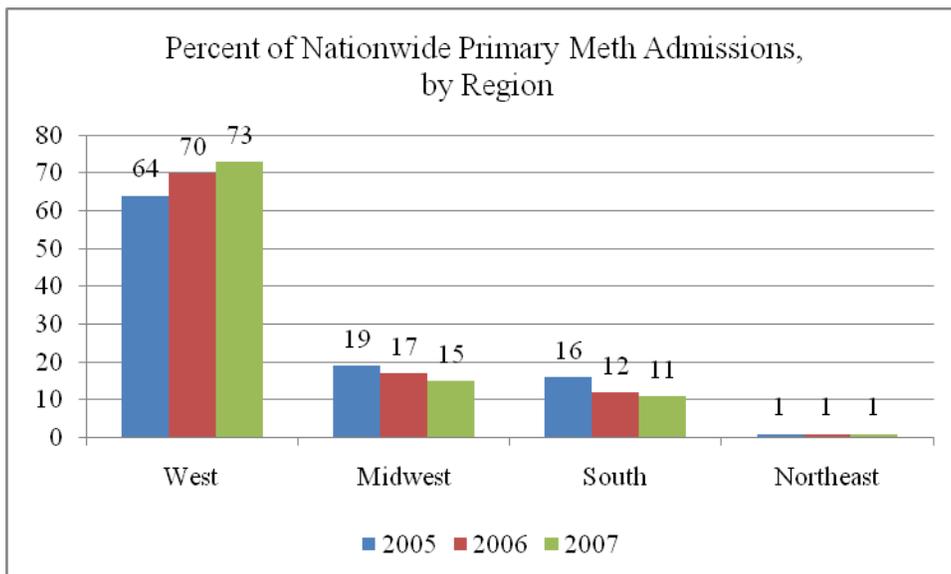
**Department of Health and Human Services
 Division of Mental Health and Developmental Services (MHDS)
 Substance Abuse Prevention and Treatment Agency (SAPTA)
 Methamphetamine Fact Sheet**

October 2010

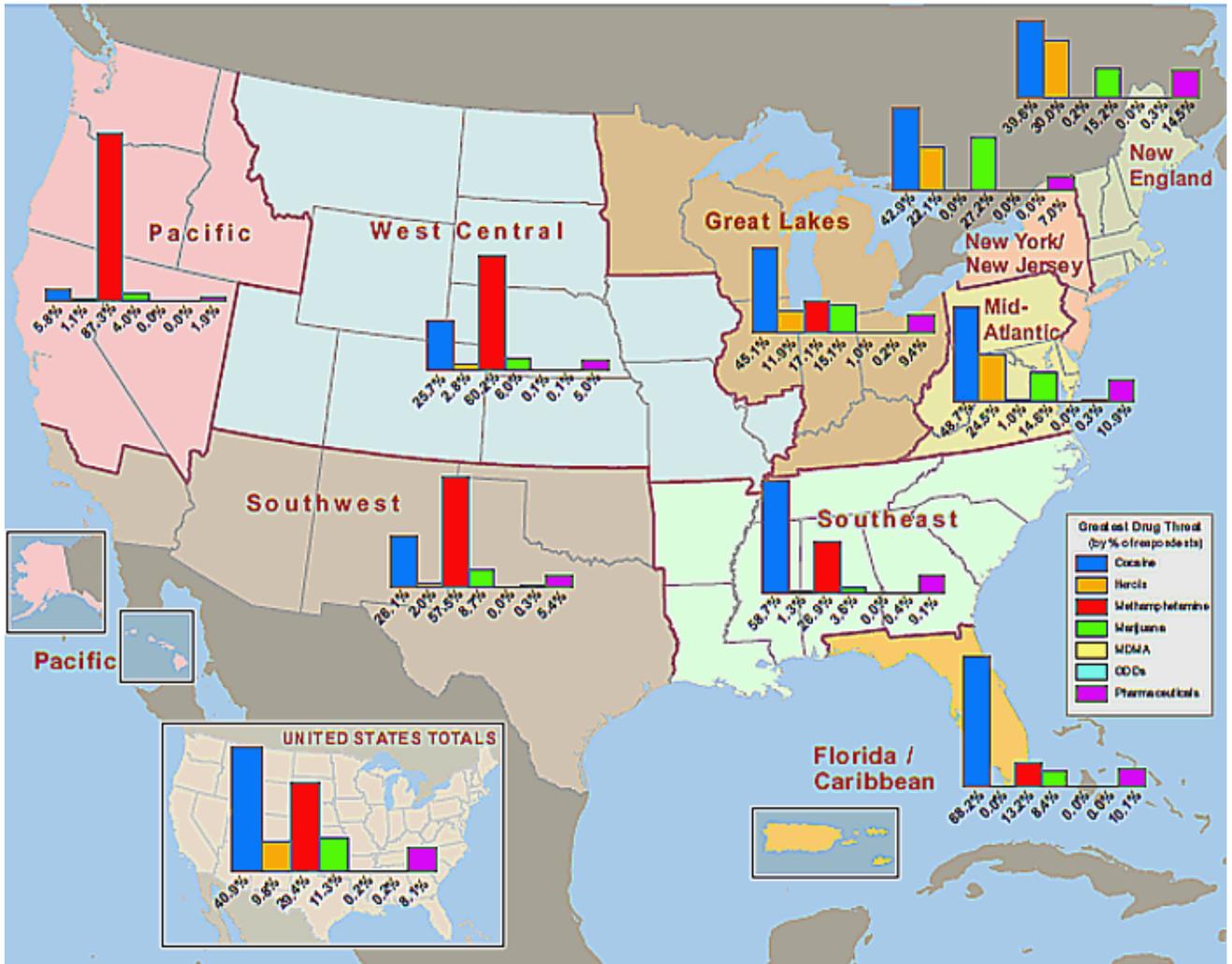
2010 Substance Abuse Prevention and Treatment Agency
 Methamphetamine Fact Sheet

Background: According to the National Methamphetamine Threat Assessment 2009, (published by the National Drug Intelligence Center, U.S. Department of Justice) methamphetamine availability decreased in U.S. drug markets throughout 2007 because of disruptions in the supply of ephedrine, an ingredient of meth. However, Mexican and U.S. suppliers have succeeded in re-establishing supply routes and ephedrine sources since mid 2008. Legitimate sources of ephedrine are being diverted in South America and Southeast Asia. Individuals and criminal groups are increasingly circumventing state and federal pseudoephedrine sales restrictions by making numerous small quantity pseudoephedrine product purchases from multiple retail stores. This tactic, referred to as “smurfing”, has been done so extensively in the central valley in California, that Mexican drug cartels have been using it as a source for super-lab meth manufacturing operations in Mexico.

From January 2007 through September 2009, the price per pure gram of meth decreased 13.5%, from \$147.12 to \$127.28, while the mean purity increased 22.1%, from 57% to 69%. The increased availability of ephedrine in the through diversion and “smurfing” has caused the price of meth to decrease. Domestic meth production will most likely increase moderately in the near term. The resurgence of small-scale meth production, the relocation of some Mexican meth producers from Mexico to California, and the emergence of large-scale pseudoephedrine smurfing operations throughout the country create conditions conducive to a moderate increase in domestic meth production, particularly in Western states. (National Meth Threat Assessment, 2009)



Map A1. National Drug Threat Survey 2008 Greatest Drug Threat by Organized Crime Drug Enforcement Task Force Region (OCDETF).

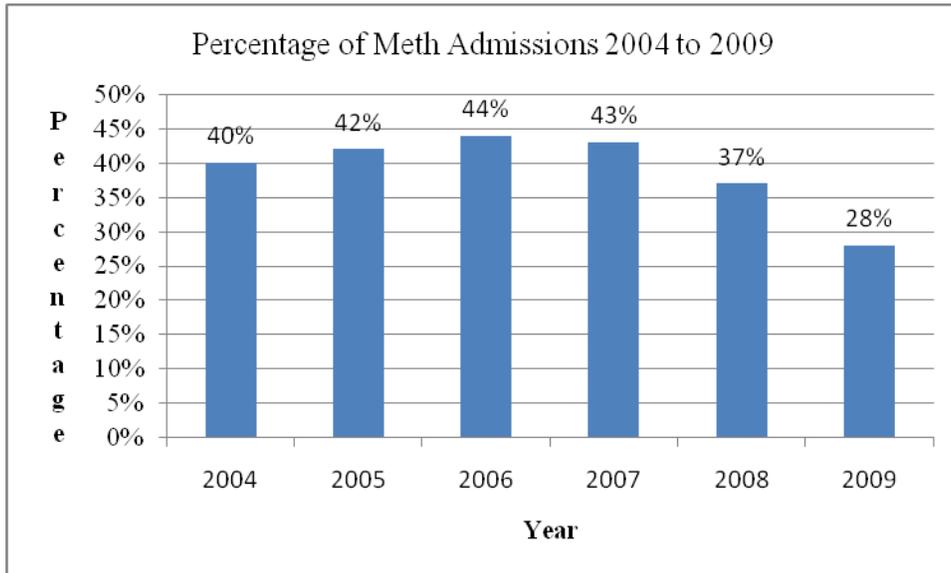


Source: National Methamphetamine Threat Assessment, 2009

The map shows which substances in each region represent the biggest threat in terms of crime and drug trafficking. Data from law enforcement and public health officials, organized crime drug enforcement task force case files, and statistical data are analyzed to produce this map. Methamphetamine presents the most serious threat in western states but is not even noted in the northeastern states.

Methamphetamine Use in Nevada

In State Fiscal Year 2006, 44% of admissions to SAPTA funded treatment facilities involved methamphetamine and by 2009, total admissions for meth decreased to 28%. The following chart details the rise and fall in methamphetamine admissions to SAPTA funded treatment providers.



Note: The percentages in the chart represent use of methamphetamine as the primary, secondary, or tertiary substance of abuse.

Demographics of Individuals Admitted for Methamphetamine Use: Of those admitted to SAPTA funded treatment facilities for methamphetamine use in SFY 2009, 71% had no health insurance, 45% reported no source of income, and 45% were unemployed. Additional demographics for individuals admitted to SAPTA funded treatment facilities for methamphetamine use in SFY 2009 are as follows:

- 51% were males and 49% females.
- 69% were single and never married.
- 68% were living alone or with family.
- 76% were White; 10% were other single race; 4.4% were Black; 3.6% were Native American; 1% were Asian or Alaska Native; 3% were two or more races and 2% were unknown race.
- The average client age was 33.

Employment Demographics

An NSDUH report in August 2007 on worker substance use by industry category indicated that among full time workers age 18 to 64 in the accommodations and food services, arts and entertainment 28% of them used illicit drugs in the past month. Construction workers ranked second with 13.7% having used illicit drugs in the past

month. In 2010 the Nevada Department of Employment, Training and Rehabilitation (DETR) reported that 27% of the Nevada workforce was in the accommodations, leisure and food industry compared to 10% of the US workforce. In general, 11% of the work force in Nevada works in construction jobs compared to 5% of the US workforce. In 2006 and 2008, 11% of the work force in Nevada worked in construction but that number went down to 5.6% in the 2009 economy. Nearly 40% of the workforce in Nevada is employed in industries having the highest percentage of drug use nationwide, compared to about 19% for the nation as a whole. Thus, given the demographics of the Nevada workforce, it is not surprising that the state ranks high in terms of numbers of people using illicit drugs, including methamphetamine.

Treatment Services for Methamphetamine Abuse and Dependence

The most recent Youth Risk Behavior Survey indicates lifetime use of methamphetamine among Nevada’s adolescents (ages 12 to 17) is going down and this is confirmed in SAPTA admissions data also. In SFY 2006, 12% of those admitted for meth use were 12 to 17 and in 2009 only 3% of meth admissions were in those 12 to 17. Sixty three percent of clients admitted for treatment for meth use were in the age group of 25 to 44. Table 1 provides an age breakdown of methamphetamine client admissions for SFY 2009, and Table 2 details meth related adult and adolescent admissions to SAPTA funded treatment providers for SFY 2004 to SFY 2009.

Table 1: Admissions Involving Amphetamine/Methamphetamine to SAPTA Funded Treatment Providers by Age Category (SFY 2009)

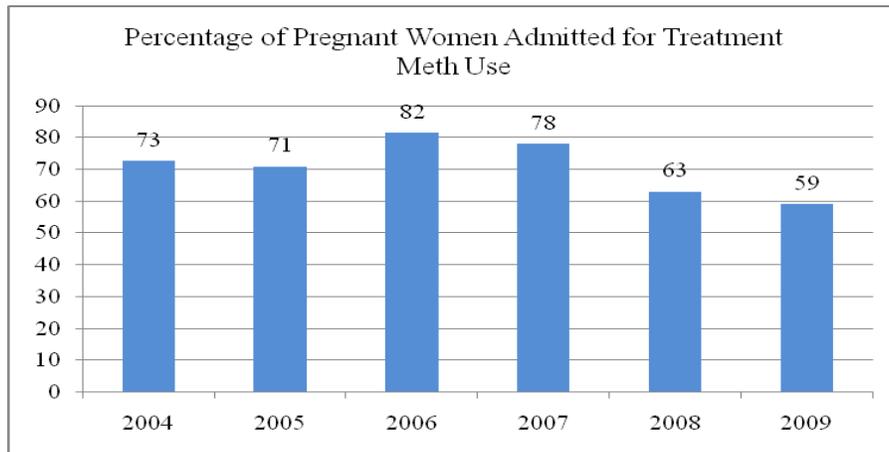
Age Groups	Numbers of Admissions	Percent of SFY 2008 Admissions
17 and Below	109	3%
18 to 24	753	20%
25 to 44	2,381	63%
45 to 64	539	14%
65 and Older	0	0%
Total	3,782	100.0

Table 2: Adult and Adolescent Admissions Involving Amphetamine/Methamphetamine (SFY 2004 to SFY 2009)

SFY	Clark			Washoe			Balance of State			Total
	Adults	Adol.	Total	Adults	Adol.	Total	Adults	Adol.	Total	
2004	2,024	259	2,283	1,039	127	1,166	1,103	205	1,308	4,757
2005	2,040	343	2,383	979	73	1,052	1,143	270	1,413	4,848
2006	2,127	331	2,458	1,074	56	1,130	1,239	218	1,457	5,045
2007	1,934	239	2,173	1,615	97	1,712	1,724	144	1,868	5,753
2008	1,591	153	1,744	1,453	64	1,517	1,285	98	1,383	4,644
2009	1,485	115	1,600	1,099	47	1,146	962	73	1,036	3,782

Pregnant Meth Users in Nevada

SAPTA has targeted pregnant females as a priority population for treatment and methamphetamine use among this group is of great concern. In SFY 2008, 63% of pregnant females admitted to SAPTA funded providers were treated for methamphetamine as a primary, secondary, or tertiary drug of choice. In 2009, 59% of pregnant females admitted to SAPTA funded providers were methamphetamine users.



Source: Data is from the Nevada Health Information Provider Performance System (NHIPPS)

A report done in March, 2010 called *Women and Methamphetamine Use (Drug Addiction Treatment, March 2010)* indicated that the ratios of men to women who use particular substances vary greatly and generally statistics show a significant trend toward more substance use by males for all classes of substances. For example, the ratio of men to women who use heroin is close to 3:1 while the proportion of men to women users of cocaine tends to be two males for every one female. Methamphetamine, however, is significantly different and appears to be a substance of abuse and addiction that appeals to both men and women equally. That ratio of use along gender lines is close to 1:1. Similarly, admissions to treatment facilities for the use of methamphetamine are also approximately 50% women and 50% men.

While the numbers of men and women who use meth are similar, there are significant differences between men and women who use methamphetamine, however. Women who use methamphetamine are more likely to have certain characteristics and life circumstances that male users of meth do not. Some of these issues that women who use methamphetamine typically have are:

- unemployment
- a live-in partner who abuses substances
- a history of physical and sexual abuse
- a history of multiple suicide attempts
- introduction to methamphetamine by an intimate partner
- motivation to use methamphetamine by the desire for weight control

- more negative medical and role functioning consequences of use than men
- more frequent use
- habitual smoking of methamphetamine rather than use by inhalation or injection
- psychiatric methamphetamine-related symptoms, issues and conditions

For women, methamphetamine use and recovery seem intricately tied to relationship issues. It is typical that a woman addicted to meth will also have a partner who is similarly addicted. This social dynamic significantly complicates recovery efforts for women. For example, women who complete treatment for methamphetamine use, and return to partners who continue to use meth, are more likely to relapse than women who do not return to such relationships after treatment. On the other hand, women who successfully complete treatment and return to partners who are also in early recovery from methamphetamine use have fewer incidents of relapse.

Further gender differences in the world of methamphetamine addiction are that women who seek treatment for meth use are more likely to remain in treatment longer and to have longer periods of abstinence after treatment than men. Women addicted to methamphetamine, however, have many psychosocial stressors that complicate treatment and recovery that men do not. Some of these include pregnancy and the risks to unborn children; children and issues of non-protection; domestic violence and financial dependency upon others, particularly their partners who are apt to also be methamphetamine users and/or involved in criminal lifestyles.

Meth and Pregnancy

There are many severe consequences for the babies of women who use meth during pregnancy. Methamphetamine use during pregnancy has been shown to result in premature delivery as well as birth defects. Meth use can affect development of vital organs of the fetus such as the brain, heart, stomach and kidneys. It can also cause skeletal abnormalities. Additionally, there have been cases of babies in utero experiencing strokes and brain hemorrhages due to the mother's methamphetamine use.

Babies who were delivered at full-term but exposed to methamphetamine may have problems similar to premature babies such as, for example, low birth weight and difficulty sucking and swallowing. Also, meth-exposed babies may have difficulty tolerating light and touch and become unusually irritable, restless, and inconsolable. As children, these babies tend to have learning disabilities, problems of inattention and hyperactivity as well as behavior problems related to anger and impulsivity. (Women and Methamphetamine Use, March 2010)

Prevention Services for Methamphetamine Use

In January 2007, the Governor's Working Group on Methamphetamine was established to address the epidemic of meth use and abuse in the State. The Working Group includes representatives from law enforcement, youth education programs, substance abuse and treatment services with the mission to curtail meth use in Nevada. Community based

prevention coalitions throughout the State work with the Group to present prevention programs and materials to youth and adults statewide.