**DRAFT** **DRAFT**

# Methamphetamine
# FACT SHEET

**Three Forms of Methamphetamine**

**Powder Meth**—appearance of powder or small crystals (similar to table salt or sugar) and usually is white or off-white, but may be colored. Powder meth usually is inhaled or dissolved in water and injected, but also can be smoked or ingested.

**Ice Meth**—appearance of large crystals (similar to glass shards, ice chunks, or rock candy) and often is clear, but may be colored. Ice is produced when powder methamphetamine is recrystallized. Ice meth usually is smoked.

**Tableted Meth**—usually is the size of a pencil eraser and often is colored and may be scented; usually is ingested but can be smoked, crushed and inhaled, or dissolved in water and injected.

**Methamphetamine Production and Distribution**

"According to the U.S. Drug Enforcement Administration, methamphetamine is the fastest growing abused drug in rural America and is the only controlled substance that can be produced by someone without chemical expertise." (ABQjournal, 01/22/04)

Methamphetamine is packaged in plastic wrap and is known as "tweak" "speed" "crank" "Ice" "glass" "Go Fast" "Road Aspirin" "shards" or "crystal". Meth is injected, smoked, snorted, or taken orally.

"Methamphetamine is both domestically produced and imported into the U.S. in already processed form; "…the market now includes both local producers and Mexican sources providing the finished product to stateside distributors." (www.iir.com, The Methamphetamine Problem).

"The Mexican Nationals' drug cartel has become a very powerful organization mainly because of its production and distribution of methamphetamine. The cartel has a curb on the meth market, unlike the cocaine market, which is shared with the Columbians." (www.iir.com, The Methamphetamine Problem). In meth drug seizures in Bernalillo County, deputies report an increase of Mexican manufactured meth better known at "Ice", "Crystal" or "Shards" over locally manufactured meth.

"Ice" meth is known to yield a higher profit as compared to powder meth. As a result, "Ice" meth production and distribution have increased tremendously in the past 2 years.

"Methamphetamine is of major concern to New Mexico as it is still the most favored drug for abuse. In general, methamphetamine is produced in Mexico in its purest form

and then smuggled into the United States in bulk quantities where it passes through New Mexico for distribution to other parts of the United States. Methamphetamine also comes into New Mexico for personal use from mid-level distributors in Arizona and California. Additionally, methamphetamine is produced in small quantities in New Mexico by users, but in such small amounts, it usually only reaches the personal use level. Gangs facilitate much of the drug distribution that occurs at the street level and are responsible for much of the drug-related violence in the region." (The National High Intensity Drug Trafficking Area Program, Annual Report 2004)

**Widespread Use**

"Meth is a powerful central nervous system stimulant…made easily…with relatively inexpensive, over-the-counter ingredients." "Compared to other drugs like cocaine and heroine, meth is relatively inexpensive. Prices vary from region to region…" (www.iir.com, The Methamphetamine Problem).

Often, people begin using meth "because of the initial heightened physical and mental performance the drug produces" (www.iir.com, The Methamphetamine Problem), or even to lose weight, while other use it recreationally.

"Meth has a much longer duration of action, and a larger percentage of the drug remains unchanged in the body than does cocaine. This results in meth being present in the brain longer, which ultimately leads to prolonged stimulant effects." (www.iir.com, The Methamphetamine Problem).

**Physical Effects of Meth**

Meth affects the Central Nervous System (CNS). It increases a person's energy level and keeps them awake for extended period of times. This can be for several days to weeks. This is from an increased release of Dopamine. Dopamine makes a person feel good. Other visible signs of meth include dry mouth, jaw clenching, weight loss, light and sound sensitivity, enhanced sexual activity, talkativeness, dilated pupils, teeth grinding, sweating, depression, irritability, anxiety, violent mood changes, paranoia, hallucinations, auditory hallucinations, mood disturbances, calcium depletion, and feeling "crank bugs" or delusions of insects creeping on the skin known as "formication". Paranoia affects can result in homicidal as well as suicidal thoughts.

Meth users who inject this drug develop a high risk for contracting HIV and Hepatitis B and C. (A. Carriaga 01/26/06)

**Toxic Effects on the Brain**

"Researchers have reported that as many as 50 percent of the dopamine producing cells in the brain can be damaged after prolonged use. The also have found that serotonin-containing nerve cells may be damaged even more extensively." (www.iir.com, The Methamphetamine Problem).

**Addictiveness**

Meth is known to be "highly addictive with a very low rehabilitation rate. The Drug Enforcement Administration (DEA) estimates that 98% of all people who use meth more than once will become addicted to it. Those who have been able to recover from it report still dreaming of the drug 15 years later. This powerful psychological addiction haunts users for a lifetime." (NM Environmental Health Assoc. Newsletter, Spring 2005)

In cases of chronic use, tolerance for meth will develop. "In an effort to intensify the desired effects, users often take higher doses of meth, take it more frequently, or change the method of drug intake. In some cases, abusers forego food and sleep while indulging in a form of bingeing known as a "run," injecting as much as a gram of the drug every 2 to 3 hours over several days until the user runs out of the drug or is too disoriented to continue. Chronic abuse can lead to psychotic behavior, characterized by intense paranoia, visual and auditory hallucinations, and out-of-control rages that can be coupled with violent behavior." (A. Carriaga 01-26-06)

**Treatments for Meth**

"There are currently no particular pharmacological treatments for meth. The most effective treatments for meth addiction are cognitive behavioral interventions." (www.iir.com, The Methamphetamine Problem). In cases of overdose, these are treated in either emergency room settings or observation in a safe, quiet environment.

Withdrawal symptoms from meth include depression, extreme irritability, loss of energy, anxiety, fatigue, fearfulness, excessive drowsiness, difficulty sleeping, shaking, nausea, palpitations, sweating, hyperventilation, increased appetite, paranoia, aggression, and intense craving for the drug; "this is when the meth addict is most susceptible to suicidal ideation" (A. Carriaga 01/26/06). "Many users report feeling bleak and dirty when coming off of a binge. They cannot stand their bodies or the way they feel. As a result, the risk of suicide by persons using methamphetamine is higher than the risk for those using heroin or cocaine." (www.iir.com, The Methamphetamine Problem). Withdrawal symptoms may not appear for as long as three (3) months from last use of the drug. (A. Carriaga 01/26/06)

==========

[All information within this section was authored by Adan A. Carriaga, Division Manager for DWI Addiction Treatment Programs on 01/26/06 for a report forwarded to Martin J. Chavez, Mayor of Albuquerque, Ronald C. Torres, Chief of Corrections of MDC, and Bruce J. Perlman, Ph.D., Chief Administrative Officer for Albuquerque]

**Detoxification:**

Depending on the length of use it may take from 30 to 90 days before the client is coherent enough to fully participate in therapy. Many addicts state, "it numbs the brain,

causes too much forgetfulness, (I) can't concentrate, and depending on how much the individual used it, it can cause paranoia for up to 6 months after being clean."

Withdrawal sneaks up on the meth user. Up to 3 months may pass before withdrawal symptoms are recognized. Withdrawal symptoms may include depression, an inability to feel pleasure, lack of energy, and cravings that hit suddenly. This is when the meth addict is most susceptible to suicidal ideation.

**Effective Methamphetamine Treatment:**
Depending on the length and amount of use the length and type of treatment may vary from 30 days to 1 year. **The State of New of Mexico is currently researching the MATRIX Model of Treatment *(per Bob Swartz, January 2006).***

**Cost Effectiveness:**

| | |
|---|---|
| **Incarceration** | **$10,440 per 6 months** |
| **Jail Based Treatment (30 days) treatment)** | **$570 per 30 days (inpatient** |
| **Community Custody Program (Transitional Unit) (outpatient)** | **$750 per 30 days** |
| **Drug Court Model (outpatient treatment)** | **$1,500 per 6 months** |
| **AMCI (outpatient treatment)** | **$1,500 per 6 months** |

**What works best!**
**Short or long term treatment based on the individual meth user's severity of addiction, cognitive behavioral therapy, aftercare groups, Residential Social Model Recovery Programs (recovery homes - 6 months to one year), evidence based practices and referrals to Narcotics Anonymous' 12 step meetings.**

**Note: Research indicates that it is beneficial to tax payers to send non-violent drug offenders to addiction treatment. Even if the recidivism is 50%, the other 50% do not continue to commit crimes or burden local enforcement agencies, the judicial system or the local jail. They become responsible productive members of society and tax paying citizens at that!**

**Existing Local Treatment Services:**

| | |
|---|---|
| **Albuquerque Metropolitan Central Intake (AMCI) Program *(20+ outpatient treatment Providers)*** | **City Treatment Voucher** |
| **DWI Addiction Treatment Program** | **County DWI Program** |
| **Turquoise Lodge** | **State Funded Program** |
| **Sobering Services (Detoxification Services)** | **County DWI Program** |

**Local GAP in Services:**
**Long Term (6 months to one year) residential recovery homes.**

The following treatment models are being used nationally:

Cognitive behavioral therapy, short or long term treatment based on the individual meth user's severity of addiction, aftercare groups, Residential Social Model Recovery Programs (recovery:  6 months to one year homes) and referrals to Narcotics Anonymous' 12 step meetings.

At this time the most effective treatments for methamphetamine addiction are cognitive behavioral interventions. These approaches are designed to help modify the patient's thinking, expectancies, and behaviors and to increase skills in coping with various life stressors. Methamphetamine recovery support groups also appear to be effective adjuncts to behavioral interventions that can lead to long-term drug-free recovery.
There are currently no particular pharmacological treatments for dependence on amphetamine or amphetamine-like drugs such as methamphetamine. The current pharmacological approach is borrowed from experience with treatment of cocaine dependence. Unfortunately, this approach has not met with much success since no single agent has proven efficacious in controlled clinical studies. Antidepressant medications are helpful in combating the depressive symptoms frequently seen in methamphetamine users who recently have become abstinent.
There are some established protocols that emergency room physicians use to treat individuals who have had a methamphetamine overdose. Because hyperthermia and convulsions are common and often fatal complications of such overdoses, emergency room treatment focuses on the immediate physical symptoms. Overdose patients are cooled off in ice baths, and anticonvulsant drugs may be administered also.
Acute methamphetamine intoxication can often be handled by observation in a safe, quiet environment. In cases of extreme excitement or panic, treatment with anti-anxiety agents such as benzodiazepines has been helpful. In cases of methamphetamine-induced psychoses, short-term use of neuroleptics has proven successful.

Note: Information from the following database:
http://www.drug-rehabs.com/methamphetamine-effects.htm

In summation, effective treatment includes the following: cognitive behavioral therapy, short or long term treatment, aftercare groups, Residential Social Model Recovery Programs, and referrals to Narcotics Anonymous.

Federally (SAMSHA) funded drug treatment research programs are currently taking place and data is being collected for the following domains:

- Initial screening
- Initial measures of drug/alcohol use
- Demographics, drug use history, drug severity
- General/psychiatric symptom logy
- Drug craving
- Psychiatric diagnosis
- Exposure to domestic violence
- Motivation or readiness for change
- Quality of life
- Participation in HIV high risk behaviors

- Satisfaction with treatment
- Cost effectiveness
- Organizational change

Federally Funded Treatment Sites:

Journey Recovery Chemical Dependency Treatment Program
150
South Central Montana Regional Mental Health Center
Billings, Montana
(406) 254-1314

New Leaf Treatment Center
251 Lafayette Circle, Suite

Lafayette, California 94549
(925) 284-5200

East Bay Community Recovery Project
Treatment Center
22971 Sutro Street, #A

Hayward, California 94541
(510) 728-8600

Women's Addiction

2230 Liliha Street

Honolulu, Hawaii
(808) 54762 73

The Eye Family Recovery Center
100 Sprotfisher Drive
Oceanside, California
(760) 439-6702

San Mateo County
Alcohol & Drug Services
480 Manor Plaza
Pacifica, California
(560) 355-8787 *(2 SITES)*

Cost Effectiveness:

| | |
|---|---|
| Incarceration | $14,000 per 6 months |
| Jail Based Treatment (30 days) | $570. per 30 days (inpatient treatment) |
| Drug Court Model | $1,500 per 6 months (outpatient treatment) |
| AMCI | $1,500 per 6 months (outpatient treatment) |

---

**Children and Methamphetamine**

Often, when law enforcement officers incarcerate adults with minor children for manufacturing meth, the judicial process fails to address the needs of the children exposed to meth. "For example, a husband and father of five children manufactured and stored chemicals associated with the manufacture of meth in and under his home for years. As a result, the five children all suffered severe liver damage." When it is discovered that children have been exposed to meth or chemicals associated with the manufacturing of meth, "children should have a complete physical performed by a doctor to determine the level of exposure." More and more, "Children are being reported with

learning disabilities and long-term health problems, and many are dying as a result of fires and explosions from the labs." (www.iir.com, The Methamphetamine Problem).

The dangers of meth are particularly acute for children exposed to meth production. These children are exposed to toxic chemicals that typically are not stored out of their reach as well as to vapors that are emitted during the production process Further, children suffer neglect and often psychological and developmental problems.

**Drug Endangered Children (DEC)** programs exist in Arizona, New Mexico, California, Oklahoma and Texas. DEC program coordinate efforts between law enforcement, medical services and social services to provide immediate care to children found at meth laboratories.

## Bernalillo County Statistics

- Methamphetamine is one of the 2nd highest illegal substances seized by BCSO along with heroin. The #1 illegal substance seized by BCSO is "crack", and the 3rd most frequently seized illegal substance is marijuana.
- In year 2005, Bernalillo County experienced a drop in the detection of meth labs but experienced an increase in the availability and trafficking of manufactured meth, predominantly Mexican manufactured meth better known as "Ice" "Crystal" or "Shards".
- Between January 1 and April 25, 2006, five (5) arrests were directly related to meth for charges of possession with intent to distribute.
- In January 1 through December 31, 2005, nineteen (19) arrests were directly related to meth for charges of possession with intent to distribute.
- The District Attorney (DA) in Bernalillo County began an initiative in 2005 to expedite the prosecution of criminal cases related to meth.
- There were three meth lab seizures in Bernalillo County during 2005: one in the South Valley, one in the East Mountains, and one in Albuquerque.

## City of Albuquerque

- Meth lab seizures in Albuquerque over the last three years:
  - 2005 40 labs
  - 2004 63 labs
  - 2003 90 labs

**Methamphetamine Laboratory Cleanup Ordinance**—The city of Albuquerque has passed the Cleanup of Clandestine Drug Laboratory Sites Ordinance to clean up property used for meth production. The ordinance requires the owner of a residence in which a meth laboratory is seized to hire an industrial or environmental hygienist to evaluate the property damage within 30 days of the seizure and to take remedial action to clean the property within 60 days. Failure to clean the property could result in fines or loss of the property. (City of Albuquerque, Office of the Mayor)

**Meth Alert Program—**The Meth Alert Program seeks to increase public reports of suspected meth laboratories in the city of Albuquerque. As part of the initiative, the Albuquerque Police Department will train service and utility workers—meter readers, postal carriers, garbage collectors, and cable company employees—to detect meth laboratories at or near sites where they may be working. An educational campaign aimed at residents and workers will advertise a meth laboratory hotline and an e-mail address that can be used to report suspected meth laboratory activity.

**New Mexico Regional Partnership Southwest Border HIDTA**

"The New Mexico Regional Partnership was designated in 1990 as one of the five regions of the Southwest Border HIDTA. The region encompasses 13 counties, four ports-of-entry, and about 180 miles of the international border shared with Mexico. Cuidad Juarez, Mexico and El Paso, Texas is also a major corridor for traffickers who smuggle narcotics into the United States through New Mexico. Freight trains and commercial motor vehicle carriers that cross the Texas/New Mexico and Mexican borders are frequently used by major poly-drug trafficking organizations to move significant amounts of drugs into and throughout the United States. These poly-drug organizations have effectively established distribution networks in key locations through New Mexico where heroin, cocaine, methamphetamine and marijuana are readily available. Drug traffickers are increasingly exploiting the North American Free Trade Agreement provisions as a means of facilitating the illegal movement of their drugs mixed with the significant increase of illegal commercial trade." (The National High Intensity Drug Trafficking Area Program, Annual Report 2004)

"An Executive Committee comprised of seven federal and seven state/local law enforcement leaders in the New Mexico Region allows for a seamless integration and synchronization of efforts to reduce drug trafficking, eliminate unnecessary duplication of effort, systematically improve the sharing of drug intelligence, and support programs that effectively reduce the demand for illegal drugs. The goals are to reduce the transshipment of drugs transported into New Mexico by identifying the responsible organizations; reducing distribution of drugs within communities; continuing interdiction of smuggled drugs; following up investigations; and reducing the manufacturing of methamphetamine. The New Mexico Region coordinates 13 initiatives that include representatives from 73 federal, state, and local law enforcement agencies. There are fulltime participants in the New Mexico Regional initiatives that implement the strategy including: 17 collocated multi-agency task forces; one prosecution initiative that includes two U.S. Attorney Offices and seven District Attorney Offices; one forensic criminal laboratory; one investigative Support Center, and one administrative support initiative. Interdiction efforts are emphasized on the transshipment of drugs in New Mexico. Investigations employ post seizure analysis and follow-up techniques in complex cases to include financial/money – laundering investigations. A prosecution system coordinates efforts between the U.S. Attorney's Office and state prosecutors focusing on high profile cases, including Organized Crime Drug Enforcement Task Force

(OCDETF) investigations, and addressing the high volume of cases that originate from the border region." (The National High Intensity Drug Trafficking Area Program, Annual Report 2004)

**Deaths**

"According to New Mexico Department of Health's *The Burden of Substance Abuse in New Mexico 2004*, New Mexico's drug overdose death rate peaked at 16.7 deaths per 100,000, historically leading the nation with death rates twice that of the national average." (Source: NM High Intensity Drug Trafficking Area; NM DOH; Arrestee Drug Abuse Monitoring Program) Of these deaths, it is unclear how many are directly related to the use of meth.

Prepared by Ramona Sanchez on 04-25-06