
VI. Talking Points

- Methamphetamine is a powerful psychostimulant closely related to amphetamine, from which it is derived.¹
- Injecting or smoking methamphetamine produces a short but intense and pleasurable “rush.”²
- When taken orally, or by snorting, methamphetamine causes a less intense but much longer-lasting high, which many users claim can continue for several hours.³
- When ingested, methamphetamine releases large amounts of dopamine in the brain, causing feelings of pleasure and euphoria.⁴
- Withdrawal symptoms, when meth use has stopped, may include fatigue, depression, anxiety, paranoia, aggression, and an intense craving for more of the drug. In some cases, psychotic symptoms may persist for months or years following use.⁵
- Because of its high potential for abuse and addiction, methamphetamine is a Schedule II drug, with very limited legal use for medical purposes, and only then by prescription and with regular physician monitoring.⁶

¹ National Institute on Drug Abuse. April 1998, Reprinted January 2002. Research Report Series: Methamphetamine Abuse and Addiction. www.nida.nih.gov/ResearchReports/methamph/methamph.html

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Office of National Drug Control Policy. November 2003. Fact Sheet: Methamphetamine. www.whitehousedrugpolicy.gov/publications/factsht/methamph/

⁶ U.S. Drug Enforcement Administration. Drug Scheduling. www.usdoj.gov/dea/pubs/scheduling.html

- The process from first use of methamphetamine to addiction may take between 2 and 5 years, although there also is evidence that addiction can occur in *less than 1 year* of chronic use.⁷
- Besides its great potential for addiction, chronic methamphetamine use may result in depression, paranoia, psychosis, belligerence, and aggression.⁸
- Chronic methamphetamine use also can lead to serious physical health problems, such as exhaustion, anemia, hair loss, impaired vision, stroke, seizures, heart problems, and numerous other conditions.⁹
- “Meth mouth,” a cluster of severe dental problems, is another possible outcome of chronic methamphetamine use, due to the acidic and xerostomic (dry mouth) effects of the drug itself, to jaw clenching and teeth grinding often observed in meth users, and to their extremely poor nutrition.¹⁰
- Unlike plant-based drugs, methamphetamine is a synthetic drug and can be made easily with inexpensive ingredients available in many retail stores or from Internet sources. The equipment needed for the manufacture of methamphetamine in small “mom and pop” labs is easy to obtain.¹¹
- The manufacture of methamphetamine in “mom and pop” labs and at bigger “super labs” places people at and near these sites—including children—at great risk of being injured, either temporarily or for life, or of being killed.¹²
- Chemicals used to make methamphetamine as well as wastes produced during its manufacture are toxic and may be highly flammable.¹³

⁷ The Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment. 1999. Treatment Improvement Protocols: TIP 33: Treatment for Stimulant Use Disorders, Chapter 2. www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.57619

⁸ Ibid.

⁹ The Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment. 1999. Treatment Improvement Protocols: TIP 33: Treatment for Stimulant Use Disorders, Figure 5-6: Common Symptoms of Chronic Stimulant Abuse/Dependence. www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.table.59145

¹⁰ American Dental Association. Updated on August 9, 2005. Dental Topics A to Z: Methamphetamine Use. www.ada.org/prof/resources/topics/methmouth.asp

¹¹ The Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Prevention. 2002. Meth: What’s Cooking in Your Neighborhood? <http://media.shs.net/prevline/pdfs/vhs143g.pdf>

¹² Ibid.

¹³ Ibid.

- Nationally, the age of first use of methamphetamine has risen in recent years and was 22.1 years in 2004.¹⁴
- Also at a national level, methamphetamine use among teens has been low compared to their use of several other drugs, and has declined in recent years. In 2004, past-year use of methamphetamine among those ages 12 to 17 was 0.6 percent, and past-month use was 0.2 percent.¹⁵
- The 2005 Monitoring the Future survey reported statistically significant declines in student use of methamphetamine in one or more grades. However, the survey’s principal investigator acknowledged “that the pattern of declining meth use among adolescents seems to be inconsistent with recent press reports of a growing meth epidemic” and speculated that use might be increasing among school dropouts not included in the survey.¹⁶
- Access to and use of methamphetamine has continued its spread eastward and into rural America.¹⁷ In some communities, States, regions, and specific populations, methamphetamine use appears to be increasing, which may represent a substantial challenge in the overall substance abuse picture.
- Among men who have sex with men, use of methamphetamine in conjunction with sexual activity has substantially increased their risks for HIV/AIDS and other STDs.^{18, 19}

¹⁴ The Substance Abuse and Mental Health Services Administration/Office of Applied Studies. September 16, 2005. The NSDUH Report: Methamphetamine Use, Abuse, and Dependence: 2002, 2003, and 2004, In Brief. <http://oas.samhsa.gov/2k5/meth/meth.htm>

¹⁵ The Substance Abuse and Mental Health Services Administration/Office of Applied Studies. Updated October 2, 2005. NSDUH 2004. Appendix H, Selected Prevalence Tables, Table H.3—Types of Illicit Drug Use in Lifetime, Past Year, and Past Month Among Persons Aged 12 to 17: Percentages, 2002–2004. <http://oas.samhsa.gov/NSDUH/2k4NSDUH/2k4results/appH.htm#tabh.3>

¹⁶ Johnston, L.D.; O’Malley, P.M.; Bachman, J.G.; Schulenberg, J.E. December 19, 2005. Teen drug use down, but progress halts among youngest teens. University of Michigan News and Information Services: Ann Arbor, MI. www.monitoringthefuture.org/pressreleases/05drugpr.pdf

¹⁷ Methamphetamine Interagency Task Force. 2000. *Methamphetamine Interagency Task Force: Final Report: Federal Advisory Committee*. www.ojp.usdoj.gov/nij/methintf/index.html.

¹⁸ Marcelle, George. May/June 1996. Meth, Men, and Myths: Increased Risk in the Gay Community. Center for Substance Abuse Prevention’s *Prevention Pipeline*. Volume 9, No. 3.

¹⁹ Centers for Disease Control and Prevention. March 8, 2004. 2004 National STD Prevention Conference: Crystal methamphetamine use, the Internet, and other factors likely fueling increases in STDs, risky behavior among gay and bisexual men. www.cdc.gov/std/2004STDCConf/MediaRelease/CrystalMeth.htm