
VIII. Fact Sheet: Women

- More than 35 percent of women who used methamphetamine said they did so to lose weight, compared with less than 10 percent of methamphetamine-using men who used it for this purpose. More than 35 percent of women who used methamphetamine reported that they used it to relieve depression, compared with about a quarter of male methamphetamine users who said they took the drug because of depression.¹
- According to data from the National Survey on Drug Use and Health, average past-year use of methamphetamine by females in 2002, 2003, and 2004 was 0.5 percent, compared with 0.7 percent among males.²
- In “large clinical research populations,” the gender ratio for methamphetamine use is one to one, compared with the gender ratios for cocaine (two women to one man) and heroin (three women to one man).³
- In 12 cities, males were the predominant users of methamphetamine. In 8 other cities, men and women were equally likely to use the drug. But in three additional cities—Columbia (SC), El Paso, and Memphis—women were more likely to use methamphetamine than were men.⁴
- Between 1992 and 2002, approximately 45 percent of primary methamphetamine/amphetamine treatment admissions were women. (Note: In

¹ Rawson, R.A., Ph.D. June 2005. Methamphetamine Addiction: Cause for Concern—Hope for the Future. Department of Psychiatry and Behavioral Sciences, UCLA. www2.apa.org/ppo/rawson62805.ppt#257,1

² 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>

³ Rawson, R.A., Ph.D. June 2005. Methamphetamine Addiction: Cause for Concern—Hope for the Future. Department of Psychiatry and Behavioral Sciences, UCLA. www2.apa.org/ppo/rawson62805.ppt#257,1

⁴ Office of National Drug Control Policy. November 2002. Pulse Check: Trends in Drug Abuse: January–June 2002 Reporting Period.

www.whitehousedrugpolicy.gov/publications/drugfact/pulsechk/nov02/pulse_nov02.pdf

1992, primary admissions for methamphetamine/amphetamine were relatively rare; by 2002, they had increased to 7 percent.)⁵

- In 2002, females accounted for 40 percent of emergency department visits related to meth, an increase from 37 percent in 1995 (9,434 emergency department visits in 1995 compared to 15,482 in 2002).⁶
- Montana's State health department's Addictive and Mental Disorders Division reported that women made up 49 percent of the patients treated for a primary addiction to meth in FY 2004, an increase of almost 10 percent from 2 years earlier, and significantly higher than the percentage treated for other primary addictions.⁷
- In FY 2002, approximately 28 percent (1,528) of female arrests by the Drug Enforcement Administration involved methamphetamine.⁸
- Among those engaged in the sale of illicit drugs, methamphetamine is involved in about a third (33 percent) of reported cases of domestic violence.⁹
- An important concern about methamphetamine and pregnant women is the effect of methamphetamine on the fetus. A UCLA pilot study of 14 children between ages 3 and 6 whose mothers had used meth during pregnancy suggested that specific types of verbal learning may be significantly impaired in such children.¹⁰
- Maternal use of methamphetamine during pregnancy may result in prenatal complications, premature delivery, and changes in neonatal behavior patterns such as abnormal reflexes and extreme irritability. Use during pregnancy also may be associated with congenital deformities.¹¹
- Current knowledge regarding the potential effects of maternal methamphetamine use during pregnancy is limited. But the few human studies that do exist show

⁵ The Substance Abuse and Mental Health Services Administration's Drug and Alcohol Services Information System. September 17, 2004. The DASIS Report: Primary Methamphetamine/Amphetamine Treatment Admissions: 1992–2002. www.oas.samhsa.gov/2k4/methTX/methTX.htm

⁶ The Substance Abuse and Mental Health Services Administration's Drug Abuse Warning Network. July 2004. The DAWN Report: Amphetamine and Methamphetamine Emergency Department Visits: 1995–2002. www.oas.samhsa.gov/2k4/amphetamines.pdf

⁷ Moore, Michael. January 2005. Meth has taken a devastating toll on women. *Missoulian*. www.missoulian.com/bonus/methandwomen/meth02.php

⁸ Bureau of Justice Statistics. November 2003. Compendium of Federal Justice Statistics, 2001. www.ojp.usdoj.gov/bjs/abstract/cfjs01.htm

⁹ Office of National Drug Control Policy. November 2002. Pulse Check: Trends in Drug Abuse: January–June 2002 Reporting Period. www.whitehousedrugpolicy.gov/publications/drugfact/pulsechk/nov02/pulse_nov02.pdf

¹⁰ National Drug Court Institute. April 2000. Drug Court Practitioner Fact Sheet: Methamphetamine. Vol. 2, No. 2. www.ndci.org/publications/methamphetamine_factsheet.pdf

¹¹ Institute for Intergovernmental Research. The Methamphetamine Problem: A Question-and-Answer Guide. www.iir.com/centf/guide.htm

increased rates of premature delivery, placental abruption (early separation of a normal placenta from the wall of the uterus), retarded fetal growth, and cardiac and brain abnormalities.¹²

- Methamphetamine can increase the libido, although long-term use may result in sexual dysfunction. Use of methamphetamine has been linked with rougher sex practices, which can cause abrasions, bleeding, and increased risk of contracting HIV/AIDS and other STDs. Intravenous drug use and increased sexual risks among methamphetamine users place them at the highest risk for HIV of any group.¹³

¹² Volkow, Nora, M.D., Director, NIDA. April 21, 2005. Testimony Before the Subcommittee on Labor, Health, and Human Services; Education; and Related Agencies. Committee on Appropriations, U.S. Senate. www.hhs.gov/asl/testify/t050425b.html

¹³ U.S. Drug Enforcement Administration. Fact Sheet: What Meth Can Do to Your Health. www.dea.gov/pubs/pressrel/methfact04.html