

Methamphetamine:

An Update on an Emerging Problem

Once seen most commonly in the West and Southwest, methamphetamine (also known as “meth,” “speed,” “crank,” and “crystal”) has begun to spread throughout the United States. Since the early 1990’s, it has gradually moved into the Midwest and South and is now found in many major metropolitan areas throughout the country, although less so in the Northeast. (See “What is Methamphetamine?”)

Of particular concern are the emerging manufacture and use of methamphetamine in rural settings and its increasing use among populations not previously known to use the drug.

To respond to the growing and widespread use of the drug, Congress authorized creation of the Methamphetamine Interagency Task Force as part of the Comprehensive Methamphetamine Control Act of 1996.

The Task Force’s Mandate

The legislation directed the Task Force to examine the impact of methamphetamine and other synthetic stimulants and to evaluate, design, and implement Federal strategies for educating the public about methamphetamine, preventing and treating its use, and helping law enforcement respond to it.

The Task Force was cochaired by Attorney General Janet Reno and Office of National Drug Control Policy Director Barry McCaffrey.

The Task Force held four formal meetings:

- May 1998, Washington, D.C.—presentations by researchers, practitioners, and others began the process of assembling baseline knowledge about the methamphetamine problem.

- October 1998, Omaha, Nebraska—perspectives from people confronting the methamphetamine problem locally aided understanding of the drug’s impact.

- May 1999, San Diego, California—the Task Force’s official report was reviewed to ensure it reflected the substance, nuances, and principles Task Force members believed should guide future policy discussions about methamphetamine.

- November 1999, Washington, D.C.—national, State, and local stakeholders from a variety of disciplines were convened to provide input on how to implement the Task Force’s recommendations.

The Findings

During the course of its work, the Task Force explored meth’s history and the current and future state of

the problem in the United States, with the goal of providing guidance for a national plan to combat it. Although much more remains to be learned, the Task Force concluded the following:

- Methamphetamine is a dangerous, addictive drug, and the population of users is expanding but not well defined.
- There is a lack of data about the prevalence of methamphetamine use and abuse.
- The precursor chemicals used to produce methamphetamine are relatively inexpensive, widely available, easy to transport, and difficult to regulate.
- There is no single source country or single specific trafficking route for methamphetamine.
- The clandestine laboratories where methamphetamine is produced domestically pose significant hazards to law enforcement officials, nearby residents, and—

What is Methamphetamine?

Also known as “meth,” “crank,” “ice,” and other names, methamphetamine is a synthetic psychostimulant that produces intoxication, dependence, and psychosis. Methamphetamine is a mood-altering drug that induces behavioral effects such as increased activity and decreased appetite; the high lasts 8 to 24 hours.

Although there is an initial general sense of well-being, methamphetamine use has been associated with both long- and short-term problems, such as brain damage, cognitive impairment and memory loss, stroke, paranoia, anorexia, hyperthermia, hepatitis and HIV transmission (through needle sharing), and violence.

Like cocaine, methamphetamine is a Schedule II drug, available only through a highly restricted prescription procedure. (Schedule I drugs are considered the most dangerous drugs with no recognized medical use, while Schedule V is reserved for the least dangerous drugs.) Medical uses for methamphetamine include treatment for narcolepsy, attention deficit disorder, and obesity.

The drug is manufactured illegally by domestic clandestine laboratories and by Mexican sources; it is distributed through established drug trafficking routes. It can be produced using over-the-counter drugs, household products, and other readily available chemicals. In addition to the obvious health and crime concerns associated with the drug, the laboratories themselves pose a fire and public safety threat.

through environmental hazards—the general public.

- Methamphetamine can be destructive to the human body, affecting neurological, behavioral, and psychological functioning long after use has stopped.
- Episodes of violent behavior have been associated with methamphetamine use.
- Information for treatment providers on effective strategies has not been adequately disseminated to the various providers involved with methamphetamine abusers.
- Methamphetamine abuse in rural and suburban areas presents a challenge for treatment providers because resources and training opportunities are particularly scarce in these areas.
- The general lack of public understanding about methamphetamine, including its risks and consequences, requires expanded public education efforts.

The Recommendations

The Task Force developed a set of principles, needs, and research priorities for future efforts implementing a national strategy for combating methamphetamine use. These are contained in the final report. (To obtain a copy of the report, see “For More Information.”) A few of the key Task Force recommendations are as follows:

Prevention and education. Methamphetamine prevention and education efforts should involve the entire community, including educators, youths, parents, vendors of the materials used in the manufacture of methamphetamine, law enforcement officials, business leaders, members of the faith community, social service providers, and representatives

of other government agencies and organizations.

Treatment. A number of obstacles exist in treating methamphetamine abusers—limited access, funding, professional training, and research, especially in rural areas. Although treatment approaches designed specifically for methamphetamine abuse are rare, some have been successful, and new approaches are being developed. Research suggests that meth treatment must be of sufficient duration to address adequately the extended timetable of meth recovery.

Law enforcement. Law enforcement activities should be linked to other criminal justice efforts, especially those of the judiciary. Sanctions

to combat pervasive methamphetamine use that complement treatment efforts include comprehensive drug testing, diversion into treatment of arrestees who test positive, the implementation of drug courts, the use of graduated sanctions, and court-enforced abstinence.

Implementation themes. An effective strategy for addressing methamphetamine needs to involve all levels of government. Federal agencies can take specific actions as well as provide services to communities, especially rural communities, to assist them in addressing methamphetamine.

For More Information

The Task Force’s final report is available electronically in two formats: (1) pdf format at <http://www.ncjrs.org/pdffiles1/nij/180155.pdf>, or (2) html format at <http://www.ojp.usdoj.gov/nij/methintf/index.html>.

Other sources of information about methamphetamine:

- Arrestee Drug Abuse Monitoring Program
<http://www.adam-nij.net>
- Center for Substance Abuse Prevention
<http://www.samhsa.gov/csap>
- Center for Substance Abuse Treatment
<http://www.samhsa.gov/csap>
- Drug Enforcement Administration
<http://www.usdoj.gov/dea>
- Drug-Free Communities Support Program
<http://www.whitehousedrugpolicy.gov/prevent/drugfree.html>
- National Clearinghouse on Alcohol and Drug Information
<http://www.health.org>
- National Institute on Drug Abuse
<http://www.nida.nih.gov>
- Safe and Drug-Free Schools Program
<http://www.ed.gov/offices/OESE/SDFS>
- White House Office of National Drug Control Policy
<http://www.whitehousedrugpolicy.gov>

NCJ 184445