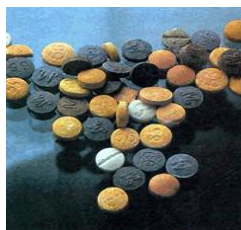


METHAMPHETAMINE



Street Names:

Speed, Meth, Ice, Crystal, Chalk, Crank, Croak, Fire, Tweek, Uppers, Black Beauties, Glass, Bikers Coffee, Methlies Quick, Poor Man's Cocaine, Chicken Feed, Shabu, Crystal Meth, Stove Top, Trash, Go-Fast, Yaba, White Cross and Yellow Bam

Introduction:

Meth is a Schedule II, highly addictive drug derived from morphine, which is obtained from the opium poppy, a naturally occurring substance extracted from the seed pod of the Asian opium poppy plant. It is a "downer" or depressant that affects the brain's pleasure systems and interferes with the brain's ability to perceive pain. Heroin usually appears as a white or brown powder or as a black sticky substance, known as "black tar heroin."

What Does It Look Like?

Methamphetamine is a crystal-like powdered substance that easily dissolves in water. Another form of meth appears as clear chunky crystal, called crystal meth or ice. Meth can also be in the form of small, brightly colored tablets. The pills are often called by their Thai name, "yaba." Meth is usually white or slightly yellow, depending on the purity.

Common places of origin:

Clandestine laboratories in California and Mexico are the primary sources of supply for methamphetamine available in the United States. Domestic labs that produce methamphetamine are dependent on supplies of the precursor chemical pseudoephedrine, which is sometimes diverted from legitimate sources. It is smuggled from Canada, and to a lesser extent from Mexico. Domestic independent laboratory operators, mostly in the western, southwestern, and midwestern United States, also produce and distribute methamphetamine but on a smaller scale. Yaba (meth in tablet form) is most often produced in Southeast Asia and sent by mail or courier to the United States.

Virginia Methamphetamines:

Methamphetamine affects every city and every town. No community is immune. However, in Virginia, the most concentrated problem areas include far southwest Virginia communities and the Shenandoah Valley. State, local, and federal law enforcement are working together to stop the flow of methamphetamine into Virginia.

How Is Methamphetamine Abused?

Drug Information From:

US Drug Force Administration (DEA) (www.justice.gov/dea/pubs/abuse/index.htm)

The Partnership at Drugfree.org (<http://www.drugfree.org/drug-guide>)

The National Institute on Drug Abuse (NIDA) (<http://www.nida.nih.gov/drugpages/>)

Meth is swallowed, snorted, injected, or smoked. To intensify the effects, users may take higher doses of the drug, take it more frequently, or change their method of intake. In some cases, meth abusers go without food and sleep while taking part in a form of binging known as a "run." Meth users on a "run" inject as much as a gram of the drug every 2 to 3 hours over several days until they run out of meth or become too disorganized to continue. 80% of methamphetamine users are hooked after the first try, and only 7% of meth addicts are able to stay clean and don't go back. In addition, the manufacture of methamphetamine is extremely dangerous because the ingredients used are highly flammable and explosive.

What are the Short Term Affects?

The drug's effects are similar to those of cocaine but longer lasting. Crystal Meth can cause erratic, violent behavior among its users. Effects include suppressed appetite, interference with sleeping behavior, mood swings and unpredictability, tremors and convulsions, increased blood pressure, irregular heart rate. Users may also experience homicidal or suicidal thoughts, prolonged anxiety, paranoia and insomnia. Crystal meth use by pregnant women can lead to premature birth or birth defects, including heart defects and cleft palate.

What are the Long Term Affects?

Long-term effects of Crystal Meth use can include brain damage (similar to the effects of Parkinson's disease or Alzheimer's disease), coma, stroke or death. Chronic users may also develop distinct physical symptoms, as demonstrated by before and after pictures in the Faces of Meth™ program. Signs of chronic use include weight loss, tooth decay and cracked teeth ("Meth Mouth"), psychosis and hallucinations, sores on the body from picking at skin, and formication (an abnormal skin sensation akin to "bugs crawling on skin").

How Does Methamphetamine Affect the Body?

Meth is a highly addictive drug with potent central nervous system (CNS) stimulant properties. A brief, intense sensation, or rush, is reported by those who smoke or inject it. Oral ingestion or snorting produces a long-lasting high instead of a rush, which reportedly can continue for as long as half a day. Both the rush and the high are believed to result from the release of very high levels of the neurotransmitter dopamine into areas of the brain that regulate feelings of pleasure. Long-term meth use results in many damaging effects, including addiction. Chronic meth abusers exhibit violent behavior, anxiety, confusion, and insomnia. They also can display a number of psychotic features, including paranoia, aggression, visual and auditory hallucinations, mood disturbances, and delusions. One such delusion is the sensation of insects creeping on or under the skin. The paranoia can result in homicidal as well as suicidal thoughts. Researchers have reported that as much as 50% of the dopamine-producing cells in the brain can be damaged after prolonged exposure to relatively low levels of meth. Researchers also have found that serotonin-containing nerve cells may be damaged even more extensively. Taking even small amounts of meth can result in increased wakefulness, increased physical activity, decreased appetite, rapid breathing and heart rate, irregular heartbeat, increased blood pressure, and hyperthermia (overheating). High doses can elevate body temperature to dangerous, sometimes lethal, levels as well as cause convulsions and even cardiovascular collapse and death. Meth abuse may also cause extreme anorexia, memory loss, and severe dental problems.

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What are the Signs of Abuse?

Signs of methamphetamine use include scabs on the skin, dilated pupils, rotting teeth, agitation, paranoia, loss of weight and appetite.



(pictures from www.facesofmeth.us)

What Treatment Options Exist?

Currently, the most effective treatments for methamphetamine addiction are comprehensive cognitive-behavioral interventions. For example, the Matrix Model—a behavioral treatment approach that combines behavioral therapy, family education, individual counseling, 12-step support, drug testing, and encouragement for non-drug-related activities—has been shown to be effective in reducing methamphetamine abuse. Contingency management interventions, which provide tangible incentives in exchange for engaging in treatment and maintaining abstinence, have also been shown to be effective. There are no medications at this time approved to treat methamphetamine addiction; however, this is an active area of research for NIDA.

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How Widespread Is Methamphetamine Abuse?

Monitoring the Future Survey*

Methamphetamine use among teens appears to have dropped significantly in recent years, according to data revealed by the 2009 Monitoring the Future survey. The number of high-school seniors reporting past-year†† use is now only at 1.2 percent, which is the lowest since questions about methamphetamine were added to the survey in 1999; at that time, it was reported at 4.7 percent. Lifetime use among 8th-graders was reported at 1.6 percent in 2009, down significantly from 2.3 percent in 2008. In addition, the proportion of 10th-graders reporting that crystal methamphetamine was easy to obtain has dropped to 14 percent, down from 19.5 percent 5 years ago.

Methamphetamine Prevalence of Abuse

Monitoring the Future Survey, 2009

	8th Grade	10th Grade	12th Grade
Lifetime* *	1.6%	2.8%	2.4%
Past Year	1.0	1.6	1.2
Past Month	0.5	0.6	0.5

National Survey on Drug Use and Health***

According to the 2008 National Survey on Drug Use and Health, the number of past-month methamphetamine users age 12 and older decreased by over half between 2006 and 2008. Current (past-month) users were numbered at 731,000 in 2006, 529,000 in 2007, and 314,000 in 2008. Significant declines from 2002 and 2008 also were noted for lifetime and past-year use in this age group.

From 2002 to 2008, past-month use of methamphetamine declined significantly among youths aged 12 to 17, from 0.3 percent to 0.1 percent, and young adults aged 18 to 25 also reported significant declines in past-month use, from 0.6 percent in 2002 to 0.2 percent in 2008.

Other Information Resources

- To find publicly funded treatment facilities by State, visit www.findtreatment.samhsa.gov.
- www.MethResources.gov
- <http://www.facesofmeth.us/>

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