

The Current Status of the Methamphetamine Epidemic



Policy Brief

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Update: The Changing Landscape of the Methamphetamine Epidemic

Overview

Recent prevalence and initiation data imply that the methamphetamine (meth) epidemic is rebounding after several years of decline. The 2009 National Survey on Drug Use and Health (NSDUH) shows significant increases in use from 2008 estimates. The number of new users increased substantially as well, and meth and lab seizures are on the rise. So how do we interpret these trends and what are their implications for drug policy? This brief reviews demand and supply data that suggest the meth epidemic may be resurging, particularly in areas long associated with meth problems. Further, it explores the relationship between current trends and laws limiting or prohibiting the sale of meth precursor products. Finally, it offers possible policy solutions with regard to prevention, treatment, and law enforcement.

Meth Use Trends and Patterns

NSDUH data show that meth prevalence declined significantly from 2002 to 2008, only to rise again in 2009. The estimated number of individuals age 12 and older who used meth in the past 30 days increased 60 percent from 314,000 in 2008 to 502,000 in 2009. The number of first-time meth users (initiates) similarly increased over this period, with an estimated 95,000 new initiates in 2008 compared to 154,000 in 2009.

Meth use in the early to mid 2000s was more of a nationwide phenomenon, but prevalence began to decline dramatically in 2007. The latest data suggest that meth is returning to its more traditional areas of concentrated use in the West, Midwest, and South. In 2009, meth use in these areas was highest, with up to 2 percent of the population reporting meth use in the past year, much higher than the national average of 0.5 percent.

Rural areas appear to be experiencing greater increases in use. In 2009, an average of 0.4 percent of individuals

age 12 and older used meth in the past year in metropolitan areas compared to 0.6 percent in rural areas.

Meth Supply

The latest data available also show that meth availability in the U.S. is on the rise. It is impossible to know the total amount of meth produced, so any speculation on manufacturing and availability must come from proxy measures such as meth product and lab seizures. According to the Drug Enforcement Administration (DEA), there was a 180 percent increase of meth seized along the southwest border between 2007 and 2009. In 2007, 1,860 kilograms of meth were seized while in 2009, 5,197 kilograms were seized. This fact is important since Mexico has long been the primary supplier of methamphetamine in the U.S., despite the Government of Mexico placing progressively increasing limitations on all pseudoephedrine since 2005. Similarly, meth seizures in the U.S. as a whole increased 117 percent during this time period, from 2,239 kilograms to 6,186 kilograms.

Price and purity data also imply escalating availability and production efforts. By the end of 2009, the price per gram of meth reached its lowest point since 2005 (\$110.87) and purity during the same period reached its highest level (72.9 percent).

Finally, the number of clandestine meth lab incidents is on the rise. After peaking in 2003 at 17,356, such incidents reached a low of 6,233 by 2007. But, in 2009, the number of incidents increased to 10,064. Although DEA statistics for 2010 will not be final until July 2011, several states, specifically Tennessee, Oklahoma, Missouri, and Indiana, report significant increases in the number of meth lab seizures from 2009.

Availability, Use, and Legislation

The primary ingredients used to make meth are pseudoephedrine and/or

Highlights

- **The latest meth data trends have implications for policy-makers in terms of prevention, treatment and law enforcement, and show the epidemic is far from over.**
- **According to the latest NSDUH data, the number of past-month meth users 12 and older increased 60 percent, from 314,000 in 2008 to 502,000 in 2009.**
- **From 2008 to 2009, the estimated number of first-time meth users increased from 95,000 to 154,000.**
- **Meth use is still more prevalent in the Western, Midwestern, and Southern states and in rural areas.**
- **Since 2007, there has been an increase in the number of clandestine lab seizures and in the amount of meth seized.**
- **Forty states have legislation restricting the sale of pseudoephedrine; Oregon and Mississippi require a prescription for purchase.**
- **Since requiring a prescription for pseudoephedrine, Oregon has seen the number of clandestine lab incidents decrease from 467 in 2004 to 12 in 2009.**

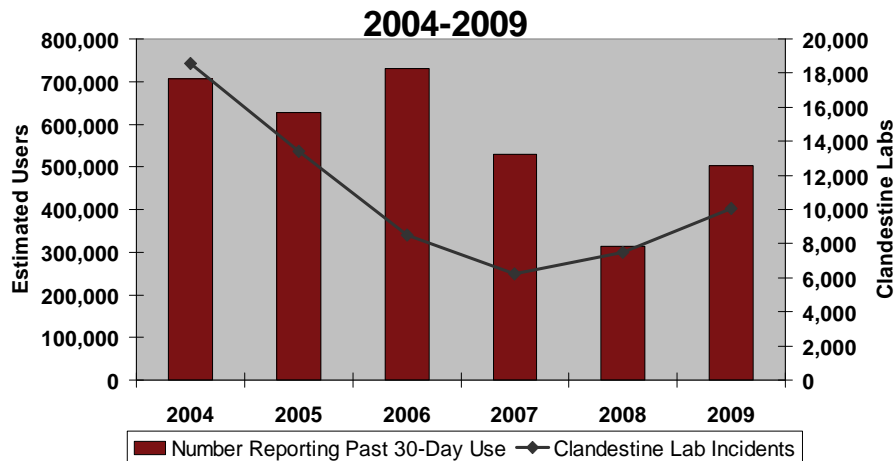
The Latest Methamphetamine Data Trends

ephedrine, commonly found in cold medicine. Anti-meth legislation that limits the amount of pseudoephedrine an individual may purchase has been enacted, and is believed to be related to previous meth demand and supply reductions. States began creating and implementing the laws in 2004, and Congress passed the Combat Methamphetamine Act in 2005. Currently, 40 states have laws restricting the sale of pseudoephedrine to some degree. These laws typically require vendors to place pseudoephedrine behind the counter and keep a transaction log of buyers. Oregon and Mississippi have taken the restrictions a step further by requiring a prescription to purchase the product. Similarly, the Mexican government banned the import of pseudoephedrine and ephedrine in 2007.

Meth producers and users have found ways around the laws through alternative production methods. The large-scale domestic meth labs prevalent during the past decade are beginning to rebound. This increase is primarily due to organized "smurfing" efforts, where producers hire a network of individuals to purchase pseudoephedrine in legal quantities at multiple locations. Smurfing may be enabled by the absence of electronic pseudoephedrine tracking systems in some states. Also, small scale labs, which comprise the majority of domestic meth production, now employ the "shake and bake" method. This method requires only a few handfuls of cold pills, several noxious but easily available household chemicals, and an empty two-liter soda bottle. The result, once the ingredients are combined and shaken, is enough meth for personal consumption. Shake and bake has become more popular in the southern and Midwestern states mentioned earlier, where clandestine lab incidents are rapidly rising.

On the other hand, in Oregon, where pseudoephedrine is only available by prescription, lab incidents have decreased from 467 in 2004 (the last full year before the law took effect) to 12 in 2009. Mississippi is reporting similar results, although the law is too new (implemented July 1, 2010) to determine any long-term effect. Based on these

Estimated Number of Past 30-Day Meth Users and Clandestine Meth Lab Incidents:



Sources: 2009 National Survey on Drug Use and Health and the Drug Enforcement Administration, National Seizure System, September 2010.

positive results, several states are considering similar pseudoephedrine laws. Alabama, Hawaii, Indiana, Missouri, Oklahoma, Nevada, and Tennessee have all introduced bills into their legislatures that classify or schedule pseudoephedrine at a level that would require a prescription.

Policy Implications

So where do the latest meth data trends leave policy? For the most part, it appears that current laws only have a temporary effect, since meth producers have found ways to circumvent them through smurfing and small scale production. However, use and initiation have quickly rebounded, as have the amount of meth seized and lab incidents. Requiring a prescription for pseudoephedrine may be a step in the right direction, but it is too soon to determine if this is the answer. In the meantime, the larger question remains what are the roles for prevention, treatment, and law enforcement?

With initiation rates on the rise, prevention programs need to address meth and related issues. Although the average age of meth initiation was 19.3 years in 2009, programs that target youth and adolescents need to continue any meth component of their prevention strategies.

Furthermore, efforts could be mobilized at the community level through coalition-building and meth task forces. These actions will help target the 18-25 year old population.

Linking meth users with appropriate treatment services is of utmost importance. Treatment programs should be prepared for more clients with meth addiction over the next few years to accompany the increasing prevalence. Pregnant women also represent a special population to target, given the possible adverse consequences of prenatal exposure. Programs in areas previously known for meth use, such as the West, Midwest, and rural areas, should especially devote more resources to monitoring local data trends to proactively prepare.

Law enforcement needs to continue to attack meth at the source via both domestic labs and the border with Mexico. Officers should be kept up to date on clandestine meth manufacturers' most recent production methods, such as shake and bake. Specific training on how to recognize the signs of the new production methods need to be provided, as meth manufacturers continue to adapt to precursor laws.



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