

The **O**hio **S**ubstance **A**buse **M**onitoring Network

January 2005 – June 2005

A Targeted Response Initiative

METHAMPHETAMINE ABUSE IN THE STATE OF OHIO: A TARGETED RESPONSE INITIATIVE



A Report Prepared for the
Ohio Department of Alcohol
and Drug Addiction Services

In Collaboration with
Wright State University & The University of Akron

METHAMPHETAMINE ABUSE IN THE STATE OF OHIO

THE OHIO SUBSTANCE ABUSE MONITORING NETWORK

JUNE 2005



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EXECUTIVE SUMMARY

Introduction

In 2001, the OSAM Network conducted the first Targeted Response Initiative (TRI) on trends in methamphetamine abuse in Ohio. OSAM regional epidemiologists in most areas of the state had difficulty identifying and recruiting methamphetamine users. Initial reports suggesting very low increases in methamphetamine abuse were largely based on interviews with law enforcement and crime lab professionals.

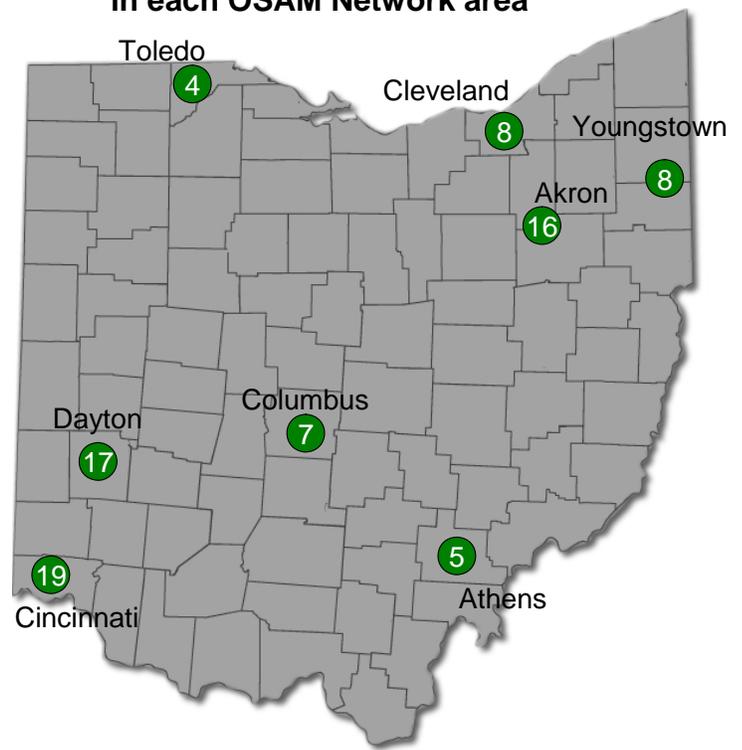
Since 2002, most areas of the state began reporting small, but consistent increases in methamphetamine availability and abuse. In the spring of 2005, an OSAM Network Targeted Response Initiative was designed to further investigate this trend and provide a preliminary epidemiologic description of pathways to, and patterns of methamphetamine abuse, perceived negative consequences, and treatment experiences.

Methods

Between January and June 2005, regional epidemiologists in eight areas of the state conducted qualitative interviews with individuals who reported a recent history of methamphetamine abuse. To be eligible for the study, the vast majority of participants reported use of methamphetamine in the previous 12 months. Recovering users were recruited from substance abuse treatment centers and correctional facilities. Active users were recruited by outreach workers or referred by other study participants.

Overall, 83 individuals who were recovering or actively using methamphetamine were interviewed across the state. Number of interviews

Figure 1. Methamphetamine abusers interviewed in each OSAM Network area



conducted in each area ranged between 4 and 19 (Figure 1).

Informed consent was obtained from each participant. Interviews were open-ended in nature, but an interview guide was used to ensure that relevant subject areas such as drug use history, patterns of methamphetamine abuse, perceived harmful effects, treatment experiences, and local trends in methamphetamine abuse were addressed by all participants. On average, each interview lasted about one hour.

In addition to interviews with recovering and active methamphetamine abusers, regional epidemiologists conducted focus groups and individual interviews with treatment providers to obtain their perspectives about methamphetamine and other drug use trends in the state.

Main Findings

Participant Characteristics

Demographic characteristics of 83 participants are presented in Table 1. The majority of participants were men (64%) and white (83.1%). The majority had a high school education or better (79.3%). About 38% of the participants reported they were employed; the majority of these held food service or construction-type jobs. Approximately 28% of the participants were married or living as married. Age ranged between 19 and 57 years, and over half of the participants were between the ages of 19 and 29.

Drug use characteristics of the sample are summarized in Table 2. More than 70% of the participants were recovering abusers. Almost half of the participants considered methamphetamine their primary drug (or one of their primary drugs) of abuse. About 22% were primarily opioid users, 11% were cocaine users, and about 17% were marijuana users. More than 1/3 of all participants reported methamphetamine use for two years or less. Nearly all

Table 1.		
Participant characteristics	N	%
Gender		
Male	53	64.0%
Female	30	36.0%
Ethnicity		
White	69	83.1%
African American	12	14.5%
Other	2	2.4%
Education		
less than high school	17	20.7%
high school or GED	36	43.9%
more than high school	29	35.3%
Employment		
unemployed	51	61.4%
part time	13	15.7%
full time	19	22.9%
Marital status		
married/living as married	23	27.7%
divorced/separated	12	14.5%
single	47	56.6%
widowed	1	1.2%
Age (years)		
Mean (std. dev.)	32.00 (10.59)	
Age range	19 – 57	
between 19 and 29	48	57.8%
between 30 and 39	12	14.5%
between 40 and 49	18	21.7%
50 and more	5	6.0%

participants, except six individuals interviewed in Cleveland, reported last methamphetamine use within the past 12 months. About 30% of all participants reported last methamphetamine use within the past month.

Table 2.

Participant characteristics	N	%
Use status		
recovering user	59	71.0%
active user	24	29.0%
Drug of choice		
methamphetamine	28	33.7%
methamphetamine and other drugs	13	15.7%
heroin and/or other opioids	18	21.7%
crack or powdered cocaine	9	10.8%
marijuana	14	16.9%
alcohol	1	1.2%
Duration of methamphetamine use		
2 years or less	31	37.3%
between 2 and 5 years	26	31.3%
between 5 and 10 years	16	19.3%
more than 10 years	10	12.0%
Last use of methamphetamine		
within last week	16	19.3%
between 1 and 4 weeks ago	9	10.8%
between 1 and 12 months ago	52	62.7%
more than 12 months ago	6	7.2%
Modes of administration at last use		
snorted	25	30.1%
smoked	24	28.9%
snorted and smoked	16	19.2%
injected	9	10.8%
injected, snorted and/or smoked	4	4.8%
swallowed	1	1.2%
swallowed, smoked and/or snorted	3	3.6%
“hot-railed” (intranasal inhalation of vapors)	1	1.2%

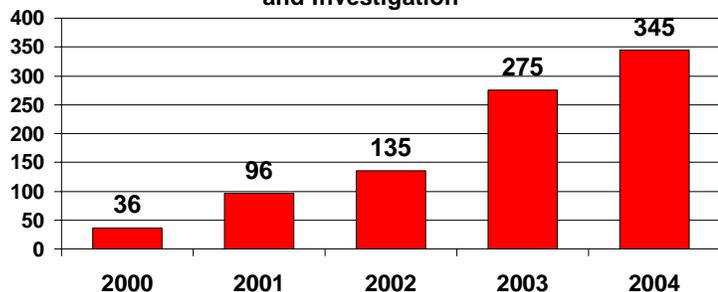
Intranasal inhalation and smoking methamphetamine were reported as the most common modes of administration at the time of last use. About 15% reported intravenous administration, and about 28% of all participants used a combination of methods (most typically snorting and smoking) during their most recent episode of use. Participants reported using various paraphernalia to smoke methamphetamine, including light bulbs, aluminum foil, and “crack pipes.” Some individuals reported experimentation with “hot railing” (i.e., inhaling methamphetamine as it vaporizes while going through a heated glass pipe).

Trends in availability and abuse

The majority of participants reported that methamphetamine availability and abuse has been increasing over the past few years,

although it could not compare to that of crack or powdered cocaine. Participant reports are corroborated by the Ohio Bureau of Criminal Investigation and Identification (BCI&I) which indicates continuing increases in methamphetamine lab busts across the state (Figure 2). The number of methamphetamine sites (clandestine labs, dump sites, and chemical caches) rose 944% from year 2000 through year 2004. The number of reported sites discovered thus far in fiscal year 2005 (January – June) is 210. These statistics may indicate lower than actual numbers of sites as they depend on local agencies to report their findings to the BCI&I for inclusion in state statistics.

Figure 2. Methamphetamine Lab Busts in Ohio According to the Bureau of Criminal Identification and Investigation



Participant accounts reflect some regional variation--methamphetamine availability in the Cleveland area was described as relatively low and mainly restricted to small networks of men-who-have sex-with men (MSM). In contrast, Akron (Summit County) was described as a “city that never sleeps,” with the highest number of methamphetamine lab busts in the state.

Quality and Prices

Participants described two types of methamphetamine. “Crystal” or “jib” (described as a yellow or white powder) was reportedly the most common form of methamphetamine available in Ohio. Some older users referred to this type of methamphetamine as “crank.” The majority of participants believed that “crystal” is typically produced locally using the anhydrous ammonia method. Individuals interviewed in the Akron and Youngstown areas reported methamphetamine production using the red-phosphorus method as well. Many participants reported the occasional availability of methamphetamine that looked like “glass shards”. Some users believed that “glass” type methamphetamine may be shipped into Ohio from sources outside the state; others reported that “glass” was produced locally as well. Typical methamphetamine prices were reported around \$100 per gram for “crystal,” with “glass” costing \$20 to \$40 more.

Pathways to Methamphetamine

Participants represented two distinct generations of users. “Old Generation” users reported initiation to methamphetamine in the 1970s, 1980s or early 1990s. Many “Old Generation” users reported quitting their use of methamphetamine and then later re-discovering it again in the late 1990s or early 2000. “New Generation” users reported their first use of methamphetamine in the more recent past--the majority less than 5 years ago.

Both old and new generation users reported fairly extensive histories of substance abuse before their initiation to methamphetamine. Some younger users related their initiation to methamphetamine to their prior experiences with MDMA (“ecstasy”) use. Some “Old Generation” users had extensive histories with pharmaceutical stimulant abuse before their initiation to methamphetamine. In many situations, pathways to methamphetamine use were fueled by previous experiences with powdered cocaine and/or crack. Among “New Generation” users, it was not uncommon for their first exposure to methamphetamine to occur when the drug was purposely misrepresented to them as being cocaine.

Intensity of Methamphetamine and Other Drug Abuse

Participants varied greatly in the intensity of their abuse. These diverse experiences could be grouped into three general patterns of methamphetamine and other drug abuse.

- 1) *Occasional or opportunistic pattern of abuse.* Methamphetamine is typically used a few times per month or less frequently; other psychoactive substances (heroin, cocaine or marijuana) are used on a more consistent and intense basis. Some occasional users reported limited access to methamphetamine.
- 2) *Consistent but moderate pattern of abuse.* Methamphetamine is used on a more consistent basis and typically considered a primary drug in addition to other substances (typically powdered cocaine or crack).
- 3) *Intense primary methamphetamine abuse.* This pattern of use may include frequent “binging” episodes typically referred to as “tweaking.” Various depressants (e.g., alcohol, benzodiazepines, opioids) are often used for the purpose of moderating the intensity of the methamphetamine high. The majority of intense users were involved in methamphetamine production, or had close social ties with somebody who manufactured or sold methamphetamine.

User Groups

Three distinct groups of methamphetamine abusers were identified on the basis of social characteristics, expectations, and reasons for use.

- 1) White individuals of lower socioeconomic status (age range from 20s to late 40s and older), many of whom used methamphetamine for both recreational and work-related reasons. The majority of the participants interviewed across the state could be included in this group.
- 2) Younger, white individuals (late teens to late 20s), some of them college students, who used methamphetamine, at least initially, as a part of the rave and club drug scene. Representatives of this user group were interviewed in the Dayton, Columbus, Cincinnati, and Youngstown areas.
- 3) Gay men who typically, but not always, used methamphetamine in the context of sexual relationships. This group of users was represented by several individuals interviewed in the Columbus and Cleveland areas.

Perceived Negative Consequences

The majority of participants felt that methamphetamine use could lead to a number of harmful consequences, including addiction, weight loss, dental problems, and the general deterioration of health. Several individuals who had gone through a period of intense use talked about the “down side” of the methamphetamine high, including paranoia, irritability, hallucinations, and depression. Methamphetamine use was related to a number of negative social,

financial, and legal consequences. The majority attributed these negative consequences to the pharmacological properties of the drug, the lifestyle related to methamphetamine abuse, and the harmful chemicals used in producing methamphetamine. Many participants emphasized that they had a very limited understanding of harmful effects of methamphetamine abuse when they were initially introduced to the drug.

Treatment Experiences and Prevention

The majority of participants who reported recent substance abuse treatment experiences were court-ordered to attend treatment. Some individuals commented about a need for treatment programs that were designed to address experiences specific to methamphetamine users.

Participants' ideas about methamphetamine prevention were based on several distinct approaches, including strict regulation of substances needed for methamphetamine manufacture, and early education based on true stories and real-life experiences of hard-core methamphetamine abusers.

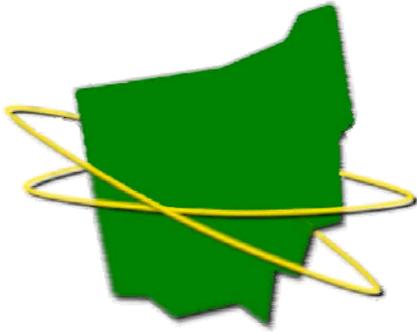
Treatment Provider Perspectives

The Treatment Episode Data Set (TEDS), from the Substance Abuse and Mental Health Services Administration, indicates that primary methamphetamine treatment admissions remain low in Ohio (0.8% in 2004). However, treatment providers in the Dayton, Akron, and Youngstown areas continue to report small, but consistent, increases in clients with a recent history of methamphetamine abuse.

Conclusions

Preliminary findings from 83 individual qualitative interviews with a diverse range of methamphetamine users across the state suggest slow, but consistent, increases in the availability and abuse of the drug in most regions. Exposure to methamphetamine is often mediated by prior experiences and familiarity with powdered cocaine, MDMA/Ecstasy, and/or crack. The diversity of the abuser population suggests a developing threat of “multiple methamphetamine epidemics,” each with unique treatment and prevention needs. User groups include MSM in large cities, young adults age 18-25 in the “rave” or party scene, and low/middle class whites in both urban and rural environments. Among MSM, for example, methamphetamine abuse is often associated with increases in sexual risk behavior thereby increasing the risks of infection with blood-borne pathogens. Methamphetamine abusers who inject the drug are, of course, also at significant risk of HIV and/or HBV infection. Although participants felt that methamphetamine abuse may lead to serious negative consequences, many of them emphasized that they had very little knowledge about the adverse consequences associated with methamphetamine use at the time they were

introduced to the drug. The paranoia associated with abuse of methamphetamine as well as the increasing legal focus on methamphetamine manufacture and abuse necessarily present barriers to intervention. Again, these vary relative to different abuser groups. Despite the relatively large number of methamphetamine abusers interviewed, our sample has substantial regional variation. As such, caution is needed in generalizing the findings to urban and rural populations throughout the state.



The
**Ohio Substance Abuse
Monitoring Network**

Targeted Response: Methamphetamine Use

January through June 2005

**Akron, Ohio
Stark and Summit Counties**

An OSAM Targeted Response Initiative

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**A Report Prepared for the
Ohio Department of Alcohol
and Drug Addiction Services**

Methods

For this Targeted Response Initiative (TRI), individual interviews were conducted with 16 recent users of methamphetamine in Summit and Stark Counties, Ohio. Data were also collected from focus groups with substance abuse treatment providers and law enforcement professionals. All respondents were at least 18 years of age and had reported recently using methamphetamine. While reporting methamphetamine use, several of the respondents also stated that methamphetamine use was secondary to their use of other drugs. Eleven respondents reported primary methamphetamine use; the others reported OxyContin® and marijuana as primary to methamphetamine. The respondent group ranged in age from 22 to 49 years, consisted of 7 women and 9 men, with 15 reported White and 1 African American. Five of the 16 respondents reported being employed, 11 were unemployed. The duration of methamphetamine use was between 2 months and 10 years, with most indicating long term use of at least 3 years.

Respondents were interviewed at a treatment facility and in community settings. The average length of the interviews was 90 minutes. The OSAM TRI Methamphetamine Abuse interview instrument was used for each interview.

Table 1. Demographic characteristics

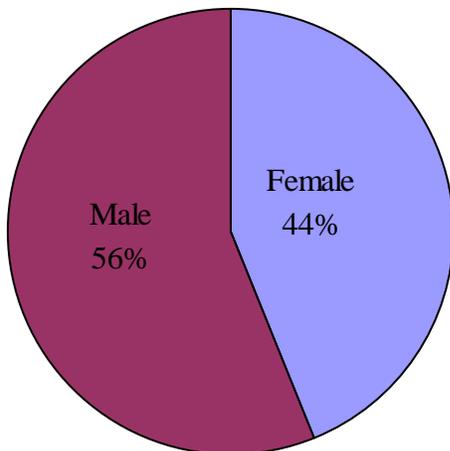
ID	Age	Gender	Ethnicity	Education	Employment	Marital Status
1	22	Female	White	HS	Full time	Single
2	49	Female	White	2 yr college	Unemployed	Married
3	24	Female	White	10 th grade	Unemployed	Single
4	32	Female	White	11 th grade	Unemployed	Divorced
5	20	Male	White	GED	Unemployed	Single
6	31	Female	White	HS	Unemployed	Divorced
7	22	Male	White	HS	Full Time	Single
8	29	Male	White	HS	Unemployed	Single
9	27	Male	White	HS	Unemployed	Single
10	25	Male	White	10 th Grade	Unemployed	Single
11	28	Male	White	GED	Unemployed	Married
12	26	Female	White	College	Unemployed	Married
13	27	Male	White	HS	Full Time	Married
14	23	Male	White	GED	Full Time	Single
15	26	Male	African American	Some College	Part Time	Single
16	30	Female	White	Some College	Unemployed	Single

Table 2. Drug use characteristics

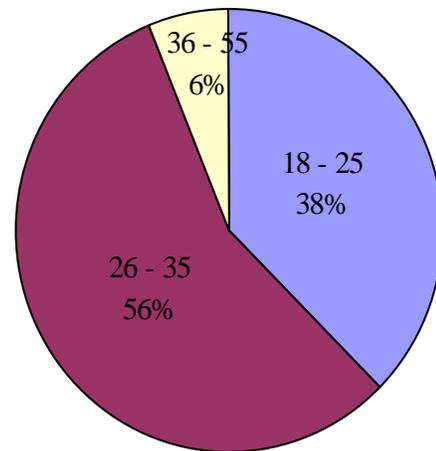
ID	Status	Primary Drug	Last Meth Use (days ago)	Meth Use Duration (in years)	Preferred Mode of Administration
1	Recovering	Methamphetamine	365 days	4 years	Intranasal inhalation
2	Treatment	Methamphetamine	5 days	2.5 years	Intranasal inhalation
3	Treatment	Methamphetamine	90 days	6 years	Smoked
4	Treatment	Methamphetamine	90 days	10 years	Intranasal inhalation
5	Treatment	Marijuana	60 days	6 months	Intranasal inhalation
6	Treatment	Methamphetamine	100 days	2 years	Injected
7	Treatment	Methamphetamine	180 days	2 years	Intranasal inhalation
8	Recovering	OxyContin®	120 days	5 years	Ate; Intranasal inhalation; Smoked
9	Active	Marijuana	2 days	2 years	Intranasal inhalation
10	Active	OxyContin®	5 days	2 years	Intranasal inhalation
11	Active	Methamphetamine	120 days	3 years	Smoked
12	Recovering	Methamphetamine	60 days	4 years	Smoked
13	Treatment	Methamphetamine	35 days	8 years	Smoked
14	Treatment	Methamphetamine	120 days	3 years	Intranasal inhalation
15	Recovering	Methamphetamine	60 days	1 year	Intranasal inhalation
16	Active	Marijuana	7 days	2 months	Smoked

Demographics

Gender



Age Active/Recovering Users



Results

History of Methamphetamine and Other Drug Use

Respondents indicated that initiation to the use of methamphetamine was primarily through social networks. Two respondents indicated that they had tried and became regular methamphetamine users with a boyfriend/girlfriend or spouse. Two users reported that initial use was in a bar with meth introduced by a “barmaid.” Most male respondents indicated they began using methamphetamine because a friend either gave it to them or recommended using it to enhance energy.

One participant said:

“ It just so happened that the guy who lived across the street from me turned me on one time and [it was] like, ‘Oh, my God! Oh, yes!’ This was so much better than the diet pills, it was so much better than the coke, it lasted so much longer. And I was hooked. I was hooked from the minute, from the first snort, y’know. I was hooked. It was wonderful, y’know. I could clean my house. I could... y’know, I was Supermom! I was everything, y’know, [I] wasn’t.”

For most respondents, methamphetamine use falls far down the drug use spectrum. Twelve of the sixteen respondents reported that they used methamphetamine after having used cocaine; two had used heroin prior to the use of methamphetamine. All respondents had used alcohol and marijuana, and ten had prior use of LSD. On average, participants reported using six drugs prior to methamphetamine initiation. The drug progression for each was the same during their early years, with most beginning use at an early age (for these respondents, between the ages of 8 and 16) with alcohol and tobacco. In summary, all respondents indicated extensive drug use histories.

One user indicated:

“ I used anything I could get my hands on, really. I mean, I’d mix and match anything- muscle relaxers, cocaine, and you know, just whatever...”

Currently, respondents reported using primarily methamphetamine, with three respondents reporting combination marijuana and methamphetamine use and three reporting combination methamphetamine and OxyContin® use. The mode of last use varied, with ten intranasally inhaling, two smoking, one injecting, and three using various methods.

First Use of Methamphetamine

Since initiation of methamphetamine use among these respondents was after the regular use of an average of 6 other drugs (ranging from the 4th drug ever used to the 10th drug ever used), the average age of methamphetamine first use was reported as in the late teens and early twenties.

First use for all respondents was in a social setting:

“ I was a senior in high school and my friends were using meth in the parking lot.”

“ I was with friends at a bar and they were selling it.”

Most respondents indicated that the first time they used methamphetamine it was as a progression from cocaine since methamphetamine was easier to obtain. Others reported that they first used it because “it was there” and because they were told that methamphetamine “gives you energy.”

The first time use for all but one respondent was by intranasal inhalation. Respondents reported very comparable first time feelings: “wired,” “more social,” “energetic,” and “care free.” One user commented:

“ The first time I snorted it (meth), I was up for 8 days. I got a lot done.”

Methamphetamine Use Patterns over Time

All users had progressed to regular methamphetamine use within a year. One user stated:

“ At first I just used on the weekends. Pretty soon, I had to have it every day. I started out buying, but then I had to start making my own. I was spending my whole paycheck on meth. I lost my job and I let my kids do whatever they wanted to do.”

Most respondents reported switching almost immediately from snorting to smoking due to burning in the nose. Most moved from “one line” initially to a ½ gram or gram of use per day. One respondent reported using up to two grams per day. Two users commented that they “just needed it” so they traded other drugs (crack, OxyContin®, Xanax®) to get methamphetamine.

Over time, all respondents reported needing to increase the amount and frequency of methamphetamine use. Most reported feeling paranoid after consistent use. One user commented:

“ At first I did ok - I had a lot energy. Then, after a while, I felt sick and I got depressed. I was paranoid and I felt terrible.”

Most Recent Use of Methamphetamine

Respondents indicated that the last time they used methamphetamine, they bought it from a local dealer or in a bar (n=4), got it from a friend (n=6), or cooked it for themselves (n=6). For those who purchased the drug, the consistent price reported was \$50 for ½ gram and \$100 for a gram. For those manufacturing the drug, reportedly, \$300 in supplies produced up to 60 grams of the drug. Most used methamphetamine in a friend’s house (n=9) or in their own home (n=4). Two respondents indicated that the last use was in a motel/hotel and one user reported using methamphetamine in the back room of a bar.

The majority of users smoked on last use (n=12), three intranasally inhaled, and one injected. The use of marijuana during last methamphetamine use was reported by half of the respondents (n=8) and two reported mixing methamphetamine with cocaine. One respondent stated that she used Xanax® and three reported the use of OxyContin® to “slow down.”

When asked why they use methamphetamine, the majority of participants stated that they “just liked it” and several respondents reported that they use it to “escape.” Another users indicated:

“*It made me think. It just took me outside of my own reality, you know ? It took me someplace that wasn't pleasant, but it was just that...y'know, [I could be] in my own head.*”

Only three respondents had *not* introduced someone else to methamphetamine, with those who cook (n=6) reporting introducing methamphetamine to many people (“at least 20 or 30”; “more than a hundred”). One 22-year-old White male working foreman explained that he was using at work, got caught, and then shared with his boss and co-workers.

Attitudes Toward Methamphetamine

In general, these respondents had very negative attitudes about methamphetamine use. A list of descriptors follows:

“*It's the devil drug- it makes you feel wonderful from the get go. You lose every important person in your life. I ended up losing my house, my kids, my job and then I went to prison. It screws up your memory. Nothing matters but getting more (methamphetamine). It messes up your skin, your teeth, and your whole inside. You lose a lot of weight and it makes you act and look sick.*”

In fact, one former user said:

“*Um, just the insanity of that lifestyle. Y'know, the dangers of being around it being cooked. The fumes...y'know, how it is really unhealthy for you. Now, they say that people are dying of hypothermia, cause they get so hot on it that they go outside in the cold and die.*”

Respondents were asked to compare how “serious” they felt the risks related to methamphetamine were and to compare methamphetamine to other drugs. All of the respondents felt that methamphetamine had very serious risks related to its use. Five of the sixteen respondents felt that methamphetamine was the “most serious” drug to use. Nine ranked heroin above methamphetamine in terms of risks and eight ranked cocaine above methamphetamine. Clearly, respondents feel that methamphetamine had more serious risks and implications for users than many other drugs. Respondents who had used crack felt that there was greater physical dependence to crack than to methamphetamine.

Methamphetamine Procurement

All respondents reported that methamphetamine is easy to get if you know the right person or can cook it yourself. Most users in the Akron area said that you can easily obtain

methamphetamine in local bars. In terms of the quality of methamphetamine that is available, respondents indicated that it varies. Five respondents reported that they began cooking their own methamphetamine because the quality of methamphetamine in the area was decreasing as the large labs were busted.

Respondents indicated that the “best” methamphetamine in the area is red phosphorus. Users described the availability of “purple,” “pink,” “salt rocks,” and “peanut butter.” All described knowing of local dealers.

Prices reported by users in this area:

Crank: \$80/gram

Red Phosphorus/Ice: \$200/gram

Anhydrous (yellow): \$100/gram

White, Pink (Champaign): \$200 eightball (1/8 ounce)

Dirty: \$150 eightball (1/8 ounce)

Perceptions of Community Use of Methamphetamine

Users reported that methamphetamine use in the area appeared to be stable (n = 8), but others thought use was increasing (n = 6). Most users thought that the majority of methamphetamine users were in their twenties and thirties, White, and usually have “tried just about everything else there is.” Users felt that methamphetamine use affects all classes of individuals, although the majority perceived methamphetamine use to be a primarily low income, “White” drug.

In terms of “types” of users, several common themes emerged. Users described four categories of methamphetamine users:

1. *Occasional users* who use when they want some energy or need to stay up for work.
2. *Weekend tweakers* (social users) are those who are likely to be weekend users and who most likely inhale intranasally. These individuals are described as those who “look for it and don’t buy it.” They have friends that use it and they share other drugs with them on weekends. They snort or smoke at a bar when they drink. Generally, they are more likely to use in bars, cars, and back rooms or restrooms.
3. *Addicts* are described as those who use a lot of methamphetamine at one time, use all day for days on end, and usually end up as “shooters.” These users have tried just about everything and use methamphetamine because it is cheap and they can tolerate the effects of the drug.
4. *Hustlers*- these individuals both use and sell methamphetamine.

Methamphetamine Production

Respondents who reported cooking methamphetamine were asked a series of probing questions regarding the production process. Respondents were asked about acquisition of chemicals and supplies, how they learned to produce methamphetamine, place and disposal of chemicals, and how they distribute methamphetamine.

Chemicals commonly used in the methamphetamine process are listed below:

- Over-the-counter ephedrine or Pseudoephedrine® cold, diet or allergy tablets
- Red Phosphorous
- Distilled water
- Ether
- Lye
- Muriatic Acid
- Acetone
- Isopropyl Alcohol

Chemicals are usually obtained from antifreeze, matches, white gas, ether, starting fluids, Freon, lye or drain openers, paint thinner, and acetone products.

The ephedrine was usually obtained by sending multiple people to area drug stores, although one respondent indicated that he was able to obtain large quantities of stolen Pseudoephedrine®. Ether was obtained from a local gas station and most chemicals were reported to be easily obtained at local large home and hardware stores, local feed stores or pet stores, dollar stores, or grocery super stores. Respondents indicated that they would ask people to buy supplies in exchange for the finished methamphetamine product. One respondent indicated that he was able to obtain supplies by trading methamphetamine with a plumber and a painter who could access large quantities of supplies.

Several respondents indicated that they had been arrested for attempted assembly and had served short term jail sentences (3-7 days) and probation terms. All respondents reported that they had first started using methamphetamine and then had decided that it was “easy enough” to cook it for themselves and others. The motivation was usually to save or make money. In one case, a respondent reported that this was his way of bringing his wife home because she was spending all of her time at the house where the methamphetamine was being sold.

All respondents described learning how to produce methamphetamine by watching friends and by a “trial and error” process. Most indicated that they would at first make just a little and then progressed to making larger batches. All of the respondents reported making methamphetamine in their home (as well as in friends’ homes) and one stated that he goes out “to the woods.” Although one respondent reported that children lived in the home, he stated that they were not around when the methamphetamine was being produced.

Several respondents reported that they had experienced fires related to methamphetamine production due to jars that had caught fire or were dropped. One respondent described getting headaches during the cooking process from the fumes of the muriatic acid and from microwaving the Pseudoephedrine®.

A variety of methods to dispose of chemicals were reported:

Disposing of liquid in old laundry bottles,
Taking trash to someone else's driveway or to local dumpsters,
Pouring liquid down the drain or toilet,
Storing in bottles and cans that were later put in the trash.

Red phosphorous is recycled and used again. Batches ranged from 15 grams to 150 grams with the cost of supplies ranging from \$50 to \$750.

Those who produce methamphetamine reported that they sell it. One respondent reported that he has previously sold marijuana, cocaine, and ecstasy but that he now only sold methamphetamine. All reported that they only sell to people that they know, friends or "associates." The usual selling price reported was \$100 per gram, although one respondent indicated selling the drug for \$60-70 a gram. One respondent reported selling in ½ ounces for \$800-900 and ounces for \$1500. Profits were described at \$1000-2000 per week. All preferred to sell in larger doses and usually had friends come to their homes or would arrange to meet them at other locations.

All respondents indicated that there are methamphetamine dealers in the community, although there were different opinions regarding whether the dealers competed with each other. The competition was over "who deals the best dope," and the best prices. There were also different opinions about violence related to methamphetamine dealing. One respondent said that he kept guns and Pitbull dogs to protect his production.

Treatment Experiences

Eleven of the sixteen respondents had some drug abuse treatment history. Several users commented that the effects of methamphetamine in their lives finally made them go for treatment.

User Suggestions to Prevent Methamphetamine Abuse

Respondents were very forthcoming with suggestions to prevent methamphetamine abuse. Three major categories of suggestions emerged:

1. *More communication* is needed to inform users about the extreme risks of methamphetamine use. Users commented that no one informed them about the possibilities of losing their family, health, and financial security.
2. *More control* is needed over substances that are used to make methamphetamine. Users felt that the chemicals to make methamphetamine were too easy to obtain.
3. *Stiffer penalties* were needed for methamphetamine involvement. Users described a "revolving door" of dealers who only go to jail for short periods and then set up shop again.

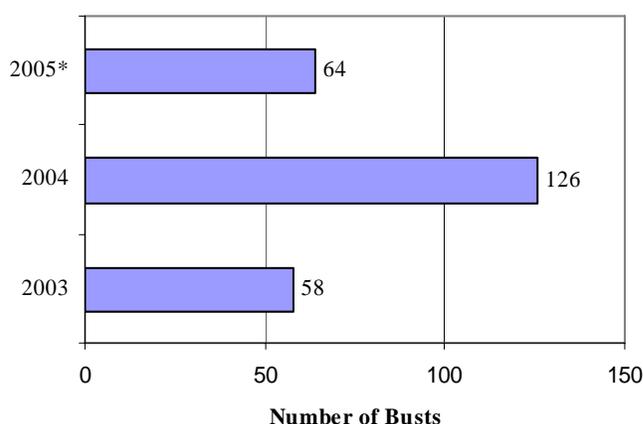
The Summit County Sheriff's Office has been the State's most aggressive in the field, accounting for nearly 40 percent of all meth-related busts in Ohio this year. According to State data, Summit County has made more than 230 such busts since 2001. By comparison, Cuyahoga County, with nearly 2 ½ times the population, has reported only six — and none since 2003.

A June 9, 2005 Akron Beacon Journal posting, citing Summit County Sheriff's Office data, indicates that 248 meth-related lab busts have occurred since 2003. The data points to a significant increase in busts between 2003 and 2004. If the number of busts continues as it has since January 2005, it is likely that the number will be comparable to the 2004 rates. See the tables below for more information.

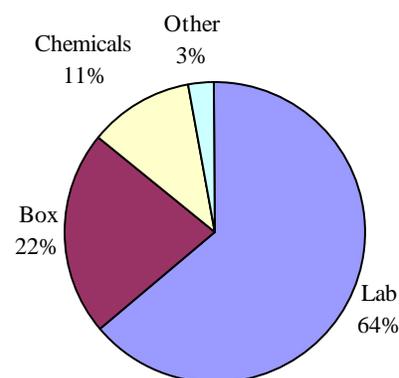
Summit County Lab Busts

	2003	2004	2005*	Total per Type
Lab ¹	41	76	41	158
Box ²	13	29	13	55
Chemicals ³	3	15	10	28
Other	1	6	0	7
Total per Year	58	126	64	248

Number of Lab Busts per Year



Type of Lab Bust

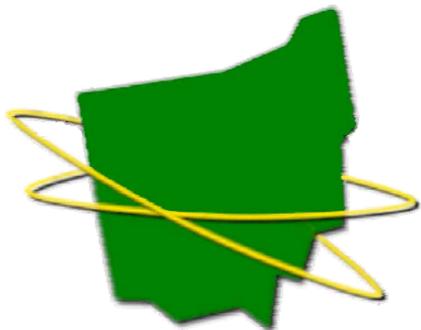


¹ Operational or Abandoned Lab

² Portable Lab

³ Precursor/Paraphernalia

* Data reported from January 1 through June 9, 2005.



The
**Ohio Substance Abuse
Monitoring Network**

Targeted Response: Methamphetamine Use

January through June 2005

Athens, Ohio
Athens, Vinton, and Meigs Counties
An OSAM Targeted Response Initiative

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**A Report Prepared for the
Ohio Department of Alcohol
and Drug Addiction Services**

Methods

All five participants were inmates at the Southeast Ohio Correctional Facility in Nelsonville, Ohio. They were recruited through the organization’s Chemical Dependency Counselor. Most inmates at the correctional facility worked during the day but returned to the facility after work. In this way, the correctional facility helps individuals transition from the correctional setting to community living. Prior to each interview, participants were provided with details of the interview/study and an informed consent was obtained from each participant prior to beginning the interview. All five participants consented to having the interview audio-taped. Each participant was provided a \$20 stipend for their time. The stipend was given to the Chemical Dependency Counselor who deposited the stipend into each participant’s account.

Table 1. Demographic Characteristics

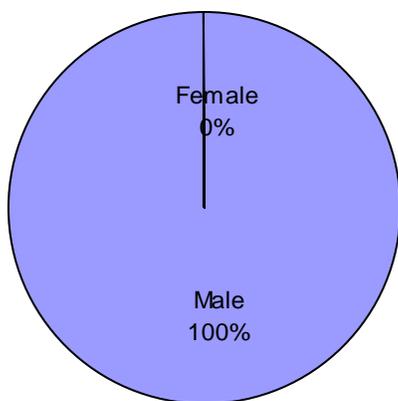
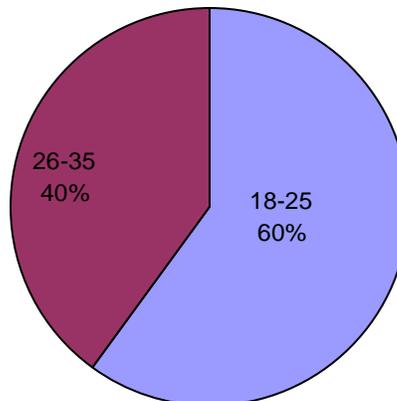
ID	Age	Gender	Ethnicity	Education	Employment	Marital Status
1	20	M	W	GED	Unemployed	S
2	21	M	W	10th	Unemployed	S
3	28	M	W	GED	Part-time	S
4	28	M	W	HS	Part-time	S
5	22	M	W	College Degree	Full-time	S

Key: F: Female, M: Male, W: White (Caucasian), AA: African-American (Black), Marital status: D: Divorced, S: Single, M: Married, W: Widowed.

Table 2. Drug Use Characteristics

ID	Status	Primary Drug	Last Meth Use	Meth Use Duration	Preferred Mode of Administration
1	Recovering	Crack	11 months	3 months	Smoking
2	Recovering	Marijuana	7 months	5 years	Intranasal inhalation
3	Recovering	Methamphetamine	4 months	5-6 years	Intranasal inhalation
4	Recovering	Marijuana	12 months	2-3 years	Intranasal inhalation/ Inject
5	Recovering	Marijuana	12 months	10 months	Intranasal inhalation/ Smoke

The five participants were from the following areas: Glouster, Ohio; McConnellsville, Ohio; Lancaster, Ohio; Rushville, Ohio; and an unincorporated area approximately 10 miles southeast of Lancaster, Ohio.

Gender**Recovering Users****Results****Drug use histories**

All five participants had extensive drug use histories prior to using methamphetamine. All five participants began using alcohol at an early age (e.g., ages 7, 13, 14, and 15). All participants also used marijuana at an early age (e.g., 9, 14, and 16). All five participants were regular users of powdered cocaine, and crack. Methamphetamine was typically the last drug to be added to the participants' lists of drugs they had used (i.e., they had tried many drugs prior to their use of methamphetamine and had not tried any new drugs after using methamphetamine). This was true for four of the five participants.

ID	Drugs Used
1	Alcohol, Marijuana, Powdered cocaine, Crack cocaine, Methamphetamine
2	Alcohol, Marijuana, Powdered cocaine, Methamphetamine, Opium, LSD, Mushrooms
3	Alcohol, Marijuana, Powdered cocaine, Methamphetamine
4	Alcohol, Marijuana, Powdered Cocaine, LSD, Mushrooms, Vicodin®, Percocet®, Methamphetamine
5	Alcohol, Marijuana, Powdered cocaine, Methamphetamine

First use of methamphetamine

Most participants first used methamphetamine in their late-teens. All five participants first used methamphetamine with friends (n=4) or a family member (n=1). During their first use, all five participants inhaled the drug intranasally. All five participants described the experience in favorable terms. For example, participants described how methamphetamine gave them an "adrenaline rush" or a "speed rush" and how it made them feel "hyper" or "speedy and awake."

Changes in use of methamphetamine over time

None of the five participants reported an immediate addiction to or strong desire to use methamphetamine after their first use. Instead, participants discussed how their use gradually became “more frequent” or how they began to use methamphetamine regularly on weekends. Others indicated that their use of methamphetamine remained “sparse” or “occasional.” One theme that ran through all five interviews was that all participants were aware that methamphetamine provided a “longer rush” than powdered cocaine. In this sense, they preferred methamphetamine over powdered cocaine because the effects were longer-lasting and methamphetamine was far less expensive than powdered cocaine. Another observation is that while all five participants first used methamphetamine by intranasally inhaling it, all participants transitioned to smoking methamphetamine or injecting it as their preferred method of administration. The primary reason for changing from intranasal inhalation to smoking was that participants did not like the burning sensation that methamphetamine caused when administered intranasally.

Participants’ most recent experiences with methamphetamine

The most noteworthy observation about participants’ most recent experiences with methamphetamine was the reported length or duration of the “binge.” Participants’ most recent experience with methamphetamine often involved a binge that lasted anywhere from 3 to 7 days, during which time the individual reportedly did not sleep and rarely ate anything. During binges of methamphetamine use that lasted several days, participants reported experiencing visual and audible hallucinations (e.g., hearing voices of people who were not there and seeing things, most often people, who were not physically present). Participants typically attributed these hallucinations to their lack of sleep and not the methamphetamine itself. In addition, one participant--who had stayed awake for seven days--indicated that he did not eat anything and during this week-long binge, he lost 15 to 20 pounds.

Similar, to their first experience, participants’ most recent use occurred when they were with friends (n=3) or family members (n=2).

Other drugs used while using methamphetamine

Only one participant did not use any other substances when using methamphetamine. Others used alcohol and marijuana in conjunction with methamphetamine. One participant reported using Vicodin® (hydrocodone) to “come down” from the methamphetamine high.

Reasons participants used methamphetamine

When asked why they used methamphetamine, participants provided the following responses:

“I like the high... the energy.”

“I liked to be up.”

“I want to get an energy buzz.”

“Boredom... something to do.”

“It allows me to stay up.”

Number of individuals introduced to methamphetamine

Four of the five participants indicated that they had not introduced anyone to methamphetamine. One participant indicated that he had introduced one person to methamphetamine. This individual introduced one friend to methamphetamine because his friend was “curious” about the drug.

Negative consequences of methamphetamine use

When asked to describe the negative consequences of methamphetamine use, participants provided the following responses:

“You spend a lot of money on it and it can ruin your heart.” (referring to tachycardia experienced during methamphetamine use).

“The chemicals used to make it up.”

“It keeps you from sleeping, you loose your appetite, everything tastes bad, and you look [bad]. I was spitting-up black balls of gunk.”

“Physically, you can’t sleep, you can’t eat. I used it once and stayed awake for 7 days. I think I lost 15 to 20 pounds.”

“You feel brain-dead. Your body aches....probably from standing all the time.”

Positive consequences of methamphetamine use

When asked to describe the positive consequences of methamphetamine use, participants provided the following responses:

“I like to drive around feeling the adrenaline rush.”

“You can stay awake.”

“You can stay up.”

“The energy level...it helped me work.”

“Nothin’ really.”

Current availability of methamphetamine

When asked to describe the current availability of methamphetamine, participants provided the following responses that demonstrated some disagreement on the subject:

“It’s getting bigger.”

“Not very good.”

“It’s pretty available.”

“Fairly available.”

“It’s getting scarce, there’s been lots of lab busts.”

Current quality of methamphetamine

Participants’ responses seemed to suggest that the quality of methamphetamine depended on whether it was produced locally or out-of-state. Most participants believed they used methamphetamine that had been produced locally and that it was either brownish in color or that it had a powdery appearance to it. One participant also indicated that, when purchasing locally-produced methamphetamine, it was difficult to predict what the quality would be because the

manufacturers were constantly modifying the formula to try to make a better product. He indicated that in some batches they would add more of a certain ingredient than in previous batches, while in other batches they would add an ingredient that had not been used previously.

Participants also described methamphetamine that was brought in from out-of-state. They described this methamphetamine as “glass” or “ice” and indicated that it often had a clear or “pinkish” appearance to it. This “glass” or “ice” methamphetamine was perceived to be superior in quality.

Current prices of methamphetamine

The following prices of methamphetamine were provided by participants:

\$20 per 1/4 gram

\$40 to \$50 per 1/2 gram

\$75 to \$80 per gram (one participant indicated \$50 per gram)

\$400 per ounce

Description of user groups

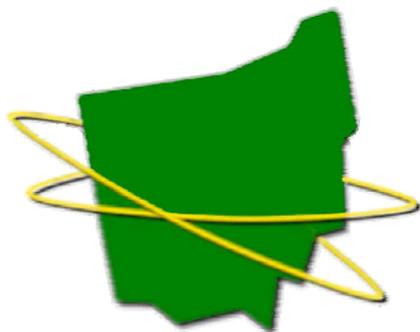
The majority of participants indicated that methamphetamine is used most frequently by persons between the ages of 18 and 25. However, two participants provided a higher age range (i.e., 18 through 50). All participants indicated that methamphetamine was used most frequently by Whites. Three participants indicated that methamphetamine was used most frequently by males but two participants indicated that it was used equally by both males and females.

Drug treatment

All five participants reported never being in treatment for drug abuse of any kind.

How to decrease methamphetamine use in Southeast Ohio

Two participants indicated that reducing access to chemicals and ingredients used to manufacture methamphetamine might reduce the amount of methamphetamine available to potential users. Lithium batteries, in particular, were mentioned by these participants. One participant also indicated that greater effort was needed to identify and shutdown methamphetamine laboratories. Two participants were highly skeptical of the idea of reducing access to methamphetamine ingredients (e.g., placing cold medicine behind the counter with pharmacists). These participants indicated that methamphetamine manufacturers will always be able to identify ways to obtain ingredients necessary for the production of methamphetamine. These participants indicated that users had to have more alternatives in life (e.g., better jobs, better recreational opportunities, etc.). They also indicated that if people were aware of the dangers of methamphetamine (e.g., weight loss, hallucinations, inability to sleep, etc.), they may be less likely to try methamphetamine in the first place.



The
**Ohio Substance Abuse
Monitoring Network**

Targeted Response: Methamphetamine Use

January through June 2005

**Cincinnati, Ohio
Hamilton County**

An OSAM Targeted Response Initiative

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**A Report Prepared for the
Ohio Department of Alcohol
and Drug Addiction Services**

Methods

Individuals recruited for participation in this initiative met the following criteria:

They were at least 18 years of age

They reported using methamphetamine within the previous 12 months

The use of methamphetamine did not have to be a primary drug of choice, and users did not have to be actively using drugs to participate. The goal was to recruit between 5 and 10 individuals to conduct interviews with a focus on methamphetamine use.

A previously prepared set of questions was asked of each interviewee, and each of the sessions was audiotaped. The interview data were analyzed in order to identify potential recurring themes with regard to methamphetamine abuse.

Ranking Task

A set of 16 cards, each with a different drug name on it, was used to address perception of risk or negative consequences of methamphetamine use vs. other drugs that have abuse potential. The cards were set out for the participant, then “ranked” in order of perceived risk or negative consequence, from 1-16. Any drug names unfamiliar to a participant were removed from the set prior to beginning of the ranking exercise. An explanation of ranking for methamphetamine in reference to the other drugs was then sought after the participant had completed the task.

Table 1. Demographic Characteristics

ID	Age	Gender	Ethnicity	Education	Employment	Marital Status
1	50	M	W	Some college	Unemployed	D
2	21	F	W	< HS	Unemployed	S
3	48	M	W	Some college	Disabled	M
4	26	F	W	< HS	Unemployed	M
5	36	F	W	College degree	Unemployed	M
6	39	F	W	HS diploma	Unemployed	M
7	33	F	W	< HS	Unemployed	W
8	39	M	W	< HS	Unemployed	M
9	22	F	W	HS diploma	Unemployed	S
10	44	F	AA	Some college	Unemployed	S
11	20	M	W	GED	Unemployed	S
12	25	M	W	GED	Unemployed	M
13	25	M	W	GED	Unemployed	S
14	26	M	W	GED	Unemployed	M
15	26	F	W	HS Diploma	Unemployed	S
16	21	F	W	< HS	Unemployed	M
17	27	M	W	GED	Unemployed	D
18	19	M	W	< HS	Unemployed	S

Key: F: Female, M: Male, W: White (Caucasian), AA: African-American (Black), <: less than, HS: High School, GED: General Education Diploma, Marital status: D: Divorced, S: Single, M: Married, W: Widowed.

A total of 18 respondents were recruited for this initiative. An additional 10 respondents were turned away once quota was reached, and 6 were rejected due to methamphetamine use longer than 12 months ago.

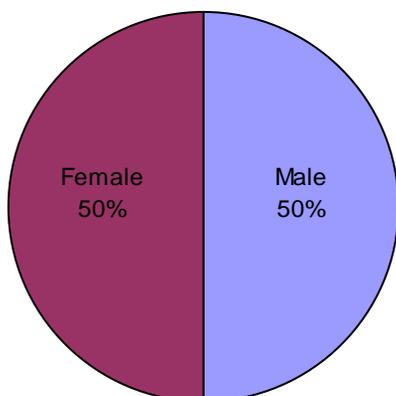
Respondents ranged in age from 19 to 50, with an average age of 30. Gender distribution was even, and 94.4% of respondents were White. All respondents were unemployed, 13 were incarcerated (72.2%), and the remaining 5 individuals (27.8%) were recruited from drug abuse treatment programs. As far as education, one-third of participants had not finished high school, 16.7% had a high school diploma, 27.8% had a GED, 16.7% had completed some college courses, and only 1 participant (5.6%) had a college degree. As for marital status, 44.4% were married, 11.1% divorced, 38.9% single, and 1 (5.6%) was widowed.

Table 2. Drug Use Characteristics

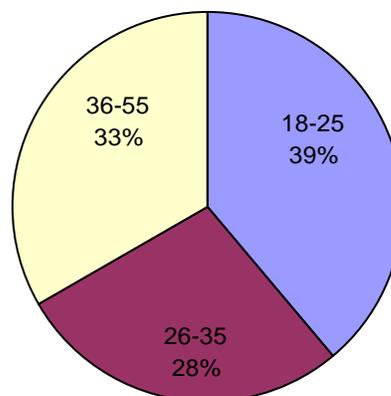
ID	Status	Primary Drug	Last Meth Use (days ago)	Meth Use Duration	Preferred Mode of Administration
1	Recovering	Methamphetamine	365 days	4 years	Intranasal inhalation
2	Treatment	Methamphetamine	5 days	2.5 years	Intranasal inhalation
3	Treatment	Methamphetamine	90 days	6 years	Smoked
4	Treatment	Methamphetamine	90 days	10 years	Intranasal inhalation
5	Treatment	Marijuana	60 days	6 months	Intranasal inhalation
6	Treatment	Methamphetamine	100 days	2 years	Injected
7	Treatment	Methamphetamine	180 days	2 years	Intranasal inhalation
8	Recovering	OxyContin®	120 days	5 years	Swallow; Intranasal inhalation; Smoked
9	Active	Marijuana	2 days	2 years	Intranasal inhalation
10	Active	OxyContin®	5 days	2 years	Intranasal inhalation
11	Active	Methamphetamine	120 days	3 years	Smoked
12	Recovering	Methamphetamine	60 days	4 years	Smoked
13	Treatment	Methamphetamine	35 days	8 years	Smoked
14	Treatment	Methamphetamine	120 days	3 years	Intranasal inhalation
15	Recovering	Methamphetamine	60 days	1 year	Intranasal inhalation
16	Active	Marijuana	7 days	2 months	Smoked

Note: Where more than 1 mode of administration recorded, order of preference is left to right.

Gender



Age Active/Recovering Users



All of the respondents were recovering from drug dependence (100%), 13 as a result of incarceration (72.2%), and 5 individuals (27.8%) were in an outpatient drug treatment program. Methamphetamine was cited as a primary drug of choice by 5 (27.8%) of the respondents. The time since last methamphetamine use ranged from 2 months to 12 months, with an average of 6.5 months. The amount of time individuals used methamphetamine varied between 2 months and 13 years, with an average of 4 years. A slight majority of respondents (55.5%) reported smoking methamphetamine as a primary mode of administration, closely followed by intranasal inhalation (50%). Five respondents (27.8%) stated they used methamphetamine by the intravenous (IV) route, and only one reported oral administration. Fully a third of the respondents (33.3%) stated that more than one route of administration was utilized, with intranasal inhalation and smoking as the most commonly reported methamphetamine administration

Results

routes.

General History of Drug Use and Patterns of Methamphetamine Abuse

When asked about the age of first drug use, the majority (66.6%) of respondents experimented around the onset of puberty, between 11 years of age and 14 years of age. Three respondents reported drug use before the age of 10 (16.7%); one of these reported alcohol consumption at the age of 4 years. Three respondents reported first drug use between 15-19 years of age (16.7%). The drugs tried most often for the first time included marijuana (61.1%) and alcohol (44.4%). Two respondents reported tobacco as their first drug used (11.1%), one reported codeine cough syrup (5.5%), and one reported huffing of paint (5.5%). Twenty-two percent of the respondents reported using more than one drug when reporting first drug use. All became poly drug users, with regular use of both stimulants and depressants over time.

Initiation of Methamphetamine Use

Respondents tended to be older with regard to first time methamphetamine use, with the youngest reported age of 15 years, and the oldest as 37 years (N=15). The average age of the first time methamphetamine user with this group was 24 years of age. There was a range of 1-23 years between first time drug use and first time methamphetamine use among respondents. The average time elapsed between first time any drug use and first use of methamphetamine was 11.3 years.

Introduction to methamphetamine occurred in various ways. The majority of participants reported that a friend (44.4%) introduced them to the drug. Of the 18 participants, 5 (27.8%) described a connection through relatives or friends to the methamphetamine “cooker”. Four individuals who were introduced to methamphetamine by a friends or relatives went on to become cookers themselves. Two respondents (11.1%) were introduced to methamphetamine directly by a relative, 4 through acquaintances (22.2%), and another 4 through their significant other, most often a girlfriend or boyfriend. Reasons for trying methamphetamine varied between respondents; curiosity (4), peer pressure (3), respondent was told or believed the methamphetamine to be cocaine (4), wanted to get high (2), wanted to get housework done or lose weight (2), dealer was out of original drug sought (1), and easy availability as a result of living near a methamphetamine “lab” (1).

Only one respondent (5.5%) stated that he knew a lot about methamphetamine before he decided to try it. This came from a 48-year-old white male with a long history of drug use. He used information obtained through the Internet to educate himself on various drugs. Approximately one-fifth (22.2%) of respondents knew some information about methamphetamine prior to use, and 38.9% reported knowing nothing about the drug prior to using it. The remaining 34.4% of respondents did not describe knowledge of methamphetamine prior to use. Nasal inhalation of methamphetamine was associated with a burning sensation that led some users to change route of administration over time to either smoking or IV use. When asked why respondents used methamphetamine, the responses varied; “feeling different,” getting or maintaining “high,” self-image and weight loss, alertness, energy, sex, and for “fun.”

Respondents were asked to describe the number of people that they believe they themselves introduced to methamphetamine. The answers varied widely from 0-100. Four respondents (22.2%) indicated that they had not introduced any people to methamphetamine, 8 (44.4%) introduced between 1-10 people to methamphetamine, 3 (16.7%) introduced 11-30 people to methamphetamine, 2 (11.1%) introduced 31-50 people to methamphetamine, and 1 respondent (5.5%) indicated he had introduced between 50-100 people to methamphetamine.

Changes in Methamphetamine Use over Time

All respondents that began using methamphetamine regularly reported an increase in use over time, with increasingly higher amounts needed to obtain a high similar to the first use experiences. The amount of money spent for methamphetamine increased over time as well. Respondents that started spending \$50-100/day ended up with \$200-400/day habits over time. Those that purchased by the week were spending \$50-100/week, and ended up with habits costing upwards to \$600/week to maintain an effect similar to the original high. One participant, a 19-year-old white male with a 9th grade education started making his own methamphetamine, or would purchase large amounts for resale. He described purchasing \$2,000-3,000 dollars worth of methamphetamine and crack that he then sold for \$6,000. Another participant, a 50-year-old white male was getting his methamphetamine through the US post office from a

southern state. He would purchase 1/16 oz. for \$200 and that would last for approximately 10 days.

More than half of the participants reported changing the route of administration over time, with smoking and IV routes more common than nasal inhalation or oral administration. Use of methamphetamine in combination with other drugs was commonly reported with a laundry list of drugs sited as being used concurrently, including alcohol, Rx sedative/hypnotics, ketamine, and opioids, heroin, LSD, ecstasy, and cocaine (both powder and crack forms). Several participants also reported using CNS depressants to come down off a methamphetamine high, including alcohol, marijuana, heroin, Tylenol PM®, and Rx sedative/hypnotics and opioids.

Many respondents reported that they were unable to stop using methamphetamine once they had been using it for a while.

Respondents also reported changes in overall feelings associated with methamphetamine use, as well as changes in behavior attributed to chronic use. Descriptions were consistent with other documented reports from chronic methamphetamine users. The recurring theme from users was that the drug would create a sense of empowerment in the beginning, with increased energy and euphoria. A heightened awareness of self and surroundings was described, along with an intense “rush” from initial administration, regardless of the route of administration. One respondent, a 26-year-old white female, single mother, with a high school degree, started using methamphetamine in order to assist with housework and caring for her young child. Others described being able to get many projects completed initially since they were awake for several days after use. Increases in sex drive, and duration of sex were described as well.

As use of methamphetamine continued, initial (desirable) effects began to be replaced with paranoia, psychosis, memory loss, mild or severe depression (apathy with life and loss of pleasure in life), hallucinations, insomnia, moodiness, increased aggressiveness and decreased libido. A feeling that “someone was out to get them” was a recurring theme among chronic users. A 19-year-old white male, who began making methamphetamine for personal and commercial use, started carrying a gun due to the paranoia he experienced with long-term use. A false sense of accomplishment from starting projects, but never finishing them, was described by many of the respondents. Several respondents reported resorting to selling belongings or thievery to help support their habit.

Consequences of Methamphetamine Use

Respondents were asked to describe both perceived negative and positive consequences associated with methamphetamine use.

Negative consequences

While many of the answers were not unexpected, there were a few responses that deviated from the majority. For instance, over half of the respondents (61.1%) reported negative health effects from methamphetamine use, describing brain damage, memory loss, and loss of teeth, eyesight, and hair. Several described addictiveness (27.8%), and destruction of normal life; social and financial (22.2%) negative consequences. Five of the respondents (27.8%) actually mentioned the dangerous chemicals used in making methamphetamine as a negative consequence of methamphetamine use. One respondent, a 25-year-old white male, who reported

introducing between 50-100 people to methamphetamine, “heard” that methamphetamine was bad, but didn’t really know why that might be. One respondent described incarceration as a negative consequence of use of methamphetamine. Another described that “blowing his best friend up” as a negative consequence of methamphetamine manufacture.

Physically, respondents reported losing weight, nose and gum bleeds, noticeable tremor, abscesses, teeth loss, lethargy, malnutrition, hair loss, vision loss, increased blood pressure, recurrent headache, and rebound rhinitis from nasal inhalation. Several respondents reported that they acquired Hepatitis C from IV use.

Positive consequences

Half of all respondents (50%) reported that there was nothing good about use of methamphetamine. The CNS stimulation effect (high, speed, buzz, increased activity effects) was reported by 33.3% of respondents as a positive effect of methamphetamine use. Increased sex drive was reported by two respondents (11.1%). One respondent, a 36-year-old white female with a college degree in a health professions field, attributed her ability to “make it through college” to her use of methamphetamine during her college years. Another respondent, a 21-year-old white female who had been entered in beauty pageants since the age of 8 years, had been introduced to cocaine and methamphetamine to control weight while modeling as a teen. She believed that methamphetamine assisted with covering up personal issues with regard to self-image, sexual abuse, and as an escape from personal problems. Only one respondent (5.5%) pointed to the fact that methamphetamine was cheap to make and resell for profit as a positive consequence of methamphetamine use.

Trends in Methamphetamine Distribution and Abuse

Availability

A slight majority of participants (55.5%) reported that it was very easy to obtain methamphetamine. Another 16.7% described availability as “connection-based” from a select circle of people in the community tied to the methamphetamine production. Five respondents cited rural areas as sources for methamphetamine, 4 cited out of state sources, 5 either made it themselves or had friends or relatives that made it locally, 1 cited a local city bar, and the others obtained methamphetamine through local dealers or friends.

Quality

Twelve respondents (66.7%) reported that the quality of methamphetamine obtained was average to good, while 4 respondents (22.2%) reported that the quality of methamphetamine has decreased as a result of poor quality product or addition of other ingredients to “cut” the product. An equal number of respondents reported an increase (4) or a decrease (4) in quality of methamphetamine available, 1 respondent reported no change, and the other 9 respondents did not comment on changes in quality.

Available Forms and Cost

The types of methamphetamine available included “powder,” “ice,” and “glass” forms. The glass form was the least available, and it was cited as being imported from California. The quality of glass received was very high, and price for one gram was reportedly \$250. Only 3 of

the 18 respondents (16.7%) reported availability of glass form, 9 respondents (50%) reported powder availability, and 8 reported (44.4%) availability of the ice form of methamphetamine. Prices for methamphetamine varied with relationship to dealer or “cook”, and could be traded for boxes of Sudafed®. Good quality powder ranged from \$80-150/g, but could also be obtained as low as \$40-60/g with a close connection to the source. An 8-ball (3.5g) of powder ranged in price from \$200-300, but a direct connection to the “cook” could net an 8-ball for \$150. The rock form of methamphetamine ranged from \$20-50/g.

Types of Users

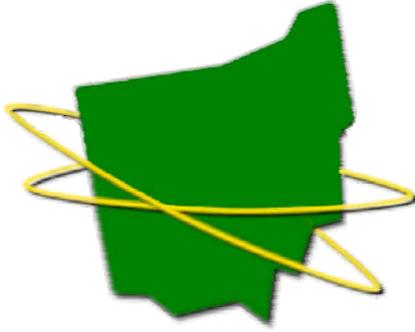
There were many types of methamphetamine users described by participants. Not surprisingly, lower class whites in rural areas were cited as users (22.2%), described by respondents as “hillbillies”. Ravers were reported as methamphetamine users by another 22.2% of the respondents. Additional groups described were bikers (16.7%), homeless or runaways (11.1%), punk rockers (11.1%), college kids (11.1%), rich suburban white kids, over-the-road truckers, gays, and “needle-users.”

Treatment Experience

Of the 18 participants, 7 (38.9%) reported going into treatment for methamphetamine abuse as a primary diagnosis. Two of the 7 respondents reported this as their first time in treatment, 2 reported this was their second time in treatment, one reported that he had been in treatment “dozens of times”, and two were not certain. Six of the seven respondents reported that they were arrested or had violated parole, leading them to treatment for methamphetamine abuse. The 7th respondent stated he was admitted for methamphetamine abuse as a result of detox from methadone. None of the respondents found it difficult to get into an inpatient treatment program, as all of them were incarcerated. When asked whether or not there were enough resources for drug abusers, of those asked, only one responded in the affirmative. More education of hazards of cooking methamphetamine, hazards of chemicals involved in making methamphetamine, adverse health effects, especially vanity issues, were all cited as ways to keep people from using methamphetamine. Several of the respondents didn’t believe individuals could be stopped once they were using methamphetamine, and suggested harsher penalties for possession of methamphetamine or methamphetamine-making materials, and stronger security around anhydrous ammonia tanks and other supplies to make it harder to make locally.

Community Health Educator Perspective on Methamphetamine

Originally a predominantly rural, white phenomenon, methamphetamine is starting to be picked up with increasing frequency within the urban areas of the city of Cincinnati. Rolling methamphetamine labs are reported as making methamphetamine more available within the city. While it continues to be a drug used predominantly by the white population (rural, suburb, and urban areas), the drug seems to be making inroads into the African-American community. Some participants predicted that the movement of methamphetamine into the urban areas would further escalate the violence already present in the city of Cincinnati due to drug use and trafficking.



The
**Ohio Substance Abuse
Monitoring Network**

Targeted Response: Methamphetamine Use

January through June 2005

**Cleveland, Ohio
Cuyahoga County**

An OSAM Targeted Response Initiative

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**A Report Prepared for the
Ohio Department of Alcohol
and Drug Addiction Services**

Methods

For this Targeted Response Initiative (TRI), individual interviews were conducted with eight methamphetamine users. Supplemental data were also collected from individual interviews with law enforcement and public health officials. All user respondents were at least 18 years of age. Four respondents had used methamphetamine in the past 12 months and four had used within the past several years. Five respondents indicated that their primary drug of abuse was cocaine; three stated that their primary drug of abuse was methamphetamine. The respondents ranged in age from 25 to 49 years of age, all men, and all gay. Seven out of the eight respondents disclosed that they were HIV positive. Six respondents were African American and two were White. Five respondents had at least some college, two finished high school as their highest level of education, and one did not complete high school. Four respondents were not working (or were on disability) and four were working. Seven respondents were single and one reported a partner living as married. The range in use of methamphetamine was between 6 months and 8 years.

All respondents were interviewed in the community, six at the Cleveland AIDS Task Force office and two in a public setting. The average length of the interviews was 90 minutes in duration and the OSAM TRI Methamphetamine Abuse interview instrument was used.

Table 1. Demographic characteristics

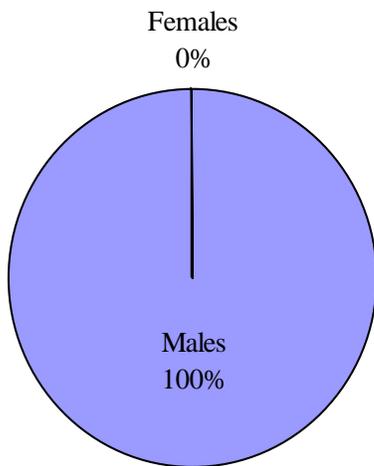
ID	Age	Gender	Ethnicity	Education	Employment	Marital Status
1	42	Male	African American	College	Unemployed/Disability	Single
2	39	Male	White	College	Full time	Living as married
3	49	Male	African American	High school	Unemployed	Single
4	46	Male	African American	College	Full time	Single
5	48	Male	African American	College	Part Time	Single
6	45	Male	African American	High school	Unemployed	Single
7	37	Male	African American	Less than high school	Unemployed	Single
8	25	Male	White	College	Part Time	Single

Table 2 Drug use characteristics

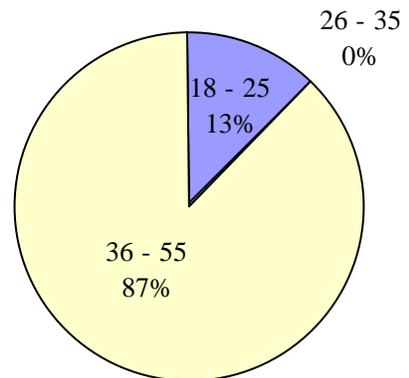
ID	Status	Primary Drug	Last Meth Use	Meth Use Duration (in years)	Preferred mode of administration
1	Treatment	Crack Cocaine	4 years ago	3 years	Smoked
2	Active	Crack cocaine	1 year ago	2 years	Intranasal inhalation
3	Recovering	Crack cocaine	6 months ago	1 year	Smoked
4	Recovering	Methamphetamine	9 months ago	8 years	Injected
5	Recovering	Methamphetamine	5 years ago	7 years	Smoked
6	Recovering	Crack cocaine	1 year ago	8 years	Smoked
7	Treatment	Crack cocaine	1 year	2 years	Intranasal inhalation
8	Recovering	Methamphetamine	6 months ago	3.5 years	Multiple

Demographics

Gender



Age Active/Recovering Users



Results

History of Methamphetamine and Other Drug Use

Respondents indicated that initiation to the use of methamphetamine was primarily through “party friends” or “club kids,” and respondents used methamphetamine for the first time while “partying.” Two respondents stated that they were introduced to methamphetamine by a sexual partner. Two respondents stated that they tried methamphetamine for its effects during sex, three stated that they tried methamphetamine because it happened to be there at a party, one said that he was depressed and had heard it will “pick you up,” and one said that he was “a user anyway so why not try something new?”

For all but one respondent, methamphetamine use falls down the drug use spectrum. All but one of the respondents indicated prior crack or cocaine use. Almost all ($n = 7$) also indicated prior marijuana use. Four indicated prior LSD/acid use and two had used PCP. The drug progression for each was similar for early years—beginning use at an early age (for these respondents, between the ages of 8 and 16) with alcohol and tobacco use. Six respondents moved on within a few years to marijuana. All respondents indicated an early home history of tobacco and alcohol use and friends early on who drank, smoked tobacco, and used marijuana. One respondent reported that he had used heroin prior to methamphetamine. In summary, all respondents indicated extensive drug use histories, but primarily reported a history of crack cocaine use.

Currently, most respondents ($n = 5$) reported using primarily crack and alcohol, using these drugs in combination with methamphetamine when “partying.”

First Use of Methamphetamine

Since initiation into methamphetamine use generally occurred after regular use of an average of five other drugs, the mean age for one’s first use was in the early thirties, with several respondents beginning over the age of 35 (range 22-37).

First use for all respondents was in a social setting:

“ A friend came over and, I thought, why not? Everyone else was doing it. I went home with a guy that I picked up at a bar...he offered it to me. I used it to enjoy the music. It gave me an incredible rush...I was relaxed...I thought it was cocaine. I heard it was a sex drug. It made me feel sensual...happy....euphoric. ”

All of the respondents used for the first time in a party situation and described feeling “social,” “zippy,” and “happy.” Five respondents intranasally inhaled the drug the first time, two smoked and one injected the drug.

Methamphetamine Use Patterns over Time

Most users had progressed to regular methamphetamine use within a year, with most starting on weekends only, and subsequently transitioning to daily use. One user stated:

“ I didn't even know how much I was using. I just got it from friends...the more I had the good stuff, the more I wanted it. I went on-line to meet men and party...looking for meth. ”

Most respondents reported transitioning almost immediately from intranasal inhalation to smoking due to burning in the nose. Most moved from “one line” initially to a ½ gram or one gram of use per day. One respondent reported using up to three grams per day.

One respondent described transporting methamphetamine in exchange for a drug portion. His friend was too paranoid to go and get the methamphetamine. He was reportedly offered methamphetamine by the dealer if he brought new customers.

Over time, all respondents reported needing to increase the amount and frequency of methamphetamine use. Most reported feeling paranoid after consistent use. One user commented:

“ I got so obsessive compulsive...I thought I saw a piece of meth on the carpet so I scraped the carpet for eight hours until my hands were bloody....before this, I was never like this. ”

Most of the respondents reported consistent modes of administration; those that began by smoking (who were usually crack smokers) continued to smoke; those you administered the drug intranasally continued to do so; the one injector continued to inject.

Most Recent Use of Methamphetamine

Most respondents (n=6) indicated that the last time they used methamphetamine, they purchased it from a dealer. One user stated that he could obtain methamphetamine from a dealer on the west side of Cleveland. Another respondent indicated obtaining methamphetamine in an apartment in a west side suburb. The average purchase was \$200, ranging from usual purchases of \$150 to \$450. Most were using methamphetamine in their homes (usually on the near west side of Cleveland), one stated that he used primarily in a bathhouse and one used in an abandoned building.

One respondent stated that methamphetamine was getting harder to get in the bars because people were using in networks, in homes, and in bathhouses.

Reasons for the most recent use included “liking the high” and “using it to party.” One respondent stated that he had just learned of being HIV positive so he bought methamphetamine in Cleveland, went to Chicago, met a partner in a bar and injected methamphetamine for the first time.

Most respondents indicated that they have not introduced any friends to methamphetamine. This was usually due to spending time in closed networks where everyone was already using methamphetamine.

Attitudes Toward Methamphetamine

In general, these respondents in treatment all have very negative attitudes about methamphetamine use. A list of descriptors follows:

- “Smoking anything can lead to a heart attack”
- “It will make you more likely to get an STD.”
- “You get paranoid, depressed and suicidal.”
- “You get obsessed with needing it to party.”
- “It tears down your body.”
- “After a while, you don’t eat, don’t groom...you forget and have unprotected sex.”
- “You lose touch with reality- I kept having to go to the ER because I thought I was having vibrations in my chest and I thought that I was having a heart attack.”

Respondents were asked to compare how “serious” they felt the risks are related to methamphetamine and to compare methamphetamine to other drugs. There was split opinion on whether crack or methamphetamine was the more serious drug. Users of heroin rated heroin as more serious than crack. Clearly, respondents felt that methamphetamine had serious risks and implications for users than most other drugs.

One user commented:

“Meth is not a natural substance. Even making it compromises people living within blocks....it’s so addictive...it keeps you going for days...you lose your job, you lose your values....everything.”

Methamphetamine Procurement

All respondents reported that methamphetamine was easy to find in the methamphetamine networks and through some dealers on the near west side of Cleveland. Users reported the availability of “crystal,” “ice,” and “glass” and one user stated that most of the methamphetamine is pink. Most believed that most of the methamphetamine was produced locally but not within the city of Cleveland. Two users commented:

“It’s usually brought in...meth labs wouldn’t last long right in Cleveland. The Cleveland DEA system is pretty good...Users rat each other out easier here.”

It’s brought. There aren’t any meth labs here. Cleveland ain’t fit for it. Why make it when you can easily bring it in?

Columbus and Cleveland will be a lot alike- at least in terms of meth users in the gay community.

Prices reported by users in this area:

\$100/gram (up to \$160/gram for high quality)
\$450/ounce

Perceptions of Community Use of Methamphetamine

Most users (n = 7) reported that methamphetamine use in the area appeared to be increasing, although one respondent felt that, due to the easy availability of crack, the methamphetamine use in the area was stable and not increasing. Respondents thought that the majority of methamphetamine users were in their mid-twenties and all reported knowing primarily White users and gay men who used methamphetamine in the area.

In terms of “types” of users, one respondent suggested there were two distinct groups of methamphetamine users in the gay community: “social bubbles” who are generally younger users that sit around at someone’s house while using, and “mid life crisis” users who are in their mid-30s and early-40s and use methamphetamine to accentuate sexual activities.

Treatment Experiences

Five out of the eight respondents reported having a substance abuse treatment history, primarily for crack. Those with a treatment history believed that most treatment providers in Cuyahoga County have very limited knowledge and insight regarding methamphetamine.

One user, who self-reported being an alcoholic, had strong feelings that the usual 12-step process would not work for methamphetamine addiction. He felt that programs needed to be individualized; support groups would not help since the methamphetamine user network was too small and “if one falls, they all go down.” Individual counseling is the only way, in his opinion, to provide effective treatment.

User Suggestions to Prevent Methamphetamine Abuse

Respondents generally felt that the best way to prevent methamphetamine abuse is through education about how addicting methamphetamine can be. One user stated that people need to be able to make an “educated choice” about the risks that they take.

One user commented:

“ There’s really nothing you can do. Meth has been around and it won’t go away as long as people want it. Once you try it, you want it. ”

Another user commented:

“ HIV and meth go hand in hand. The general media needs to address these issues. ”

Local Agency Perspectives on Methamphetamine

While there appear to be pockets of methamphetamine use in Cuyahoga County, local authorities do not report widespread concern.

The Cuyahoga County Alcohol and Drug Addiction Services Board reports that in the past 16,000 admissions, only seven have reported methamphetamine use. Treatment providers who participated in focus groups stated that methamphetamine is “not big here at all” and did not have any knowledge of availability or prices of methamphetamine in the area.

Law enforcement focus group participants stated that they were “not buying into the methamphetamine hype.” They did comment that there are justified concerns for methamphetamine abuse in small pockets of users, but that the methamphetamine problem is not nearly as widespread in the Cleveland area as compared to the Akron area.

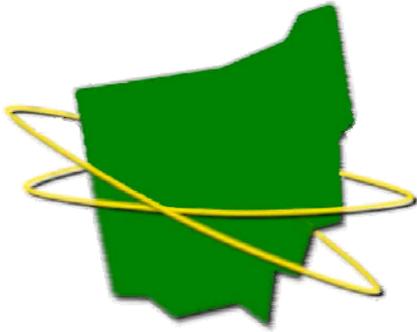
The Cuyahoga County Jail reported that, based on a 7-day drug use inventory, 408 inmates were screened on intake to the county jail. Of these, no one indicated using methamphetamine. The jail warden commented that they have heard that Cleveland cocaine dealers are “keeping meth out of the county,” but did not have detailed information.

The Cuyahoga County Probation Department reported that they have seen a few cases test positive by urine for methamphetamine use but they are not seeing a noteworthy increase in methamphetamine as related to law enforcement cases or treatment cases. The Probation Department instead commented on a dramatic rise in clients using ecstasy. A drug court representative stated that there have been no recent drug court cases involving methamphetamine.

Concerns regarding methamphetamine were raised by the Cleveland Department of Public Health HIV Unit. The HIV unit representatives commented that methamphetamine use has been indicated in many of the recent new HIV cases; clients indicate that the methamphetamine use prompted them to engage in risky sex and they attribute the HIV to this behavior. As a result, the Cleveland Department of Public Health is conducting a detailed survey among the Cleveland area gay community to determine the actual extent of methamphetamine use.

On June 16, 2005, the first Cuyahoga County probable active methamphetamine lab to be publicly disclosed was shut down by the Brook Park Police Department. The home, was found to have the ingredients used to make methamphetamine when police went to the house to make an arrest. Confirmation of this lab is still pending. The Cuyahoga County Drug Task Force Narcotics Bureau reports that there have been a total of 17 inactive methamphetamine lab busts since 2003, with a steady increase. The majority have been in hotel rooms.

Reports from surrounding counties (primarily suburban and rural) to Cuyahoga County indicate a very slight increase in the occurrence of methamphetamine-related problems. In Lake County, the narcotics unit reported that there have been no methamphetamine labs found; however, they have prosecuted 6 cases this year for methamphetamine supplies that were being transported out of Lake County. In Geauga County, methamphetamine concerns have primarily been over the sale of supplies. In these counties, special law enforcement training has been conducted and a merchant awareness campaign is in progress.



The
**Ohio Substance Abuse
Monitoring Network**

Targeted Response: Methamphetamine Use

January through June 2005

**Columbus, Ohio
Franklin County**

An OSAM Targeted Response Initiative

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**A Report Prepared for the
Ohio Department of Alcohol
and Drug Addiction Services**

Methods

In Columbus, seven recent methamphetamine users were interviewed. Five participants were recruited directly from an ongoing Wright State University research study on MDMA use funded by the National Institute on Drug Abuse, and two were recruited through the Columbus Health Department. A protocol was used to guide the interviews. Interviews were tape recorded after administering informed consent. Verbatim transcripts were coded using NVivo®, a qualitative data analysis software. Interviews lasted between 1 and 1.5 hours.

Participant Characteristics

The interviews completed for this report are listed in the table below. Participants included five men and two women. Six of the participants were white, and one was African American. Age ranged from 22 to 54 years.

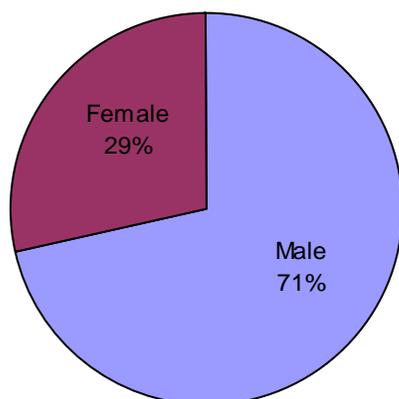
Table 1. Demographic Characteristics

ID	Age	Gender	Ethnicity
1	22	M	W
2	24	F	W
3	22	F	W
4	28	M	W
5	38	M	W
6	54	M	W
7	35	M	AA

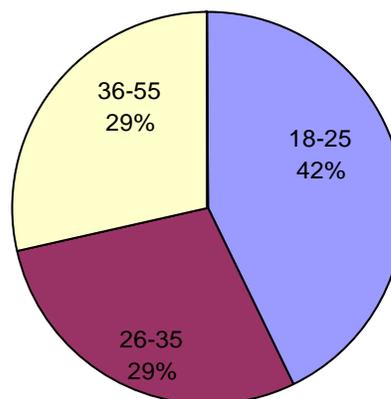
Key: F: Female, M: Male, W: White (Caucasian), AA: African-American (Black).

All seven participants reported using methamphetamine within the last 30 days. Three individuals had inhaled methamphetamine intranasally the last time they used it, one had smoked it, two had smoked and intranasally inhaled it, and one had ingested it in tablet form. The tablet form of methamphetamine would likely have been Desoxyn®, although we were unable to confirm this.

Gender



Age Active/Recovering Users



Results

The participants fell into three general categories:

- 1) One category included four young white users, 22-28-years-old. All of them had high school educations and were employed in the service industry. People in this category typically used methamphetamine in the context of dance scenes, playing music, or to accomplish a particular task, such as house cleaning.
- 2) A second category included two gay men, both white, both over 40, who primarily used methamphetamine in the context of sexual relationships.
- 3) A third category was represented by an African-American man in his mid-30s who used methamphetamine with white friends in his working-class neighborhood on the city's south side. He described this neighborhood as being "full of methamphetamine."

Drug Use Histories Prior to Methamphetamine

All seven participants had substantial experience with numerous other illicit drugs before initiating methamphetamine use. All but one had used powdered cocaine prior to using methamphetamine. In addition, four participants had used heroin, four had used hallucinogens, three had used pharmaceutical opioids, and one had used crack cocaine.

Initiation to Methamphetamine

The participants were introduced to methamphetamine by friends, usually in informal social situations such as parties, while "hanging out" in someone's home, or through sexual partners. Some initially thought the methamphetamine they had inhaled the first time was powdered cocaine. For example, a 35-year-old African-American man first used methamphetamine with neighborhood associates, who were all white. He explained:

“ The first time I used it, I was with some white guys that I'm friends with. And they were snortin' it, and I thought it was coke. I took a line and I did it, and it just made me feel energetic, and real speedy, you know. I stayed up for like two days the first time I did it, snortin' it, and I liked it.... ”

Only two participants claimed to have introduced other people to methamphetamine. One woman described how she introduced a friend to the drug:

“ My best friend started going to parties with me. She didn't wanna do it [methamphetamine] because she had heard how bad it was. I convinced her to do it, and she ended up being just as bad, if not worse, than I was, as far as using it went. ”

Perceived Positive Reasons for Methamphetamine Use

The most common reasons given for methamphetamine use included increased energy and feelings of confidence. These perceived positive effects were manifested in at least three di-

mensions: 1) physical; 2) social/psychological; and 3) sexual.

In terms of the physical dimension, some participants claimed that methamphetamine was primarily beneficial because it helped them accomplish tasks or simply to stay awake and maintain energy. For example, a 24-year-old white woman, stated:

“Just to have energy to get stuff done I guess, that’s the only reason I ever get it [methamphetamine]. I don’t really like it for partying or anything ‘cause I just get it when ... I have to move or I have to like get the place cleaned up or something.... It’s not like some feeling of euphoria or anything for me; it’s just I’m awake, that’s all.”

Another participant said he would lift weights after using methamphetamine, due to increases in energy.

In regard to social/psychological reasons for using methamphetamine, a 22-year-old white woman found that using the drug gave her more confidence to interact in social situations. She commented:

“You’re a lot more social, like to just being able to go out and talk to whoever. I have a lot of issues now with social anxiety. I can’t even go out of the house because I got so used [to using methamphetamine]....”

Other participants gave “psychological” reasons for use that related to creativity and mental focus. For example, a 28-year-old white man explained:

“I could just, I don’t know, got a lot of thinking done, a lot of creativity exploded. I mean, I write, and I was writing. In some way, for myself personally, it’s [methamphetamine] been very good.... It’s a magic potion to me. It’s like Pop-eye and his spinach. Methamphetamine for me has been for elevation [on an intellectual level].”

In the case of the two gay men interviewed, the use of methamphetamine was often associated with sex as well as increased energy in general. As a 38-year-old white man said:

“I loved it [methamphetamine]. I went out and danced the rest of the night, non-stop eternal energy.... Even if it starts as a party drug I think, that during the course of being on it, yeah, it’s a sex drug. Definitely increases your sex appetite and, ya know, you’re less inhibited. You feel more confident, more sure of yourself.”

Perceived Negative Consequences Associated with Methamphetamine Use

Most participants described both physical and psychological adverse consequences associated with methamphetamine use. These were often associated with extended periods of methamphetamine use. Weight loss, loss of sleep, agitation, and paranoia were mentioned multiple times. Often, methamphetamine was described as “harsh,” “nasty,” or “dirty.” One participant described in some detail how several negative effects occurred in combination:

“ [I] started gettin’ paranoid, started hearin’ things that wasn’t there and catchin’ glimpses of stuff outta the corner of my eye, like the shadow monsters or what-ever.... I just get really irritable for like the next couple a days. It’s [methamphetamine] really hard on the body, like it’s horrible hangover from meth, like you can feel it in your muscles, and in your veins and your, ya know, nose bleed.... Like it’s horribly, horribly draining on the body.... ”

Some participants also described unsightly physical deterioration. For example, one participant described the long-term impacts of methamphetamine use on people that she knew as follows:

“ I’ve seen kids my age with some pretty nasty teeth from meth, like rotted away, yellow teeth just from, ‘cause they grind their teeth, and it just rots ‘em away so bad. I mean obviously like it eats away at your brain, ya know, it destroys your nasal cavity, if you’re snorting it.... ”

Another participant described some of the negative effects that she had experienced herself, “I lost like seventy pounds in the course of three months.... I got boils on my face and my back. I just looked like a walking corpse. My best friend told me that I looked a “chemo patient,” and I got really, really obsessive compulsive and neurotic....”

Other participants had not experienced any severe consequences from their own use, though they anticipated that such effects could occur with long-term use. One participant, for example, limited his use of methamphetamine to weekends because he feared its addictive potential. He commented, “Methamphetamine is just.... for me, the fear of getting addicted to it. It really doesn’t, at least, hasn’t had any major side effects [on me]....”

Patterns of Methamphetamine Abuse

Patterns of methamphetamine use, including methods of administration, varied. Some participants only used methamphetamine occasionally, and did not prefer it over other drugs. For example, one male participant said, “I’ve always had access to meth; I just don’t desire it as much. It’s not my drug of choice.”

Others used methamphetamine intensively for a short period of time, and then stopped using it. Another participant explained, “There was quite a stint where for probably about four months I was doin’ it. I had a joke: I did meth once for about three weeks.”

Others had used the drug for an extended period of time. For example, a white woman, used methamphetamine for nine years, though her patterns of use changed over that period of time. From the ages of 18 to 20 she used methamphetamine, “almost everyday; there’s probably like one or two days a week maximum where I wasn’t using.” At age 20, she curtailed her use significantly. At the time of her interview she was 22, and she stated that she used methamphetamine very sporadically, “Like I’ve done it three times in the past six months, and it wasn’t me actively seeking it; it was just there.”

Like variations in patterns of use, methods of administration also differed. Participants “snorted” methamphetamine in “lines,” the same way that one would inhale powdered cocaine. Others smoked it, and one person ingested it. Further, method of administration also changed over time. The most common pattern was shifting from nasal insufflation to smoking the drug,

often due to negative impact on the nasal cavity from snorting the drug.

Trends in Availability

Reports on the availability and use of methamphetamine varied by social networks. According to one male participant, the availability and use of methamphetamine—called “crystal” or “tina”—were increasing dramatically in the Columbus gay community. As he commented,

“Fifteen years ago, crystal was a problem in this city. And then a whole bunch a people got busted and with the AIDS epidemic and everything like that, I don't know, it just seemed to go away. And then all of a sudden it's all back again. It's like everybody's using it.... I hear everybody talkin' about it.”

Increased vigilance on the part of activists within the Columbus gay community, including the establishment of methamphetamine support groups adopted from the West Coast supported his contention that the drug was becoming a major problem in the gay social scene. The association between methamphetamine use and high-risk sexual behavior is a significant issue for the public health field.

In contrast, young, heterosexual white users reported that although methamphetamine was available to those who were involved “in the scene,” abuse was remaining stable. According to one participant, “From what I've gathered just over the last couple years, talkin' to friends, ya know, there used to be a lot of, ya know, very good stuff [methamphetamine] around, and now there's not. And not many people doin' it....”

This participant mentioned that a law enforcement crackdown on methamphetamine, code-named “Operation Dark Star,” had a negative impact (from his perspective) on the quality and availability of methamphetamine in the area. “Operation Dark Star” was reported in the news and resulted in many arrests as well as the confiscation of “thousands of ecstasy pills and several pounds of methamphetamine that were shipped to Ohio” (accessed at www.10tv.com, June 10, 2005).

Prices for methamphetamine were typically reported in the range of \$40-\$60 for a half gram, while a “point,” or 0.1 grams cost \$20. The perceived quality of methamphetamine varies greatly, from “shards” or “glass” at the high end to “crank,” “trucker speed,” or “peanut butter” at the low end. One participant described “crank” as “...really dirty. You feel more, instead of feeling really high you just get sorta jittery.”

In contrast, another participant reported that the methamphetamine he used was “always really good.” He described it as looking like “really fine broken glass—shiny, jagged.” None of the participants were involved in the production of methamphetamine. However some believed that high-quality methamphetamine was largely produced outside Ohio, either in Mexico or on the West Coast. Participants believed that locally produced methamphetamine was likely to be of the lower-quality, “crank” variety. Overall, it appears that the availability and quality of methamphetamine varies by social network and user group.

User Groups

Descriptions of typical methamphetamine users tended to reflect different social networks of users which rarely intersect. For example, one participant described typical methamphetamine

users as “*probably thirty through fifty... I don’t see, I don’t see a lotta the young kids really usin’ it.*” In contrast, other participants described methamphetamine users as “trust fund kids.” As one woman commented, “*Suburbanite, ya know, mid-twenties... like college dropout, college-age, post-bachelor’s degree in business ... and now you’ve got all this money.*”

Another participant mentioned two types of methamphetamine users: “ravers” and “white trash.” She described the “ravers” as “*Generally middle-class, white suburban kids that are doing it [methamphetamine] because it’s the thing to do that weekend.*” She explained that “ravers” begin using methamphetamine because:

“*You can find it really easily at parties. There’s like a whole group, like there are the ‘ecstasy kids,’ and then there’s like the ‘meth kids’ at parties. And you don’t really see the two like crossing over into the other sides.*”

Again, these accounts reinforce the distinctions between largely separate methamphetamine networks as well as in contrast to other drug-using networks.

“White trash,” or lower socioeconomic class methamphetamine users, were perceived as yet another distinct category. As one person commented,

“*It’s not so much “white trash” kids, it’s “white trash” older people, and... they always made me really sad, because you could tell they didn’t even really enjoy doing it [methamphetamine] anymore. They just had to do it, otherwise they weren’t right, ya know what I mean?*”

The only participant who had regular contact with the lower socioeconomic class white users was a 35-year-old African-American man. As such, we cannot comment extensively on this group of users. He commented that he knew some other African-American men his age were also using meth, but he didn’t think it would increase much among African Americans because “*it’s basically a white person’s drug.*” Again, this emphasizes that methamphetamine use is largely occurring among whites in the Columbus area.

Treatment Experiences and Ideas about Prevention

Because none of the seven participants had been in treatment for methamphetamine abuse or dependence, we are unable to report on this topic. However, when asked, “What, if anything, can be done to keep people from using methamphetamine?” participants gave a range of responses. One participant simply said, “*Probably nothing. They’ll still be doin’ it. You can try and, they’ll try and beat people down, and lock ‘em up, and I think that only makes the problem greater.*”

In contrast, other participants recommended prevention efforts which appealed to young people to use their own judgment in view of the negative consequences of methamphetamine abuse. For example, one participant commented: “*If somebody was trying to get people not to use meth, [they should] give a realistic portrait. Have people that have gotten to the lowest low talk to kids about it, not even necessarily like tell them not to do it, but just have them be more aware of the actual consequences, and how it affects a real person.*”

Summary

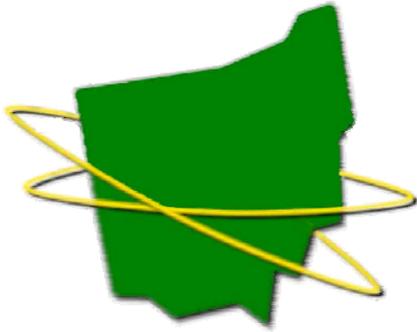
Given the small sample size, our findings should be considered preliminary and interpreted cautiously. However, the data in this report clearly indicate that methamphetamine is present and available in Columbus, and that abuse of the drug varies relative to diverse user groups. Our findings also indicate that methamphetamine prevalence is increasing in the gay community while it appears to be stable among other user groups.

The findings also suggest that methamphetamine abuse is concentrated within distinct social “scenes” or social networks. Patterns and reasons for use among people in different social contexts vary significantly. For example, in the gay community methamphetamine is associated with increases in risky sex behaviors which, in turn, place people at increased risk for a host of sexually transmitted diseases, including HIV. In contrast, for most heterosexual participants the drug was not associated with sex but with rather more mundane activities. For example, when asked what she did while using methamphetamine, one woman responded:

“ Let’s see, we’d go shopping, we’d walk around, we would sit in my living room for three days in a row without leaving, just sitting there, talking, doing drugs. Nothing really, that’s the sad thing, we didn’t really do much of anything like, on the weekends we would go out, but then ya know from Sunday until Tuesday we would just sit in my house. ”

Nonetheless, these participants did experience negative repercussions from methamphetamine use. Physical deterioration and psychological stress were two of the major negative impacts associated with continued methamphetamine use. One participant, who claimed no major side effects from his regular methamphetamine use, was having great difficulty keeping his eyes open during his interview. He had used methamphetamine the day before and was up all night because of it. Sleep loss in itself is a health issue, which can impair judgment and perception, and result in accident and injury.

Though participants did not have experience with substance abuse treatment due to methamphetamine abuse, the possible spread of methamphetamine through established networks of drug users should be monitored closely. Our findings suggest that individuals most likely to be exposed to methamphetamine are those who: 1) have some history of illicit drug use, especially cocaine, and 2) belong to one of the social groups or networks described above.



The
**Ohio Substance Abuse
Monitoring Network**

Targeted Response: Methamphetamine Use

January through June 2005

**Dayton, Ohio
Montgomery County**

An OSAM Targeted Response Initiative

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**A Report Prepared for the
Ohio Department of Alcohol
and Drug Addiction Services**

Methods

In the Dayton area, 17 individuals who reported methamphetamine use within the past 12 months were recruited for the study. Recruitment was facilitated by outreach workers who identified a number of eligible individuals and invited them to participate in the study. These initial “seeds” were asked to refer other methamphetamine users to be interviewed by the project staff.

Interviews were conducted at the project site office, located in an area known for drug use and prostitution. Informed consent forms were administered to each participant. Interviews were open-ended in nature, but an interview guide was used to ensure that questions relevant to drug use history, patterns of methamphetamine abuse, perceived harmful effects, and local trends of methamphetamine use were asked to all participants. Each interview lasted between 60 and 90 minutes. Each participant was compensated \$20 for their time.

Interviews were tape recorded and transcribed verbatim. Interviews were coded using NVivo, a qualitative data analysis software.

Results

Participant Characteristics

As seen from the table, the majority of participants were white and male. The majority had either a high school diploma or GED, six reported some post-secondary education. Only seven were married or living as married. Eight participants were in their 20s, nine were in their 40s or older.

The majority of the participants were unemployed. Those who were employed held manual labor or service-type jobs. None of the individuals were currently attending college or school. Two individuals were homeless.

Ten participants were active users, and seven were in recovery (see table on drug use characteristics below). Five participants considered methamphetamine as their primary drug of choice, seven participants indicated that methamphetamine was their drug of choice in addition to crack, marijuana, powdered cocaine, and ecstasy. Five other participants were primarily abusers of other drugs.

The most recent episode of methamphetamine use ranged between “today” to about

Demographic characteristics	No.
Gender	
Female	7
Male	10
Ethnicity	
African American	2
White	14
Mexican American	1
Education	
Less than high school	3
High school or GED	8
Some college	6
Employment	
Unemployed	10
Part time	3
Full time	4
Marital status	
Married/living as married	7
Divorced/separated	4
Single	6
Age (years)	
Range	21 – 57
Mean	36.1
20s	8
40s	7
50s	2

10 months ago. Nine participants reported methamphetamine use within the past month, and six of them had used the drug within the past week. Eight other participants reported that their most recent use occurred between 1 and 10 months ago.

Reported length of use ranged between 2 and 42 years. Participants could be grouped into two distinct “generations” of users. “Older generation” users included a group of seven older individuals whose first use occurred more than 15 years ago in the 1970s or 1980s. Only one participant, a 57-year-old African-American man, reported continued use of methamphetamine. The other six individuals reported that their use eventually faded and they turned to other substances, including crack, heroin, and/or pharmaceutical opioids. However, in the mid-to-late 1990s or early 2000, their use picked up again. For example, “D,” a 43-year-old white man was first introduced to methamphetamine in 1989 when he was living in Texas. When he moved back to Dayton, he could not find methamphetamine, and his drug use history took another direction--he started abusing pharmaceutical opioids and eventually turned to heroin. He was re-introduced to methamphetamine about six months ago when he was in recovery for heroin dependence.

Another group of methamphetamine abusers consisted of 10 individuals who could be called “new generation” users. The majority (8) were in their 20s. Three of them were introduced to methamphetamine about 5-7 years ago, the rest were introduced about 2 years ago.

Drug Use Histories Prior to Methamphetamine

All participants had a history of illegal drug use prior to their initiation to methamphetamine. As seen in the figure (“Drug Use Characteristics”), marijuana and powdered cocaine were a common part of pre-methamphetamine drug use history. All participants except a 47-year-old African-American woman, who was introduced to crack by her boyfriend in the mid-1980s, had a history of marijuana use. For many of these individuals, marijuana use was so regular, that they often viewed as being a “normal” part of their daily lives. The majority (14) had experience with powdered cocaine. Five of these individuals used powdered cocaine on a nearly daily basis at the time when they were introduced to methamphetamine. Many of the participants (9) reported a history of pharmaceutical opioid and/or tranquilizer abuse. LSD use was reported by all younger users (7) and two older users. Seven younger individuals had a history of ecstasy use prior to their initiation to methamphetamine. “M,” a 26-year-old man summarized drug use trends among his

Drug use characteristics	No.
Status	
Active user	10
Recovering user	7
Primary drugs of abuse	
Methamphetamine	5
Methamphetamine/crack	4
Methamphetamine/powdered cocaine	1
Methamphetamine/ecstasy	1
Methamphetamine/marijuana	1
Marijuana	2
Heroin/crack or cocaine	3
Duration of use (years)	
Range	2 – 42
Introduced more than 15 years ago	7
Introduced between 5-7 years ago	3
Introduced 2 years ago	7
Last use	
Range (days ago)	1- 300
Within last 30 days	9
Between 1 and 10 months ago	8
Mode of administration at last use	
Smoked	7
Snorted	5
Smoked and snorted	3
Injected	2

peers: *“If they’ve tried ecstasy or LSD, or especially coke, they’ve probably done meth.”* Five older men had an early history of pharmaceutical amphetamine or methylphenidate abuse. Six individuals had used crack cocaine. Three of them were regular crack users at the time they were introduced to methamphetamine. In summary, most participants had fairly extensive substance abuse histories at the time they were introduced to methamphetamine. The majority had experience with illegal stimulant use.

Initiation to Methamphetamine

Many users felt that methamphetamine “grabbed” them the very first time they tried it. Several other participants indicated that after trying “meth” for the first time, they had to be re-introduced to it again before they “learned” to like it and started using it on a more consistent basis. For example, “J,” a 47-year-old white man first snorted “crank” when he was about 20. He did not like the experience and never touched it again until more than 15 years later when he was introduced to “crystal meth” by one of his crack smoking partners. In his mind, the two experiences were very different, *“It was years and years apart. I never had any interest in it [crank]. I didn’t even really correlate crank and crystal meth.”*

Besides their own initiation scenarios, participants were asked to describe situations where they introduced others to methamphetamine. Out of 17 participants, five reported that they introduced other people to methamphetamine. Two of these individuals introduced around 20-30 people.

Social setting of first use

Typically, first methamphetamine use occurred in recreational situations. Individuals were offered methamphetamine by their boyfriends/girlfriends, close friends or somebody they just met at a party. For example, “Ml,” a 27-year-old white man, described his first use:

“ *I was hangin’ out with a friend and um, we were just drinkin’ and smokin’ weed, havin’ a cookout actually. And some girl came over, and she had meth. And um, they were puttin’ it on aluminum foil or whatever like burnin’ the bottom of it and suckin’ it up with a pen. And he was like, you wanna try it? And I was like, “Sure.”* ”

In some other situations, methamphetamine was first offered by dealers. “M,” a 26-year-old white man, who was dealing and using powdered cocaine before he got introduced to methamphetamine, commented,

“ *So they heard that we were selling a lot of cocaine.... So they bring it [crystal meth] over one day. We sit down and they introduce me to it. They’re like here, smoke some of this. I’m like, “Yea, I’ll try.” We sit there and smoke it. And they’re like “You high? You feeling anything?” And they just keep on and keep on until I’m like, “I’m good, I don’t wanna do no more....” They’re like, “Well, if you wanna sell some, here’s my phone number. Give me a call if you can get rid of some of this stuff, you can make some money.* ”

A few older participants indicated that they were introduced (or re-introduced) to methamphetamine at their workplace. “JF,” a 42-year-old white man first tried methamphetamine when he was in college. Then he was re-introduced to it again years later when he was working overtime as a “pipe man:”

“ I’ve worked thirty-six hours straight, ya know. It got to the point, ya know, it was like, you was just exhausted. And one a the fellas, he says, “Here man, here’s somethin’...” And he said this’ll help you out a little. I thought it was cocaine. I said, “Man, I said, I can’t afford that.” He says, “No, just try this, man.” And it turned out to be crystal meth. So, not only did it perk me up, I was able to do other overtimes. ”

Other drugs as “mediators” to methamphetamine

For many individuals, their first use of methamphetamine was directly linked to their experiences with other drugs of abuse. Besides alcohol and marijuana that were used in many recreational situations where methamphetamine use first occurred, participants specified four drugs that played important “mediating” roles in initiation scenarios—powdered cocaine, crack cocaine, ecstasy, and pharmaceutical amphetamines.

For many individuals, first exposure to methamphetamine occurred in the context of their powdered cocaine use. Some were introduced to methamphetamine when they were looking for powdered cocaine. “Jl,” a 44-year-old white woman described it, “She would come over and was looking for coke, and so [he] like, “Well, try this instead.” And she absolutely went bonkers over it.” “M,” a 26-year-old white man was a powdered cocaine dealer before he started using, cooking, and selling methamphetamine. He indicated that he turned about 15 to 25 people on to methamphetamine, “Mainly, a lot of cocaine users. It would be real easy to offer them, “Hey, well if you like that, you’ll love this” type of thing.”

Three individuals reported that they were introduced to methamphetamine by their crack-smoking associates. Two other individuals reported that they had introduced several crack users to methamphetamine. “D,” a 27-year-old white man, described his first exposure to methamphetamine,

“ I was like damn it, I need to go find a rock. He’s like, “I got some meth.” And I was like, “What the hell is that?” “Oh, here, try it. It’s the same thing except it’s cheaper.” I tried it, hey, alright, good, let’s get some more. ”

Two individuals reported that their first methamphetamine use occurred as part of the rave scene, typically after they had experience with ecstasy. “C,” a 27-year-old white woman described how she was introduced to methamphetamine at a rave party about five years ago:

“ We hung out for about an hour, danced a little bit, they got to know me. They figured out it was my birthday. They took me in the bathroom, and we did meth. That was the first time I did meth. I didn’t really like it at first. ‘Cause it hits you really hard. It’s not like Ecstasy. It’s a little harsh.... But that started the bond with people at the rave. ”

Two older individuals reported active pharmaceutical stimulant use at the time they were introduced to methamphetamine. “R,” a 57-year-old African-American man, described his first use,

“ I was at a drug house, and she come in. And we started talking, and I asked her did she do Ritalin. She said, “Ritalin?” I said, “Yea.” She said, “No, I do crystal meth.” She said, “Try some a this.” And it’s history. ”

Comparing methamphetamine to more familiar “highs”

For the majority of participants, methamphetamine was a new drug that they had very little knowledge about. Typically, they used other, more familiar drugs to frame and compare their first experience with methamphetamine.

In the initiation scenarios, the methamphetamine high was often compared to the powdered cocaine high. “K,” a 23-year-old white woman, explained, *“I asked everybody like, ‘What is it gonna do to me?’ They’re like, ‘It’s just like coke, it’s gonna last longer, you’re not gonna geek real fast.’ And that’s it....”* “Jl,” a 44-year-old white woman who had not used stimulants before she was introduced to methamphetamine, explained, *“In my mind, I put it in a group of like cocaine, but better.”*

Some other individuals used crack as their reference point to describe their experiences with methamphetamine. They typically believed methamphetamine gave a more powerful high, but it was not as “degrading” as crack because a methamphetamine user could maintain “normal life” in a more effective manner than users of crack cocaine. “P,” a 52-year-old white man explained, *“The meth kept me away from the crack, and I liked the high better, and I didn’t geek like you was geeking [on crack].... I could do the crystal, and I could go to work....”*

A few individuals, who were introduced to methamphetamine as a part of their engagement in the rave scene, compared methamphetamine to ecstasy. For example, “C,” a 27-year-old woman felt that methamphetamine was a much “harsher” drug than ecstasy, but the two had similarities because both were used in the rave scene. According to “C,” some ecstasy could be cut with methamphetamine, and both were “man-made—“not “natural” drugs.

Interestingly, one individual, “D,” a 43-year-old white man, compared methamphetamine to heroin, which was the drug he tried to quit at the time when he turned to methamphetamine,

“*I’ve been on heroin real bad up until last eight and a half, nine months.... I got outta detox, and I was just always weak and didn’t have no energy. So I got turned on to meth.... I don’t I have to worry about the sick, being actually physically sick, and it seems to last longer, it’s not as expensive as the other drug.*”

Methamphetamine High and Perceived Reasons of Use

“I liked the high” was the most typical explanation of methamphetamine use cited by participants. “J,” a 47-year-old white man commented, *“I like the way it made me feel. Plain and simple.... When you take the first hit, it almost makes you smile. You almost can’t help but smile. It just gives you such a feeling of pleasure....”* The participants described methamphetamine high in a number of different ways.

The majority emphasized its energizing effects:

“*It’s like being on an elevator, and it goes down real fast.*” (“JF,” 42-year-old white man)

“*It just gave me extreme energy uh, and it makes me think that I’ve got everything under control.*” (“Jl,” 44-year-old white woman)

“It feels like you have got all the energy in the world... like you are a super-woman.” (“A,” 21-year-old white woman)

Some felt energy they got from methamphetamine made them really productive and motivated for work, yet others emphasized that they could not concentrate on any productive task.

A few participants described that they would get “mellow” or a relaxed high when inhaling the drug intranasally or smoking it. “K” commented, *“Well, it burned really bad when you first snort it, and then you get really relaxed, and just feel really just calmed down and just feel really good.”* Some participants described methamphetamine as a “sex inducer,” and indicated that besides other things, they used it to intensify sexual encounters.

The majority indicated that the high was very different depending on how they used the drug—some felt that when they inhaled the drug intranasally, they got a more speedy high, but when they smoked the drug, the high was more mellow and relaxed.

Since participants experienced the methamphetamine high in a number of different ways, their reasons of use differed as well. Some individuals felt their use was recreational or hedonistic in nature, yet others referred to methamphetamine as a “work drug,” and enjoyed the methamphetamine high because it provided energy and motivation to work and carry on with every day activities. “P,” a 52-year-old white man, commented, *“I was laying carpet and stuff and the guy, he’d chop us all a line out.... We’d go in, and it would kick our butt, ya know, working and making good money down there laying carpet.”*

In some situations, recreational and productivity-related reasons of methamphetamine use were interrelated. For example, “MI,” a 27-year-old white man, explained that he learned to use methamphetamine both for recreational and for work purposes.

A few participants felt they used methamphetamine as a way to self-medicate emotional distress or escape from the harsh realities of their every day lives. “JI” who was abused as a child and who was taking care of her disabled daughter, explained her use, *“It would stop me from being depressed too, sometimes I’d get into some mighty depressive states....”*

Ease of access and social influences were also cited as important reasons for methamphetamine use. “A,” a 21-year-old woman, commented,

“It was around, everybody was doing it. Everybody! I don’t know, ya know like I’ve never been peer pressured easily, but like when it was around, everybody else was getting high, I wanna feel like that too.”

Patterns of methamphetamine abuse

In most cases, methamphetamine abuse was interrelated with various practices of other substance abuse. These diverse experiences could be grouped into five distinct patterns of methamphetamine and other drug abuse. In their lifetime experiences with methamphetamine and other drug use, many individuals represented two or more different patterns of use.

Occasional methamphetamine use/ intense use of other substances

A pattern of occasional methamphetamine use was described by four individuals whose lives were “absorbed” by their use of other substances, including crack, heroin, and/or powdered cocaine. Methamphetamine, typically, played only an occasional, insignificant role. Occasional users had limited access to methamphetamine. They did not go out of their way to seek it, and used it only when somebody offered it to them. In some situations, individuals were turned away from methamphetamine by some of its side effects (bad teeth, too powerful, and long-lasting high). For example, “D,” a 27-year-old white man, who used crack and heroin on a regular basis, indicated that he enjoyed methamphetamine, but then it took a “back seat” because he was disgusted by some of its effects:

“ I saw that through the guy, the guy made it in his apartment, in a closet. When he first started makin’ it, you know, he mighta had a cavity here or there. But then like three weeks later he’s missin’ teeth and I mean they’re all disgusting.... So, I sorta like skimmed away from that, because I got problem. I gotta have my teeth. I just gotta have my teeth.”

Consistent but “controlled” methamphetamine and other substance use

Two participants described a pattern of moderate methamphetamine and other drug use. Different from occasional users, this type of user engaged in consistent methamphetamine use, but limited it to a few times per month. They considered methamphetamine secondary to other substances (such as marijuana, ecstasy, or powdered cocaine). For example, “JI,” 44-year-old woman, smoked marijuana on a nearly daily basis and limited her methamphetamine use to about one or two times per month. “C,” a 28-year-old woman, explained, “*Meth, it had a place... and no other place would it really fit. At the end of an Ecstasy roll, that was what I preferred. I could handle it better.*” This type of user did not feel that methamphetamine and other substance use interfered with his or her daily responsibilities and normal lives.

Intense methamphetamine and other substance use

Four participants described a pattern where methamphetamine was perceived as a “parallel” and equally important habit to other drugs of abuse, typically crack or powdered cocaine. These individuals used one of the stimulants on a daily basis, sometimes making short breaks, but then getting back to intense use again. Typically, their use interfered with their ability to maintain regular employment and/or independent housing. For example, “J” described this pattern in the following way:

“ I was a really heavy smoker of crack and meth. I would even be a binger, ya know, I might disappear for days at a time after I got my paycheck. I wouldn’t take it home to the kids....”

These users alternated between methamphetamine and crack or powdered cocaine, depending on a number of different factors—accessibility, social setting of use, “mood,” or available monetary resources.

Moderate primary methamphetamine use

Another four individuals used methamphetamine on a regular basis, but tried to control its use

to a certain degree, in order to keep their jobs, take care of their bills, and maintain “decent” appearances. For example, “D” intranasally inhaled methamphetamine twice a day, but a very small amount. He avoided using the drug in the afternoon so he could get some sleep. He went to work every day and took care of his son. “M” used it two or three times per week, but stayed away from it the rest of the week. He smoked it every three or four hours so he did not go “overboard,” and he avoided using it right before going to work. “P” also used it on a nearly daily basis but was able to keep his job and fulfill his role as a “breadwinner.” These individuals may have used other substances, typically marijuana, alcohol or tranquilizers, but methamphetamine was considered their primary drug.

Intense primarily methamphetamine use

Three participants described a pattern of intense, daily methamphetamine use where they would stay up for several days in a row and make short breaks only when they felt absolutely exhausted and worn out. They typically referred to this pattern of use as “tweaking.” For example, “A” commented:

“ I never stopped, I mean there might be one day where, after my body couldn’t take it no more, and I went to sleep, I’d sleep that day that’s the only reason I wouldn’t do it and then wake up and start all over again. ”

As contrasted with “moderate” users, “tweakers” did not limit their use in any way. They typically smoked the drug, and felt a need to “hit that foil” every hour or every few hours. Their daily activities were structured around methamphetamine use. This type of use did not allow them to maintain any functional “normal” life. “Tweakers” typically had easy access to methamphetamine with personal ties to dealers or cooks, or knew how to cook the drug themselves. For example, “M” described his use,

“ We’d stay up for days and days getting high, ya know, not eating, started losing a lot of weight. He taught me how to make it, and I was making my own, so I had like an endless supply of this real expensive drug....I was using more than I was selling. I would stay up, three, four days easy. Sometimes seven days for like, three, four months in a row living like this, ya know, not wanting to do nothing, stay locked in the room. ”

Four younger individuals described a recent period of intense methamphetamine use. Three other older users reported a more distant history of intense methamphetamine use, and described a moderate pattern of use in their more recent past. The majority used other substances when trying to come down from methamphetamine (typically, alcohol, benzodiazepines, or marijuana).

Methods of Administration

Smoking and intranasal inhalation were reported as the most common modes of administration. At the time of their last use, 7 participants reported they smoked methamphetamine, 5 inhaled the drug intranasally, 3 smoked and intranasally inhaled, and 2 injected. A few participants mentioned that on some occasions they also swallowed methamphetamine put in capsules. Injection was reported by two older individuals who started intravenous methamphetamine use when they were teenagers. Participants reported that injection was rare among the current users they know.

Individuals cited a number of different reasons as to why they preferred smoking over intranasal inhalation or vice versa. They were ambivalent about whether smoking or intranasal inhalation produced a more powerful high, but they typically agreed that the high lasted longer if they inhaled the drug intranasally versus smoking it. Some disliked intranasal inhalation because it *“burned the nose real bad.”* Others felt that they had a higher risk of getting “bad teeth” when they smoked methamphetamine than when they snorted it.

Participants described a number of different methods to smoke methamphetamine. Melting methamphetamine on an aluminum foil and then “chasing” and sucking up the fume through a pen barrel or a straw was described as one of the most popular methods. Some indicated that they used glass pipes or hollowed out light bulbs to smoke methamphetamine. Many experimented with a number of different smoking techniques, and some felt that they could get different types of highs depending on what type of smoking paraphernalia they used. “JI,” a 44-year-old woman commented,

“The very first time it was used as smoking, heavy duty Reynolds wrap tin foil... and smoking through a straw, with the flame under it, using a regular, uh cricket type lighter. Then it progressed to, because I think the drugs got stronger or the chemicals were stronger because it would eat through the tin foil in a heart beat, then into a disposable pie pans, and uh again with like a cricket lighter. Then it progressed into glass pipes um much like a beaker, small, beakers and with a butane lighters.”

Those who liked smoking better, used other modes of administration depending on specific situations. They inhaled the drug intranasally when they felt they needed to be awake for a longer period of time to finish tasks. They also inhaled the drug intranasally or ate methamphetamine when they felt they did not have the privacy needed to smoke it.

Social Setting of Use

The majority of participants preferred to use methamphetamine in the company of their significant others, friends, relatives, or coworkers. “A” commented,

“There was always a group with us. It was always me and my sister and her friend and my boyfriend and his friends, there was like eight or nine of us in the house at all times, ya know. Just, laying around and tweaking, ya know.”

In some situations, this preference to have company was motivated by paranoia, fear of overdose, or a view that methamphetamine use was a “social thing.” “AN” commented, *“I don’t like bein’ by myself ‘cause I don’t know what’s gonna happen to me. When I smoke crack or meth I’m in a group.”*

Many participants indicated that they would share methamphetamine with others in their social group. In some situations, they all had to contribute money to obtain methamphetamine. In other cases, the “host” would treat others without charging them. This methamphetamine use scene described by our participants seems to be somewhat different from the urban crack scene, in that there was more sharing and “giving away” going on among methamphetamine users.

Besides their own or somebody else’s house, participants cited a number of different locations

where they used methamphetamine. Some reported use in the car, public bathroom, workplace, motel rooms, park, rave or dance clubs, or “vacant houses.” “A” described a typical setting of methamphetamine use:

““ We’d sleep during the day for a few hours and wake up at night, and run around or drive around, go visit people. We’d stop on the side of the road and hit it in the car, or in a bathroom somewhere, it didn’t matter just like to get that quick fix, let me hit one time then I’ll be alright for a little while.... So that was a day just getting high, sometimes renting hotel rooms, and just sit in a hotel room, the whole time.”

Social settings of use and activities that people engaged in while using methamphetamine were related to their reasons and patterns of use. Individuals who used methamphetamine as a “work” or “energy” drug, tried to engage in some type of productive activities—going to work, working extra shifts, and doing housework, including cleaning, gardening, cooking, taking care of children, and fixing appliances. Moderate users indicated that their daily activities did not change in a significant way when they started using methamphetamine—it’s just that they had a lot more motivation and energy to carry them.

Those individuals who used methamphetamine as a “leisure” drug, cited a number of “recreational” activities that they engaged in while using methamphetamine—they would watch TV, go for a walk, play video games, go to a club or bar, play pool, sit around the house, do crossword puzzles, or have sex.

A group of heavy users or “tweakers,” described “tinkering” activities, that were defined as things they would only do when really high on methamphetamine—organize papers, play with children’s toys, take things apart, tinker with clocks, electric appliances, bikes and other stuff, make candles, etc.

““ I don’t know like everybody probably has their own little thing.... We used to do stupid little things, ya know, like somebody would clean their room, other person like my girlfriend would sit there and make home made candles. The torch lighters you use to light the glass when you smoke it, we would go through so many of them, they would break.... We would take them apart to save money and fix them, and rebuild them and fix them, things like that.... (26-year-old white man)”

““ When I’d get real high, there’s be like papers I haven’t went through in a long time, going through them papers, ya know, things that I woulda never done sober. Just cleaning and playing with my nephews’ toys, ya know, just tweaking like I had to be moving, I had to do something.... (21-year-old woman)”

Changes in Use

Participants described diverse changes in their patterns of use. Some of these changes were related to the pharmacological properties of the drug, and typically included increases in methamphetamine use. Other changes were a result of the individual’s efforts to limit or control his or her use.

“The power of the drug”

Individuals who became regular methamphetamine users, especially the group that was de-

scribed as “tweakers,” indicated that their tolerance increased very fast—the high did not last that long and they could consume “huge” amounts of the drug. “M” explained:

“*Then I really got bad on it, easily put a gram in a pipe and smoke it all to myself. Ya know, just sit down and smoke it all to myself till it was gone, uh, like, it does not, it don't take much but my tolerance became so high.*”

Individuals who tried to moderate their use also described some changes in frequency and amount of methamphetamine they used, but these changes were not as rapid or dramatic as among intense users. “D” commented, *“like if I bought a gram... actually I could make it last me like two weeks and stuff. And now it's really stretching it to make it last me a week.”*

Some felt that one of the important points in their methamphetamine use history occurred when they realized that they became addicted to methamphetamine. Participants talked about “addiction” in a number of different ways. Some defined it as a craving or “usage desire.” “M1” described this change in the following way, *“Like before I would just do it to do it, but now it's like I do it because I wanna do it...”* Others talked about how irritable, moody, tired and depressed they felt when they did not have it. “A” commented:

“*I mean I got addicted to it so I think it made me feel like a fiend, like I always wanted it, like I had to have it in order to do anything. Like I, if I didn't have it, then it was like I couldn't do nothin'.... I would just sit there and sleep all day, or just lay on my couch all day like, I didn't have the energy to do anything.*”

Most users considered methamphetamine addiction to be psychological and not physical, even though they experienced some physical manifestations when they abstained from methamphetamine.

Cutting back methamphetamine use

A number of individuals indicated that they tried to moderate or were able to cut back on methamphetamine use. These changes were related to very diverse reasons and circumstances of their lives.

Some, who went through a period of heavy use, were able to moderate their use because of negative social, legal, financial, or health consequences. For example, “J” cut his methamphetamine use and limited it to a few times per week after his health started failing him, and he realized that *“meth is a young man's drug.”* “M1” went to jail and then was forced to attend treatment. He continued his use after he finished his treatment program, but wanted to maintain a controlled pattern of use:

“*It was like something I had to conquer when I got out. I went and got high, and I wanted to be able to get high, and be able to leave it alone. I had to beat it, ya know.... I'll still use it, ya know, I'll still party, go out and, ya know, have a good time, but I won't let it take me over....*”

Others felt that their methamphetamine use changed because it became harder for them to obtain it. As their access to methamphetamine became more limited, they relied more on other drugs, typically crack or powdered cocaine. “A” commented,

“ Well, I didn't slow down by my choice uh, I had stopped talking to my friend or whatever who was the one who was making it. And so it wasn't really by choice, I had just stopped hanging around him. ”

Perceived Negative Consequences of Methamphetamine Use

Participants listed a number of negative consequences of methamphetamine use which they related to the drug itself as well as to the lifestyle associated with its use. Weight loss, bad teeth, and poor hygiene were among the most salient themes cited by most participants. They were signs of deterioration in general health (e.g. malnourishment) but more importantly, they indicated deteriorating appearance—something that was perceived as the most repulsive aspects of methamphetamine use. For example, “A” indicated:

“ My eyes were bugged out, I was losing weight real bad, didn't really care about taking a shower.... Like, when I was in high school, I was cheerleader, ya know what I mean, I woke up every morning, did my hair, my make-up, my nails had to be done, my clothes had to match perfectly. And I just stopped caring about all that, it didn't matter. I wouldn't take a shower for two or three days, cause I was too worried about if I take a shower for an hour, that's an hour I can't hit the foil, so I just quit. ”

Harmful chemicals used in methamphetamine production (“battery acid,” “starting fluid,” “pool chemicals”) were cited as another negative aspect of methamphetamine use. Some individuals felt that by ingesting these substances, they could harm their organs, including kidneys, liver, and lungs.

A few older participants indicated that methamphetamine might be “bad on the heart” and cause “palpitations.” Some explained that it may cause headaches and stomach cramps. Finally, the majority felt that methamphetamine was a powerful drug, and some talked about addiction and overdose as an ever-present threat of methamphetamine use.

Heavy users indicated that during long binging episodes, they experienced the down side of the methamphetamine high, including hallucinations, paranoia, and irritability—they referred to this stage of methamphetamine binging as “wiggling out,” “flipping out,” or “seeing bush people.” Others cited some mental consequences of prolonged methamphetamine use. “A” commented, “you don't think straight, its like your brain is a mush.... It messes up your nervous system, to where after, even after a few days you're like twitching, ya know so....” Several indicated they felt very depressed after methamphetamine use, and/or that methamphetamine changed their personality.

Besides health and appearance, participants cited a number of negative social, legal, and financial consequences of methamphetamine use. They talked about lost friendships and relationships. Some talked about violence and fights they would go through with their significant others. Some mentioned that their own families avoided them because of their use. A few individuals who went through a period of intense primary methamphetamine use indicated that because of extreme paranoia they cut their ties with non-using individuals, and their social networks became limited to methamphetamine users, cooks, and dealers. Even though initially some users felt that methamphetamine was a booster to their income (they could work more hours, be more productive, or they could cook it and “make good money”), prolonged use was typically related to negative financial consequences.

Since methamphetamine use is generally seen as a relatively new phenomenon in this area, most of the participants based their understanding of methamphetamine risks on their own personal experiences with the drug as well as what they had seen among relatively new methamphetamine abusers. Examples of chronic long-term use were rare, and the majority felt that methamphetamine was not as “bad” or as socially unacceptable as crack cocaine or heroin. A 21-year-old white woman, who was an intense methamphetamine user for two years before she was court ordered to attend treatment, commented:

“Meth, I never looked at it as it was that bad, I’ve always looked at crack like “crack heads,” like people sleeping in dumpsters and things like that, heroin junkies. I’ve just never had an urge to do crack or heroin, ever.... I’ve seen people die from heroin, I’ve seen people die from crack. I’ve seen people sell their houses and sell their cars for heroin and crack, I’ve never seen anybody sell it for meth, ya know what I mean. Like they might go out and steal something and then sell that to pay for what they want, but I’ve never seen anybody give up their house for meth.”

Strategies to Reduce Adverse Consequences

Participants used a number of strategies to reduce the adverse consequences of methamphetamine use. For example, several indicated that during their bingeing episodes, users often watched each others’ behavior and when somebody started “flipping out” or “hallucinating real bad,” they would encourage them to take a break, get some sleep, or get something to eat. To prevent weight loss and stay hydrated, some forced themselves to eat regularly, and kept water or some other beverage around. One person indicated that to prevent tooth decay, he kept whitening strips on his teeth when he was smoking methamphetamine. Finally, some maintained a moderate pattern of use and took regular “breaks” to reduce harmful effects of methamphetamine use.

Trends

Availability and distribution

The majority reported that methamphetamine availability had been increasing over the past few years, although it could not compare to that of crack or powdered cocaine. For example, “J” described these increases,

“A few a years ago used to say well when it’s in, it’s in, you might wanna ya know uh get it now-- but nowadays I think it’s a lot more readily available more, more labs, more people, uh, learning to make it availability’s easy..”

Several individuals believed that due to law enforcement efforts, methamphetamine availability had decreased somewhat over the past few months.

Aside from the two men who were methamphetamine “cookers” and two women who were dating or were close friends with “dealers/cookers,” others had a few reliable connections to obtain methamphetamine. They typically called their dealer and then arranged a meeting at a gas station or another public place. In some cases, dealers reportedly delivered methamphetamine to private homes.

Methamphetamine was most frequently sold by white individuals. Some of them were

“cookers,” others were closely associated with the individual who manufactured the drug. Only one African-American man indicated that he had a different type of connection for methamphetamine—he was buying from another African-American dealer who was getting methamphetamine from outside the state. In many cases, methamphetamine dealers also sold other drugs—one African-American woman reported that her dealer also sold crack and heroin. Several other participants reported that methamphetamine dealers also sold powdered cocaine. Raves or clubs were described as another place to make connections for methamphetamine. A 23-year-old white man commented, *“That’s what’s going on at them raves is ecstasy, ketamine and crystal meth. If you want to find some ecstasy, some ketamine or some meth and you can’t find it on the streets, that’s where you go.”*

Quality and prices

Participants reported seeing two types of methamphetamine. “Crystal meth” was described as white or yellowish (sometimes brownish) “stuff” produced in the local methamphetamine labs using the anhydrous ammonia method. It was typically sold in a powder or rock form. Some felt that yellow was of better quality and more potent than white “stuff.”

The term “crank” was used by “older generation” users when speaking about methamphetamine used in the 1980s or before that. Some believed that old time “crank” is what people called “crystal meth” these days.

Another type of methamphetamine was referred to as “glass.” “Glass” was produced using the red phosphorus method and looked like shiny shards that sometimes had a pink color to them. The majority of the participants believed that local labs were producing “glass” as well. “Crystal meth” was more available than “glass.” Some felt that “glass” was supposed to be of higher quality than “crystal meth,” but others had varying experiences with it.

The typical price for “crystal meth” was about \$100 per gram. A few individuals cited prices as low as \$30-\$50 per gram. “Glass” was typically selling somewhat higher, around \$120 per gram.

User groups

The general perception shared by most users was that methamphetamine use has been increasing among very diverse user groups. The typical users were described as predominantly white, both “hillbillies” (lower-socioeconomic status, and rural) and “professionals,” ranging in age from the mid-teens to 40s. Some individuals classified users into “dirty” and “clean.” “Dirty” were described as older individuals, long-term users, who had lost their jobs and housing to methamphetamine. “Clean” users were described as individuals who, despite their use, were able to maintain decent appearances, and lead “normal” and productive lives. None of the participants in our sample identified themselves as gay men.

Treatment Experiences

The majority of participants (13) had been to treatment at least once in their life time. Only two participants reported that they went to treatment on their own. The rest were court-ordered. Two individuals, who were actively using methamphetamine at the time they were admitted to treatment, did not disclose their methamphetamine use to their counselors. They explained that their treatment was court-ordered and they wanted their treatment providers to know as

little as possible about their use so that they would not incur additional legal repercussions. Two other individuals reported that treatment addressed their marijuana use, and did not focus much on methamphetamine. Only two participants reported that treatment specifically targeted their methamphetamine abuse. Both of them were court-ordered to attend treatment. “A,” a 21-year-old woman commented that a local treatment program she attended served primarily the alcohol and crack user population, and was not designed to address experiences and needs of methamphetamine users:

“ It didn’t do anything for me, I walked out ya know I mean before my 28 days was up, I walked out.... Because, when you go to an AA meeting or something like that, it’s drunks talking about “I lost my car, I lost my house, I lost this...” And I couldn’t relate to it, when I went to [another] program.... I was around more people who could relate to what I was going through, relate to what I was doing. ”

Four individuals reported that they had never been to a treatment program. Three of them did not feel they needed treatment. “A,” 21-year-old woman who used methamphetamine and/or powdered cocaine on a nearly daily basis, commented,

“ I feel like I’m still young and that I should be able to have fun while I’m young. Maybe when I get older, I can ya know and, wanna get my life ya know, get married and stuff like that ya know uh, I’m sure I’ll definitely ya know wanna stop doing ya know any drugs but for now not really. ”

Only one individual, “JF,” a 42-year-old white man who used methamphetamine on a regular basis for about 8-9 years, contemplated about going to treatment. But he felt that the stigma attached to substance abuse treatment prevented him from actively seeking professional help.

“ I’m lookin’ at it as a last resource because there’s just a label, in my mind and my group a friends. ‘Cause I have friends that don’t [do drugs], they might drink six beers a week and I feel if it come out that I had to go to rehab, uh, that it would make my community upstanding I have, I would lose that. I feel like I’d lose it. ”

Ideas about Prevention

Participants varied in their views and perspectives on prevention of methamphetamine use. Some believed in strict prohibitive policies and tight regulations of substances needed for methamphetamine manufacture. “P,” a 52-year-old white man, commented, “get rid of all of the stuff it takes to make it.” Yet, others felt prohibitive action would not have a substantial impact on people’s behaviors and desires to use methamphetamine. “A,” a 21-year-old white woman indicated,

“ It’s just like crack, um, they’re gonna find a way to use. They’re gonna find a way and they’re gonna find somebody that sells it. It’s not really much you can do. They tried to put the people in prison but that still don’t stop the distribution or nothin’.... ”

Participants also talked about the need for early education, and high-impact, visualized prevention messages. Some emphasized that such messages should convey the real truth about all the harmful chemicals used in methamphetamine manufacture. “G,” a 42-year-old white man, commented,

“ School ‘em on what the shit’s made out of and how it effects your internal organs. ”
Make a film on that shit and show kids in school when they’re fifth grade so the
shit sticks. Kids are like wet cement whatever you drop on ‘em, if it’s heavy enough, it
leaves an impression. Show ‘em some nasty shit about it, so they don’t want nuthin’ to
do with it.

Others talked about a need for prevention messages based on true stories and real-life experi-
ences. “JF,” a 42-year-old man who was a regular methamphetamine user for about eight
years, commented:

“ Interviewer: *What can be done to keep people from using methamphetamine?* ”
Participant: *Uh, have someone like me sit down and tell ‘em the really bad times,
really bad things that’s happened [to me]....and that I have seen and heard that hap-
pens through this.*

Conclusions

According to user interviews, methamphetamine abuse appears to be increasing in the Dayton
area among diverse populations. The Dayton sample did not include gay users, and was lim-
ited to working-class individuals and a few white youth who were introduced to methampheta-
mine through their participation in the rave scene.

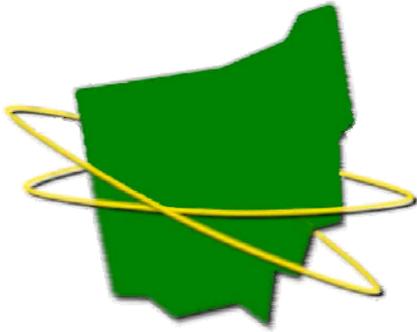
Participants described increasing availability of methamphetamine, but believed it was much
harder to access than crack or heroin. According to user perceptions, most of these increases
were due to “expanding” local production of methamphetamine.

The majority of participants had fairly extensive drug use histories prior to their initiation to
methamphetamine. In many cases, pathways to methamphetamine were fueled by previous
experiences with various stimulants, especially powdered cocaine and crack.

Among our participants, methamphetamine was typically used as a recreational and/or “work”
drug. Smoking and intranasal inhalation were described as the most common modes of ad-
ministration. In most cases, methamphetamine was used in addition to other substances, typi-
cally marijuana, crack and/or powdered cocaine. Some participants were able to limit or mod-
erate their methamphetamine use so it did not “interfere” much with their “normal” lives and
daily responsibilities.

Individuals cited a number of negative consequences of methamphetamine use, but they typi-
cally believed methamphetamine was less harmful than heroin or crack.

Very few participants reported treatment experiences specifically designed for methampheta-
mine use, and only one methamphetamine user felt he needed treatment. Many shared a per-
ception that they could moderate or quit using methamphetamine without professional assis-
tance. Ideas about prevention varied from prohibitive policies to high-impact educational mes-
sages based on real-life experiences.



The
**Ohio Substance Abuse
Monitoring Network**

Targeted Response: Methamphetamine Use

January through June 2005

**Toledo, Ohio
Lucas County**

An OSAM Targeted Response Initiative

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**A Report Prepared for the
Ohio Department of Alcohol
and Drug Addiction Services**

Methods

In Toledo and the surrounding area, four individuals who reported they were currently using methamphetamine, were recruited to participate in interviews. Recruitment was facilitated by local law enforcement personnel (e.g., recruiting individuals recently arrested for methamphetamine-related crimes) and the director of the methamphetamine targeted education program who identified eligible individuals. These individuals were subsequently contacted and invited to participate in this Targeted Initiative. Not all individuals identified to participate in this study chose to participate.

The interviews were conducted at offices of the Urban Affairs Center at the University of Toledo, and at sites located across the street from the University of Toledo. The interviews were open-ended in nature, but an interview guide was used to ensure that topics relevant to drug use history, patterns of methamphetamine abuse, perceived harmful effects, and local trends of use of methamphetamine were covered. Each interview lasted between 45 and 105 minutes. Each participant was compensated \$20 for their time.

Table 1. Demographic Characteristics

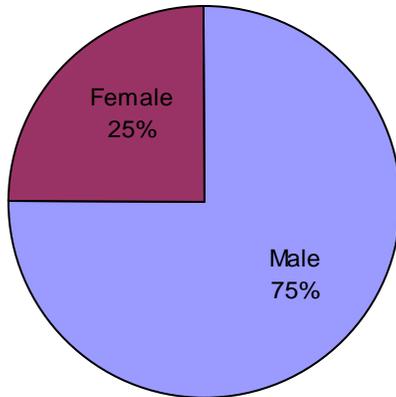
ID	Age	Gender	Ethnicity	Education	Employment	Marital Status
1	30	M	W	HS	Full-time	S
2	40	M	H	Some college	Part-time	S
3	27	M	AA	Some college	Full-time	S
4	45	F	W	Some college	Full-time	M

Key: F: Female, M: Male, W: White (Caucasian), AA: African-American (Black), <: less than, HS: High School, GED: General Education Diploma, Marital status: D: Divorced, S: Single, M: Married, W: Widowed.

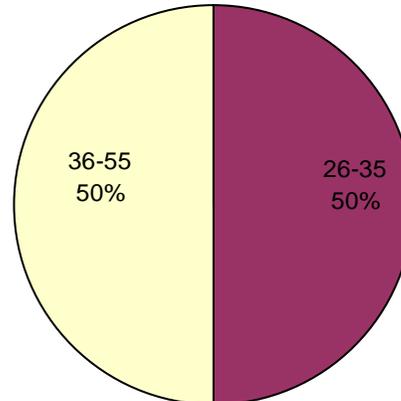
Table 2. Drug Use Characteristics

ID	Status	Primary Drug	Last Meth Use (days ago)	Meth Use Duration	Preferred Mode of Administration
1	Active	Vicodin®, Alcohol, Methamphetamine	0	1 year	Intranasal inhalation
2	Active	Codeine, Methamphetamine	4	13 years	Smoked
3	Active	Methamphetamine, Alcohol	0	2.5 years	Intranasal inhalation
4	Active	Methamphetamine	0	4.5 years	Smoked

Gender



Age Active/Recovering Users



Results

General Drug Use Histories

All four of the individuals interviewed were active users of methamphetamine. Two participants considered methamphetamine to be their primary drug of choice. The other two participants indicated that methamphetamine was their secondary drug of choice after the pharmaceutical analgesics Vicodin® and codeine.

The most recent episode of methamphetamine use ranged between “today” to about four days ago. All participants reported methamphetamine use within the past week, and three individuals reported using the drug the same day as the interview. Reported length of use ranged between one and thirteen years. All four individuals were currently employed. A 30-year-old white male was in the process of going to a mandatory drug treatment program because he had tested positive for methamphetamine abuse at work. He said it was likely he would lose his job. A 45-year-old white female (x-ray technician) and the 27-year-old African-American male (salon owner) worked full time. A 40-year-old Hispanic male (welder) worked 35 hours per week.

Drug use histories prior to methamphetamine

All participants had a history of illegal drug use prior to their initiation to methamphetamine. Marijuana, alcohol, pharmaceutical opioids, and powdered cocaine were a common part of pre-methamphetamine drug use history. All four individuals had used marijuana on a regular basis. Three of the four had experimented with or used powdered cocaine. All four participants reported a history of pharmaceutical opioid and/or tranquilizer abuse that had occurred in the past or was currently part of their drug use behavior.

Initiation to methamphetamine & social setting of first use

All four participants initially felt that methamphetamine was extremely reinforcing to them and made them feel “fantastic,” “euphoric,” or “on top of their game.” For example, a 45-year-old,

white female first snorted the drug with her husband about two and a half years ago. After this initiation, it took her only about two months before she was using methamphetamine on a regular basis. She had used powdered cocaine in the past on many occasions; however, when she first used methamphetamine she stated, *“I knew it was highly addictive and worked better than coke.”*

Besides their own initiation scenarios, participants were asked to describe situations where they introduced others to methamphetamine. Out of the four participants, three reported that they had introduced between five and twenty other persons to methamphetamine.

Typically, first methamphetamine use occurred in recreational situations. Individuals were offered methamphetamine by their significant other or close friends. For example, a 30-year-old white man described his first use:

“ I was with my friend and he said he had some really great coke; he called it super coke or something like that. And so I decided to try it and it burned like nothing I had ever done and I was really pissed at first because he tricked me, but after a bit I was like wow, happy, you know, because it was the greatest high ever. ”

Two of the participants indicated that they were introduced to methamphetamine by co-workers. A 40-year-old Hispanic man first tried methamphetamine when meeting with those he worked with at a party:

“ I had no idea that this stuff was so available, and the people who were using it were not anything like how you would imagine. These were successful women who would party with meth, like, corporate types. It totally blew my mind! ”

Patterns of methamphetamine abuse

In all cases, methamphetamine abuse was an integral part of poly-substance abuse, especially sedative hypnotics, CNS depressants, pharmaceutical opioids, and alcohol. These individuals reported needing something to “balance out” the effects of methamphetamine (e.g., paranoia, nervousness, and severe headache).

Methamphetamine and other substance use

Some participants described a pattern where methamphetamine was perceived as a drug of equal importance to other drugs of abuse, typically sedative hypnotics and CNS depressants. These individuals used one of these drugs on an every day basis. Methamphetamine was often used for both recreational and work-related reasons. For example, one participant described this pattern in the following way:

“ I use it for work to get motivated and then after work to stay up all night. Sometimes I can go 2-3 days without sleep and then...either miss some or make it part of the weekend, because I hate the crash. It totally bottoms me so I drink to keep on level. Then I can get 'cranked' up again. ”

These users alternated between methamphetamine and CNS depressants. Their use of the

drugs was most influenced by the accessibility of the drugs, their work environment and/or the social setting where they use the drugs.

In addition, three participants described a pattern of increasing use of methamphetamine. They tried using methamphetamine 2-3 times per day to the point where they would stay up for several consecutive days.

Methods of administration

Intranasal inhalation was reported as the most common mode of administration of methamphetamine among these participants. At the time of their last use, two inhaled the drug intranasally, one smoked and inhaled the drug intranasally, and two had taken methamphetamine intravenously; however, both later reverted to intranasal inhalation. The 30-year-old white male reported moving back to intranasal inhalation in order to “cut back” and thereby avoid severe withdrawal. The biggest complaint related to intranasal inhalation was the burning sensation both during administration of the drug and the continuing burn hours after administration of the drug. The one individual who did smoke methamphetamine indicated that her choice of this type of administration was related to availability and social setting. Otherwise she would just inhale the drug intranasally as well.

Social setting of use

The majority of the participants preferred to use methamphetamine in company with others. This included work parties, poker games, hanging out with friends at home, or with family members.

Social settings and activities that people engaged in while using methamphetamine were related to their patterns of use. Individuals in this group used methamphetamine as a “work” drug, and used methamphetamine to engage in some type of productive activity such as to work extra shifts, to increase “levels of motivation,” to “increase productivity,” and to “wake up.”

Changes in use

Participants described diverse changes in their patterns of use. Some of these changes were related to the pharmacological properties of the drug, and typically included increases in frequency of methamphetamine abuse. A 40-year-old Hispanic male moved from intranasal inhalation of the drug to injection of methamphetamine and then back to intranasal inhalation as a means to decrease the amount he was using. He reported having success. A 27-year-old African-American male increased his use from 2-3 times per week to everyday.

Individuals who became regular methamphetamine users described a slow steady increase in use which went from feeling “great” to “paranoia.” This was especially true of those individuals who reported daily use of the drug. Individuals indicated that their tolerance for the drug increased very quickly. The 40-year-old Hispanic male said:

“*When I moved to mainlining everything got worse especially the length of down time I would need to recover, yeah, the withdrawals got worse and I could not take being sick anymore.*”

Two individuals indicated that they attempted to limit or reduce their methamphetamine use.

Perceived negative consequences

Participants indicated that the negative consequences of methamphetamine use were quite significant. These negative consequences included tachycardia, paranoia, mood disturbances, severe headaches, and sleeplessness. The overall trend of use was described as moving from feeling great to “getting paranoid in a hurry.”

Methamphetamine is seen as being harmful, “...*can cause serious damage to your heart and make you physically ill.*” The 40-year-old Hispanic male and the 45-year-old white female both felt that methamphetamine use was seriously impacting their longevity. Both mentioned that concerns about overdose were recurrent themes in their lives.

Trends

Availability and distribution

Methamphetamine was reportedly not as available as other illicit drugs. Participants reported that one must “*tap into the system.*” Nevertheless, all participants agreed that availability has increased over the past few years. According to a 30-year-old white methamphetamine user:

“ *It is not like it (methamphetamine) is easy to get for the average person, you know it is not like you can go out on the street and get it. To get it, like if I was someone looking to use it for the first time, you would have to know someone.* ”

Quality and prices

Participants reported seeing two types of methamphetamine, namely “crystal methamphetamine” and “powder methamphetamine.” “Crystal meth” was described as white and clear crystals produced in local small town methamphetamine labs. It is typically sold in rock form. Powdered methamphetamine was described as a white or yellow powder. Some felt powdered methamphetamine was generally of a better quality than crystal. Others felt that yellow powder was of better quality and more potent than white powder. All participants believed that local labs (surrounding communities including Indiana and Michigan) were producing the methamphetamine.

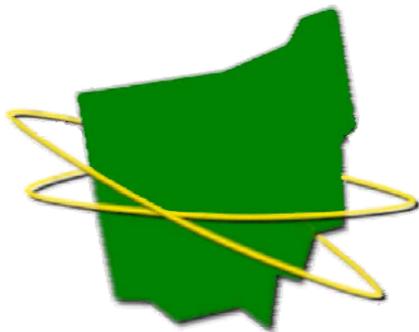
The reported price for “crystal meth” was about \$100 per gram. One individual cited prices as low as \$20-50 per gram.

Treatment experiences

Three of the four participants have been to treatment at least once in their lives. One reported going to treatment by choice. The rest were court-ordered to attend treatment. One participant, a 30-year-old white male, was actively seeking treatment for methamphetamine addiction in

order to keep his job. He had injured himself on the job and was ordered to attend rehab. As he stated:

“ At this point I need treatment not only for meth, but for addiction in general, period. I can't even go back to work. Coke, meth, pills and alcohol have ruined my life. ”



The
**Ohio Substance Abuse
Monitoring Network**

Targeted Response: Methamphetamine Use

January through June 2005

**Youngstown, Ohio
Ashtabula, Mahoning, and Columbiana
Counties**

An OSAM Targeted Response Initiative

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**A Report Prepared for the
Ohio Department of Alcohol
and Drug Addiction Services**

Methods

For this Targeted Response Initiative (TRI), individual interviews were conducted with eight (n=8) recovering methamphetamine users. Data were also collected from focus groups with substance abuse treatment providers and law enforcement professionals. All respondents were at least 18 years of age and reported using methamphetamine in the past 12 months.

All respondents were interviewed at a substance abuse treatment facility. The average length of the interviews was 90 minutes. The OSAM TRI Methamphetamine Abuse interview instrument was used for all interviews.

Six respondents reported methamphetamine was their primary drug of use; the remaining two respondents reported OxyContin® or crack cocaine as their primary drug of abuse. The respondents ranged in age from 21 to 53 years of age, half were women, and all were White. All but one respondent indicated being unemployed and two respondents reported being married. The range in use of methamphetamine was between 9 months and 8 years, with most indicating long-term use of methamphetamine of at least 4 years.

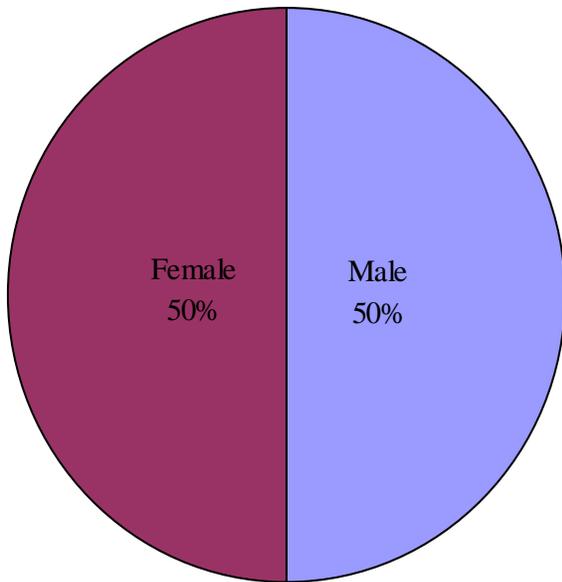
ID	Age	Gender	Ethnicity	Education	Employment	Marital Status
1	21	Female	White	HS	Unemployed	Single
2	22	Female	White	HS	Unemployed	Single
3	53	Male	White	GED	Full time	Married
4	29	Male	White	2 yr college	Unemployed	Single
5	31	Male	White	2 yr college	Unemployed	Single
6	25	Male	White	7 th grade	Unemployed	Married
7	47	Female	White	HS	Unemployed	Separated
8	21	Female	White	1 yr college	Unemployed	Single

Table 2 Drug use characteristics

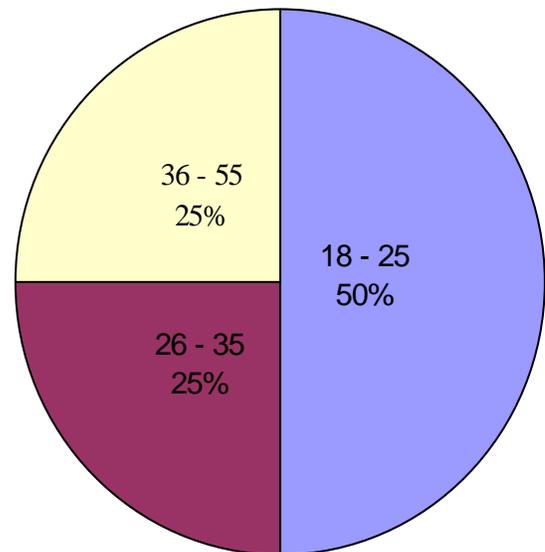
ID	Status	Primary Drug	Last Meth Use (days ago)	Meth Use Duration	Preferred mode of administration
1	Recovering	Methamphetamine	37 days	6 years	Injection
2	Recovering	Methamphetamine	60 days	6 years	Intranasal inhalation; Smoked
3	Recovering	Methamphetamine	206 days	6 years	Smoked
4	Recovering	Methamphetamine	42 days	8 years	Intranasal inhalation; Smoked
5	Recovering	Methamphetamine	24 days	4 years	Intranasal inhalation, Smoked
6	Recovering	Methamphetamine	35 days	9 months	Intranasal inhalation
7	Recovering	Crack cocaine	60 days	1 year	Smoked
8	Recovering	OxyContin®	32 days	4 years	Intranasal inhalation

Demographics

Gender



**Age
Active/Recovering Users**



Results

History of Methamphetamine and Other Drug Use

For all respondents, methamphetamine use came after the use of several other drugs over the span of their drug-using histories. All respondents indicated prior crack or powdered cocaine use. Almost all (n=7) also indicated prior marijuana and LSD use. The drug progression for each was basically the same, beginning use at an early age (between the ages of 8 and 16) with alcohol and tobacco use. Five respondents moved on within a few years to marijuana; the other three reported using other drugs before using marijuana. All respondents indicated an early home history of tobacco and alcohol use and friends early on who drank, smoked tobacco, and used marijuana. Two respondents reported that they had used heroin prior to methamphetamine and three indicated transitioning to heroin after methamphetamine use. In summary, all respondents indicated extensive drug use histories.

Currently, the respondents reported using primarily methamphetamine, with one respondent reporting combination marijuana and methamphetamine use, one reporting combination crack and methamphetamine use, and one reporting combination OxyContin® and methamphetamine use. The mode of use varied, with two inhaling the drug intranasally, two smoking, one injecting, and three using a combination of the three.

Introduction to Methamphetamine

Since initiation of methamphetamine use was after the regular use of an average of 7 other drugs (ranging from the 5th drug ever used to the 12th drug ever used), the average age of methamphetamine first use was reported as being in the late teens and early twenties, with several respondents beginning over the age of 40 (range 17-45 years old at first methamphetamine use).

Respondents indicated that initiation to the use of methamphetamine was primarily through social networks of friends. Three women indicated that they tried and became regular methamphetamine users with a significant other. Male respondents indicated they began using methamphetamine because a friend either gave it to them or recommended using it to enhance energy. Two men reported that they had been injured at work, started taking pain killers, and moved on to methamphetamine to get more energy for work.

Three respondents indicated that the first time they used methamphetamine, they thought it was powdered cocaine.

““ My friend told me that it was like coke and it was there at the party. She said ”” that it lasts longer.

One individual was first exposed to methamphetamine at a rave; another man, a Vietnam war veteran, related his initiation and use to the fact that he was a part of the “biker” scene. Participants reported that they used it because “it was there” and they wanted to “fit in.” Two respondents stated that they were addicts and this was an available drug, so they tried it. One male commented that he wanted to be able to work “around the clock” and this allowed him to do so. The first time, he had a customer recommend methamphetamine to him.

The first time use for all but one respondent was by intranasal inhalation. Respondents reported very comparable first time feelings: “nervous,” “confident,” “energetic,” and “care

free.”

Four respondents recalled introducing at least one close friend to methamphetamine, and the others reported at least five others who were introduced to methamphetamine. One respondent stated that he would not introduce friends to the drug because it is “really bad.” Two respondents indicated selling and introducing “at least a hundred people” to methamphetamine.

Methamphetamine Use Patterns over Time

All users had progressed to regular methamphetamine use within a year, with two respondents reporting that it took only a few months to “get hooked.” One user stated:

““ At first I had it mailed to me from California. Pretty soon I wanted it everyday. ””

Most respondents reported transitioning almost immediately from intranasal inhalation to smoking due to the burning sensation in the nose. One woman who cooked methamphetamine, moved to injection. Some individuals reported that in some situations they also swallowed methamphetamine in capsule form. A few also mentioned “hot railing,” which involves inhaling methamphetamine through as it vaporizes while passing through a heated glass pipe.

Over time, all respondents reported needing to increase the amount and frequency of methamphetamine used. Most moved from “one line” initially to a ½ gram or gram per day. One respondent reported using up to three grams per day. Most reported feeling paranoid after consistent use. One user commented:

““ After a few days, I felt a whole lot more paranoid. By about the fifth day, I would see shadows of people or people looking into the window. By about a week, I was seeing bugs forming rows and marching. ””

Most Recent Use of Methamphetamine

Respondents indicated that the last time they used methamphetamine, they were with friends; three reported these friends as boyfriends. Most were smoking methamphetamine, although one reported injecting and two reported intranasal inhalation. Four respondents indicated needing to use something to “slow down.” They indicated using OxyContin® and Valium®. Three respondents reported buying methamphetamine, two reported getting it for free from a friend, and three were manufacturing it. Two indicated selling methamphetamine to others. Average expenditures were \$50 for those who bought and those cooking indicated the expense as “the supplies.” Supplies were purchased at local department stores.

Reasons for the most recent use included “liking it,” wanting to be social and interact with friends using methamphetamine, to overcome pain and to get energy for work, and “get more done.”

Attitudes Toward Methamphetamine

In general, these respondents in treatment all had very negative attitudes about methamphetamine use. A list of descriptors follows:

““ You’ll end up in jail.
You never sleep.
My teeth are falling apart and the nosebleeds are terrible. ””

*I had a total loss of my grasp of reality.
I lost 30 pounds.
I felt totally isolated and I didn't trust anyone.
Men get violent; women get paranoid.
You lose your job, get kicked out, quit school, lose everything.
You'll end up in a psych ward or in a coma or ICU.
It breaks down your immune system; you're sick all the time.
I started stealing things and then trading everything I had.*

Respondents were asked to compare methamphetamine to other drugs of abuse in terms of their risks or negative consequences. All of the respondents felt that methamphetamine had very serious risks related to its use. Four of the eight respondents felt that methamphetamine was the “most serious” drug to use. Two individuals ranked heroin above methamphetamine in terms of risks and two individuals ranked cocaine above methamphetamine. Clearly, respondents felt that methamphetamine had more serious risks and implications for users than most other drugs. Respondents who had used crack felt that there was greater physical addiction to crack than to methamphetamine. Those who had used PCP felt that PCP was more dangerous. Two respondents commented:

“Methamphetamine rots your body from the inside out. You can have a heart attack- I think I already had one. I know a friend's dad who had probably ten heart attacks from snorting meth, and then he died at 50 from heart failure and fluid in his lungs. Meth is made with poison.”

“Methamphetamine takes your attention off of everything you are supposed to be doing. You totally lose track of everything. You lose reality. In the beginning, I thought you could work harder and longer, but it didn't stay that way. After a day or two, you are like the walking dead.”

Availability, quality and prices

The majority had easy access to methamphetamine. One man and one woman manufactured methamphetamine, and had a number of “runners” who “worked” for them to obtain necessary ingredients for cooking. Two other men were also involved in the production process—they were “shoppers” or did “dry watch” for the “real” cooks. Two other participants reported that they had friends, or somebody from their close family who were cooks and/or dealers of methamphetamine.

All respondents reported high availability of methamphetamine. Five respondents reported knowing at least 5 or 6 people to call to get methamphetamine- “all you need to know is who to call.” One female described a home delivery service. Most stated that knowing a cook or dealer was the easiest way to get methamphetamine. Three respondents reported that it was easy to make it for yourself.

In terms of the quality of methamphetamine that is available, one respondent reported that the methamphetamine available in the area was less potent than what was available in California. He stated that a ½ gram in California would have killed him, but “not here.” Respondents indicated that the “best” methamphetamine in the area is red phosphorus-type also known as “glass” or “ice.” All described local dealers who were in rural areas. One respondent indicated that if you can see through it, it is the best for smoking.

Respondents reported what they called “small time” cookers in the area supplying probably about 100 people at a time. They stated that no one wants a “big elaborate set up” because they need to be able to dispose of everything if they have to.

One user described “little kitchen set ups.” Another user commented that the quality of methamphetamine in the area was going down as some producers have gone to jail or been chased out of the area and everyone is in a hurry to make whatever they can. One user commented that Akron was “the city that never sleeps.”

Prices reported by users in this area:

Crank: \$80/gram
Red Phosphorus/Ice: \$200/gram
Anhydrous (yellow) or “jib”: \$100/gram
White, Pink (Champaign): \$200 eightball (1/8 ounce)
Dirty: \$150 eightball (1/8 ounce)

Trends in methamphetamine abuse in the community

Most users (n=7) reported that methamphetamine use in the area appeared to be increasing, although one respondent felt that, due to recent busts, the methamphetamine in the area had been reduced. Most users think that the majority of methamphetamine users are in their twenties and thirties, and all reported knowing only White users. Users felt that methamphetamine use effected all classes of individuals, with some describing police officers, lawyers, and other white professionals using the drug. One user commented:

“*Bosses like it. You know - construction, nurses, cooks, and business people...they can use it and work more. It's booming everywhere.*”

In terms of “types” of users, several common themes emerged. Users described three categories of methamphetamine users:

1. *Recreational users* are those who are likely to be weekend users and most likely inhaling the drug intranasally. These individuals are described as those who “look for it and don’t buy it.” They have friends that use it, and they share other drugs with them on weekends.
2. *Daily users* are unable to keep jobs, and they smoke the drug at home. They are described in their twenties and thirties, have used lots of other drugs, and steal or trade whatever they can find to get methamphetamine.
3. *Chronic users* are described as those who do a lot of methamphetamine at a time, use all day for days on end and end up as “shooters.” These users are described as being most likely to cook and most likely to be men.

Law Enforcement Input

Law enforcement in this area indicated that there has been an overall increase, although slight, in methamphetamine concerns over the past six months. Officers reported that in the East Liverpool area, an exceptionally large methamphetamine lab was found in a hotel

servicing a large Hispanic group of users. Officers described persons from outside of the area coming in to do “training sessions” on how to manufacture methamphetamine and they felt that most methamphetamine in the area was locally produced.

They were uncertain about whether any large volume of methamphetamine enters the area via parcel services. Officers felt that “good crystal” was usually shipped in and the local methamphetamine is “brown.”

Officers described hearing of local high school students selling what they call “meth” that is actually crushed up tablets (pink Pseudoephedrine®) along with marijuana. Officers seemed to feel that there is a tendency for the local adolescents to “fake meth” and they were not aware of local high school students actually using the drug.

Law enforcement reported that methamphetamine was used in the “biker group” in Ashtabula and in rural areas of Mahoning and Columbiana counties. One officer commented about “hot rails” (which in this case was defined as snorting both cocaine and methamphetamine) among gay users in the area.

Overall, law enforcement expressed concerns about the challenges involved in dealing with the local increase in methamphetamine production and use. One officer commented:

“ Usually the drug trends start in the city and then spread out, but the meth it will be reverse. As availability and demand increase, the trend toward using meth will come into the city.” ”

Treatment Experiences

For five of the eight respondents, this was their first treatment experience. Several users commented that the effects of methamphetamine in their lives finally made them seek treatment. One respondent described extensive arrests but never leading to treatment, just short term jail time. Several users commented that people do not know that you can go to drug treatment for methamphetamine, so they don't even try. Three respondents reported having to wait for access to treatment; others reported that treatment was easy to obtain. Several commented that having no insurance is a definite problem when trying to access treatment.

User Suggestions to Prevent Methamphetamine Abuse

Respondents were very forthcoming with suggestions to prevent methamphetamine abuse. Three major categories of suggestions emerged:

1. *More communication* is needed to users about the extreme risks of methamphetamine use.

One user stated:

“ I didn't know a damn thing about these drugs in high school. I just started using and had to find out on my own. Here I am now in treatment.” ”

Users commented that no one informed them about the risks of losing family, health, financial security, and “your whole outlook on life.” One user asked for more on television locally about the risks related to methamphetamine.

2. *More control* is needed over substances that are too handy to make methamphetamine. Users felt that the chemicals to make methamphetamine are too easy to obtain

3. *More resources* are needed for longer stays in treatment. Users believed that 90 days in treatment is not enough time to fix the problem and they believed that at least 6 months of treatment was needed.

Ashtabula, Columbiana, and Mahoning Counties, along with the City of Youngstown, have reported varied methamphetamine lab busts since 2003.

Ashtabula County Drug Task Force: The Ashtabula County Drug Task Force reported 16 lab busts in 2003. By 2004, this number had increased to 20. Since January 2005, it has reported three new busts.

Columbiana County Drug Task Force: The Columbiana County Drug Task Force has reported a decrease in busts since 2003. In that year, there were two busts. By 2004, this number decreased to one lab. Since January 2005, it reported no new busts.

Mahoning County Drug Task Force: The Mahoning County Drug Task Force reported one meth lab bust since January 2005. The Task Force believes most labs exist within the City of Youngstown. However, meth is starting to move into the county from Alliance and Akron.

Youngstown Drug Enforcement Agency: A DEA agent indicated that the Youngstown office had a total of 48 lab busts since October 2002. These busts occurred across seven counties, including Columbiana, Harrison, Carroll, Tuscarawas, Trumbull, Mahoning, and Portage. The agent also indicated that the majority of busts occurred within Portage County.

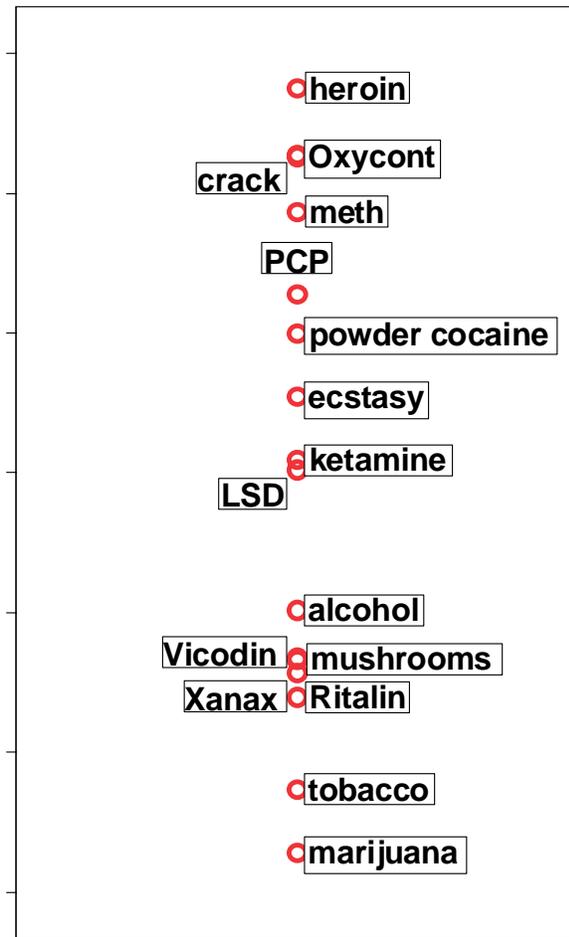
RANKING TASK RESULTS

One part of our semi-structured interviews involved attempting to understand user perceptions of the harmfulness and negative consequences of methamphetamine abuse. All participants (N=83) were asked to rank-order 16 commonly abused substances (see figure below) according to their perceived risks and negative consequences. Ranking results were analyzed using cultural consensus modeling (a statistical method used to estimate the sharing of cultural knowledge).

Consensus analysis estimated that the ratio between 1st and 2nd eigenvalues was 4.8 (a ratio of 3 is typically accepted as a standard cut off indicating a single cultural model). Thus, consensus analysis results showed that methamphetamine users from across the state drew from a single cultural model when they compared drugs in terms of their perceived harmfulness/negative consequences.

Figure represents an illustration of the culturally shared model of drug ranking (from the most risky at the top, to the least risky at the bottom). Heroin was ranked as the most dangerous drug, and marijuana was ranked as the least dangerous drug (less harmful than tobacco or alcohol). Methamphetamine was placed very high in the rank-order of “risky” drugs, but was perceived as being less harmful or dangerous than heroin, crack, or OxyContin®.

Qualitative interviews suggest that methamphetamine was typically viewed as a “cleaner” drug, easier to “maintain” and “control” than crack, heroin, or OxyContin®. Many shared a perception that OxyContin® was “pretty much the same thing as heroin,” or “heroin in a pill form.” These views may be related to the fact that the majority of current users have not seen (or experienced) long term, chronic methamphetamine use.



A 21-year-old white woman from the Dayton area, who was an intense methamphetamine user for about two years before she was ordered by the court to attend treatment, provided the following explanation, which reflects views shared by the majority of methamphetamine users across the state:

Meth, I never looked at it as it was that bad, I've always looked at crack like "crack heads," like people sleeping in dumpsters and things like that, heroin junkies. I've just never had an urge to do crack or heroin, ever.... I've seen people die from heroin, I've seen people die from crack. I've seen people sell their houses and sell their cars for heroin and crack, I've never seen anybody sell it for meth, ya know what I mean? Like they might go out and steal something and then sell that to pay for what they want, but I've never seen anybody give up their house for meth.

In summary, ranking results support qualitative findings suggesting that methamphetamine users across the state see methamphetamine as a harmful drug. However, examples of negative consequences of methamphetamine use are much less common than negative examples of heroin and crack use. User perceptions of drug risks and negative consequences are shaped by various factors, including personal experiences and media portrayal of drug effects, which indicates that media is a significant component of prevention and other forms of intervention.