



# American Drug Testing

Drug-Free Workplace Programs

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## DRUG-FREE WORKPLACE ADVISOR

AN ONGOING SERIES TO PROTECT YOUR COMPANY BY HELPING TO KEEP DRUGS OUT OF YOUR WORK-

### Methamphetamine: A Drug Abuse Nightmare, Part I

#### What is Methamphetamine?

Methamphetamine (Meth) is a powerfully addictive stimulant that dramatically affects the central nervous system. The drug is made easily in clandestine laboratories with relatively inexpensive over-the-counter ingredients. These factors combine to make methamphetamine a drug with high potential for widespread abuse.

Methamphetamine is commonly known as "speed," "meth," and "chalk." In its smoked form it is often referred to as "ice," "crystal," "crank," and "glass."

Meth is a white, odorless, bitter-tasting crystalline powder that easily dissolves in water or alcohol. The drug was developed early in this century from its parent drug, amphetamine, and was used originally in nasal decongestants and bronchial inhalers. Methamphetamine's chemical structure is similar to that

of amphetamine, but it has more pronounced effects on the central nervous system. Like amphetamine, it causes increased activity,

*"...spreading to other areas of the country, including both rural and urban sections of the South."*

decreased appetite, and a general sense of well-being. The effects of methamphetamine can last 6 to 8 hours. After the initial "rush," there is typically a state of high agitation that in some individuals can lead to violent behavior.

Methamphetamine is a Schedule II stimulant, which means it has a high potential for abuse and is available only through a prescription that cannot be refilled. There are a few accepted medical reasons for its use, such as the treatment of narcolepsy, attention deficit disorder, and -- for short-term use -- obesity; but these medical uses are limited.

#### What is the Scope of Methamphetamine use in the United States?

Methamphetamine abuse, long reported as the domi-

nant drug problem in the San Diego, CA area, has become a substantial drug problem in other sections of the West and Southwest, as well. There are indications that it is spreading to other areas of the country, including both rural and urban sections of the South and Midwest. Methamphetamine, traditionally associated with white, male, blue-collar workers, is being used by more diverse population groups that change over time and differ by geographic area.

According to the 1996 National Household Survey on Drug Abuse, an estimated 4.9 million people (2.3 percent of the population) have tried methamphetamine at some time in their lives. In 1994, the estimate was 3.8 million (1.8 percent), and in 1995 it was 4.7 million (2.2 percent).

Data from the 1996 Drug Abuse Warning Network (DAWN), which collects information on drug-related episodes from hospital emergency departments in 21 metropolitan areas, reported that methamphetamine-related episodes decreased by 39 percent between 1994 and 1996, after a 237 percent increase between 1990 and 1994. There was a statistically significant decrease in methamphetamine-related episodes

between 1995 (16,200) and 1996 (10,800). However, there was a significant increase of 71 percent between the first half of 1996 and the second half of 1996 (from 4,000 to 6,800).

NIDA's Community Epidemiology Work Group (CEWG), an early warning network of researchers that provides information about



the nature and patterns of drug use in major cities, reported in its June 1997 publication that methamphetamine

continues to be a problem in Hawaii and in major Western cities, such as San Francisco, Denver, and Los Angeles. Increased methamphetamine availability and production are being reported in diverse areas of the country, particularly rural areas, prompting concern about more widespread use.

For additional information, see the "client area" [www.AmericanDrugTesting.net](http://www.AmericanDrugTesting.net) or call 843-747-4111.



**The Drug-Free Workplace Advisor** is published by American Drug Testing, a leading drug-free

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