

California Youths and Methamphetamine Use

Methamphetamine, referred to as meth, is a powerful, long-acting, and harmful drug that stimulates the central nervous system and interferes with the normal functioning of the brain. Meth can be more addictive than cocaine or heroin.

Meth comes in powder and crystal form. The powder, referred to as "speed" or "chalk," is usually white, odorless, and bitter tasting and easily dissolves in water or alcohol. Clear, chunky crystals are referred to as "ice," "crystal," "crank," "glass," or "tina."¹ Snorting and swallowing meth produces a high within 15–20 minutes, but injecting or smoking the drug causes an immediate and highly intense "rush." Effects can last for as long as 12 hours.¹

Supplies of meth come primarily from small clandestine laboratories.² Meth use is the most pressing drug enforcement concern in California.³

How Common Is Meth Use Among Youths?

According to the California Attorney General, the use of methamphetamine exploded in California a few years ago and spread quickly to other states. Use of all drugs—including methamphetamine—among youths has been decreasing over the past five years. However, because of the growing number of illegal meth labs in rural, central, and southern California, communities are concerned about the potential risk this poses for youths. Although some adolescent-treatment agencies reported a surge in admissions for methamphetamine abuse, there is no evidence of any increase—let alone an epidemic—among the in-school population.⁴

In California:

- Lifetime meth use during the 2005-06 school year was 2.3 percent in seventh grade, 3.5 percent in ninth grade, and 7 percent in eleventh grade. Current use was 2.7 percent in ninth grade and 3.9 percent in eleventh grade. These reported prevalence rates for methamphetamine use have changed little from 2003 or 2001.⁴
- A higher percentage of students rated frequent use of methamphetamine as extremely harmful than the percentage of students rating any other drug as extremely harmful. Eight in ten upper graders rated frequent use of methamphetamine as extremely harmful.⁴

- Methamphetamine was rated by 17 percent of eleventh graders as very easy to obtain.⁴ This finding should be a cautionary note to communities.
- Lifetime use of meth among high school students varies across California and reflects counties with more reported drug production and trafficking: 11 percent in San Bernardino, 10.2 percent in Los Angeles, 7.9 percent in San Diego, and 3.7 percent in San Francisco.⁵

At a national level:

- In 2005, 6.2 percent of high school students across the United States tried meth at least once in their lifetime (5.7 percent of ninth graders, 5.9 percent of tenth graders, 6.7 percent of eleventh graders, and 6.4 percent of twelfth graders).⁵
- Meth lifetime use was higher among Hispanic (8.8 percent) and white (6.5 percent) than African American (1.7 percent) students.

How Does Meth Use Impact Youths?

Meth increases the release of dopamine, a brain chemical that regulates feelings of pleasure. Such feelings make meth highly addictive. Withdrawal symptoms include fatigue, anxiety, depression, as well as very strong drug cravings.⁶ Long-term meth use damages nerve cells in an adolescent brain faster than in a mature brain.⁷ Nerve damage is partly repaired after the user abstains for two years, but the psychotic effects (such as anxiety, paranoia, hallucinations, and aggression) can continue for years.

Since meth increases interest in sexual activity, the user under the influence may engage in irresponsible behavior. The result is sexually transmitted infections (including HIV/AIDS), viral hepatitis, and unintended pregnancy—a special concern because meth use during pregnancy can cause birth defects.⁸

Meth use also causes other serious health problems, listed in the chart below.

Health Problems from Meth Use	
Short-term	Even low doses of meth can cause euphoria, wakefulness, decreased appetite, increased physical activity, increased respiration, and increased blood pressure, as well as rapid or irregular heart beat. An overdose can lead to an elevation of body temperature that may prove fatal. Inhaling meth damages lungs and nose, creates breathing problems. Injecting meth creates the risk of viral hepatitis (A, B, and C) and HIV. ⁹
Over time	Regular users may experience insomnia, confusion, anxiety, irritability, and tremors. Severe convulsions may lead to death. Regular users of meth have a high risk of becoming addicted, needing the drug more frequently and in higher amounts. ⁹
Long-term	Chronic abuse is marked by extreme anorexia, gum disease and rotting teeth, violence, memory loss, paranoia, and hallucinations. ⁹ Scratching at imaginary insects under the skin often results in open sores and scars.

What Are the Signs of Meth Use?

Mood and behavior changes are a normal part of adolescent development. However, when a student displays several of the symptoms listed below, teachers, parents, and other caretakers of youths should investigate the possibility of a meth abuse problem.

Warning Signs of Youths' Meth Abuse	
Physical	Weight loss, fast breathing, excessive sweating, flushed or tense appearance, dilated pupils, and bloodshot eyes. ¹⁰
Behavioral	Unusual increase in activity with inability to sleep, reluctance to eat, excited patterns of speech, agitation, and repetitive actions such as cleaning, grooming, or disassembling objects. ¹¹
Emotional	Mood swings, personality changes, low self-esteem, withdrawal, and defensiveness. ¹²
Social	Withdrawal from family life and from habitual activities (such as sports); anxiety, dishonesty, and aggressiveness that impact interactions with others; ¹² and a change in circle of friends to socialize exclusively with other drug users. ¹³
Academic	Disciplinary problems; loss of interest in and negative attitudes about school; lower grades, lower scores on the Standardized Testing and Reporting (STAR) Test, and poor school attendance. ¹⁴

What Can Schools Do?

There are several measures schools can take to prevent meth use.

Drug policies. Because teens who attend middle and high schools where drugs are used, kept, or sold are at higher risk of substance abuse,¹⁵ a strict and consistent enforcement of drug policies will also lower the risk of drug use by youths.

Prevention programs. Recent research found two school-based programs that were effective in preventing meth use in rural areas. The Iowa Strengthening Families Project (ISFP) promotes protective factors in the family and reduces family risk processes. Life Skills Training (LST) is a school-based program that promotes general life skills and teaches how to resist peer pressure.¹⁶

Treatment and Student Assistance Programs. There are no effective medications to counteract the effects of methamphetamine or help reduce the addict's drug craving. Meth addiction may require long-term and repeated treatment in residential or outpatient settings. The Matrix Model used by many clinics in Southern California is the only program shown to be effective for meth addiction. It combines behavioral therapy, family education, individual counseling, 12-step support, drug testing, and encouragement for non drug-related activities. Residential programs start with detoxification and use various therapies and self-help strategies to ensure long-term abstinence.¹⁷

The National Survey on Drug Use and Health reports that, of the youths who need treatment for illicit drug use, only 9 percent received the specialty treatment needed.¹⁸

Student Assistance Programs (SAPs) can be instrumental in helping families find treatment for the student who is addicted to meth. Teachers, other school staff, parents, or youths concerned about a student's meth use can refer him or her to a SAP. The local SAP may refer a student to support groups, individual counseling, or treatment based on screening, intervention, and support available from the larger network of community-based services.

Resources

National Institute on Drug Abuse

<http://www.nida.nih.gov/parent-teacher.html>

The site has educational materials for parents and teachers.

The Partnership for a Drug-Free America

<http://www.drugfree.org>

Campaign with comprehensive new information and resources to assist families in preventing, recognizing, and dealing with substance abuse problems.

U.S. Department of Health and Human Services

<http://www.whitehouse.gov/ondcp/meth-intro>

Publications, research, events, conferences, programs, funding, training, policies, and community involvement regarding methamphetamine are featured.

Endnotes

1. *Methamphetamine Abuse and Addiction*. National Institute on Drug Abuse report series. Revised September 2006. NID publication number 06-4210. <http://www.drugabuse.gov/ResearchReports/methamph/methamph.html> (accessed on June 19, 2008).
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3. Office of National Drug Control Policy, Drug Policy Information Clearinghouse. (March 2008). *State of California—Profile of Drug Indicators*.
4. R. Skager and G. Austin, *11th Biennial California Student Survey: Drug, Alcohol, and Tobacco Use 2005-2006*. 2006. Sacramento: Office of the Attorney General.
5. D. Eaton et al., "Youth Risk Behavior Surveillance—United States 2005," *Morbidity Mortality Weekly Report* 55 (2006). <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5505a1.htm> (accessed on February 23, 2007).
6. See note 1 above.

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9. National Institute on Drug Abuse, *InfoFacts - Methamphetamine*. November 2006. <http://www.drugabuse.gov/publications/drugfacts/methamphetamine> (accessed on February 23, 2007).
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11. The Partnership for a Drug-Free America. *The Partnership Attitude Tracking Study: Teens in Grades 7 Through 12, 2005*. May 2006. <http://www.drugfree.org> (accessed on February 23, 2007).
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13. See note 8 above.
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17. See note 1 above.
18. Office of Applied Studies. *Results from the 2004 National Survey on Drug Use and Health (NSDUH): National Findings* (Department of Health and Human Services Publication No. SMA 05-4062, NSDUH Series H-28). Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005.