



fact sheet

Methamphetamine Use in Georgia

What is methamphetamine?

Methamphetamine (meth) is a stimulant drug that acts powerfully on the central nervous system. Meth can be taken orally, injected, snorted, or smoked. Meth can be acquired legally through a medically necessary prescription or can be made illegally in clandestine laboratories (meth labs). The illegally made product is sold on the street for \$500 to \$1000 per ounce or for \$80 to \$100 per gram. Street methamphetamine is called “speed,” “meth” or “chalk”. In its smoked form, it resembles clear crystals that are referred to as “ice,” “crystal” or “glass.”

Use of meth increases heart rate, respiration, energy, and blood pressure at the same time it decreases appetite, sleep, and reaction time. Initial use of meth increases confidence, alertness, mood, sex drive, and energy at the same time it decreases boredom and shyness. Prolonged use, however, can cause confusion, fatigue, insomnia, memory loss, irritability, paranoia, depression, anger, panic, hallucinations, and even drug-induced psychosis. It is a rapidly addictive substance that may result in permanent brain damage. There is a high potentiality for violence as well.

The context in which it is used is dangerous to children, case workers and other home visitors, law enforcement, and the general public (needle use, toxic chemicals, abuse and neglect, aggression on the part of the user). Because of its powerful effects on the central nervous system, methamphetamine addiction requires specialized treatment. According to the National Institute on Drug Abuse, the most successful treatment involves lengthy intensive therapy in group treatment programs, frequent drug testing and months of aftercare.

Why is it popular?

The drug is relatively cheap and can be made from ordinary items available at many retail outlets, such as cold and decongestant medicines (ephedrine and pseudoephedrine), rock salt, rubbing alcohol, drain cleaner, farm fertilizer, and paint thinner. One hundred dollars worth of materials can be quickly converted into \$1000 worth of street drugs.

Methamphetamine is also popular because it produces a long lasting high – effects last up to eight hours. This has contributed to use of the drug by young people involved in the “rave culture” at all-night music clubs.

Availability and use in Georgia

The drug was first used primarily by truck drivers and blue-collar workers. It was more prevalent in the Western United States.

Today, a more diverse population uses methamphetamine. More young people use methamphetamine and it is a growing problem among high school and college students. In 2003, 8% of Georgia high school students reported they have ever used methamphetamine once or more times in their life (2003 Georgia Student Health Survey Report <http://health.state.ga.us/epi/cdiee/studenthealth.asp>).

Meth is a growing threat to the Atlanta metropolitan area and a serious problem in smaller towns and cities. Methamphetamine use in Georgia has grown fastest in North and Central Georgia. It is the primary drug threat in Dalton and Macon.

The first labs were based in California, Arizona, Utah, Texas and Mexico. Mexican traffickers sell the drug nationally now, and in the last decade smaller local labs have shown up in Georgia and the Southeast. In 1999, 34 labs were found in Georgia, according to the U.S. Drug Enforcement Administration. In 2004, 487 labs were found. Last year, the number dropped to 397.

Meth use continues to rise. In fiscal 2002 in Georgia, 1,532 meth addicts were admitted to treatment programs. In 2005, 4,329 were admitted, an increase of more than 182 percent.

Treatment Works

There is a strong belief that there are no successful interventions for methamphetamine-abusing consumers. Addiction is a preventable, treatable, brain disease that is expressed behaviorally in a social context. The context of meth abuse is extremely dangerous, but the addiction is treatable. The belief that change is possible is important in working with those suffering from the disease of addiction. While recognizing the treacherous settings in which this particular substance is used, it is important to work with all partners to impart a message of hope for the addict, the family, and the community. Key elements of treatment for methamphetamine addiction include: a highly structured program, preferably workbook driven; information presented in an easy to understand way, family support; positive reinforcement, and 12-step involvement and participation.

The Danger for Children

People who manufacture methamphetamine in their homes often have children living on the premises. The federal Drug Enforcement Agency (DEA) reports that more than one hundred children have been found living homes used as meth labs in Georgia since 2003. These children are exposed to very serious dangers, including:

- **Exposure to dangerous substances** - children may swallow toxic substances or inhale toxic fumes. Prolonged exposure can lead to damage of vital organs.
- **Toxic waste** – the production of one pound of methamphetamine produces seven pounds of toxic waste. As a result, lab sites and children found there have to be decontaminated.
- **Fire** – Chemicals are cooked at heat exceeding 200 degrees. In March 2004, three children were killed in a trailer fire in Spalding County. The trailer contained combustible ingredients used to make methamphetamine.
- **Birth Defects** – Babies can be born addicted to methamphetamine and potentially suffer birth defects.
- **Child Abuse and Neglect** – Children living in and around methamphetamine laboratories are at increased risk for severe neglect and are more likely to be physically and sexually abused by members of their own family and known individuals at the site.
- **Social Problems** – Children who experience the chaos, neglect and violence of a clandestine methamphetamine laboratory environment experience stress and trauma that may significantly affect their overall safety and health, including

their behavioral, emotional and cognitive functioning. They often exhibit low self-esteem, a sense of shame, and poor social skills.

Georgia's response

- In 2006, the General Assembly passed the Governor's budget recommendations of \$1 million to create a 15 agent GBI Meth Force and \$1 million for methamphetamine substance abuse treatment to treat approximately 200 adults with families that are affected by meth.
- In April 2005, Governor Perdue signed into law House Bill 216, which places limits and restrictions on pseudoephedrine sales.
- The General Assembly passed a child endangerment bill in 2004. The bill makes criminal negligence a felony punishable for up to ten years in prison and adds additional penalties for making meth in the presence of children.
- In 2003 Governor Perdue proposed and signed into law legislation that strengthened criminal penalties for the manufacture, transfer and possession of methamphetamine and criminalized the transport of materials used in its illegal production.
- Crisis Intervention Training (CIT) and other educational efforts are being implemented with law enforcement to recognize the signs and symptoms of addiction and to reinforce the fact that meth addiction is treatable.
- GBI officers are training DHR's Division of Family and Children Services (DFCS) child protection caseworkers to recognize signs that drugs are being made in homes with children.
- Law enforcement officers are notifying DFCS when they are planning a raid on homes where children live.
- DHR's Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) regional staff in North Georgia (Region 1) are training substance abuse providers to recognize and treat methamphetamine addiction. A North Georgia Methamphetamine Community Action Summit was held in May 2004. The summit brought together national and local drug enforcement experts and community organizing specialists in the field who work with drug abuse and prevention to share strategies for dealing with the growing methamphetamine problem.
- MHDDAD, Office of Addictive Diseases sponsored 30 clinicians to be trained on the Matrix Model at the September 2005 Georgia Council on Substance Abuse annual conference. This model combines elements from relapse prevention, motivational interviewing, and other proven modalities. One key difference between this model and others is its duration: whereas many programs last 30 or fewer days, Matrix lasts up to six months. Given what is known about how long it takes the brain to recover from the effects of protracted methamphetamine use, an increased length of stay in treatment is desirable.
- In February 2005, the DHR Division of Public Health organized an internal workgroup to develop and implement a comprehensive and collaborative Public Health approach to address the prevention and intervention of methamphetamine (and related substances) use and activity; the health and safety of Georgia residents and home visiting professionals (e.g. health and human service workers, law enforcement, etc.) impacted by methamphetamine use and production; and the potential harm to children found at

- methamphetamine labs.
- In collaboration with DFCS, the Georgia Poison Center, and the Georgia Bureau of Investigation, the DPH workgroup has developed guidelines for addressing the medical needs of children found in meth labs, Guidelines for Managing Children Found at Clandestine Methamphetamine Laboratory Sites. A meth fact sheet, Methamphetamine: What Caregivers Should Know, has also been developed for foster and adoptive parents.
 - The Chemical Hazards Program of DPH's Environmental Health and Injury Prevention Branch has conducted health education activities for approximately 500 county and district environmental health staff for nearly two years. The focus of their efforts has been to educate staff on how to conduct safe inspections. Also, the Chemical Hazards Program has developed a "Meth" Laboratories brochure, <http://health.state.ga.us/pdfs/environmental/chemhazard/methbrochure.05.pdf>.
 - DHR's Division of Public Health Office of Emergency Medical Services/Trauma has provided continuing education credit and resources to the annual EMS Educators conference to incorporate information on methamphetamine labs into the initial education module for emergency medical responders.
 - DHR's Division of Public Health HIV Section is currently contracting with Georgia State University to conduct a needs assessment to explore the extent of meth use among metro Atlanta's MSM (men having sex with men) and transgender populations, and to recommend a social marketing plan to address meth use in these hard to reach populations.
 - DHR's Division of Public Health sponsored a one-day pre-conference awareness training on methamphetamine at the December 2005 Georgia Public Health Association Conference in Savannah. The training highlighted the scope of the meth problem in GA, employee safety, provided an overview of the medical protocols used for managing children found at meth labs and explained Georgia's response to meth from state, district and local levels. Participants also heard a personal testimony from a former meth user.
 - Meth coalitions and task forces have developed at the local level as a result of prevalence and the recommendations from the Governor's 2004 Summit Methamphetamine and Georgia: Seeking Solutions. Health districts are collaborating with task forces around "Battle Plans" and are employing other strategies to address meth issues that are specific to their communities.