

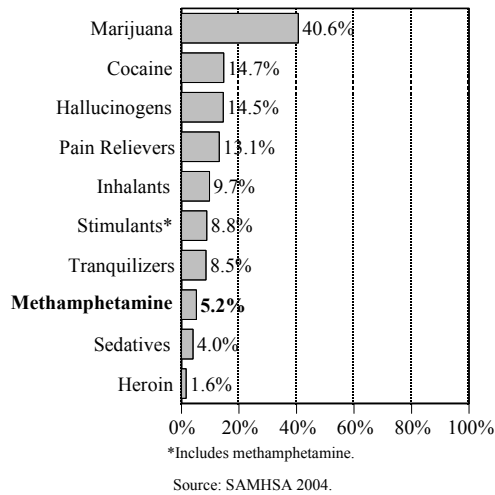
CESAR BRIEFING

Methamphetamine in Maryland

CESAR Briefings are designed to provide concise answers and information on requested topics related to substance abuse and are available online at www.cesar.umd.edu. For additional information or to request a *CESAR Briefing*, please contact Erin Artigiani at 301-405-9794 or erin@cesar.umd.edu.

In 2003, a relatively low number of U.S. residents—5% or an estimated 12.3 million people—reported using methamphetamine at least once in their lifetime, compared to 41% for marijuana, 15% for cocaine, and 2% for heroin, as shown in Figure 1 (Substance Abuse and Mental Health Services Administration, 2004). Methamphetamine use has historically been concentrated in Hawaii, California, and other West

Figure 1: Percentage of U.S. Residents Aged 12 or Older Reporting Lifetime Use of Illicit Drugs, 2003

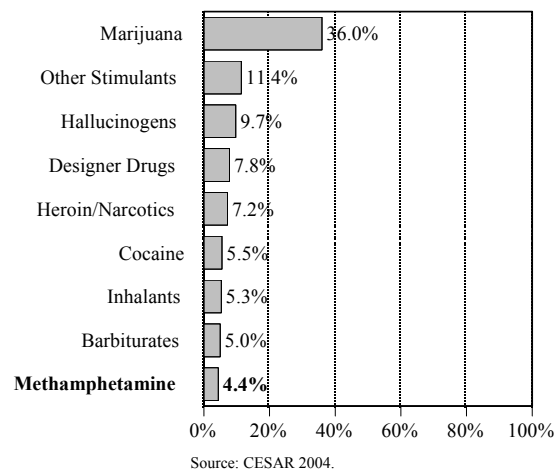


Coast states (Anglin, Burke, Perrochet, Stamper, & Dawud-Noursi, 2000) and the majority of methamphetamine use and production remains in localized areas west of the Mississippi River (National Drug Intelligence Center, 2004; Substance Abuse and Mental Health Services Administration, 2003). Despite the fact that methamphetamine production, trafficking, and use in the eastern U.S. are isolated and limited relative to that of other drugs, there has been recent speculation that “meth use is exploding in cities and suburbs all across America” (Teague, March 2, 2005).¹ The purpose of this report is to analyze existing indicators of methamphetamine use and its consequences in Maryland to provide an evidence-based evaluation of the current status and potential threat of methamphetamine in this state. Supporting data for this report can be found online at www.cesar.umd.edu.

What Is the Scope of Methamphetamine Use in Maryland?

Methamphetamine is rarely produced or used in Maryland. From January 2003 to May 2004, law enforcement officials report that there were 8 methamphetamine labs seized in Maryland (Washington/Baltimore High Intensity Drug Trafficking Area, 2004), compared to 15,994 labs seized nationally in 2004 (Drug Enforcement Administration, n.d.). Methamphetamine ranked last among 9 illicit drugs most commonly used by 10th and 12th grade students—less than 5% reported ever using the drug in 2002, as shown in Figure 2 (Center for Substance Abuse Research, 2004). Furthermore, less than 0.5% of all treatment admissions in Maryland in FY2004 were

Figure 2: Percentage of 10th and 12th Grade Maryland Students Reporting Lifetime Use of Illicit Drugs, 2002



¹ For a discussion on how a previous localized methamphetamine problem came to be projected on a national level, see Jenkins, 1994.

Methamphetamine in Maryland

methamphetamine related, as shown in Figure 3 (Maryland Alcohol and Drug Abuse Administration, 2004). In the Baltimore and Washington, D.C., metropolitan statistical areas (MSAs)² there were 39 methamphetamine-related emergency department visits in 2002, compared to 9,002 for cocaine and 6,312 for heroin (Substance Abuse and Mental Health Services Administration, 2003). Additionally, there were no methamphetamine-caused deaths in Maryland in 2003 and one death in 2004 (Maryland Office of the Chief Medical Examiner, 2004).

Who Uses Methamphetamine in Maryland?

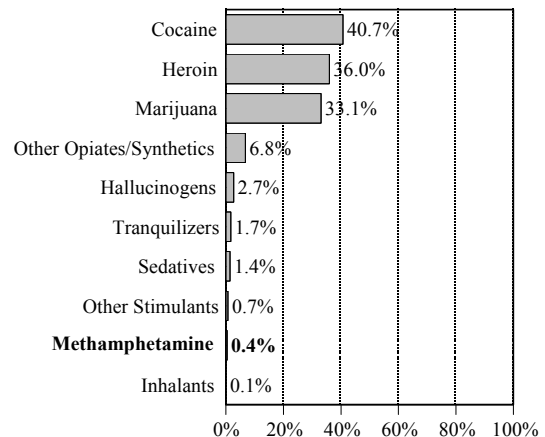
As the above section shows, the demand for and availability of methamphetamine is relatively low in Maryland. However, several sources indicate that small pockets of use do exist among certain populations. Users are most likely to be white males of diverse backgrounds, including unemployed persons (Maryland Alcohol and Drug Abuse Administration, 2004), blue-collar workers, persons with ties to traditional methamphetamine users (i.e. motorcycle gang members and long-distance truckers), white-collar professionals, and homosexuals (National Drug Intelligence Center, 2002). The small percentage of youth who use methamphetamine are also most likely to be white males and they report using multiple other drugs in their lifetime (Center for Substance Abuse Research, 2004). There is evidence that youth methamphetamine users are also involved with other club drug use and the rave/club scenes (Center for Substance Abuse Research, 2004; Office of National Drug Control Policy, 2004; Washington/Baltimore High Intensity Drug Trafficking Area, 2004).

Where Is Methamphetamine Used in Maryland?

Geographically, the primary markets for methamphetamine in Maryland are in the western, northeastern, and southern parts of the state. Residents of western Maryland are some of the primary users of methamphetamine (Office of National Drug Control Policy, 2004). High school students in Garrett, Allegany, and Washington counties have the first, second, and fourth highest rates of lifetime methamphetamine use in the state—more than double the statewide rate of 4.4% (Center for Substance Abuse Research, 2004). In addition, three of the eight methamphetamine labs seized from January 2003 to May 2004 were from the western Maryland counties of Garrett and Washington (Washington/Baltimore High Intensity Drug Trafficking Area, 2004).

Methamphetamine use also exists in counties in the northeastern part of the state. High school students in Cecil, Kent, Queen Anne's, Caroline, and Talbot counties have above average rates of lifetime methamphetamine use ranging from 5.5% to 9.0% (Center for Substance Abuse Research, 2004). Kent, Queen Anne's, Caroline, and Talbot counties also have some of the highest rates of methamphetamine-related treatment admissions in the state, ranging from 11.8 to 15.6 per 100,000 residents (Maryland Alcohol and Drug Abuse Administration, 2004). One of the eight labs seized from January 2003 to May 2004 was in Cecil County (Washington/Baltimore High Intensity Drug Trafficking Area, 2004).

Figure 3: Percentage of Admissions to Maryland Substance Abuse Treatment Programs Reporting Specific Drugs, FY 2004



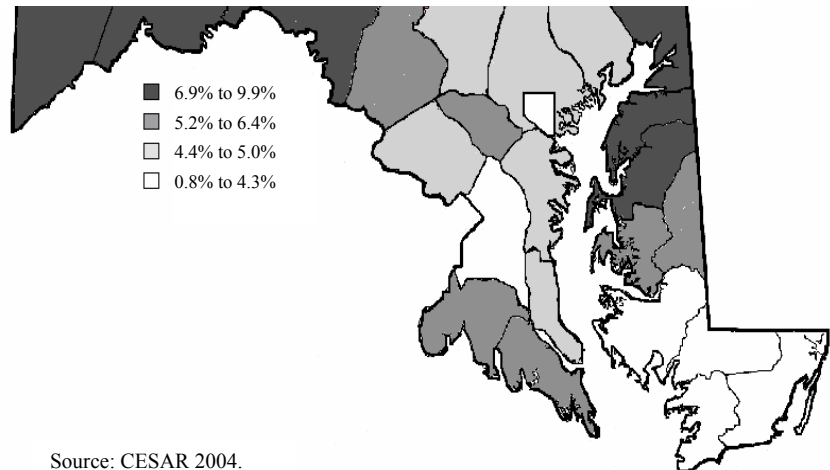
Source: SAMIS 2004.

²The Baltimore MSA encompasses Anne Arundel, Baltimore, Carroll, Harford, Howard, and Queen Anne's counties and Baltimore City. The Washington, D.C., MSA encompasses the District of Columbia, Calvert, Charles, Frederick, Montgomery, and Prince George's counties, and 10 counties in Virginia.

Methamphetamine in Maryland

Another pocket of methamphetamine use is in southern Maryland, particularly Charles and St. Mary's counties. High school students in these two counties have above average lifetime rates of methamphetamine use (Center for Substance Abuse Research, 2004).^{*} In addition, three of the eight labs seized from January 2003 to May 2004 were in Charles County (Washington/Baltimore High Intensity Drug Trafficking Area, 2004). According to law enforcement officials, Charles County is at risk for methamphetamine use because “geographically and demographically, Charles County fits the national methamphetamine-hosting ‘prototype,’ in that it is less urban in nature, more sparsely populated, and comprised of fewer African Americans” (Washington/Baltimore High Intensity Drug Trafficking Area, 2004). Methamphetamine use and trafficking in southern Maryland has also been attributed to the prison release of members of motorcycle gangs that have been linked to retail methamphetamine trafficking (Washington/Baltimore High Intensity Drug Trafficking Area, 2004).

Figure 4: Percentage of Maryland 10th and 12th Grade Students Reporting Lifetime Use of Methamphetamine, by County, 2002



Source: CESAR 2004.

Is Methamphetamine an Emerging Problem?

While defining an emerging drug problem is extremely subjective, a drug may be potentially emerging as a problem in a certain area of the state if indicators of use, treatment, and/or law enforcement are increasing in that area or are relatively high or increasing in surrounding areas. Indicators of methamphetamine use and related health consequences have remained relatively stable or decreased in the past few years. For example, lifetime methamphetamine use among Maryland high school seniors has remained at 5% since 2001, down from the recent peak of 9% in 1996 (Maryland State Department of Education, 1997-2003). The number of methamphetamine-related emergency department mentions in the Washington, D.C., and Baltimore MSAs combined decreased from 68 in 2000 to 39 in 2002 (Substance Abuse and Mental Health Services Administration, 2003). And the number of methamphetamine labs seized has not increased in Maryland. Law enforcement reports to the National Clandestine Laboratory Database indicate that there were 0 labs reported in 2000, 2 labs reported in 2001, 1 in 2002, 2 in 2003, and 1 in 2004 (Drug Enforcement Administration, 2005a).³

Methamphetamine is present in areas surrounding Maryland, particularly in Washington, D.C., within the homosexual community and club scene, (Washington/Baltimore High Intensity Drug Trafficking Area, 2004) and the Shenandoah Valley of Virginia (Boorstein, August 22, 2004; Washington/Baltimore High Intensity Drug Trafficking Area, 2004). In addition, the number of methamphetamine labs seized in surrounding states has been increasing. For example, one methamphetamine lab was seized in Virginia in 2000, compared to 61 in 2004 (Drug Enforcement Administration, 2005c). The number of labs seized between 2000 and 2004 increased in West Virginia from 3 to 84 (Drug Enforcement Administration,

^{*}A sentence regarding methamphetamine-related treatment admissions in St. Mary's County was removed from the original text due to concerns that the treatment admission numbers cited may have been inflated. Revised data will be posted as soon as possible.

³ Some law enforcement agencies do not report lab seizures to the National Clandestine Laboratory Database, especially in rural areas. Thus these figures generally are an underestimate of the actual number of methamphetamine labs seized.

Methamphetamine in Maryland

2005d) and in Pennsylvania from 8 to 63 (Drug Enforcement Administration, 2005b). There is also anecdotal evidence that Hispanic criminal groups may expand their distribution networks from Virginia to Maryland (Washington/Baltimore High Intensity Drug Trafficking Area, 2004).

Conclusions

The demand for and availability of methamphetamine in Maryland is extremely low compared to other drugs. Methamphetamine users in Maryland tend to be Caucasian males, including blue- and white-collar workers, persons with ties to motorcycle gang members and long-distance truckers, youths, homosexuals, and those involved with the rave and club scenes. In addition, methamphetamine use is more prevalent in the western, northeastern, and southern parts of the state. While available data do not indicate that methamphetamine is an emerging drug in Maryland, the growing number of methamphetamine labs and use reported in neighboring states could be indicative of an increase in methamphetamine use in our area at some point in the future.

Based on these conclusions, CESAR recommends the following:

- 1) Indicators of methamphetamine use should continue to be monitored, with close attention paid to the specific populations and areas of the state that have shown signs of methamphetamine use.
- 2) While methamphetamine production, trafficking, and use are low in Maryland, this drug presents a unique threat to first responders. Substances used in methamphetamine labs are extremely flammable, explosive, and toxic. Police officers, firefighters, emergency medical technicians, and hospital personnel should receive comprehensive training in identifying and handling methamphetamine labs and contaminated materials.
- 3) Maryland's existing legislation on methamphetamine and its precursors should be reviewed and compared with those of other states to ensure that Maryland's laws will be adequate should methamphetamine become a problem in the future.
- 4) Methamphetamine prevention, education, and training should be instituted in parts of the state and among populations that have shown above average use of methamphetamine. For example, school-based methamphetamine education and prevention could be instituted in counties with relatively high rates of student drug use, such as Garrett County. Targeting high-risk behaviors in general may also be effective, since many methamphetamine users are poly-drug users.

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Methamphetamine in Maryland

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