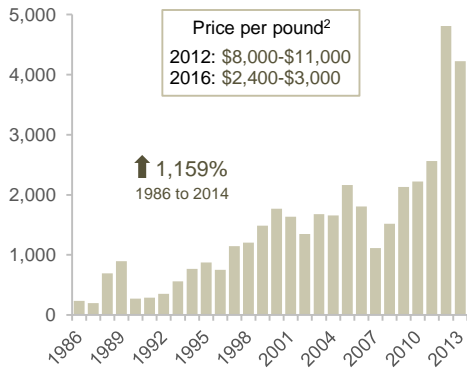


Methamphetamine Misuse/Abuse and Consequences

December 2016 No. 7

Availability

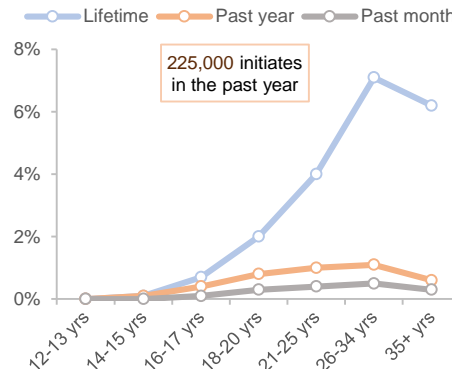
Domestic methamphetamine (meth) seizures (in kilograms), U.S., 1986-2013¹



Domestic meth seizures greatly increased from 1986-2013

Prevalence

Lifetime, past year, and past month meth use, by age, U.S., 2015³



Meth use increased with age, peaking at age 26-34, and then decreased

Health Conditions

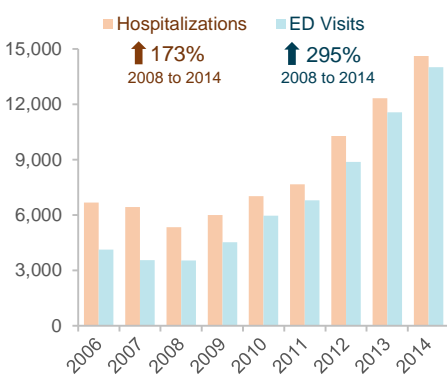
Increased risk of adverse outcomes associated with meth use (vs. non-use)

HIV infection ⁴	1.5 times
Heart attack ⁵	1.6 times
Heart failure ⁶	1.8 times
Suicide attempt ⁷	1.8 times
Stroke ⁸	1.9 times
Depression ⁹	2.6 times
Parkinson's disease ¹⁰	2.8 times
Psychosis ¹¹	3.1 times
Hepatitis C virus infection ¹²	3.4 times
Preterm birth ¹³	3.5 times
Low birth weight ¹⁴	3.5 times
Dental problems ¹⁵	6.6 times
Schizophrenia ¹⁶	9.4 times

Meth use is associated with many adverse health outcomes

Healthcare Utilization

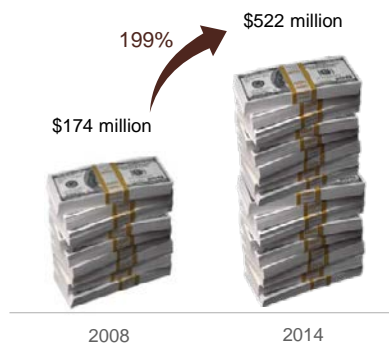
Meth-related hospitalizations and ED visits, Los Angeles County (LAC), 2006-2014¹⁷



Meth-related hospitalizations and ED visits in LAC increased from 2008-2014

Economic Costs

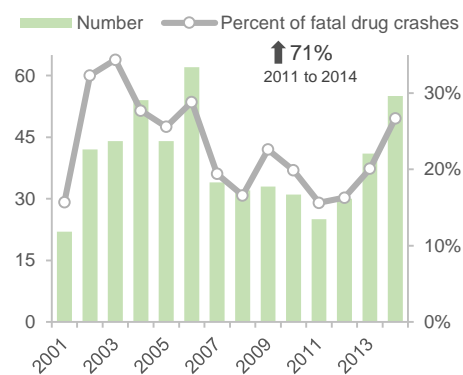
Meth-related annual hospital spending, LAC, 2008-2014¹⁸



Meth-related hospital spending in LAC consistently increased from 2008-2014

Impaired Driving

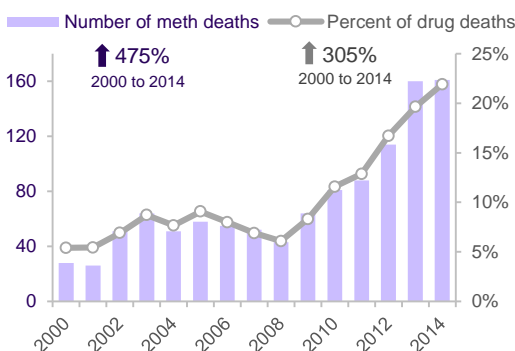
Meth-related fatal crashes, LAC, 2001-2014¹⁹



Meth-related fatal crashes in LAC and its percent of all fatal drug crashes increased from 2011-2014

Deaths

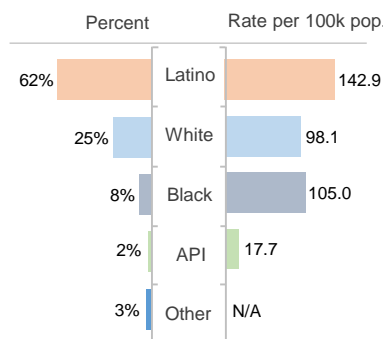
Meth overdose-related deaths, LAC, 2000-2014²⁰



Meth-related deaths and its percent of all drug deaths in LAC increased from 2000-2014

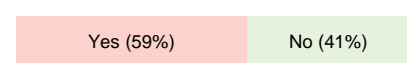
Treatment Admissions

Race/ethnicity among clients with primary meth problem, LAC, 2015²¹

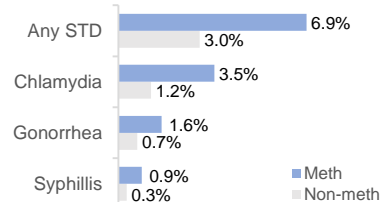


Latinos clients accounted for the majority of individuals with a primary meth problem in LAC

Meth use before/during sex among clients with primary meth problem, LAC, 2015²¹



Diagnosed STDs among clients with primary meth and non-meth problem, LAC, 2015²¹



Primary meth clients had higher STD rates than clients with other primary drug problems in LAC

Availability

Prevalence

Health Conditions

Most of the meth available in the US is produced in Mexico and smuggled across the Southwest Border. According to the 2015 National Drug Threat Survey (NDTS)²², 87% of state, local, and tribal law enforcement agencies reported that high purity and potency meth can be easily obtained at any time in the Southwest region, which is higher than that reported in all other regions of the US. Furthermore, according to the Los Angeles Regional Criminal Information Clearinghouse (LA CLEAR)², in LAC, wholesale prices per pound for meth (ice) has decreased from \$8,000-\$11,000 in 2012 to \$2,400-\$3,000 in 2016.

According to the National Survey on Drug Use and Health³, about 14,511,000 (5.4%) US individuals aged 12 or older had ever used meth, 897,000 (0.3%) used meth in the past month, and 225,000 initiated meth use in 2015.

Meth use is associated with increased risk of cardiovascular and cerebrovascular conditions (e.g. heart attack⁵, heart failure⁶, stroke⁸), brain conditions (e.g. Parkinson's disease¹⁰, schizophrenia¹⁶, psychosis¹¹, depression⁹, suicide attempt⁷), blood-borne and sexually transmitted infections (e.g. HIV⁴, hepatitis C virus¹²), adverse birth outcomes (e.g. preterm birth¹³, low birth weight¹⁴), dental problems¹⁵, and other adverse health conditions.

According to the Drug Enforcement Agency, domestic meth seizures increased 1,159% from 234 kilograms in 1986 to 2,946 kilograms in 2014¹.

Meth use increased with age, peaking at ages 26-34. According to the 2015 Youth Risk Behavior Survey²³, ever use of meth among high school students in LAC (3.4%) was higher than that in California (2.9%) and in the US (3.0%).

Healthcare Utilization

Economic Costs

Impaired Driving

According to the California Department of Public Health¹⁷, hospital discharge records listing any methamphetamine-related diagnosis or external cause of injury (meth-related) in LAC increased by 178% from 5,347 in 2008 to 14,615 in 2014. The number of meth-related ED visits in LAC increased by 295% from 3,545 in 2008 to 14,008 in 2014.

According to the Office of Statewide Health Planning and Development (OSHPD) Inpatient Discharge Data¹⁸, the mean charge for meth-related hospitalizations increased 21% from \$29,554 in 2006 to \$35,746 in 2014 (adjusted for inflation to 2015 US dollars).

According to the Fatality Analysis Reporting System¹⁹, the number of fatal traffic crashes in LAC involving a person testing positive for meth increased 120% from 25 in 2011 to 55 in 2014.

Meth-related hospitalizations and ED visits occurred mostly among males, Whites and Latinos, and those aged 18-44 years.

Total hospital charges for meth-related hospitalizations in LAC increased 199% from \$174 million in 2008 to \$522 million in 2014. Meth-related hospitalizations in LAC resulted in \$2.6 billion in total charges from 2006-2014.

The percent of all drug-involved fatal traffic crashes in LAC that were meth-involved increased from 16% in 2011 to 28% in 2014.

Deaths

Treatment Admissions

According to death certificate data from the Centers for Disease Control and Prevention²⁰, the number of deaths in LAC listing meth poisoning as a cause of death and drug overdose as the underlying cause of death (meth-related) increased 475% from 28 in 2000 to 161 in 2014.

According to the Los Angeles County Participant Reporting System²¹, Latino (62%) clients accounted for the largest proportion of admissions to publicly funded substance use disorder (SUD) treatment programs in LAC with meth as the primary drug problem (primary meth admissions), followed by White (25%), Black (8%), and Asian/Pacific Islander (2%) clients in 2015.

In 2015, 59% of clients who reported meth as the primary drug problem had used meth before or during sex in the past year²¹.

The percent of all underlying drug overdose deaths that listed meth poisoning as a cause of death increased from 5% in 2000 to 22% in 2014.

The rate (per 100,000 population) of primary meth admissions was highest among Latino clients (142.9), followed by Black (105.0), White (98.1), and Asian/Pacific Islander (17.7) clients in 2015.

Compared to clients who reported other primary drug problems, primary meth clients had higher rates of diagnosed chlamydia (3.5% vs. 1.2%), gonorrhea (1.6% vs. 0.7%), syphilis (0.9% vs. 0.3%), or any sexually transmitted disease overall (6.9% vs. 3.0%).

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