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A STATE AND NATIONAL OVERVIEW OF METHAMPHETAMINE TRENDS

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Abstract: While most of the country has turned its attention to the opioid crisis, Illinois has seen a resurgence in methamphetamine misuse and related offending, particularly in rural areas. Researchers explored literature and data available on the extent and nature of state and national methamphetamine issues. Researchers found the arrest rate for methamphetamine-related offenses more than tripled between 2010 and 2017 in Illinois and the number of individuals in Illinois prisons for methamphetamine offenses increased 67 percent between 2012 and 2018. Further, treatment admissions for methamphetamine increased five-fold between 2000 and 2017.

Introduction

Methamphetamine is a stimulant similar to amphetamine, a drug used to treat issues such as attention deficit hyperactivity disorder and narcolepsy. Methamphetamine can be smoked, swallowed, snorted, or injected; physical effects include increased wakefulness, decreased appetite, and rapid heartbeat.[1] While much of the country and state has focused its attention on the opioid crisis, many communities have experienced a simultaneous increase in opioid overdoses and methamphetamine misuse (and related offending). These increases seem to indicate a relationship, yet the nuances of the relationship are unclear.[2] It is fairly common for drug users to use multiple drugs, sometimes concurrently (or polysubstance use), so an increase in methamphetamine use alongside an increase in opioid overdoses is conceivable.[3] Federal methamphetamine cases have increased substantially and, in 2017, made up the largest portion of drug offenders in the federal criminal justice system (35 percent).[4]

In the 2017 National Drug Threat Assessment Survey (NDTAS), almost 30 percent of responding law enforcement agencies reported methamphetamine as the greatest drug threat, second to heroin (almost 45 percent).[5] This was supported in an Illinois Drug Threat Assessment conducted by the Illinois Criminal Justice Information Authority (ICJIA) in 2017, which found that heroin, prescription drugs, and methamphetamine were the top drug threats in the state.[6] Specifically, 37 percent of responding Illinois police department heads reported that methamphetamine was the greatest drug threat to their community.[7]

Methamphetamine Distribution, Availability, and Use

U.S. methamphetamine lab seizures have declined since 2010, due in part to efforts to restrict access to the ingredients used to make methamphetamine.[8] In 2005, the Federal Combat Methamphetamine Epidemic Act was implemented as a means of reducing over-the-counter access to two drugs ephedrine and pseudoephedrine, which are precursors to making methamphetamine.[9] Additional efforts to reduce access to those precursor drugs included product placement behind the counter, daily sales limits, 30-day purchase limits, employee training, logbooks of product sales, customer ID verification, self-certification of sellers, and prescription drug monitoring programs.[10]

Despite these restrictions, methamphetamine is readily available in this country, mostly due to illegal production based in Mexico.[11] Additionally, drug traffickers set up "conversion laboratories" in the United States, which convert powder or solution methamphetamine into the drug to be sold on the streets.[12] In 2016, the purity of methamphetamine averaged above 90 percent and the price remained relatively stable and low (under $100 per gram).[13] This confirms the U.S. Drug Enforcement Administration's (DEA) report that Mexican organizations are supplying highly pure and low-cost methamphetamine to the United States.[14] According to the United Nations Office on Drugs and Crime, North America is one of the biggest markets for methamphetamine.[15]

According to the 2018 World Drug Report, global seizures of methamphetamine increased in 2016, for the fourth year in a row.[16] Eighty-seven tons of methamphetamine were seized by government officials in North America in 2016, greater than any other region worldwide.[17]

Forty-five percent of law enforcement agencies responding to the 2017 NDTAS reported high availability of methamphetamine in their communities. Further, the highest availability was reported in western and midwestern states.[18] This is consistent with results of the 2017 Illinois Drug Threat Assessment, where methamphetamine was reported as a top drug threat; respondents from the state's southern region noted a significant increase in the availability of the drug.[19]

National surveys indicate that methamphetamine use disorders in the general public are not extremely common; less than one percent of eighth, 10th, and 12th graders report ever using methamphetamine, and less than 1 percent of individuals aged 12 or older had a diagnosed methamphetamine use disorder.[20] Those involved with the justice system report a higher rate of use; a national survey of inmates found that between 26 and 28 percent of state prisoners and sentenced jail inmates reported ever using methamphetamine with 15 percent reporting regular use of the drug.[21] An analysis of 2018 Adult Redeploy Illinois data found indications of methamphetamine use in 26 percent of probationers who had tested positive for drugs (n= 78).[22]

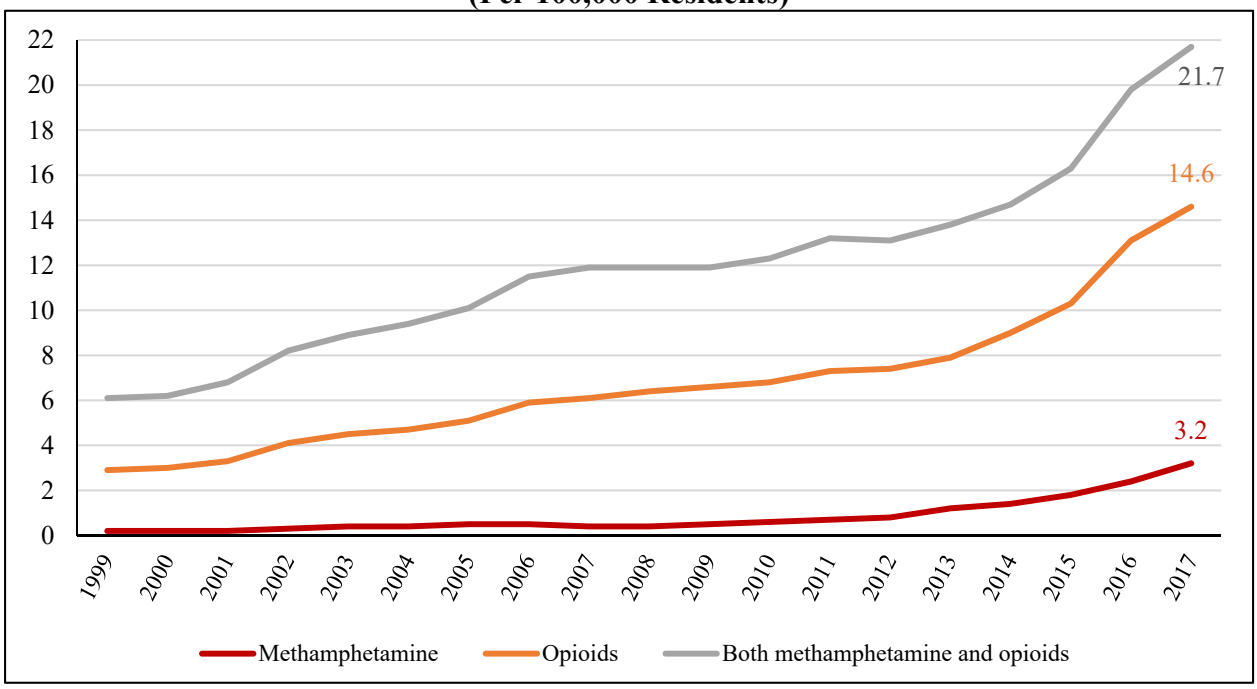
Effects of Methamphetamine Use

Methamphetamine is a synthetic stimulant that impacts a user's central nervous system.[23] Withdrawal from methamphetamine can result in depression, anxiety, and psychosis.[24] Misuse of methamphetamine can have negative physical and psychological impacts, including an increased demand on the cardiovascular system, drug dependence, blood borne virus transmission, psychosis, weight loss, tooth decay/loss, and depression/ anxiety.[25] Misuse of the drug has also been linked to suicide. A 2011 study that tracked the medical records of individuals diagnosed with methamphetamine dependence found that suicide was listed as cause of death in 32 percent of those who had died during the study period.[26]

The increased availability of methamphetamine poses a large threat to user safety. While methamphetamine is not as lethal as opioids, illicit methamphetamine is often mixed with fentanyl, an extremely potent opioid. It is unclear whether these are intentionally mixed or result from drug traffickers processing methamphetamine in the same facility as opioids; either way, these mixes can be deadly.[27] Roughly half of the methamphetamine overdose deaths in 2017 involved a mixture of opioids and methamphetamine.[28]

Drug overdoses from methamphetamine are usually the result of seizures, cardiac arrhythmia, or respiratory failure.[29] The Drug Abuse Warning Network (DAWN) monitors drug-related emergency department (ED) visits, or visits in which drugs are a direct contributor.[30] Nationally, DAWN recorded almost 103,000 ED visits involving methamphetamine in 2011.[31] Further, 62 percent of ED visits involved a combination of methamphetamine and alcohol and/or other drugs.[32] While still lower than opioid deaths, overdoses from methamphetamine have been increasing nationally. Methamphetamine related drug overdoses increased over 670 percent between 2007 and 2017; from 1,378 to 10,721 (*Figure 1).* Statewide methamphetamine-specific overdose data is unavailable; however, in 2018, 529 overdoses due to any drug (excluding opioids) and 1,996 overdoses due to opioids were reported.[33]

Figure 1
National Methamphetamine and Opioid Overdose Death Rates, 1999-2017
(Per 100,000 Residents)



Source: National Institute on Drug Abuse, Overdose death rates. Retrieved from https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates

Treatment for Methamphetamine Use Disorders

Effective behavioral therapies are available to treat substance use disorders. Cognitive behavioral therapy (CBT) and motivational interviewing techniques have both been found effective in treating substance use disorders, including those involving methamphetamine use disorders.[34] CBT has been effective at reducing crime/criminal behavior, relapse, and substance use/risk of overdose; increasing treatment retention and abstinence; and improving physical and mental health.[35] Pharmacological treatments for methamphetamine use disorders continue to be studied through clinical trials. While more research is needed, several treatments appear promising.[36]

Methamphetamine Use and Criminal Offending

Research suggests methamphetamine misuse can lead to criminal offending. A 2016 study in Australia found methamphetamine users were four times more likely than non-users to report income from crime in the previous 30 days and be detained for property or drug offenses.[37] A study of offenders in Colorado jails found 62 percent of self-reported regular methamphetamine users indicated their crime was related to drug use.[38] Further, methamphetamine users were more likely than non-users to be charged with drug and property offenses.[39]

Research findings vary on the association between methamphetamine and violent behavior. Some studies, including one done in Illinois, have found that violence committed by

methamphetamine users was not necessarily related to use of the drug.[40] However, other studies have found that methamphetamine use increases the likelihood of violent behavior, including domestic violence.[41] According to NDTAS, 26 percent of U.S. law enforcement respondents reported methamphetamine was the drug that most contributes to violent crime in their area.[42]

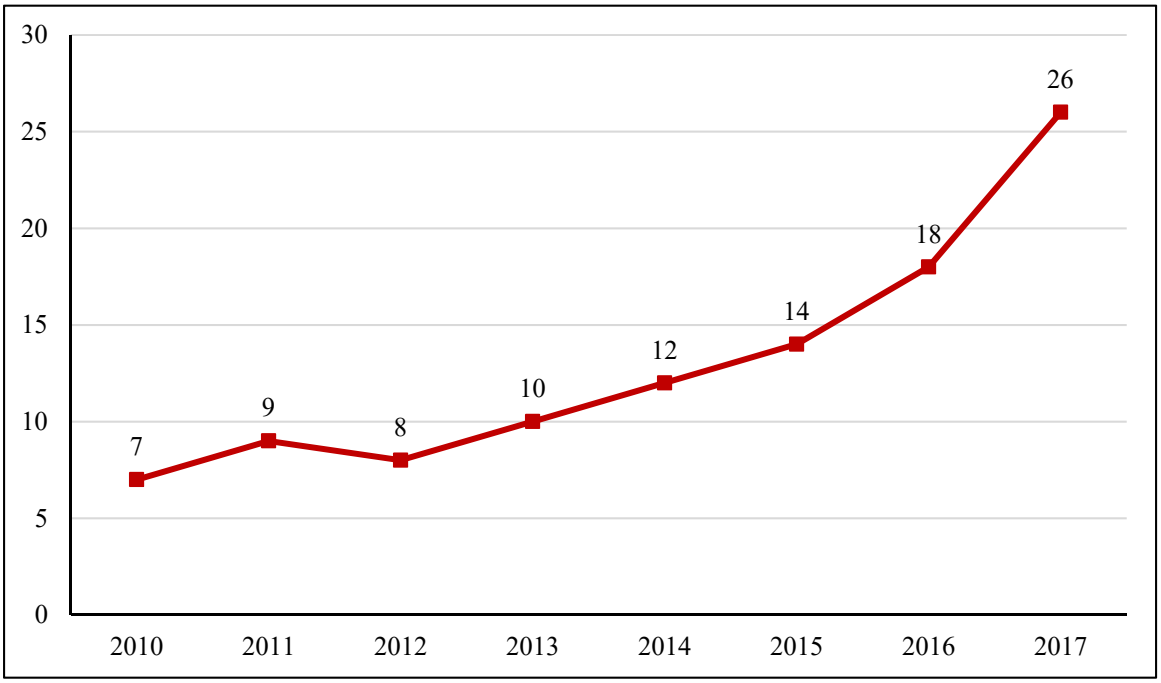
Illinois Methamphetamine Data

Passed in 2005, the Illinois Methamphetamine Control and Community Protection Act (720 ILCS 646) created possession, manufacture/delivery, and the trafficking of methamphetamine as a separate criminal offense from the Illinois Controlled Substance Act. The Illinois Uniform Crime Reporting Program (I-UCR) began collecting data on arrests under this Act in 2010.

Arrest Data

Illinois UCR data collected from 2010 to 2017 show the arrest rate for methamphetamine-related offenses was consistently lower than arrest rates for other drugs. However, the data indicate a 289-percent increase in the number of methamphetamine-related arrests between 2010 (863) and 2017 (3,362). Further, the methamphetamine-related arrest rate more than tripled between 2010 and 2017, increasing from seven to 26 arrests per 100,000 residents (*Figure 2*). In 2017, arrests for methamphetamine-related offenses comprised 6 percent of all drug offense arrests in Illinois, up from almost one percent in 2010.[43]

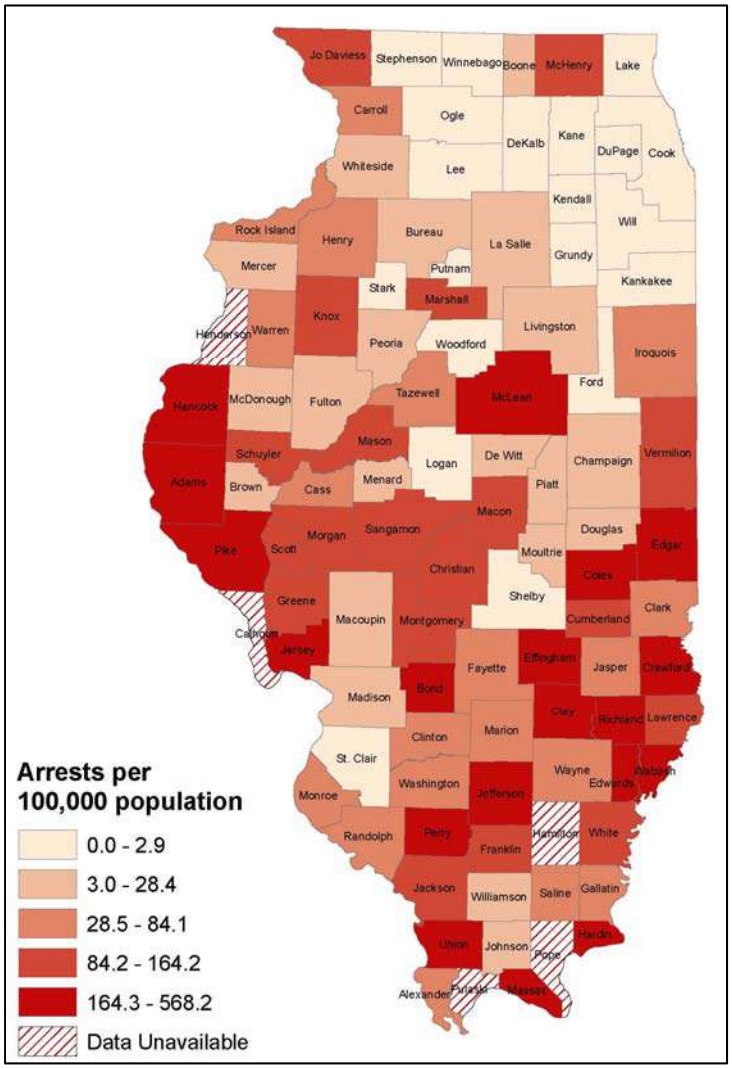
Figure 2
Illinois Methamphetamine Arrest Rate, 2010-2017
(Per 100,000 Residents)



Source: ICJIA analysis of Illinois State Police Uniform Crime Report data.

Arrest rates for methamphetamine were higher in southern and central Illinois (*Map 1*).[44] In 2017, the arrest rate for methamphetamine was 99 arrests per 100,000 residents in southern Illinois and 69 arrests per 100,000 residents in the central region.[45] For comparison, the arrest rate in northern Illinois was three arrests per 100,000 residents. These data are consistent with 2017 Illinois Drug Assessment Survey findings; law enforcement representatives in the central and southern regions reported methamphetamine as the greatest drug threat to their communities.[46]

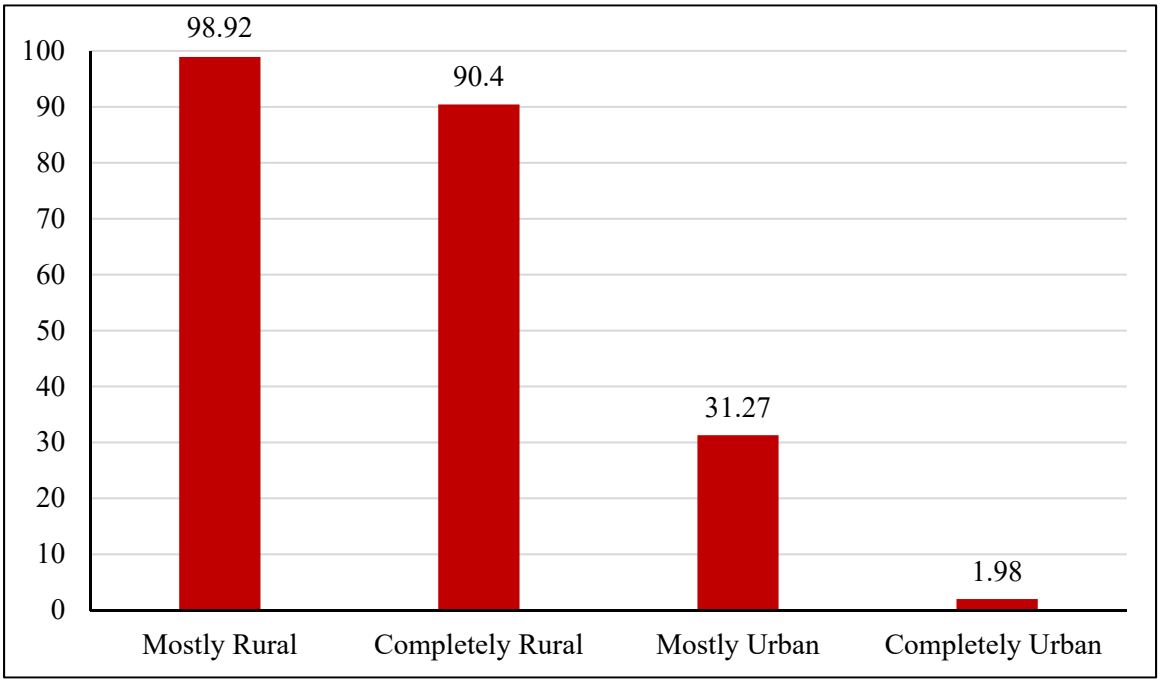
Map 1
Illinois Methamphetamine Arrest Rate by County, 2017



Source: ICJIA analysis of Illinois State Police UCR data.

Rural counties in Illinois had the highest methamphetamine arrest rate in 2017, suggesting that rural communities are more directly impacted by methamphetamine (*Figure 3)*.[47]

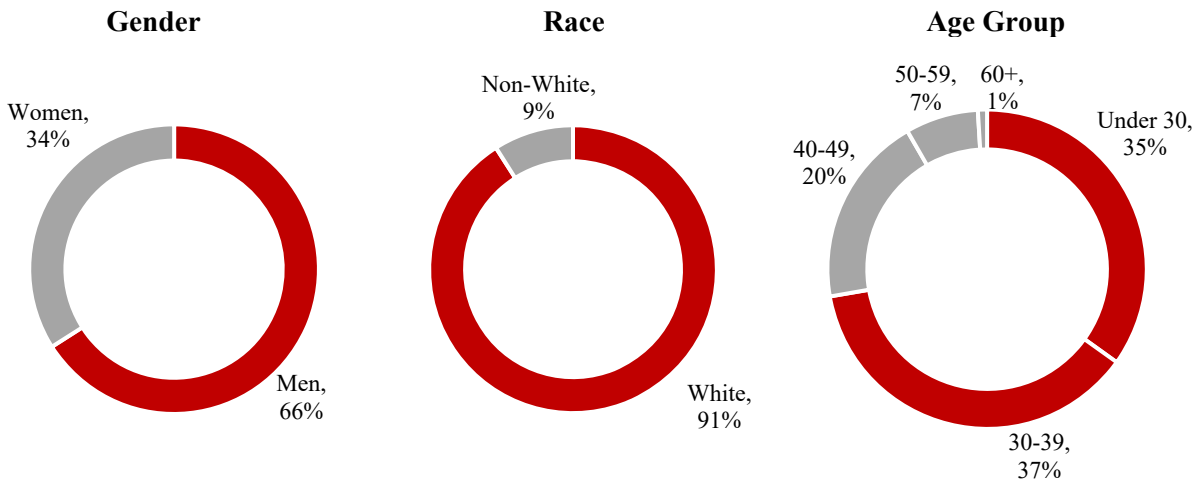
Figure 3
Illinois Methamphetamine Arrest Rate by Rural and Urban Designation, 2017
(Per 100,000 Residents)



Source: ICJIA analysis of Illinois State Police UCR data.

Figure 4 depicts demographics of those arrested in 2018 for methamphetamine-related possession or manufacture/delivery, derived from arrest information recorded in the Illinois State Police Criminal History Record Information (CHRI) System. Data showed most arrestees were White and male. In addition, 72 percent of those arrested were under the age of 39 with a mean age of 42 years old. These demographics were relatively constant from 2015 to 2018.

Figure 4
Illinois Methamphetamine Arrestee Demographics, 2018



Source: ICJIA analysis of Criminal History Record Information data, pulled May 14, 2019, N=6,064
Note: Arrests for a methamphetamine-related possession or manufacture/delivery charge was found, for which valid demographics were reported. Totals from CHRI do not match UCR data as UCR includes all methamphetamine-related charges.

Corrections Data

In state fiscal year 2018 (SFY18), methamphetamine-related offenses led to 1,017 Illinois Department of Corrections admissions. Methamphetamine-related admissions accounted for 4 percent of all admissions and almost 18 percent of all drug admissions that year.[48] Most individuals admitted to prison for methamphetamine offenses were white (88 percent) and male (79 percent).[49] From SFY12 to SFY18, Illinois prisons experienced a 67 percent increase in the number of individuals admitted for a methamphetamine offense, rising from 967 individuals in 2012 to over 1,600 in 2018.[50]

Lab Seizures

According to Illinois State Police, methamphetamine lab seizures increased 76 percent from 2007 to 2012 and decreased 8 percent from 2012 to 2015.[51] Despite the drop, the number of lab seizures in 2015 was still over 1.5 times greater than the number of lab seizures in 2007. The rate of seizures and submissions of methamphetamine throughout Illinois peaked in 2005 before drastically decreasing through 2007, likely due to the increase in methamphetamine trafficked into the United States from Mexico and decreased access to over-the-counter ingredients needed to make the drug.[52]

Treatment Admissions

In 2017, 6.5 percent of admissions to substance use treatment facilities across Illinois resulted from methamphetamine as a primary substance of use, up from less than one percent of

admissions in 2000.[53] Further, the rate of admissions to treatment facilities for methamphetamine as a primary substance of use increased from 5 admissions per 100,000 residents in 2000, to 25 admissions per 100,000 residents in 2017.

Conclusion

While most of the country has turned its attention to the opioid crisis, Illinois has seen a resurgence in methamphetamine misuse and related offending, particularly in rural areas. Statewide, methamphetamine arrest rates steadily increased between 2011 and 2017. Methamphetamine dependence can have a negative impact on an individual's physical and mental health, placing a burden on communities and systems within those communities, such as health care, law enforcement, and social services.[54] Data indicate efforts are needed to address the threat of methamphetamine in rural areas, located in central and southern Illinois, where communities have experienced higher rates of arrests for methamphetamine.

Rural areas have historically lacked access to services in their communities, including substance use disorder treatment, and those in need have much further distances to travel for treatment options.[55] Therefore, these areas should work to increase treatment accessibility. Some programs, such as the Safe Passage Program in Illinois, work to connect and transport individuals with a substance use disorder to treatment centers that may be too far away for individuals to access on their own. Additionally, the hub-and-spoke model and teleconferencing technology can offer treatment access to rural residents in need with connections to support and guidance from addiction experts that may be located in urban areas.[56] Finally, new medications to treat methamphetamine use disorders are continuously being researched in the scientific community and should be monitored as a possible future treatment option for methamphetamine misuse. Since lethal fentanyl may be in some illicit methamphetamine, users should be encouraged to carry naloxone kits, which can prevent overdose deaths.

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