



WINTER 2018

# REGIONAL TEEN METHAMPHETAMINE CONSUMPTION

REGION 1, TEXAS

PREVENTION RESOURCE CENTER, REGION 1 TEXAS  
MANAGED CARE CENTER FOR ADDICTIVE/OTHER DISORDERS, INC  
1715 26th St | Lubbock, TX 79411 | 806.780.8300

## THE PRC, REGION 1

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### WHO WE ARE

The Prevention Resource Center (PRC) is a service of Managed Care Center for Addictive/Other Disorders, Inc. We serve the 41 counties of the Texas Panhandle and South Plains Region.

We serve as the central data collection repository and substance abuse prevention training liaison for Public Health Region 1, funded by a grant from the Department of State Health Services.

Our duties are to identify local community, county, and regional data resources that will provide and share data to enhance and maximize data collection and support the central data collection repository efforts.

### OUR MISSION

The purpose of the Prevention Resource Center is to support activities that enhance and improve substance abuse prevention services across Region 1 of the State of Texas. The Resource Center serves as a central repository for data collected throughout Region 1 that will be used to develop a Regional Needs Assessment.

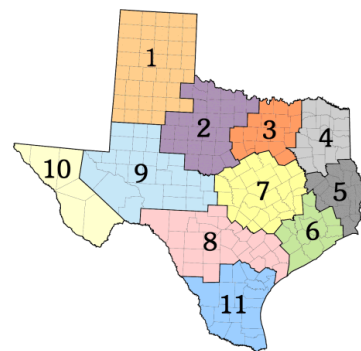
Our specific goals are:

- To provide current, relevant, and community-wide data on substance abuse trends
- To enhance the ability of our communities to more effectively respond to changes in substance abuse trends
- To influence data driven changes in the standards and attitudes within our communities

### OUR REGION

We serve the following counties in West Texas:

- Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, & Yoakum.



### HOW WE SERVE OUR COMMUNITY

We serve our communities by providing alcohol, tobacco, and other drug (ATOD) data to schools, colleges and universities, or other community agencies. This is done through **Information Dissemination**

which provides awareness and knowledge of alcohol, tobacco and other drug abuse, and issues and trends through the data collected by the central data repository.

Our **Community-Based Process** aids the community to more effectively provide "TIPS" (Treatment, Intervention and Prevention Services) for ATOD problems through community mobilization, collaboration, coalition building, networking and community empowerment efforts.

Through **Environmental and Social Policy**, we aim to reduce the incidence and prevalence of ATOD in the general population by establishing and/or changing written and unwritten standards, codes and attitudes within the community. This strategy also aims to combat substance abuse and related harms with concerted, community-based and comprehensive efforts to change norms, behaviors, systems and context that contribute to substance abuse problems in our communities.

### TOBACCO STRATEGIES

Our Tobacco Specialist works with tobacco retailers to understand and comply with Texas laws concerning the sale and display of tobacco products. The Prevention Resource Center provides education to tobacco retailers and the media concerning tobacco laws and the harmful effects of tobacco.

### COMMUNITY COOPERATION

The Prevention Resource Center collaborates with other agencies by sharing data about substance abuse issues, trends, planning, training and other activities within our region and state. The Prevention Center coordinates with regional coalitions and supports their prevention efforts.

## Adam Barrera

Program Coordinator

15 January 2018

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## INTRODUCTION

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Methamphetamine (also called meth, crystal, chalk, and ice, among other terms) is an extremely addictive stimulant drug that is chemically similar to amphetamine. It takes the form of a white, odorless, bitter-tasting crystalline powder.

Methamphetamine is taken orally, smoked, snorted, or dissolved in water or alcohol and injected. Smoking or injecting the drug delivers it very quickly to the brain, where it produces an immediate, intense euphoria. Because the pleasure also fades quickly, users often take repeated doses, in a “binge and crash” pattern.

### WHAT METHAMPHETAMINE IS

Methamphetamine increases the amount of the neurotransmitter dopamine, leading to high levels of that chemical in the brain. Dopamine is involved in reward, motivation, the experience of pleasure, and motor function. Methamphetamine’s ability to release dopamine rapidly in reward regions of the brain produces the euphoric “rush” or “flash” that many users experience. Repeated methamphetamine use can easily lead to addiction—a chronic, relapsing disease characterized by compulsive drug seeking and use.

Methamphetamine can be prescribed by a doctor to treat attention deficit hyperactivity disorder and other conditions, although it is rarely used medically, and only at doses much lower than those typically abused. It is classified as a Schedule II drug, meaning it has high potential for abuse and is available only through a prescription that cannot be refilled.

Most of the methamphetamine abused in the United States is manufactured in “superlabs” here or, more often, in Mexico. But the drug is also easily made in small clandestine laboratories, with relatively inexpensive over-the-counter ingredients such as pseudoephedrine, a common ingredient in cold medicines. To curb production of methamphetamine, pharmacies and other retail stores are required by law to keep logs of purchases of products containing pseudoephedrine; individuals may only purchase a limited amount of those products on a single day.

Methamphetamine production also involves a number of other, very hazardous chemicals. Toxicity from these chemicals can remain in the environment around a methamphetamine production lab long after the lab has been shut down, causing a wide range of health problems for people living in the area.

### HEALTH EFFECTS OF METHAMPHETAMINE

People who use methamphetamine long-term may experience anxiety, confusion, insomnia, and mood disturbances and display violent behavior. They may also show symptoms of psychosis, such as paranoia, visual and auditory hallucinations, and delusions (for example, the sensation of insects crawling under the skin).

Chronic methamphetamine use is accompanied by chemical and molecular changes in the brain. Imaging studies have shown changes in the activity of the dopamine system that are associated with reduced motor skills and impaired verbal learning. In studies of chronic methamphetamine users, severe

structural and functional changes have been found in areas of the brain associated with emotion and memory, which may account for many of the emotional and cognitive problems observed in these individuals.

Some of these brain changes persist long after methamphetamine use is stopped, although some may reverse after being off the drug for a sustained period (e.g., more than 1 year).

Taking even small amounts of methamphetamine can result in many of the same physical effects as those of other stimulants, such as cocaine or amphetamines. These include increased wakefulness, increased physical activity, decreased appetite, increased respiration, rapid heart rate, irregular heartbeat, increased blood pressure, and increased body temperature.

Long-term methamphetamine use has many negative consequences for physical health, including extreme weight loss, severe dental problems (“meth mouth”), and skin sores caused by scratching.

Methamphetamine use also raises the risk of contracting infectious diseases like HIV and hepatitis B and C. These can be contracted both by sharing contaminated drug injection equipment and through unsafe sex. Regardless of how it is taken, methamphetamine alters judgment and inhibition and can lead people to engage in these and other types of risky behavior.

Methamphetamine use may also worsen the progression of HIV/AIDS and its consequences. Studies indicate that HIV causes more injury to neurons and greater cognitive impairment in individuals who are HIV-positive and use methamphetamine than it does in HIV-positive people who do not use the drug.<sup>1</sup>

## METHAMPHETAMINE IN TEXAS

Methamphetamine and amphetamine indicators in 2015 were far higher than the highest levels seen before the pseudoephedrine precursor regulations enacted in 2005–2006. The kilograms of methamphetamine seized on the Texas–Mexico border increased 37% between 2010 and 2015.

Methamphetamine was ranked the #1 drug threat in the Dallas DEA area and the #2 in the Houston DEA area, according to their Trends in Trafficking Reports<sup>2</sup>. Poison control calls about methamphetamine exposure in 2015 were higher than they have ever been at 601 calls. Methamphetamine/amphetamine admissions to treatment programs increased from 3% of all admissions in 1995 to 11% in 2007, dropped to 8% in 2009, and then rose to 16% of admissions in 2015.

Clandestine cartel laboratories on the U.S. side of the border are used to convert imported liquid methamphetamine back into crystal rocks that are then distributed throughout the Midwest and Northeast, including major metropolitan areas such as Atlanta. The liquid methamphetamine looks like an icy sludge concealed in windshield wiper reservoirs, gas tanks, or within commercial product packaging such as shampoo bottles, beer bottles, or other liquid containers.

In 2015, ice cost \$400–\$1,600 per ounce and a kilogram cost \$6,000–\$17,000. Powder meth cost \$8,000–\$14,400 a pound.<sup>3</sup>

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<sup>1</sup> National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services.

<sup>2</sup> 2017 National Drug Threat Assessment

<sup>3</sup> Texas Sentinel Community Site, Drug Use Patterns and Trends, October 2016

## DATA SOURCES

These are regional surveys that the PRC has access to: The 2017 Texas Prevention Impact Index (TPII), the 2015 40 Developmental Assets Survey (DAS), the 2016 Texas Student Survey (TSS) Region 1-2, and the 2016 Texas Student Survey for Levelland ISD. The results of these surveys, along with the results from two state-wide surveys, provides the best picture into just how regional adolescents abuse methamphetamine.

Specifically, this research primarily uses data for Region 1 from these surveys:

- TSS: 2016 Texas Student Survey, Region 1-2
- DAS: 2015 40 Developmental Assets Survey, Lubbock
- TPII: 2017 Texas Prevention Impact Index, Amarillo ISD

Taken together, these surveys begin to illustrate how adolescents in Region 1, Texas perceive harmful risks of using marijuana and how they consume methamphetamine.

In addition, this report will use feedback from multiple interviews and four focus groups conducted between 1 September 2016 and 5 December 2017 in Region 1. This research involved regional stakeholders including law enforcement, school officials, medical professionals, parents, press, and others. This data is used only to supplement the picture painted by survey data into how regional teens may abuse methamphetamine.

## REGIONAL ADOLESCENT PERCEPTIONS OF METHAMPHETAMINE

Adolescents can only use ATOD substances if they have access to these substances. In general, the less able adolescents can find these substances, the less likely they are to consume these substances. Laws exist in order to limit adolescent's access to legal yet harmful substances such as alcohol and tobacco in addition to the banning of illegal substances.

### PERCEIVED ACCESS

Table 1: Perceived Accessibility to Methamphetamine

If you wanted to, how difficult would it be for you to get methamphetamine?						
	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All Grades	39.8%	38.1%	10.3%	5.9%	2.5%	3.4%
Grade 7	51.8%	39.4%	4.3%	2.4%	0.7%	1.4%
Grade 8	42.0%	43.3%	7.7%	3.6%	2.1%	1.4%
Grade 9	42.6%	37.8%	10.9%	3.5%	2.6%	2.6%
Grade 10	33.3%	40.8%	14.5%	6.2%	2.5%	2.6%
Grade 11	36.1%	29.1%	12.1%	10.6%	4.0%	8.1%
Grade 12	30.2%	37.1%	13.2%	10.9%	3.5%	5.1%

Data Source: Texas Student Survey, Region 1-2, 2016

Even though laws exist to restrict access to ATOD substances, adolescents can often find and consume these substances. Students who have family or friends who use these substances are at a greater risk for using these substances as well if for no other reason than they have greater access to these substances.

Almost half (48.4%) of regional adolescents report that acquiring methamphetamine is either impossible or very difficult. Still, 5.9% report that accessing methamphetamine is either somewhat or very easy. In Hockley County, 11% report it is either somewhat or very easy<sup>4</sup>.

### PERCEIVED RISK OF HARM

An adolescent's perception of the risks associated with substance use is an important determinant of whether he or she engages in substance use. For example, youths who perceive high risk of harm are less likely to use drugs than youths who perceive low risk of harm. Thus, providing adolescents with credible, accurate, and age-appropriate information about the harm associated with substance use is a key component in prevention programming.

Table 2: Perceived Risk of Harm to Methamphetamine Use

How dangerous do you think it is for kids your age to use methamphetamine?					
	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All Grades	90.2%	2.9%	0.5%	0.6%	5.8%
Grade 7	91.6%	1.9%	0.4%	0.4%	5.7%
Grade 8	91.4%	3.0%	0.4%	0.3%	4.9%
Grade 9	87.5%	4.7%	0.9%	0.1%	6.7%
Grade 10	89.4%	3.9%	0.1%	0.2%	6.3%
Grade 11	88.3%	1.5%	0.0%	2.6%	7.6%
Grade 12	93.1%	2.3%	0.9%	0.2%	3.5%

Data Source: Texas Student Survey. Region 1-2, 2016

Convincing adolescents that ATOD substances are harmful to them is what Youth Prevention is all about. Over all, regional students report that they believe methamphetamine to be very dangerous (90.2%) while only 1.1% report that methamphetamine is either not very dangerous or not dangerous at all.

## REGIONAL ADOLESCENT CONSUMPTION OF METHAMPHETAMINE

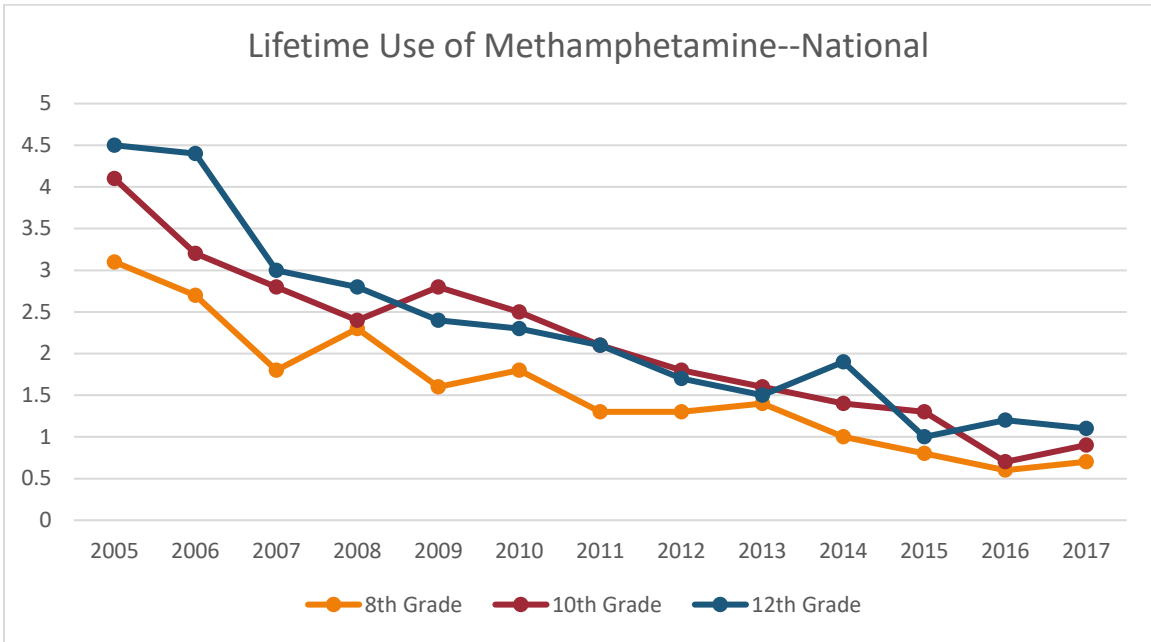
Most of the regional data available on how adolescents are consuming methamphetamine comes from the Texas School Survey—including a TSS report from Hockley County. During interviews, many school officials expressed the belief that methamphetamine abuse among their students is a serious problem that is occurring at an alarming rate. Many of these participants believe that methamphetamines pervade their local communities and that it is easy for anyone to get. Still, many of these same interviewees, when asked for specifics, could only provide a number of students who abuse methamphetamine consistent with the rate reported by the TSS.

<sup>4</sup> 2016 Texas Student Survey for Levelland ISD

**NATIONAL OVERVIEW**

Currently, the number of methamphetamine users 12 years or older is 897,000 representing 0.3 percent of the population<sup>5</sup>. The majority (757,000) of current users were 26 or older. In 2015, the number of methamphetamine initiates was 225,000 of which 49 percent were 26 or older.

Figure 1: National Trends: Lifetime Use of Methamphetamine



Data Source: Monitoring the Future, 2017

Overall, methamphetamine abuse among adolescents is down substantially over the last twelve years. In 2005, 4.5% of 12<sup>th</sup> Grade adolescents reported using methamphetamine at least once in their lifetimes. By 2017, only 1.1% of 12<sup>th</sup> Grade adolescents reported the same.

**CURRENT REGIONAL USE**

Table 3: Prevalence and Recent Use of Methamphetamine

Prevalence and Recent Use of Methamphetamine – TSS 2016				
	Past Month	School Year	Ever Used	Never Used
All Grades	0.3%	0.7%	1.5%	98.5%
Grade 7	0.1%	0.1%	0.2%	99.8%
Grade 8	0.1%	0.7%	1.9%	98.1%
Grade 9	0.6%	1.3%	2.1%	97.9%
Grade 10	0.6%	0.8%	0.8%	99.3%
Grade 11	0.2%	0.9%	2.5%	99.8%
Grade 12	0.0%	0.2%	1.6%	99.0%

Data Source: Texas Student Survey. Region 1-2, 2016

<sup>5</sup> 2017 National Drug Threat Assessment



Only 1.5% of regional adolescents report using methamphetamine in their lifetime but this is twice the rate of the national average for adolescents (0.7%). In addition, nearly one half of this regional rate report using methamphetamine during the school year (0.7%). In Hockley County, 3.4% of adolescents report lifetime use and 2.1% report using methamphetamine during the school year<sup>6</sup>. This is over twice the regional rate and four times the national rate.

Key interviews with school officials and law enforcement personnel in Region 1 do allude to higher methamphetamine misuse among regional adolescents than the data indicate. The Hockley County data support these positions but more data from more locations in Region 1 is needed to be definitive.

## CONCLUSION

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Regional adolescents are abusing methamphetamine at twice the rate of the national average. In Hockley County, adolescents report abusing methamphetamine at over twice the regional average and over four times the national average. Clearly, methamphetamine misuse among regional adolescents is a significant problem.

### KEY FINDINGS

- In Hockley County, 3.4% of adolescents report lifetime use and 2.1% report using methamphetamine during the school year. This is over twice the regional rate and four times the national rate.
- Regional adolescents are abusing methamphetamine at twice the rate of the national average.
- 11% of Hockley County adolescents report that methamphetamine is either very or somewhat easy to obtain.
- Key interviews with school officials and law enforcement personnel in Region 1 do allude to higher methamphetamine misuse among regional adolescents than the data indicate.
- 5.9% of regional adolescents report that methamphetamine is either very or somewhat easy to obtain.
- 93.1% of regional adolescents report that using methamphetamine is very or somewhat dangerous.

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<sup>6</sup> 2016 Texas Student Survey for Levelland ISD

## REFERENCES

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1. Drug Enforcement Administration. 2017 National Drug Threat Assessment Unclassified, U.S. Department of Justice.
2. National Institute on Drug Abuse. National Institutes of Health, U.S. Department of Health and Human Services, 2015.
3. Texas Public Safety Threat Overview Unclassified, Texas Department of Public Safety, January 2017.
4. Texas Sentinel Community Site, Drug Use Patterns and Trends, October 2016.
5. The Public Policy Research Institute. The Texas School Survey of Drug and Alcohol Use Levelland ISD, Texas A&M University, 2016.
6. The Public Policy Research Institute. The Texas School Survey of Drug and Alcohol Use Region 1-2, Texas A&M University, 2016.

## CONTACT INFORMATION

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