

Introductions.

This project was originally funded through a federal grant under the Department of Justice (DOJ), specifically the Community Oriented Policing Services (COPS) program. The Rural Methamphetamine Education Project (RMEP) was part of the Rural Crime and Justice Center (RCJC), a University Center of Excellence at Minot State University. RMEP provided education and awareness to ND communities about methamphetamine and other drugs.



Many drugs can be difficult to identify by appearance or street name alone.



Powder was common in ND when our clandestine lab numbers were high (2004-2006). Rock/chunk looks like ear wax. This is a “poor cook” or low quality/low purity methamphetamine. Crystal is now the most commonly seen form. It bears a resemblance to ice chips/broken glass/rock candy. These pills are YABA. A combination of meth and caffeine that originated in Thailand. They bear a resemblance to ecstasy, but are not ecstasy. Some pills forms are being worn on candy necklaces and bracelets.



The powder can be white, making it difficult to identify. There are many drugs in white power form: cocaine, ground up Rx pills, etc. Meth powder and pills can come in any color. Color will vary depending on the method of manufacture, cutting agents, and any other adulterants the cook chooses to utilize. Remember Breaking Bad? Walter White was cooking blue crystal meth which was exceptionally pure.

RURAL Methamphetamine Prescription PROJECT

Cost on the Street

Powder:

- \$100-200 gram
- \$1,400-2,800 ounce

Crystal

- \$200-250 gram
- \$2,500-3,500 ounce
- \$25,000-30,000 pound



ND SUC 2014

The cost of illicit drugs will vary based on simple supply and demand principles. When supply is great, the cost is lower. Drugs also trend over time. For example: meth use can be very high, and as it declines, heroin use increases, and so on.

Generally the cost of crystal meth is higher than powder. Most meth in ND is in the crystal form. One gram is about the same amount as a sugar packet. Not a lot of product, and very easy to conceal.

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Where do you get it?

1. Given for free by friend or relative
2. Bought from friend or relative
3. Bought from drug dealer or stranger
4. Took from friend or relative w/o asking
5. From a prescription I had
6. Bought on Internet



This is from the Monitoring the Future Study, University of Michigan 2007-2008 Grade 12


Source of Prescription drugs in the past year (Where did you get the Rx drugs you used without a doctor's orders during the past year?)

Includes tranquilizers, amphetamines & narcotics other than heroin

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Street Names

- Meth or Crystal Meth
- Chikin
- Anny
- Ice or Glass
- Speed
- Crank
- Zoom
- Tweak
- Rocket



Identifying illicit substances by street name can prove to be difficult. The slang terminology can vary by the form being sold, and the names can change from dealer to dealer.



Crank is a common name for meth. It came into use when biker gangs started to manufacture and distribute meth. They would store it on the *crank* shaft of their motorcycles.

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Who is using?

Affects a wide variety of demographic groups.

- Youth as young as 4th grade
- Adults with a variety of jobs and economic status
- All races/ethnic backgrounds

Drugs do not discriminate. They do not care what kind of car you drive, or how big your house is, or what color your skin is.

Drug use and abuse can affect people from all socio-economic classes and all racial/ethnic backgrounds. This is NOT to say that everyone is using drugs!

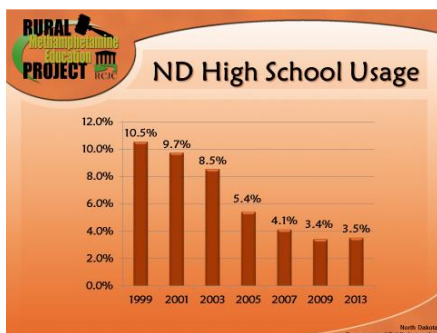


Why youth are using

<p>Females...</p> <ul style="list-style-type: none"> • Availability • Weight loss • Increase productivity • "To escape" • Emotional problems • Family problems 	<p>Males...</p> <ul style="list-style-type: none"> • Availability • Just curious • To heighten sexual experiences • Parents used drugs • Increase strength
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There are significant differences is why males and females start using drugs. Primarily for both is that drugs are available! Most teens know who they need to talk to in order to access illicit substances. Otherwise, look at the primary differences between teen males and females.

Also see "Women at Risk" slides.



These numbers come from the YRBS: Youth Risk Behavior Survey. The survey is done nationally in the spring of odd numbered years.

This graph covers grades 9-12 across ND.

ND did NOT ask about meth use in 2011.

"Have you used methamphetamine one or more times in your lifetime?"

Full survey results found at:

<http://www.dpi.state.nd.us/health/YRBS/>




Women at risk

- Ratio of use by gender is nearly 1:1
- Disproportionate share of adolescent girls sought treatment
- Women are becoming a population at risk for many reasons:
 - ✓ First use often with partners and continue use to sustain connections with other users
 - ✓ Appetite-suppressing and energy-enhancing properties are especially appealing
 - ✓ High risk behaviors to women of child-bearing age
 - ✓ Self-medicate (i.e. depression)

Meth use is 1:1, cocaine use is 2:1, heroin use is 3:1. This is an unusually high ratio of female users!

A number of related works have produced some information regarding the risk characteristics that craft options for intervention/treatment of MA abuse in women. Findings of **Brecht et al (2004)** study noted additional gender differences pertaining to MA use. They found that in comparison to males counterparts....more likely to use MA for more days in a 30-day period...prefer smoke method, progress to use more rapidly, have worse medical, psychiatric, and employment profiles, and are more likely to be single parents living alone with their children.


Of the nearly 35,000 MA admissions for women in California, Cohen noted some key differences in comparison to males... female MA users are more likely to be introduced to MA by a partner; more likely to initiate use to control weight and increase energy; use MA more days than men; smoke MA rather than snort or inject the drug; progress to regular use more quickly; and have worse medical, employment, and psychiatric composites than male users.



Women at risk

In comparison to male counterparts, female users...

- More likely to use meth on more days
- Smoke rather than snort or inject
- Progress to regular use more quickly
- Live alone with their children
- Have worse medical, employment & psychiatric consequences



Any Questions?

