

The NSDUH Report

January 26, 2007

Methamphetamine Use

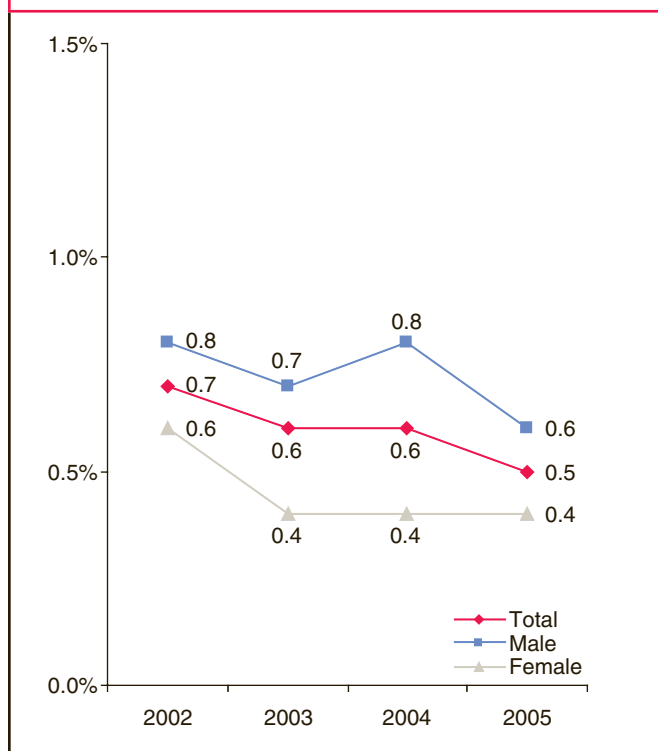
In Brief

- Methamphetamine use in the past year among the civilian, noninstitutionalized population aged 12 or older declined overall between 2002 and 2005
- Combined data from 2002 to 2005 indicate that persons in the West (1.2 percent) were more likely to have used methamphetamine in the past year than persons in the Midwest (0.5 percent), South (0.5 percent), and Northeast (0.1 percent); these findings were consistent for both females and males
- The number of recent methamphetamine initiates (i.e., persons who used methamphetamine for the first time in the 12 months before the survey) remained relatively stable between 2002 and 2004, but decreased between 2004 and 2005 (318,000 and 192,000 persons respectively)

Methamphetamine is a highly addictive stimulant that can have serious effects on a user's physical, mental, and social well-being. In 2004, 8 percent of treatment admissions were for the abuse of stimulants, and 99 percent of all stimulant admissions were for methamphetamine or amphetamine abuse.¹ Forty-five percent of the primary admissions to substance use treatment for methamphetamine use were for women; in comparison, approximately 26 percent of the primary admissions to substance use treatment for alcohol abuse and for marijuana use were for women.

The National Survey on Drug Use and Health (NSDUH) asks respondents aged 12 or older to report on their use of illicit drugs, including nonmedical use of prescription-type pain relievers, stimulants, tranquilizers, and sedatives. Nonmedical use is defined as use of prescription-type drugs not prescribed for the respondent by a physician or used only for the experience or feeling

Figure 1. Trends in Past Year Methamphetamine Use among Persons Aged 12 or Older, by Gender: Percentages, 2002-2005



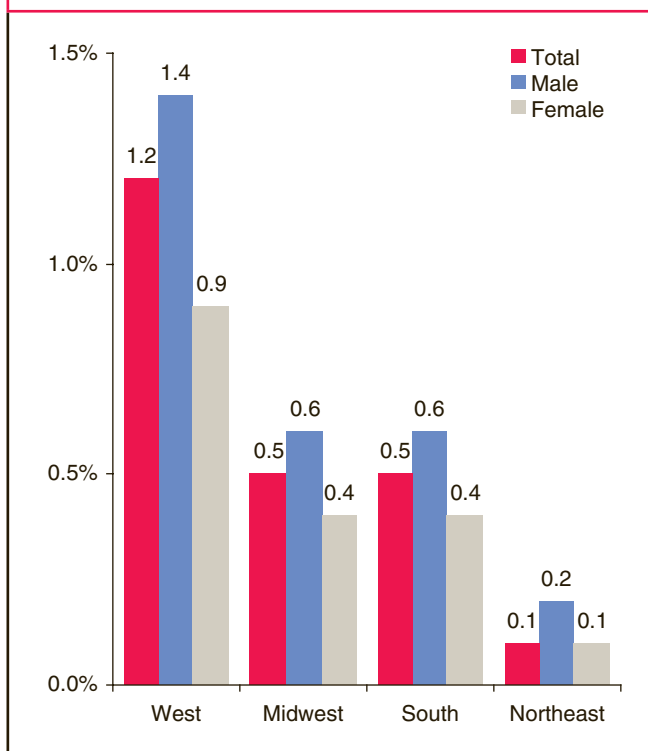
Source: SAMHSA, 2002-2005 NSDUHs.

they caused. Over-the-counter drugs are not included. Questions about methamphetamine use are included as part of the module on nonmedical use of prescription-type stimulants.² Methamphetamine as recorded by NSDUH includes both prescription drugs (i.e., Desoxyn[®] and Methedrine[®]) and nonprescription/illicit methamphetamine. Respondents who used methamphetamine are asked when they first used it.³ This report examines trends and patterns in rates of methamphetamine use by gender based on data from the 2002, 2003, 2004, and 2005 NSDUHs.

Trends in Methamphetamine Use

Methamphetamine use in the past year among the civilian, noninstitutionalized population aged 12 or older declined overall between 2002 and 2005 (Figure 1).⁴ In 2005, an estimated 1.3 million persons aged 12 or older (0.5 percent) had used methamphetamine in the past year;

Figure 2. Percentages of Persons Aged 12 or Older Using Methamphetamine in the Past Year, by Region and Gender: 2002-2005



Source: SAMHSA, 2002-2005 NSDUHs.

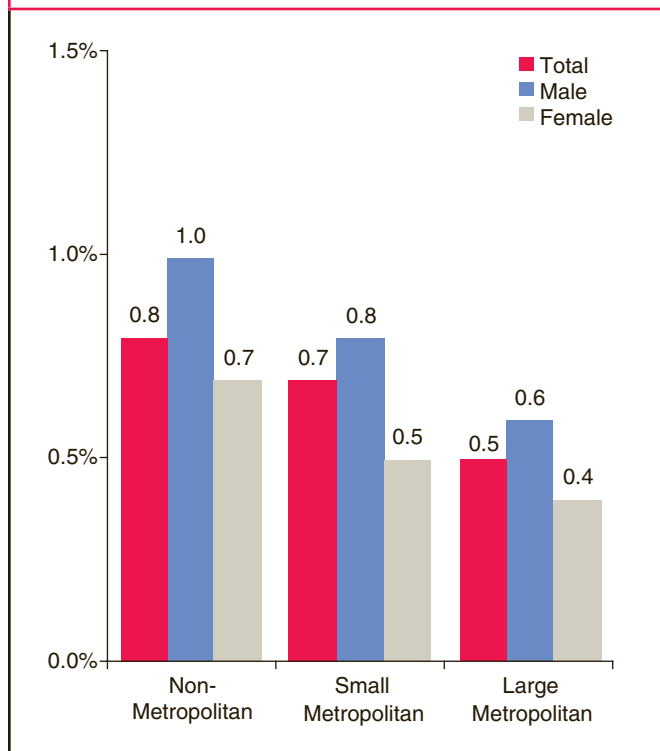
an estimated 556,000 of these were female and 741,000 male.

Methamphetamine Use, by Geographic Characteristics

Combined data from 2002 to 2005 indicate that persons in the West (1.2 percent) were more likely to have used methamphetamine in the past year than persons in the Midwest (0.5 percent), South (0.5 percent), and Northeast (0.1 percent).⁵ These findings were consistent for both females and males (Figure 2).

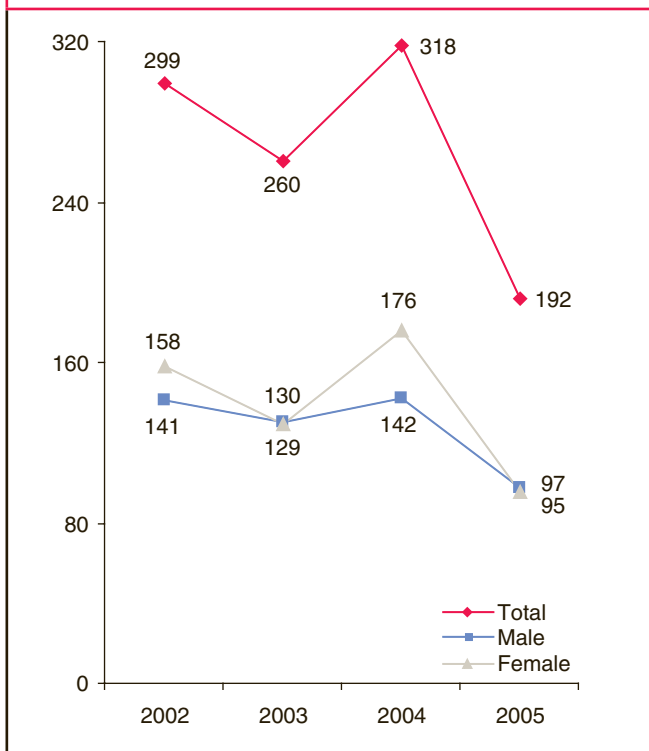
Combined data from 2002 to 2005 indicate that persons in large metropolitan areas (0.5 percent) were less likely to have used methamphetamine in the past year than persons in small metropolitan (0.7 percent) and non-metropolitan areas (0.8 percent).⁶ These findings were consistent regardless of gender (Figure 3). Additionally, females in small metropolitan

Figure 3. Percentages of Persons Aged 12 or Older Using Methamphetamine in the Past Year, by County Type and Gender: 2002-2005



Source: SAMHSA, 2002-2005 NSDUHs.

Figure 4. Trends in Past Year Initiation of Methamphetamine Use among Persons Aged 12 or Older, by Gender: Number in Thousands, 2002-2005



Source: SAMHSA, 2002-2005 NSDUHs.

areas were less likely to have used methamphetamine than females in non-metropolitan areas.

Trends in Past Year Initiation of Methamphetamine Use

The number of recent methamphetamine initiates (i.e., persons who used methamphetamine for the first time in the 12 months before the survey) remained relatively stable between 2002 and 2004, but decreased between 2004 and 2005 (318,000 and 192,000 persons respectively; Figure 4). This same pattern was found for females with 176,000 recent methamphetamine initiates in 2004 compared to 95,000 in 2005. Although the number of new male initiates appears lower in 2005 than 2004, this difference is not statistically significant.

End Notes

- Office of Applied Studies. (2006). *Treatment Episode Data Set (TEDS) highlights - 2004. National admissions to substance abuse treatment services* (DHHS Publication No. SMA 06-4140, Drug and Alcohol Services Information System Series S-31), Rockville, MD: Substance Abuse and Mental Health Services Administration. [Available at <http://www.oas.samhsa.gov/dasis.htm#teds4>]
- Respondents were asked first about their nonmedical use of three specific classes of stimulants: (1) methamphetamine (crank, crystal, ice, or speed), Desoxyn®, or Methedrine®; (2) amphetamines, Benzedrine®, Biphetamine®, Fastin®, or phentermine; and (3) Ritalin® or methylphenidate. They were asked whether they had used any stimulant from a list: Cylert®, Dexedrine®, dextroamphetamine, Didrex®, Eskatrol®, Ionamin®, Mazanor®, Obedrin-LA®, Plegine®, Preludin®, Sanorex®, and Tenuate®. If they indicated they had used any of these drugs, they were asked which one(s). Respondents also were asked to name any other prescription stimulants they had used nonmedically.
- Respondents whose age at first methamphetamine use was equal to or 1 year less than their current age were asked to indicate the month in which they initiated their methamphetamine use.
- While the trend in methamphetamine use declined among persons aged 12 or older overall (i.e., 2002 vs. 2005), differences in rates between individual years (i.e., 2002 vs. 2003, 2003 vs. 2004, and 2004 vs. 2005) were not statistically significant. Rates in methamphetamine use for each gender appear to have decreased between 2002 and 2005; however, these differences were not statistically significant.
- Findings are discussed for four U.S. geographic regions. These regions, defined by the U.S. Census Bureau, consist of the following groups of States: Northeast Region – CT, MA, ME, NH, NJ, NY, PA, RI, and VT; Midwest Region – IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, and WI; South Region – AL, AR, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV, and the District of Columbia; and West Region – AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY.
- Large metropolitan areas have a population of 1 million or more. Small metropolitan areas have a population of fewer than 1 million. Non-metropolitan areas are outside metropolitan statistical areas, as defined by the Office of Management and Budget.

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Research findings from the SAMHSA 2002-2005 National Surveys on Drug Use and Health (NSDUHs)

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The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). Prior to 2002, this survey was called the National Household Survey on Drug Abuse (NHSDA). The 2002, 2003, 2004, and 2005 data used in this report are based on information obtained from 271,978 persons aged 12 or older, including 141,118 males and 130,860 females. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The NSDUH Report is prepared by the Office of Applied Studies (OAS), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on NSDUH used in compiling data for this issue is available in the following publications:

Office of Applied Studies. (2006). *Results from the 2005 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 06-4194, NSDUH Series H-30). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Office of Applied Studies. (2005). *Results from the 2004 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 05-4062, NSDUH Series H-28). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Office of Applied Studies. (2004). *Results from the 2003 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 04-3964, NSDUH Series H-25). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Office of Applied Studies. (2003). *Results from the 2002 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 03-3836, NSDUH Series H-22). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online: <http://www.oas.samhsa.gov>.

Because of improvements and modifications to the 2002 NSDUH, estimates from the 2002, 2003, 2004, and 2005 surveys should not be compared with estimates from the 2001 or earlier versions of the survey to examine changes over time.



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