MHAC

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Street Drugs Methamphetamine State of Michigan Initiatives

Brenda Stoneburner

Communicable Disease Specialist
Office of Drug Control Policy, Prevention Section

Phone: (517) 335-0121

Email: <u>stoneburnerb@michigan.gov</u>

DRUG CATEGORIES

Depressants -

- Alcohol
- o Benzodiazephines
 - o Xanax, Valium, Halcion, BZDs, benzos
- Barbiturates
 - o Luminal, Seconal, Barbs, downers
- Rohypnol
 - o Roofies, forget-me-not pills, Rophies, Roche
- o GHB-Gamma hydroxybutyrate
 - o Grievous bodily harm, G, liquid x, Georgia Home Boy

Stimulants -

- o Cocaine/Crack
 - o Coke, blow, crack, rock
- Amphetamines
 - o Speed, uppers, cross-tabs
- o Methamphetamine
 - o Meth, crystal, speed, crank, ice, chalk, fire, glass, Tina
- o MDMA
- Ecstasy, X, XTC, club drug, love drug, hug drug, rolls, Adam, Clarity, lover's speed

DRUG CATEGORIES

- Narcotics
 - o Heroin
 - o Dope, smack, stuff, horse, junk
 - Morphine
 - o Roxanol, M, Miss Emma
 - Prescription Pain Relievers
 - Vicodin, codeine, percodan, Demerol, oxycontin, oxy, cotton, percs, hillbilly heroin
- Hallucinogens
 - LSD Lysergic acid diethlamide
 - o Acid, microdot, blotter, tabs, boomer, Yellow Sunshine
 - o Ketamine
 - o Special K, vitamin K, cat tranquilizers, cat valium, K
 - Mescaline/Peyote
 - o buttons
 - PCP Phencyclidine
 - o PCP, angel dust, super weed, weed killer
 - Psilocybin/Psilocyn Mushrooms
 - o Mushrooms, shrooms

DRUG CATEGORIES

- o Inhalants
 - o Adhesives, solvents, aerosol, sprays, medical gases
 - o Poppers, snappers, huffing, glue, laughing gas, rush
- Anabolic Steroids
 - Anadrol, Depo-Testosterone, Equipoise, many others.....
 - o Roids, juice, sauce, slop, gym candy, stacking
- o Cannabis
 - o Marijuana
 - o Weed, pot, grass, bud, joints, bong hits
 - o Hashish
 - o Hash, hash oil

SIX MOST COMMON CLUB DRUGS

GHB Rohypnol

Depressants

LSD

Ketamine

Hallucinogens

MDMA

Methamphetamine

Stimulants

STREET DRUGS

- By definition, could be any drug available through a source other than a pharmacist or legally over the counter
- In addition to the Club Drugs, these street drugs often include narcotics, steroids and other stimulants

Methamphetamine --

- NOT a street drug—but a network drug
- Most often used in combination with other drugs/alcohol
- Across the U.S., IV meth users are one of the fastest growing groups for the spread of HIV
 - Both New York City and San Francisco report that 50% of new HIV cases use meth
 - New York City data shows a syphilis diagnosis is strongly associated with meth use, HIV seropositivity and having sex in a bathhouse, at a sex party, or via internet hook-up
 - High prevalence of HIV and other STDs among meth users
- Contributes to increase in sexual risk behavior
 - Alarming rates of unprotected sex
 - Increased rate of sexual partners
- NOT a new drug, but rapidly rising popularity among gay men primarily stems from unique impact on sexual desire and stamina, as well as intensification of sexual pleasure and reduction in inhibitions

METHAMPHETAMINE

- A powerful synthetic (man-made) stimulant that excites the brain and the central nervous system.
- Increases the release of dopamine in the body (the chemical that sends pleasure messages to the brain)
- Effects can last 8-24 hours (as opposed to 20-30 minutes for cocaine) and it remains in the the body 12 times longer
- Routes of use and length until effects kick in:

Oral/Swallowed	15-20 minutes		
Snort	3-5 minutes		
Smoke	3-5 minutes		
 Inhale Fumes 	3-5 minutes		

- Intravenous (IV)5-10 seconds
- Effects can last 8-24 hours (as opposed to 20-30 minutes for cocaine) and it remains in the the body 12 times longer
- Withdrawal is 30-90 days

METHAMPHETAMINE USERS

Client Profile

- Broadly diverse
 - Male /female
 - Adolescents age 13-17
 - Primarily young adults age 25-35, but up to age 60
 - Also diverse in race, ethnicity and socioeconomic status

Physical Signs

- Weight loss (average of 40-60 pounds)/decrease food intake
- Severe nail biting
- Bad breath/tooth decay/tooth loss
- Hyperactivity
- Dark circles under eyes
- Change in dress/appearance
- Unkempt hair/hair loss

Social/Emotional

- History of unusual behavior/mood swings
- Change in friends
- Weapons
- Threatening/volatile behavior
- Stealing/lying

METHAMPHETAMINE USERS

(Symptoms present after 8 months of no use)

Common Effects

- Paranoid thinking/psychosis
- Hypertension
- Convulsions (can last 10-12 hours)
- Heat stroke
- Cerebral Hemorrhage
- Impaired attention span/memory
- Poor impulse control
- Anorexia
- o Insomnia
- Ventricular arrhythmia
- Malnutrition

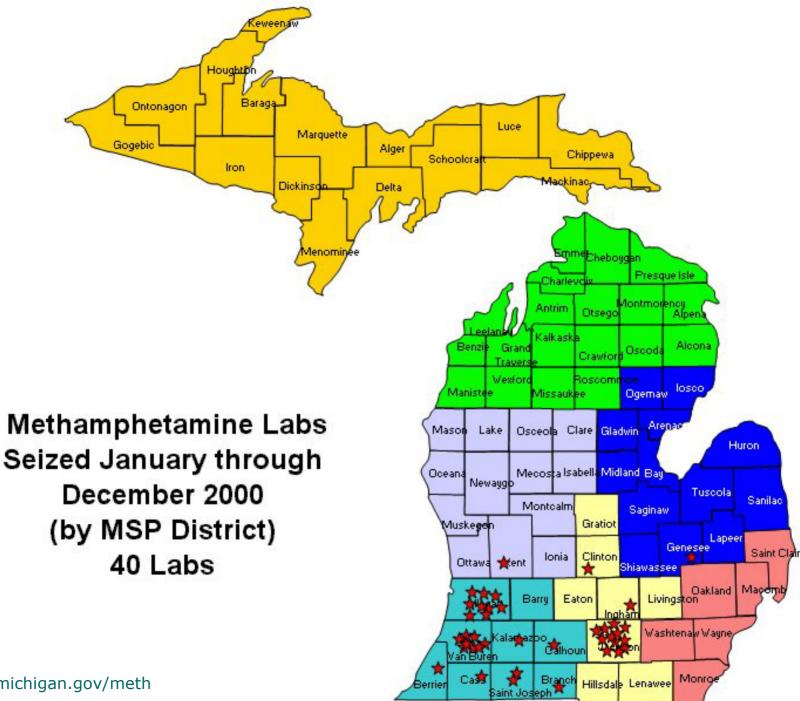
Brain Damage

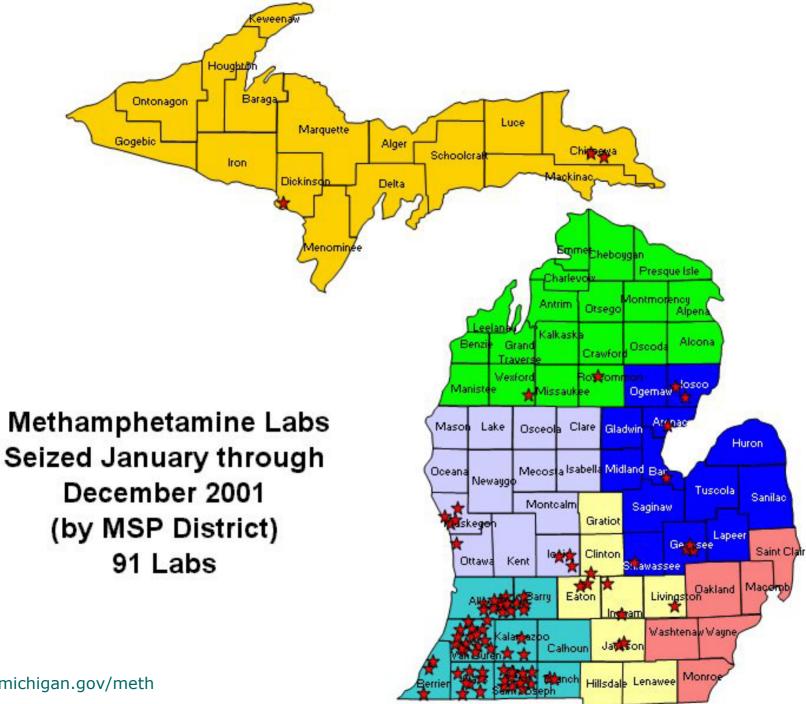
- Looks similar to damage associated with Alzheimers, stroke, Parkinson's (tremor/weakness) and Epilepsy
- Impacts brain areas involved with high activity of Dopamine
- Abnormal blood flow in the brain regions that control response times and memory (appears in slowed motor skills and impaired memory)

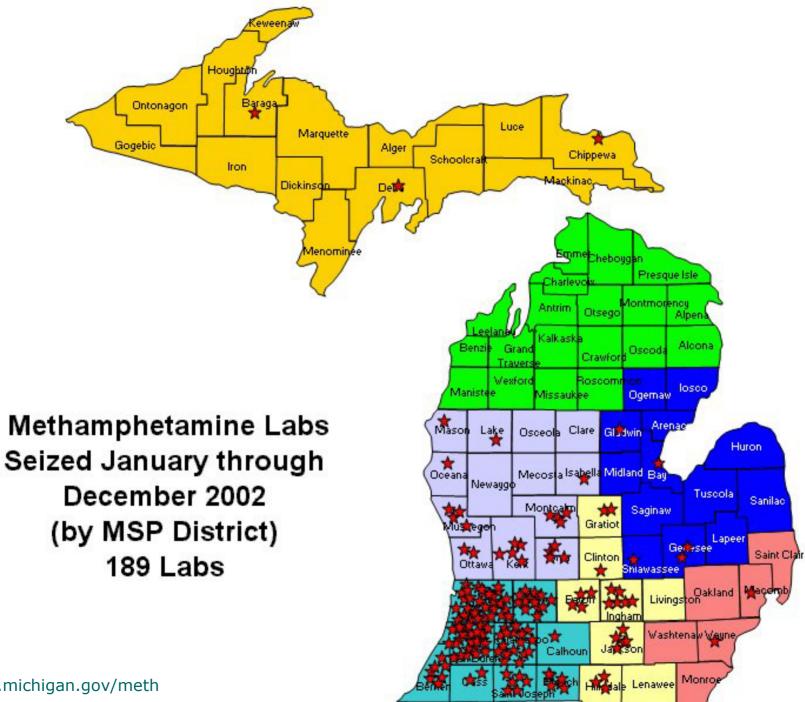
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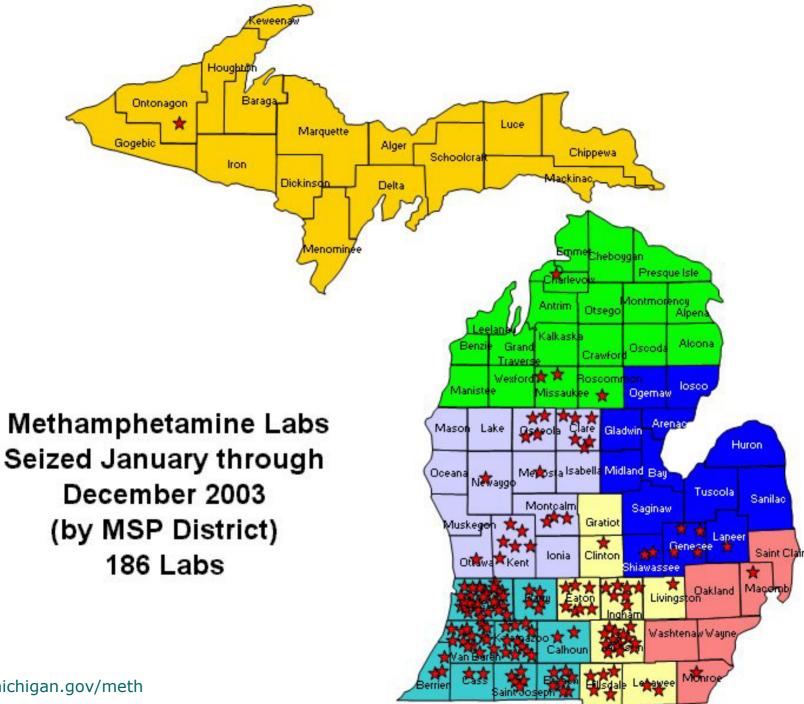
METHAMPHETAMINE

HOW BIG IS THE PROBLEM IN MICHIGAN?







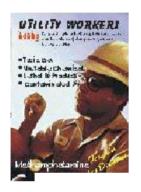


Michigan Treatment Admissions

Over the past five years, the number of treatment admissions in Michigan involving methamphetamine has increased 229%.

Methamphetamine as Primary, Secondary, or Tertiary Drug among Treatment Admissions FY99-FY03 in Michigan (Number of Cases)						
	FY99	FY00	FY01	FY02	FY03	
Primary Drug	122	101	165	280	506	
Secondary Drug	82	115	138	208	306	
Tertiary Drug	107	98	132	172	212	
Total cases	311	314	435	660	1,024	

danger from Methamphetamine?













Not just cookers and pushers

In addition:

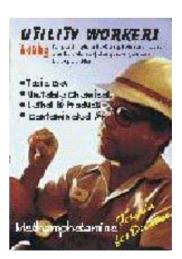
- Farmers
- Fertilizer Dealers
- Mobile Home Park Managers/Owners
- Propane Users

- Renters/Landlords
- Hotel/Motel Operators
- Real Estate Inspectors
- Children











METHAMPHETAMINE





- o Contaminated structures/vehicles
- Contaminated soil
- o Contaminated drinking water



PERSONAL SAFETY

- o Explosions, fires
- o Unstable chemicals
- o Contaminated air
- Lethal bi-products
- o Exposure to toxic gases



COMMUNITY

- o Child welfare endangerment
- Taxation jails, court system, hospitals, prevention and treatment resources

PERSONAL HEALTH

- o Delusions/Hallucinations
- o Paranoid schizophrenia
- Anxiety, confusion, insomnia
- o Anger/Aggression & Violent Behavior



METHAMPHETAMINE

WHAT IS BEING DONE?

Providing information and help to communities

- In January of 2001, MSP established a toll-free Meth Tip Line (1-866-METH-TIP) so public can report methamphetamine activities.
- An extensive marketing and awareness campaign conducted through farmers and agri-business to inform them about the dangers of meth and anhydrous ammonia
- ODCP funded a \$45,000 initiative to produce 2,000 videotapes on methamphetamine awareness; distributed to every police and fire department in MI
- ODCP provided \$25,000 for anhydrous ammonia tank locks; distributed to dealers and farmers in Allegan and Van Buren counties, where the meth problem was more alarming than anywhere else in the state
- Methamphetamine awareness campaign in development
- March 12, 2002 ODCP hosted a multidisciplinary methamphetamine summit in Grand Rapids

Michigan's Meth Strategy Revised Focus Committees (July 2004)

- Law Enforcement
- Environmental
 - Cleanup issues, health effects
- Prosecution/Judicial/Legislative
- Prevention
- Treatment/Education
- Child Welfare
 - DEC Training March 2004
- Retail
 - MI Meth Watch
- Media and Public Awareness

Michigan Laws

- Effective January 1, 2001, Public Act 314 of 2000:
 Increased Penalties for Possession and Manufacture of Meth
 - 20 year penalty for manufacture, delivery, or possession with the intent to deliver
 - 10 year penalty for possession, increased from 2 years
 - Use remains a 1 year misdemeanor with the fines increased from \$1,000 to \$2,000
 - 10 year felony to own or use a building, vehicle, structure, or place to manufacture a controlled substance

Michigan Laws continued...

- 10 year felony to own or possess chemical or laboratory equipment in order to manufacture a controlled substance
- 20 year felony for the unlawful disposing of hazardous waste; court may also order the person to pay environmental response costs
- 20 year felony if the violation is in the presence of a minor or occurs within 500 feet of a residence, business, school, or church
- 25 year felony if the violation involves a firearm

Michigan Laws - effective 04/01/04

- Provide for the inspection of a building for contamination if the property had been the site of illegal drug manufacturing
- Prohibit owning, possessing, using or providing of a vehicle, building, structure, place, area, chemical, or laboratory equipment for the purpose of manufacturing a controlled or counterfeit substance
- Prohibit possessing of more than 10g of ephedrine (one of the most common chemicals used to make meth) alone or in a mixture; revised sentencing guidelines for possession as well
- Prohibit transporting or possessing of anhydrous ammonia in a container other than one "approved by law," and tampering with such a container; new sentences for this violation
- Revised sentencing guidelines for the operating or maintaining of a controlled substance laboratory to list the violation as a Class B controlled substances felony with a statutory minimum sentence of 20 years

SAMHSA Meth Prevention Grant

Awarded March 2004

 Goal is to enable MI to "employ a statewide multi-agency infrastructure for the purpose of planning and implementing strategies effective at preventing, reducing or delaying the use or spread of methamphetamine in high risk communities"

SAMHSA Meth Prevention Grant Activities

- To address the availability and access to prevention services and/or activities in the community, grant administrators will:
 - Collect, assess and monitor methamphetamine indicators and prevalence data and identify locations of users
 - Identify and assess best target population intervention strategies
 - Develop and maintain inventory of existing prevention programs and resources for combating methamphetamine
 - Identify gaps in the states methamphetamine prevention effort and recommend strategies to fill identified gaps

SAMHSA Meth Prevention Grant Strategies

- Leverage resources through a multidisciplinary approach
- Strengthen partnerships among stakeholder agencies and communities involved
- Initiate and maintain problem-solving and networking relationships
- Train law enforcement and other stakeholders agencies affected by meth, including meth recognition and proper situational procedures
- Promote regional awareness of meth issues across disciplines for education, health, social service, law enforcement and other professionals

SAMHSA Grant Strategies continued...

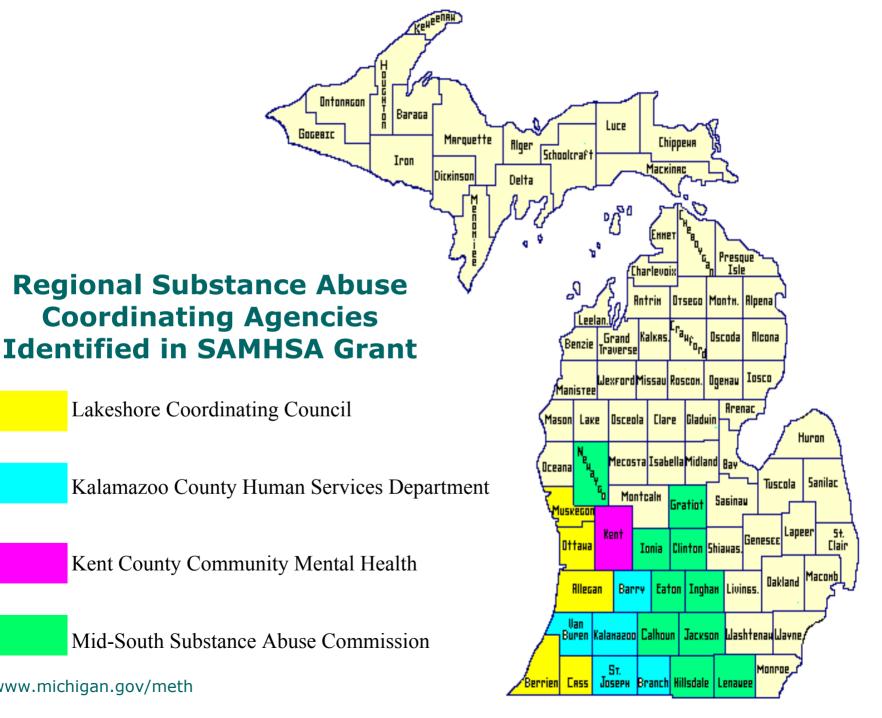
- Construct statewide meth website to provide current information and resources to community groups, law enforcement, merchants, farmers and other relevant organizations
- Establish early warning system for communities to recognize an emerging meth problem
- Engage retailer industry in identifying/flagging products used for meth production

SAMHSA Grant Strategies continued...

- Establish, through four specific regional substance abuse coordinating agencies, a regional multi-agency planning and implementation infrastructure
 - to represent high incidence areas of the state
 - to plan, implement and fund local intervention mechanisms
 - to employ strategies based on best practice models
- Evaluate the effectiveness of the state and regional infrastructure in preventing, reducing or delaying the use and spread of meth

METHAMPHETAMINE

HOW YOU CAN HELP...



www.michigan.gov/meth

Become involved in Local Efforts

(You can also check the ODCP website for CA information in your area)

- Lakeshore Coordinating Council
 - 0 (616) 846-6720
- Kalamazoo County Human Services
 Department/CMH
 - o (269) 553-8150
- Network 180 (Formerly Kent County Community Mental Health/CMH & SA Services Network of West Michigan)
 - o (616) 336-3765
- Mid South Substance Abuse Commission
 - o (517) 337-4406

REMEMBER-

- Paranoia and psychosis that can result from chronic use or sleep deprivation often keeps users away from traditional services. "Meeting users where they are at" can be difficult, whose exact "at" points are either hidden beneath layers of distrust or are constantly shifting in waves of drug-induced impulsivity. Keep in mind when considering how service delivery is structured-
 - Reminders, flexible no-show policies, access to multiple services in one visit/location; evenings and mid-week days; drop-in hours; very brief intake forms, shortened waiting times

REDUCING METH USE

- Community-centered approaches are the most feasible strategies for reducing meth use and preventing non-users from trying it in the first place
 - Acknowledge and honor healthy decision-making
 - Develop community norms that discourage unhealthy behavior and encourage commitment to good health and well being
 - Dialogue and leadership that bluntly challenges the acceptance and glamorization of meth
 - Community initiatives that address issues of belonging, self-esteem, identity, stigma and discrimination that are inclusive, encompass a wide variety of providers that have ability to reach key populations is key
 - You have many skills that can be brought to the table as communities address issues around methamphetamine

ADDITIONAL INFORMATION

Michigan Methamphetamine Website:

www.michigan.gov/meth

Others

www.michigan.gov/odcp www.cdc.gov

www.SAMHSA.gov

www.gmhc.org