The Methamphetamine Paradox

Addressing Methamphetamine Prevention in Conjunction with Alcohol and Other Drugs

Minnesota Department of Health
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Which is the Worst Drug?

Methamphetamine

Alcohol

Crack Cocaine

Heroin or…
Does it Really Matter?

- They are all used and abused.
- They all cause problems.
- There will always be some people seeking to alter their moods or medicate themselves.
- We need to address them all.

A drug is a drug is a drug!
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On one hand:

Methamphetamine generates a large amount of attention and concern

– Vast media coverage
– A lot of law enforcement energy
– Criminal behavior related to its use
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On the other hand:

Most local, state and national surveys show low percentages of people using the drug.

• About 4-5 percent of people report using it.
• Trends do not seem to show increases in the number of people who report using it.

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As a result:
Many do not believe the data from surveys.
- It does not fit with their perception of use of the drug.
- Therefore they determine the surveys must be wrong.
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It may be because we use percentages instead of numbers.

– Small percentages mean minimal problems to some people.
– We need to use numbers in these cases.

Using numbers will help convey the extent of the problem without raising doubts about the data.
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Example using 5% usage rate:
Mock Duck County, population 10,000
(5% of 10,000 = 500)
• An estimated 500 methamphetamine users who are taking a toll on the county in:
  – Crime
  – Drug dealing
  – Quality of life (fear)
  – Child protection
  – Lab cleanup
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Mock Duck County United School District with 1200 students in grades 9-12 (5% of 1200 = 60)

- An estimated 60 methamphetamine using students who are taking a toll on:
  - Teachers
  - Administrators
  - Support staff
  - Law enforcement

As well as the rest of the students
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Many alcoholics have enablers who try to keep them out of trouble by:

— Providing rides so they don’t drive
— Trying to make them comfortable
— Making excuses for them with family, friends, employers, etc.
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Users of alcohol and other depressants may pass out or fall asleep after getting high. Most other stimulants have a high that is much shorter in duration than methamphetamine.

As a result, many alcohol and other drug abusers often do not end up interacting with law enforcement, social services, the judicial system and corrections.
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Methamphetamine users may be:
• Up for days at a time
• Paranoid
• Violent
• Hallucinating

They seldom have enablers to take care of them.

They become more visible and problematic for law enforcement, social services, etc.
Preventing Methamphetamine, Alcohol or Other Drug Abuse

Research clearly supports using a comprehensive approach.

Components of a comprehensive approach:
1. Education and awareness with consistent messages delivered to a variety of audiences from varying messengers,
2. Developing and enforcing policies, and
3. Impacting community norms.
Comprehensive Approach

For an example of a comprehensive approach for alcohol abuse prevention go to:

www.health.state.mn.us/alcohol and click on
“A Community-based Primary Prevention Plan to Reduce High Risk and Underage Alcohol Use”
-Many of the strategies may be adapted for methamphetamine and other drug abuse prevention

Examples of methamphetamine policies can be found at:
www.health.state.mn.us/divs/eh/meth/ordinance/index.html