



What We All Need to Know About Methamphetamine Use in Kentucky

What is methamphetamine or “meth”?

Methamphetamine is an amphetamine-type stimulant known as a “psychostimulant” that can be manufactured illegally in makeshift laboratories.

Methamphetamine can be produced from ephedrine, the active ingredient in Mini-thins® or from Sudafed® and other over-the-counter cold medicines containing pseudoephedrine. Sales of Sudafed are now closely monitored by the Drug Enforcement Agency.

How do people become introduced to methamphetamine?

Many people became introduced to stimulants after receiving a legal prescription for products such as Dexedrine® (d-amphetamine) or phen-fen (a combination of prescription drugs) used for appetite control or to treat obesity. Many individuals who were taking Dexedrine by prescription for weight control developed problems of increased dependency marked by excessive use of the drug. As a result, Dexadrine is no longer prescribed for appetite control. Methamphetamine, the result of manufacturing amphetamine-based ingredients with household chemicals, may have even greater risk of abuse than d-amphetamine or fenfluramine, which are agents that may compose the phen-fen combination. Methamphetamine produces effects in the brain similar to Dexedrine and produces certain risks for serious brain cell damage, heart attack, heart damage, and stroke.

Some people may use Mini-thins, Black Ice® or other products marketed as “energy enhancers” to stay awake and feel more productive at work. Women are more likely to take these stimulants for weight loss.

Metabolife® products contain ephedrine derivatives, including Ma-huang or bitter orange and are readily available and heavily marketed. These can easily be purchased at your local gas station, and until recently were not regulated by the FDA. Use of the over-the-counter products containing ephedrine and other amphetamine-based products may increase risk of methamphetamine use.

These products were not regulated by the FDA until Dec. 30, 2003 when it issued a consumer alert on the safety of dietary supplements containing ephedra. A final ruling states that supplements containing ephedrine alkaloids present an unreasonable risk of illness or injury and their sale is prohibited. This rule bans the sale of these products effective April, 2004. The FDA does not have the authority to regulate dietary products, but has banned use of ephedra derivatives.

Methamphetamine is cheaply manufactured in illegal laboratories and has a high potential for abuse and dependence. It may be referred to as: “**speed,**” “**meth,**” “**chalk,**” “**crank,**” or “**zip**” in powder form. In rock form, it may be referred to as: “**ice,**” “**crystal,**” or “**glass**”.

Tolerance to stimulants develops rapidly and dramatically. Users will also forego food and sleep for days and use every two to three hours while “on a run.” Users of methamphetamine report staying awake for up to 13 days before going to sleep or “crashing” (Institute for Intergovernmental Research, 2003).



Methamphetamine is taken several ways:

METHOD OF USE	EFFECT	LENGTH OF HIGH
Oral (putting on paper or food and chewing it)	High within 15-20 minutes.	Highs are long-lasting and can continue for half the day.
Snorting	High within 3-5 minutes.	Highs can last as long as half the day.
IV (intravenous use with a needle)	Immediate. A rush described as extremely pleasurable is produced.	Intense rush followed by a less intense high.
Smoking and resmoking residue.	Immediate. Euphoria or an intense rush will be experienced.	Intense rush followed by a less intense high.

methamphetamine?

Ingredients may include a variety of household cleaners and farm chemicals in addition to the products previously discussed. The manufacturing process is highly volatile and is likely to cause a fire or explosion. In addition, toxic fumes are produced during the manufacture. Smells are more easily covered up in and around farms. The availability of ingredients to be bought or stolen makes rural areas ideal for methamphetamine production. For these reasons, farm chemicals should be locked in a secure area. Many manufacturers of methamphetamine steal large quantities of these chemicals from local farmers.

Some common items used for manufacture are:

- Industrial chemicals
- Farm chemicals
- Pseudo-ephedrine or ephedrine (found in common cold pills)
- Acetone
- Rubbing alcohol
- Toluene
- Ether (engine starter)
- Drain cleaner (sulfuric acid)
- Coffee filters
- Heet® (methanol/alcohol)
- Iodine
- Batteries (lithium)
- Propane tank (anhydrous ammonia)
- Red Devil Lye® (sodium hydroxide)
- Matches (red phosphorous)
- Pyrex® dishes
- Muriatic acid

Labs are often located in barns, garages, out buildings, back rooms of businesses, apartments, hotel rooms,

storage facilities, or vehicles.

The number of labs seized nationally doubled from the year 2000 to 2001; from 8,971 to 15,353.

Larger labs can produce up to 100 pounds of methamphetamine per “cook.” This creates 500 to 600 lb. of toxic waste that is hazardous to humans. Leftover chemicals and by-product sludge are often poured down drains or directly onto the ground. Farmers should be advised to watch for signs of labs on property when tilling or maintaining fields. The manufacture of methamphetamine is highly toxic and by-products can remain in soil and groundwater for years. Because of the toxic nature, professional cleanup by specially trained crews is required. **Soil that is contaminated must be incinerated.**

Signs of methamphetamine manufacturing:

- Strong smell that might resemble urine or chemicals
- Little or no traffic to the location during the day but lots during late hours
- Extra efforts to cover windows or reinforce doors
- Residents burning their own trash
- Lab materials on property (lantern fuel cans, red-stained coffee filters, clear glass jugs and duct tape)
- Vehicles loaded with chemical containers, glassware, or tubing
- Laboratory glassware being carried inside
- Residents smoking outside (because of fumes)

The number of labs seized per year in Kentucky nearly tripled from the year 1999 to 2002; 84 to 300.

Children who come into contact with fumes or live

in homes where methamphetamine is manufactured are exposed to toxic chemicals. Between the years 2000 and 2002, **52 children were injured or killed** in meth-related incidents and **1,373 were exposed to toxic chemicals**. Many other children suffer serious breathing problems as a result of this toxic living environment.

People most likely to use methamphetamine are stu-

dents, both high school and college age; caucasian, blue-collar workers, and unemployed persons in their 20s and 30s. The drug is becoming increasingly popular among teens.

Online sources:

Some initial effects of methamphetamine use are:

Drug craving	Fearfulness	Nausea	Depression
Extreme irritability	Excessive drowsiness	Palpitations	Hyperventilation
Loss of energy	Difficulty in sleeping	Sweating	Shaking
Confusion	Possible violence	Sleeplessness	Loss of appetite

Physical and psychological effects you may notice in someone “on” methamphetamine

Sleeplessness	Anxiety	Compulsive drug seeking	Tooth grinding
Confusion	Continued drug use	Increased physical activity	Paranoia
Decreased appetite	Violent behavior	Feeling of well-being	Mood swings
Twitching or jerking	Hallucinations	Constant talking	Increased blood pressure
Increased appetite	Pupil dilation	Rapid heart rate	Overdose (only 50mg of pure drug required)
Irregular heartbeat	Hyperthermia (increased body temperature)		

There are also many medical complications of methamphetamine use. Many of these complications are related to the heart and can cause stroke or death. Serious brain cell damage will also result, often with lasting neurological effects.

Medical effects of methamphetamine are:

Increased blood pressure	Irregular heart beat	Inflammation of heart lining	Damaged blood vessels in IV users
Hyperthermia	Stroke-producing brain damage	Skin infections or abscesses	Convulsions
Lead poisoning	Heart attack	Overdose	Death

Many teenagers believe methamphetamine is a safe, cheap, long lasting high.

What teens don't know is that meth is highly addictive and detrimental to their health.

Teens who have accurate information about drugs are less likely to use them!

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