

**Myths, Facts, & Illicit Drugs:
What You Should Know**

Meth:

**What's Cooking in
Your Neighborhood?**

Two
Me
Crystal



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov**

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Prevention (CSAP) developed this booklet, a VHS videotape, and a PowerPoint presentation to provide useful information on what methamphetamine is, what it does, and why it seems appealing and is dangerous. These products may be used separately or in combination. The 30-minute video includes highlights from the *Meth: What's Cooking in Your Neighborhood?* national 90-minute teleconference. The PowerPoint presentation is available for downloading from SAMHSA's Web site, <www.SAMHSA.gov>, by clicking on Campaigns & Programs and going to the Drug Facts icon. The video can be previewed at this site. Both the video and booklet can be ordered by calling SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686. Some uses of this booklet are listed on the inside back cover.

The goal of this set of products is to help parents, families, and communities understand this addictive drug and mobilize prevention programs. SAMHSA will be developing similar products for each of the four drug-specific teleconferences in the series *Myths, Facts, & Illicit Drugs: What You Should Know*. The topics include methamphetamine, ecstasy, heroin, and marijuana. This series is sponsored by the Office of National Drug Control Policy (ONDCP), SAMHSA, the National Guard Bureau's Counterdrug Office, the National Institutes of Health's National Institute on Drug Abuse (NIDA), and the Community Anti-Drug Coalitions of America (CADCA).

Meth Q and A

According to the World Health Organization, methamphetamine is second only to marijuana as the most widely abused illicit drug in the world, and it is the most prevalent synthetic drug manufactured in the United States.

“Meth” is a highly addictive stimulant that can be smoked, snorted, injected, or taken orally. Users, particularly during the withdrawal, or

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“tweaking” phase, may experience acute psychosis and commit acts of extreme violence. The manufacture of methamphetamine exposes humans, animals, and the environment to toxic and explosive chemicals. Because the manufacture and use of meth may result in adults neglecting children in

their care, the drug is increasingly a factor in many child protective services cases.

Even those who are not affected by meth use in their personal lives pay for the problems it causes. Although research is providing good evidence that those addicted to meth can regain their lives and function productively, treating them burdens the health care system. Other expenses include cleaning up environmental poisons resulting from meth production and jailing methamphetamine manufacturers and traffickers.

Methamphetamine has several slang names, including speed, meth, chalk, ice, crystal, crank, glass, and uppers.

What Is Methamphetamine?

Methamphetamine is a powerfully addictive stimulant that dramatically affects the brain and the rest of the central nervous system. Easily made with relatively low-cost materials, meth is an odorless, bitter-tasting, white crystalline powder that dissolves in water or alcohol. The active ingredient is either ephedrine or pseudoephedrine. Both are found in over-the-counter cold medicines. Meth “cookers” use products such as drain cleaner, lithium batteries, and engine-starter fluid to make a powder that can be smoked, snorted, injected, or added to a beverage.

Methamphetamine has a high potential for abuse and may lead to psychological or physical dependence.

Methamphetamine has a high potential for abuse and may lead to psychological or physical dependence. Its accepted medical uses are severely restricted.

Where Does Meth Come From?

Fed by shipments of the drug and many of its ingredients from Mexico, U.S. production and availability of methamphetamine are increasing. In 1999, the Federal-Wide Drug Seizure System (Drug Enforcement Administration [DEA], FBI, U.S. Customs Service, U.S. Border Patrol, and U.S. Coast Guard) reported confiscating 2.64 tons of methamphetamine.

	<u>1990</u>	<u>1999</u>
Number of identified U.S. meth labs:	549	2,025
Amount of meth seized by the DEA:	973.1 kg	2,253.3 kg

(Source: ONDCP Drug Facts, May 2001)

Meth is made with relatively inexpensive, over-the-counter ingredients.

Although organizations based in Mexico dominate methamphetamine trafficking, much of the U.S. supply of the drug is produced in this country. Meth is made with relatively inexpensive, over-the-counter ingredients. Thus, secret

laboratories, often called “mom and pop labs,” can spring up quickly and move easily to avoid detection.

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In recent years, trafficking organizations have begun operating “super labs” that can produce large quantities of meth.

Why Do People Use Methamphetamine?

On the surface, methamphetamine may seem attractive. Thus, many people are tricked or lured into using meth for the initial good feelings it brings. Immediately after smoking or intravenous injection, the meth user experiences an intense sensation called a “rush” or “flash.” While that rush is described as pleasurable, it lasts only a few minutes. The rush is followed by a high that can last 6 to 8 hours. Oral or nasal use produces the same long lasting high, but not the intense rush.

...the meth high is followed by a devastating low.

Some people start using meth to reduce fatigue and maintain productivity—particularly for tedious, repetitive, or physically demanding tasks or when working long hours. Some people hope it will increase sexual desire and activity. Others want to lose weight.

Typical psychological effects of the methamphetamine high include:

- Euphoria
- Alertness or wakefulness
- Feelings of increased strength and renewed energy
- Feelings of invulnerability
- Feelings of increased confidence and competence
- Intensified feelings of sexual desire.

Whatever the excuse to use meth or whatever the short-term benefits, the meth high is followed by a devastating low. In fact, the depression that follows meth use can be very uncomfortable. This depression can be so intolerable that it often contributes to an individual’s decision to start using meth again.

What's the Downside?

The “benefits” of meth are more than matched by the drug’s ill effects—both immediately and over time. Methamphetamine is an addictive drug that causes physical harm throughout the body. In addition to that physical damage, some people looking for temporary relief from long-term conditions like depression and AIDS-related fatigue may try meth and ignore their prescribed treatments.

After the initial rush, individuals typically experience a state of great agitation that can lead to violent behavior. As the drug leaves their systems, users can experience:

- Irritability/aggressiveness/frustration
- Anxiety
- Depression
- Fatigue
- Paranoia (sometimes extreme, leading to thoughts of homicide or suicide)
- Hallucinations or delusions (e.g., sensation of insects crawling on the skin)
- Intense cravings for the drug

...meth users may go without food and sleep and inject the drug every 2 to 3 hours to prolong the high...

The pleasurable effects of the drug vanish even before it disappears in the blood. As a result, meth users often follow a “binge and crash” pattern and may continue taking the drug over several days. They may go without food and sleep and inject the drug every 2 to 3 hours to prolong the high and postpone the inevitable crash.

The crash phase, commonly referred to as “tweaking,” often

People addicted to meth experience a powerful physical and emotional withdrawal.

overwhelms the user with feelings of anxiety and emptiness. When tweaking, people can be extremely irritable and paranoid. They may exhibit unpredictable and dangerous behavior when startled, confused, or

confronted. To reduce or counter withdrawal, meth users frequently resort to alcohol, heroin, or marijuana.

The length of time before long-term effects become noticeable and the severity of those effects vary from person to person. People who report control of the drug at first may lose that control over time and become

addicted. Meth addiction is caused by the changes in the brain produced by the drug. People addicted to meth experience a powerful physical and emotional withdrawal. The user's lifestyle changes to focus on getting and using meth. Even after chronic use has stopped, the meth user may experience depression, anxiety, fatigue, paranoia, aggression, and an intense craving for the drug.

Damaging effects of methamphetamine include physical, emotional, and mental destruction, including:

- Memory problems
- Insomnia
- Decreased appetite and anorexia
- Increased heart rate, blood pressure, and body temperature
- Tremors or convulsions
- Breathing problems
- Lung, kidney, and liver damage
- Irreversible damage to blood vessels in the brain, which can produce strokes
- Increased risk of getting or transmitting HIV/AIDS, hepatitis B and C, and other diseases for users who inject meth and share needles.

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Meth's effect on the brain and the brain's ability to recover are not entirely clear. However, injury to brain cells can be seen months after a person quits using meth. This damage affects the supply of chemicals important to physical and mental well-being. Whether addicted or not, meth users risk brain damage that may be permanent.

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Research is continuing, but studies also have connected prolonged use of meth with symptoms similar to those experienced by people with Parkinson's disease. Another outcome may be brain

damage that appears similar to that caused by Alzheimer's disease, stroke, and epilepsy.

Who Uses Meth?

Meth use has grown greatly in recent years. The 2000 National Household Survey on Drug Abuse, conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), estimated that

People in the tweaking phase can be abusive and violent to their own children.

8.8 million Americans had tried meth at least once. This number was more than double the level of use found in the 1994 survey.

Among high school seniors, 7.9 percent reported taking meth at least once. More than 4 percent of these seniors disclosed use in the past year—about twice the rate of a decade ago (*2000 Monitoring the Future Survey*).

Several groups may be especially susceptible to the illusion that using meth is beneficial:

- Truck drivers trying to remain awake and alert during the long hours involved in cross-country hauls
- Restaurant, construction, and factory workers hoping to reduce fatigue
- People trying to lose weight
- White-collar workers wanting to become more competitive and able to work longer, more productive hours
- Athletes, both in and out of school, seeking temporary bursts of energy and feelings of increased physical endurance
- Youth partying all night
- Students enduring marathon study sessions
- Men in some gay populations wanting to boost sexual performance or alleviate depression
- People with AIDS seeking temporary relief from AIDS-related fatigue and depression
- People manufacturing meth at home as an income source and/or to support their addiction.

What Are the Effects of Methamphetamine Production?

Cooking a batch of meth is extremely dangerous due to unstable chemicals and toxic byproducts.

Manufacturing methamphetamine is called “cooking.” Cooking a batch of meth is extremely dangerous due to the unstable chemicals and the toxic byproducts. A few of the chemicals used in the manufacture of meth include sulfuric or hydrochloric acid, iodine, alcohol/ether, and lye. Whether inhaled, ingested, or absorbed through the skin, these chemicals pose serious health hazards:

Labs are often boobytrapped; workers may be armed.

- Respiratory and eye irritation
- Headache
- Dizziness
- Nausea and vomiting
- Shortness of breath.

Meth labs also can—and do—explode unexpectedly and forcefully. The volatile behavior of meth users adds to the danger of meth production. Labs are often boobytrapped; workers may be well armed. For every

What Is the Impact of Methamphetamine Use?

- Admissions for methamphetamine treatment jumped from 14,496 in 1992 to 55,745 in 1998 (*SAMHSA, Treatment Episode Data Set [TEDS]: 1993–98 National Admissions to Substance Abuse Treatment Services, September 2000*).
- Chronic use of meth can lead to psychotic symptoms that sometimes last for years after use has ended (*NIDA Resource Report—Meth Abuse and Addiction: NIH publication No. 98-4210, printed April 1998*).
- The mortality rate for meth increased 38 percent between 1998 and 1999 (*CSAP Prevention Alert Vol. 4, No. 5, March 9, 2001*. <http://ncadi.samhsa.gov/govpubs/prevalert/v4/5.htm>).
- Of the 85 drugs that caused death in the United States in 1999, methamphetamine ranked sixth (*CSAP Prevention Alert Vol. 4, No. 5, March 9, 2001*. <http://ncadi.samhsa.gov/govpubs/prevalert/v4/5.htm>).

pound of finished product, the resulting 5 to 6 pounds of toxic waste typically are dumped on the ground or in nearby lakes and streams.

All of these hazards mean that anyone in or near a meth lab is at risk. Police officers, protective services workers, firefighters, and emergency medical technicians arriving at a meth lab run a high risk of injury as do campers and hikers who come upon labs in secluded areas—even in national parks. Cleanup crews and new residents who move into a former lab area without realizing it also may be harmed by toxic waste.

Meth labs also can—and do—explode unexpectedly and forcefully.

When a meth lab is seized, the cleanup requires special training and equipment. Depending on the size of the operation, cleaning up a meth lab can cost more than \$100,000.

How Are Children Affected?

The child protection services in many communities are showing increased caseloads because of the manufacture and use of methamphetamine. Parents using meth often do not supervise children's activities and hygiene. Also, they may not provide enough food or good nutrition. Children may suffer malnutrition or go without appropriate medical attention. People in the tweaking phase can be abusive and violent to their own children.

Meth Use During Pregnancy Can Harm Newborns by Causing:

- Premature delivery/miscarriage
- Low birth weight
- Abnormal reflexes and extreme irritability
- Some learning deficits related to verbal skills.

Setting up a meth lab requires little more than a stove and some pots. Home labs are common. This means that the drug's toxic ingredients may be stored, left open, or spilled within easy reach of children. Tables, sinks, counters, and floors present opportunities for children to touch

and taste chemicals and to inhale poisonous fumes. Children living in a meth lab or in the community are not aware of toxic wastes that have been dumped and may play in those polluted areas. Children also may be victims of fires and explosions in meth labs.

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What Treatments Are Effective for Methamphetamine Addiction?

The effectiveness of treatment generally increases when the program draws on a variety of components. Because of the inability of many meth users to recognize problems related to their drug use, techniques that promote change in patients' thinking, expectations, and behaviors

Many users have a tendency to quickly drop out of treatment, but those who continue can achieve long-term, drug-free recovery.

are emphasized. The length of the treatment program also is important. Many users have a tendency to quickly drop out of treatment, but those who continue in treatment can achieve long-term, drug-free recovery.

Strategies to prevent relapse may include drug education, family and group therapies, and self-help groups. These strategies often include teaching abusers to identify behaviors that put them in situations where they are at high risk for using meth. This form of treatment provides a structure for actively involving patients in treatment and helping them stay off meth.

Treatment often is provided in intensive outpatient programs. Therapies may be combined with techniques to strengthen coping skills for stress and with medications, as

needed. The clinical challenges related to paranoia, psychosis, agitation, and severe craving usually require knowledge and skills beyond those involved in traditional alcohol treatment.

Strategies to prevent relapse may include drug education, family and group therapies, and self-help groups.

More research is needed to focus on concerns related to sexual behavior, weight issues, and ongoing paranoia. Studies examining special

treatment issues associated with pregnant women, women with small children, the gay community, and homeless populations also are needed.

SAMHSA's Center for Substance Abuse Treatment's publication *Treatment Improvement Protocol (TIP) 33: Treatment for Stimulant Use Disorders* includes a review of treatment effectiveness, educational information, and practical/applied recommendations. To download, go to <www.SAMHSA.gov>. Click on Addiction Treatment and go to Publications. Copies can be ordered through SAMHSA's NCADI at 1-800-729-6686.

How Can Parents and Caregivers Prevent Young People From Using Meth?

What adults say—or do not say—about alcohol, tobacco, and illicit drugs can profoundly influence decisions young people make regarding their use of substances. To reinforce all caregivers in that role, SAMHSA's CSAP has recently revised *Keeping Youth Drug Free*. This publication is available free by calling SAMHSA's NCADI or by downloading from

What adults say—or do not say—about alcohol, tobacco, and illicit drugs can profoundly influence decisions young people make regarding their use of substances.

<www.SAMHSA.gov> by clicking on Clearinghouses, NCADI. Go to NCADI Catalog, NCADI's Top Ten Pubs.

Surveys show that the likelihood of youth using substances is reduced when parents have information and talk to their children regularly about drugs. Knowing the reasons that young people may be interested in meth helps adults discuss these concerns and offer safe and healthy choices.

Parents and Caregivers Should:

- Have a basic understanding about meth and its risks to help educate young people.
- Realize that methamphetamine may appeal to teens who are worried about weight control or who are eager for maximum endurance at sports, studies, and play.
- Recognize possible signs of methamphetamine use. Intervene at the earliest stages and deter further use.

Parents and caregivers can help children avoid substance abuse in several important ways:

- Establishing and maintaining good communication with children
- Being involved in a child's life—spending time together and acknowledging good behavior
- Making clear rules and enforcing them with consistency and appropriate consequences
- Being a positive role model
- Helping children learn to choose friends wisely
- Monitoring children's activities—knowing their friends and communicating with other parents.

The likelihood of youth using substances is reduced when parents have information and talk to their children regularly about drugs.

What Can Communities Do To Prevent Methamphetamine Use?

Communities can combine environmental prevention efforts with individual- and family-focused prevention activities. Combined approaches are more effective than strategies that focus only on parents or only on children and adolescents. Federal, State, and local governments are budgeting more resources to prevent drug problems and, specifically, to combat methamphetamine. But government alone

Combined approaches are more effective than strategies that focus only on parents or only on children and adolescents.

cannot do the job. Joining, supporting, or helping to start a local prevention group can make a difference.

Community groups can work closely with a wide range of partners. These include parent

groups, youth-serving organizations, faith communities, media, schools, public health agencies, service groups, professional organizations, law enforcement, treatment professionals, groups and agencies concerned with the environment, child protective agencies and advocates, businesses, political leaders, and others to create safe, healthier environments. One organization promoting and coordinating this work

nationally is the Community Anti-Drug Coalitions of America (CADCA). Call CADCA's office at 1-800-54-CADCA or visit its Web site at <www.cadca.org> to contact CADCA members in your area and obtain tools for coalition building.

Substance abuse prevention programs should be comprehensive and long term, with defined goals and objectives. Prevention at the community level begins by understanding a specific drug problem using data such as drug treatment statistics, emergency room admissions, and law enforcement

Community groups can work closely with a wide range of partners.

reports. Information gathered from children and adolescents and from adults who care about or work with young people also is important. Then, specific activities that have a proven record of reducing drug use can be developed or adapted to respond to the community's identified needs and resources.

Substance abuse prevention programs should be comprehensive and long term, with defined goals and objectives.

Meth Labs Are Extremely Dangerous.

Many of the chemicals found in these labs are corrosive or flammable. The vapors from the chemical reactions attack the mucous membranes, skin, eyes, and respiratory tract. Some chemicals will react with water or other chemicals and cause a fire or explosion. Workers may be armed and violent. (*Source: The U.S. Department of Justice, Drug Enforcement Administration, Clandestine Lab Enforcement Team, DEA Academy, Quantico, VA.*)

Many signs can indicate that meth is being produced or trafficked:

Houses

- Windows covered (cardboard, black plastic) for complete privacy
- Lights left on for long periods

- Activity during all hours of the day or night or continuous for several days
- Drug paraphernalia litter scattered in area
- Porch lights coded to indicate when drugs are available
- Dogs used to guard a house that has these signs.

Traffic

- Heavy vehicle or foot traffic at all times of the day or night
- People and cars stay for short periods
- Taxis used to avoid license plate identification.

Materials

- A variety of ingredient jars containing clear liquid with white solids on the bottom, shiny purple crystals, dark red or purple powder, or jars with tubing attached
- Several types of containers, such as a large number of cold medication containers; cans of camping fuel, paint thinner, acetone, lye, or drain cleaners; and other containers with sulfuric or muriatic acid
- Large amounts of lithium batteries that have been stripped
- Propane tanks with fittings that have turned blue
- Strong chemical smells like ether, ammonia, acetone, or urine.

A list of meth laboratory indicators provided by the DEA Clandestine Lab Enforcement Team, DEA Academy in Quantico, VA, is on <www.SAMHSA.gov>. Click on Campaigns & Programs, go to the Drug Facts icon, and then to Methamphetamine. For more information on meth production and trafficking, go to the DEA Web site at <www.usdoj.gov/dea>. If you suspect meth trafficking or production, stay away and alert local authorities and the DEA, listed in the telephone book's blue pages under U.S. Department of Justice.

What Can Be Done To Stop Meth Production?

Because the manufacture and use of methamphetamine bring physical harm and environmental hazards, additional prevention strategies

specific to the drug are useful. A number of community efforts can be effective:

- Develop a coalition to work on problems related to the trafficking and use of meth.
- Organize neighborhood groups or drug prevention committees within established organizations to work with the coalition.
- Educate the public to recognize signs of methamphetamine trafficking and production.
- Support treatment programs and advocate for child health and safety.
- Work with stores to monitor sales of legal products, such as cold medications, that contain ingredients used to produce meth. Community groups can encourage store managers to notify law enforcement about unusually large purchases.

Additional Resources

Substance Abuse and Mental Health Services Administration (SAMHSA)

www.SAMHSA.gov

National Registry of Effective Prevention Programs

www.SAMHSA.gov/centers/csap/modelprograms

Decision Support System (PreventionDSS)

www.SAMHSA.gov

Click on Prevention, Prevention Decision Support System

National Clearinghouse for Alcohol and Drug Information (NCADI)

P.O. Box 2345

Rockville, MD 20847-2345

1-800-729-6686

1-800-487-4889 TDD

1-877-767-8432 linea gratis en español

www.SAMHSA.gov

Click on Clearinghouses, NCADI.

Methamphetamine Treatment Project

www.SAMHSA.gov

Click on Addiction Treatment and scroll to Programs. Click on Programs and go to the Methamphetamine Treatment Project.

Office of National Drug Control Policy (ONDCP)

750 17th Street, NW.

Washington, DC 20503

www.whitehousedrugpolicy.gov

National Youth Anti-Drug Media Campaign

www.mediacampaign.org

www.freevibe.com (for youth)

www.theantidrug.com (for parents)

National Institute on Drug Abuse (NIDA)

6001 Executive Boulevard

Room 5213

Bethesda, MD 20892-9651

www.nida.nih.gov

www.nida.nih.gov/drugpages/methamphetamine.html

**Community Anti-Drug Coalitions of
America (CADCA)**

901 North Pitt Street, Suite 300

Alexandria, VA 22314

703-706-0560

www.CADCA.org

Materials

The following materials on methamphetamine are free of charge and available through SAMHSA. Copies can be ordered through SAMHSA's NCADI at 1-800-729-6686. For each publication, the NCADI order number is listed in parentheses. Go to <www.SAMHSA.gov>; click on Campaigns & Programs and then the Drug Facts icon to view the methamphetamine teleconference, video, and PowerPoint presentation.

Keeping Youth Drug Free: A Guide for Parents, Grandparents, Elders, Mentors, and Other Caregivers (PHD711)

This 28-page booklet presents action steps for adults that influence young people's lives. To download, go to <www.SAMHSA.gov> and click on Clearinghouses, NCADI. Go to NCADI Catalog, NCADI's Top Ten Pubs.

Tips for Teens: The Truth About Methamphetamine (PHD861)

This trifold brochure gives information about methamphetamine's risks, symptoms, and effects.

Mind Over Matter: The Brain's Response to Methamphetamine (PHD839)

This 4-page fact sheet describes methamphetamine's effects.

Substance Abuse Resource Guide: Methamphetamine: A Guide for Parents and Other Caregivers (MS704B)

This comprehensive guide lists methamphetamine-related publications, videos, reports, e-mail addresses, organizations, and agencies.

Retrospective: A Parent's Guide to Youth Culture. Building Bridges Between Generations (RETRO)

This 27-page booklet recalls the events, values, and icons of the 1960s through the present. *RETRO* reminds parents of their own youthful experiences to help them relate to today's youth culture. It offers insight to youth values and the influence of media, society, and popular culture, especially as they relate to alcohol, tobacco, and illicit drugs.

Prevention Enhancement Protocols System (PEPS): Keeping Children Drug Free: Using Family-Centered Approaches. Parent and Community Guide (PHD758)

This 7-page booklet identifies factors involved in substance abuse among young people and family-centered approaches to prevention.

Prevention Enhancement Protocols System (PEPS): Preventing Substance Abuse Among Children and Adolescents: Family-Centered Approaches. Practitioner's Guide Series (PHD759)

This 69-page guide for prevention planners and implementers presents evidence-based prevention approaches focused on family factors.

Treatment for Stimulant Use Disorders, Treatment Improvement Protocol (TIP) Series #33 (BKD289)

This 226-page book from CSAT reviews current knowledge about treating the medical, psychiatric, and substance abuse/dependence problems associated with the use of cocaine and methamphetamine.

Communication Strategy Guide: A Look at Methamphetamine Use Among Three Populations (PHD853)

This 34-page guide describes exploratory research and recommends communication strategies for three user populations (interstate truck drivers, Mexican American/Mexican workers, and men who have sex with men).

Preventing Drug Use Among Children and Adolescents: A Research-Based Guide (PHD734)

This 38-page NIDA booklet presents basic principles derived from effective drug abuse prevention research to help community leaders assess their local drug abuse problems and develop comprehensive drug abuse prevention strategies.

The following publications can be viewed or found in the library section at <www.SAMHSA.gov> (click on Prevention and Prevention Decision Support System).

Science-Based Substance Abuse Prevention: A Guide (PHD863)

This 19-page booklet highlights science-based prevention techniques.

Promising and Proven Substance Abuse Prevention Programs (PHD864)

This 42-page book is a compilation of interventions and is organized by risk and protective factors and domains.

Principles of Substance Abuse Prevention (PHD865)

This 35-page booklet discusses effective interventions to guide prevention providers in structuring client services.

Using This Booklet

This booklet and the available PowerPoint presentation are resources for many possible activities to prevent and reduce the use and production of meth:

- Drafting press releases
- Providing factual information
- Using meth facts and statistics for events or community education
- Writing articles and newsletters
- Creating fliers, posters, and fact sheets for community partners and the public
- Including information in organizational Listserves and Web sites
- Responding to commentary and portrayals favorable to meth and other drug use
- Developing presentations and talking points
- Hosting special events for legislators and other decision- and opinion-makers
- Obtaining additional information and materials.

Tips for Teens: The Truth About Methamphetamine is a resource for outreach to youth. This brochure can be obtained by calling SAMHSA's NCADI at 1-800-729-6686. Allow 6 to 8 weeks for bulk orders. For immediate use, go to <www.SAMHSA.gov> and click on Clearinghouses, NCADI. Download the brochure and make copies.

“...the consequences of drug use among today’s teenagers will be felt for decades. Therein lies the enormous challenge for our Nation. Drug use among today’s teenagers threatens to reverberate for years to come in areas as disparate as crime rates, the success of our Nation’s colleges, the productivity of our industrial base, and the cohesiveness of our families.”

(National Drug Control Strategy, The White House, February 2002)



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CSAP Center for
Substance Abuse
Prevention
SAMHSA
Substance Abuse and Mental
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