



IOWA Substance Abuse Brief

IOWA DEPARTMENT OF PUBLIC HEALTH



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Methamphetamine Use and Trends in Iowa

Methamphetamine is a powerful stimulant that is chemically similar to amphetamine. According to the National Institute on Drug Abuse (2017), methamphetamine most commonly comes in the form of a white, odorless, bitter-tasting crystalline powder that easily dissolves in water or alcohol. Methamphetamine is often taken orally, smoked, snorted, dissolved in water or alcohol, or injected. This data brief provides estimates, information and trends on methamphetamine use among Iowa youth and adults. The information is drawn from available data on emergency department visits, hospitalizations and substance use disorder treatment admissions, and from youth survey data.

Key Findings

- From 2014 through 2018, the rate for methamphetamine-related treatment admissions increased by 50% from 223 treatment admissions per 100,000 in 2014 to 334 in 2018 (Figure 1).
- From 2014 to 2018, men (54%) and women (46%) were admitted at different, but increasing rates for methamphetamine treatment (Figure 1).
- Adults aged 25 to 44 continue to have the highest rates of methamphetamine-related treatment admissions (Figure 1).
- Iowa youth continue to report using methamphetamine at rates near zero (1% or less state wide for all grades on the last several Iowa Youth Surveys). In 2018, 78% of sixth graders, 73% of eighth graders, and 60% of 11th graders reported difficulty getting methamphetamine (Figure 4)
- In 2018, the rate of amphetamine-related hospitalizations was 6.6 per 100,000 population for people aged 25 to 44 and 4.1 per 100,000 population for people aged 15 to 24 (Table 1).
- From 2014 to 2018, methamphetamine-related deaths in Iowa increased by more than 224%, from 29 in 2014 to 94 in 2018 (Figure 6).

If you or someone you know is impacted by methamphetamine use, contact

YourLifeIowa for assistance:

Call: (855) 581-8111 Text: (855) 895-8398

(standard data rates may apply)

Chat and website: <https://yourlifeiowa.org/>.

Methamphetamine-Related Treatment Admissions

Methamphetamine-related treatment admissions continue to increase in Iowa. In 2018, more than 8,500 Iowans were admitted for methamphetamine use treatment. The rate of methamphetamine-related treatment admissions increased from 223 per 100,000 population in 2014 to 334 in 2018 (Figure 1). People aged 25 to 44 had the highest rates of methamphetamine-related treatment admissions compared to other age groups. Rates were higher for males than females and the increase from 2012 to 2016 was similar for both sexes. For males, the rate increased from 243 per 100,000 population in 2014 to 358 in 2018; and for females, the rate increased from 203 per 100,000 population in 2014 to 309 in 2018 (Figure 1).

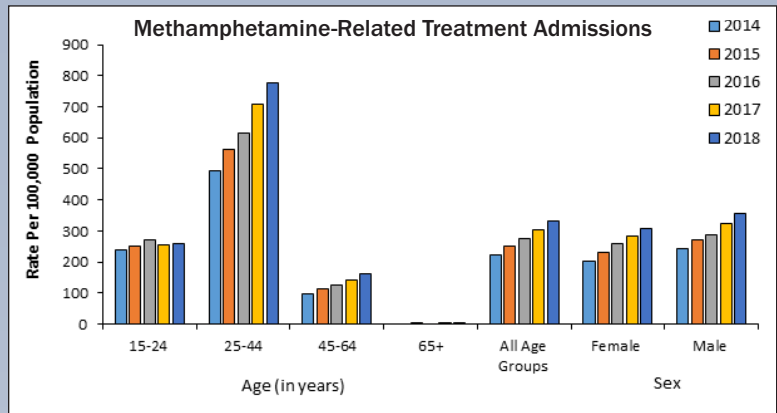


Figure 1: Methamphetamine-Related Treatment Admissions, by Age and Sex, IDPH, 2014-2018

Figure 2 maps the average annual rates for methamphetamine-related treatment admissions by Iowa county. County rates varied greatly, from 35.7 per 100,000 population in Cedar County to 779.2 in Wapello County. The five counties with the lowest rates of methamphetamine-related treatment admissions include Cedar (35.7 per 100,000 population), Johnson (44.7), Lyon (40.7), Winneshiek (57.8), and Ringgold (64.1). The five counties with the highest rates include Wapello (779.2 per 100,000 population), Webster (705.5), Cerro Gordo (532.1), Appanoose (487.8), and Montgomery (470.4).

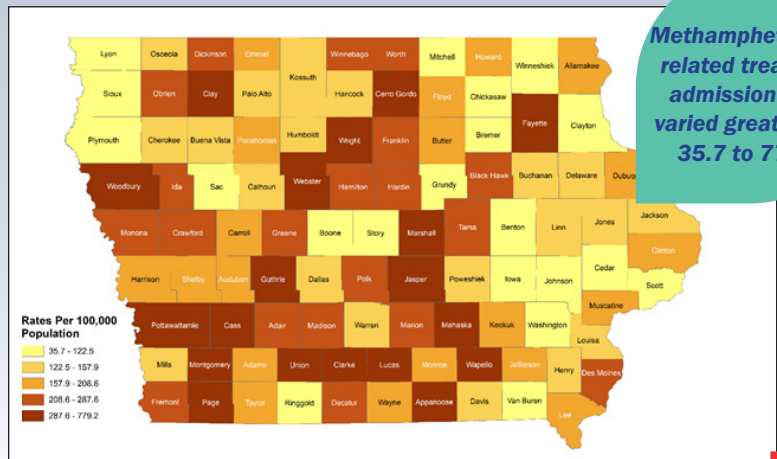


Figure 2: Average Annual Rate of Methamphetamine-Related Treatment Admissions, Iowa, IDPH, 2014-2018

Methamphetamine-related treatment admission rates varied greatly from 35.7 to 779.2.



Youth Perception of Risk

Perception of the risk associated with substance use is an important factor in whether an individual will use substances. According to Lipari & Jean-Francois (2016), an individual's perception of the risks associated with substance use has been an important determinant of whether he or she engages in substance use. Among Iowa youth, the perception of risk of methamphetamine use has been declining for the past several years. From 2010 to 2018, methamphetamine use risk perception decreased by 10% for sixth grade students and 9% for 11th grade. In 2010, 85% of eighth grade students and 89% of 11th grade students reported great or moderate risk of harming themselves if they used methamphetamine once a week, compared to 66% and 81% in 2018 (Figure 3).

Community Methamphetamine Norm

Youth in all three grades surveyed (sixth, eighth and 11th) were asked how difficult they think it would be for a kid their age to get methamphetamine in their neighborhood or community. Iowa Youth Survey (IYS) data indicated the higher the grade, the less difficult the students thought it would be to get methamphetamine.

Higher grades indicated it was less difficult to get methamphetamine.

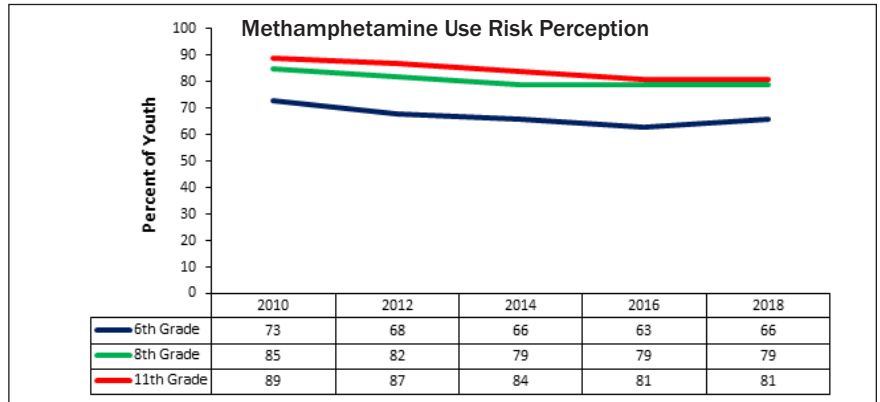


Figure 3: Percent of Youth Reporting Methamphetamine Use Risk Perception (Great or Moderate Risk), by Grade, IYS, 2010-2018

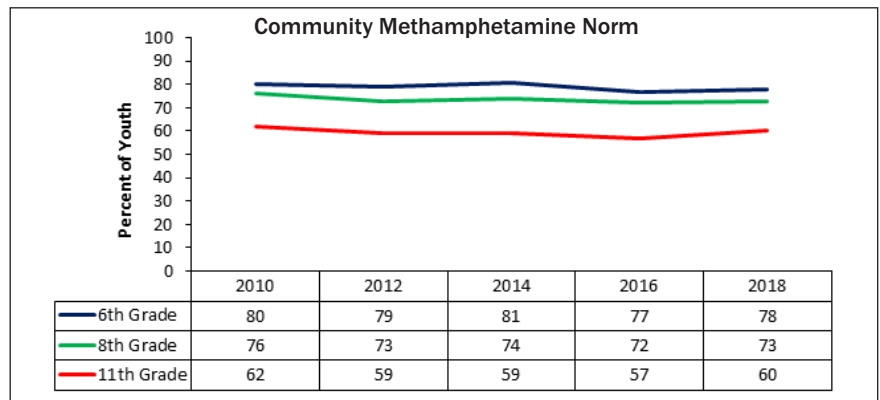


Figure 4: Percent of Youth Reporting Perceived Difficulty Accessing Methamphetamine in the Community (Very Hard and Hard), by Grade, IYS, 2010-2018

Methamphetamine Labs Seized and Production of Methamphetamine in the Presence of a Minor

The number of methamphetamine labs seized by Iowa local or state law enforcement decreased from 382 in 2011 to 26 in 2018 (Figure 5). Methamphetamine production in the presence of a minor decreased from 179 cases in 2011 to 0 in 2018 (Figure 5). Note that these data may be affected by data reporting changes and staffing levels within the Iowa Department of Human Services.

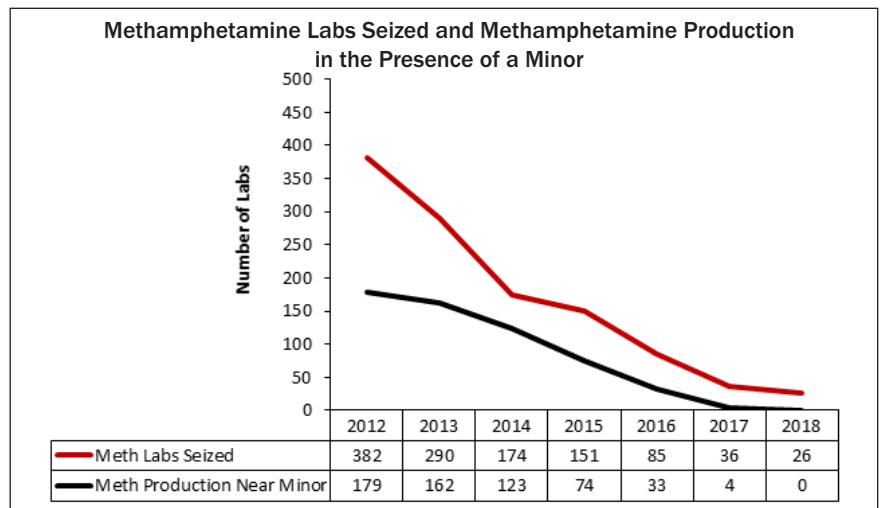


Figure 5: Number of Methamphetamine Labs Seized by Iowa Law Enforcement Agencies and Number of Methamphetamine Production Cases in the Presence of a Minor, IDPS & IDHS, 2012-2018



Amphetamine-Related Emergency Department Visits and Hospitalizations

Available hospital data do not track methamphetamine individually, instead including it in the broader category of amphetamines. In 2018, emergency department visits due to amphetamine were highest among lowans aged 15 to 24. In the period, hospitalizations due to amphetamine were highest among lowans aged 25 to 44. People 65 or older had the lowest rates of amphetamine-related emergency department visits and hospitalizations compared to all other age groups. In 2018, the rates of amphetamine-related emergency department visits and hospitalizations were higher for males than for females.

Age (in years)	ER Visits (Rate per 100,000)	Hospitalizations (Rate per 100,000)
15-24	10.0	4.1
25-44	6.8	6.6
45-64	1.3	3.8
65+	–	–
All Age Groups	4.2	3.9
Sex		
Female	2.9	2.6
Male	5.6	5.2

Table 1: Rate of Amphetamine-Related Emergency Department Visits and Hospitalizations, by Age and Sex, IDPH, 2018

References

American Dental Association. (2017). Methamphetamine. Retrieved from <https://www.ada.org/en/member-center/oral-health-topics/methamphetamine>

Centers for Disease Control and Prevention. (2018). HIV and substance use in the United States. Retrieved from <https://www.cdc.gov/hiv/risk/substanceuse.html>

Center for Substance Abuse Research. (n.d.). Methamphetamine. Retrieved from <http://www.cesar.umd.edu/cesar/drugs/meth.asp>

Lipari, R. & Jean-Francois, B. (2016). Trends in perception of risk and availability of substance use among full-time college students. The CBHSQ report. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/sites/default/files/report_2418/ShortReport-2418.html

National Institute of Drug Abuse. (2019). What are the long-term effects of methamphetamine misuse? Retrieved from <https://d14rmgtrwzf5a.cloudfront.net/drugs-abuse/methamphetamine>

Methamphetamine-Related Deaths

From 2012 to 2018, methamphetamine-related deaths in Iowa increased from 29 to 94 deaths, a 224% increase. From 2017 to 2018, methamphetamine-related deaths decreased by 2%.

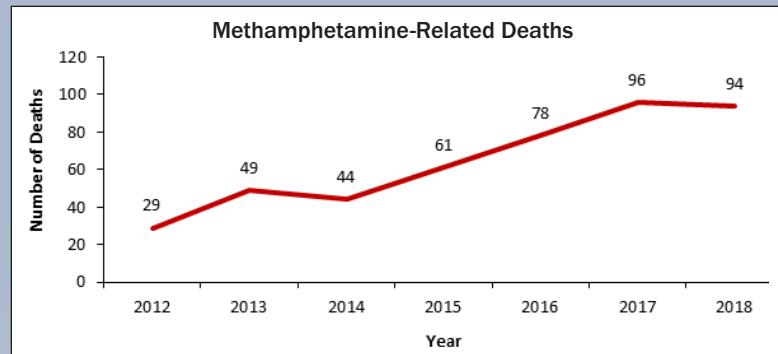


Figure 6: Number of Methamphetamine-Related Deaths, IDPH, 2012-2018

Short-term and Long-term Consequences of Methamphetamine Use

Short-term

- Increased blood pressure and breathing rate (CESAR, n.d.).
- Risky behavior that places people at greater risk of HIV and other bloodborne diseases (CDC, 2017).
- Highly addictive, and when people stop taking it, withdrawal symptoms can include anxiety, fatigue, severe depression, psychosis and intense drug cravings (NIDA, 2017).

Long-term

- Causes changes in the brain's dopamine system that are associated with reduced coordination and impaired verbal learning (NIDA, 2019).
- Strokes, health infections, lung diseases, kidney damage and liver damage (CESAR, n.d.).
- When used during pregnancy, could lead to premature birth, babies suffer cardiac defects and other birth defects (CESAR, n.d.).



Further Information

For more information about prevention and treatment resources in Iowa, please visit the IDPH Substance Abuse Prevention website at <https://idph.iowa.gov/substance-abuse/prevention> or Your Life Iowa at <http://www.yourlifeiowa.org/>.

Check out these resources to help with prevention and treatment for substance abuse.

Data Sources

Name	Website
Iowa Department of Human Services (DHS), 2012-2018	https://dhs.iowa.gov/reports/child-abuse-statistics
Iowa Department of Public Health (IDPH), 2014-2018	https://tracking.idph.iowa.gov/
Iowa Department of Public Safety (IDPS), 2012-2018	http://www.dps.state.ia.us/jobs/dnesa.shtml
IDPH Iowa Youth Survey (IYS), 2010-2018	http://www.iowayouthsurvey.iowa.gov/