



# PARTNERS IN CRIME PREVENTION

SEPTEMBER/OCTOBER 2019

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## DRUG UPDATE- ITS MORE THAN OPIOIDS

For the past few years we have been hearing about the opioid crisis and the efforts by Snohomish County to treat those who are addicted to opioids and heroin. The seriousness of the problem is shown in the chart below of the type of cases handled by the Snohomish Drug and Gang Task Force.

Heroin cases, in green, grew through the ten year period starting in 2008 to a high of about 65% of the task force case load in 2014. In 2018, about 45% of the task force case load involved heroin.

However, cases involving methamphetamine, in dark blue, have fluctuated between about 20% and 37% over the ten year period. This makes meth a nagging problem for Snohomish County throughout the 10 year period.

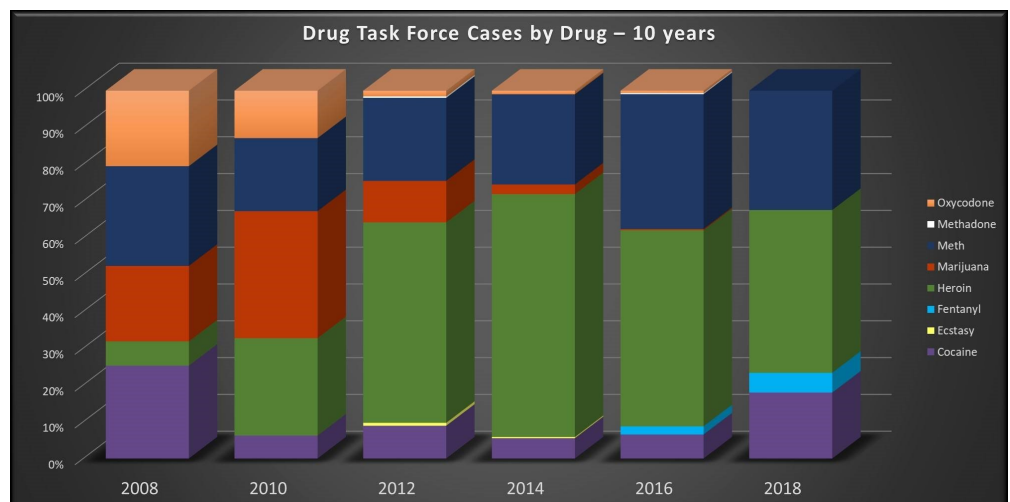
Meth was a serious problem in the early 2000's with small labs making the drug in homes, hotels, and even in trunks of cars. Manufacture was cheap with ingredients such as ephedrine and pseudoephedrine, which is found in certain cold medications. In 2006 federal law required ephedrine and pseudoephedrine to be placed behind drug store counters in order to control sales of these precursor chemicals.

With that, domestic production of meth decreased. However, the Mexican cartels have taken the opportunity to continue to produce the drug and to ship it through its distribution network to the United States. As a result, meth continues to be a serious problem for law enforcement in the United States.



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**RESOURCES -**

Here are some resources for more information about meth or other illegal drugs:

- **M-Files-**  
[www.mfiles.org/methamphetamine.htm](http://www.mfiles.org/methamphetamine.htm)
- **National Institute on Drug Abuse-**  
<https://www.drugabuse.gov/publications/drugfacts/methamphetamine>
- **U of W Alcohol & Drug Abuse Institute-**  
<https://adai.uw.edu/>
- **The Find It! Toolkit-**  
<https://adai.uw.edu/findit/>
- **Booklet, What is Substance Abuse Treatment?-**  
[adaiclearinghouse.net/downloads/What-is-Substance-Abuse-Treatment-A-Booklet-for-Families-311.pdf](http://adaiclearinghouse.net/downloads/What-is-Substance-Abuse-Treatment-A-Booklet-for-Families-311.pdf)

**METHAMPHETAMINE- WHAT IT IS**

Methamphetamine is a powerful synthetic stimulant that can produce effects that include:

- Increased wakefulness and restlessness.
- Decreased appetite.
- Rapid breathing.
- Rapid and/or irregular heartbeat.
- Increased blood pressure and body temperature.

Meth is distributed as pills, capsules, powder, or in white, yellow, brown, or even green chunks. People swallow the pills/capsules and smoke, snort, or inject the powder after it has been



Crystal methamphetamine

dissolved in alcohol. In Washington State, one third of meth users inject the drug, two thirds smoke it.

Long term use of meth causes changes in the brain’s dopamine system that are associated with reduced coordination, impaired verbal learning, and severe changes to the brain. Other long term effects can include:

- Increased risk of HIV or hepatitis B and C (if injected).
- An increase in risky behavior due to altered judgment and decision-

making abilities.

- Extreme and dangerous weight loss.
- Severe dental problems, known as “meth mouth.”
- Intense itching, leading to skin sores from scratching.
- Anxiety and/or confusion.
- Difficulty sleeping.
- Violent behavior.

- Paranoia or hallucinations.

Meth users are at risk of an overdose which can lead to stroke, heart attack, or organ failure.

Overdose symp-

toms include:

- Difficulty breathing.
- Chest pain.
- Irregular heartbeat.
- Severe agitation and/or paranoia.
- Extremely high body temperature.
- Heart attack or stroke.

If you suspect that someone is overdosing on meth, call 911 immediately and stay with the person until help arrives.

## METHAMPHETAMINE – TRENDS

The growth of meth since federal law has put ephedrine and pseudoephedrine behind pharmacy counters is demonstrated by this disturbing trend; in 2003, there were 89 meth deaths in Washington State. In 2018, there were 476 meth deaths in the state.

In the early 2000’s, small clandestine meth labs became a problem in Washington State and the nation. In 2006, the federal government regulated retail over-the-counter sales of meth precursor chemicals such as ephedrine and pseudoephedrine, placing sales limits and requiring placement of product out of direct reach of customers. As a result, domestic production of meth has been decreasing.

However, Mexican drug gangs have taken up the slack in producing meth then smuggling it across the border into the U.S. The Mexican gangs make it better, cheaper, and purer.



Meth paste concealed within compartment in wheel rims (DEA)

The Mexican gangs have produced so much meth that prices for it have become depressed. Some researchers have quoted people seeking heroin as saying that when they find it, drug sellers also give them meth.

In the early 2000’s, meth was primarily a drug that was used by whites. However, now, more people of color have been using the drug.

And, more homeless have been using meth. Some drug researchers point out that there can be a perceived “benefit” for the homeless in that meth is an appetite suppressant and mood enhancer. It also is a stimulant allowing homeless in danger of being robbed overnight to stay alert.

Many meth users use more than one substance. About half (48%) use more than one substance with 36% reporting using heroin in the last three months.

89% of primary heroin users report using another substance with 78% reporting that they used methamphetamine in the last 3 months.

52% of primary heroin users and 24% of primary meth users report using “goofballs” (heroin mixed with methamphetamine).

Studies show that an increasing number of overdose deaths are coming from combined opioid and meth use.

## METH – ITS OTHER NAMES

*Methamphetamine has several other names on the street including,*

- Meth
- Chalk
- Crank
- Crystal
- Ice
- Glass
- Speed
- Shards
- Bikers Coffee
- Stove Top
- Tweak
- Yaba
- Trash
- Shabu

## METHAMPHETAMINE- IMPLICATIONS

Meth is a highly addictive drug. If someone stops taking meth, withdrawal symptoms can include anxiety, fatigue, severe depression, psychosis, and intense drug cravings.

Treating meth addiction is different from opioids and heroin. Currently, there are no medications that can treat meth addiction like there are for opioid/heroin addiction.

Treatment techniques for meth addiction include:

- Cognitive-behavioral therapy, which helps patients recognize, avoid, and cope with situations likely to trigger drug use.
- Motivational incentives, which uses voucher or small cash rewards to encourage patients to remain drug-free.

For people who are addicted both to meth and heroin, they can get their heroin/opioid addiction under control with medication assisted treatment and counseling and/or behavioral therapies, but then they need to work on treatment for their meth addiction.

While the opioid/heroin crisis continues, methamphetamine has increased in concern for law enforcement agencies as well as health professionals. Over time, different illegal drugs will be dominant in the

market place getting the attention of the press, public and government officials. But, other drugs do not go away completely. Their numbers may be down compared to the dominant drug.

Meth is making a come back at a time that local governments are still trying to control the growth of opioid and heroin use and its deadly effects. It does not help, that even more potent opioids, such as fentanyl and carfentanyl, have shown up. Extremely small doses of these synthetic opioids can be deadly to a user.

Getting help for either opioid or meth addiction may be daunting, but it can be done with persistence and most importantly with help from family, friends, and professionals.

If you need help with an addiction, or you have a family member or friend who you would like to help, call the Washington Recovery Help Line at

1-866-789-1511

24 hours a day, 7 days a week, 365 days a year.

Or go online at

[www.warecoveryhelpline.org/](http://www.warecoveryhelpline.org/)

## OFFICE OF NEIGHBORHOODS

### MAKING OUR NEIGHBORHOODS SAFER

<https://www.snohomishcountywa.gov/311/Office-of-Neighborhoods>

#### Homeless Outreach-

Sgt. Ryan Boyer  
Phone: (425) 308-0037  
Email: [neighborhood-watch@snoco.org](mailto:neighborhood-watch@snoco.org)

#### Community Outreach-

Sgt. Rebecca Lewis  
Email: [Rebecca.Lewis@snoco.org](mailto:Rebecca.Lewis@snoco.org)

#### Nuisance Properties-

Deputy David Chitwood  
Email: [David.Chitwood@snoco.org](mailto:David.Chitwood@snoco.org)

#### SHERIFF'S OFFICE CRIME PREVENTION WEB PAGE:

<http://www.snohomishcountywa.gov/289/Crime-Prevention>

## NEWSLETTER INFO

### EDITOR

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If you have questions regarding this newsletter or any articles that appear in it, please contact the editor at [neighborhoodwatch@snoco.org](mailto:neighborhoodwatch@snoco.org)

### TIP



Snohomish County Sheriff's Office: 425-388-3845

<http://snohomishcountywa.gov/303/Anonymous-Tips>

Crime Stoppers of Puget Sound: 1-800-222-8477