

**Indian Health Service  
Sub Activity**

**Short Description:**

Methamphetamine, a low cost highly addictive stimulant drug, has been introduced into Montana communities that are already at-risk. The effects on Native American communities have been destabilizing to health and social systems.

Methamphetamine, also called "meth," "crank," "ice," and "crystal," is a synthetic artificial stimulant with a number of effects on the brain and the rest of the body. In early users, it increases heart rate and blood pressure, decreases appetite and sleep, and increases confidence, talkativeness, and mood. Toxic effects can begin right away or with continued use. Signs of toxicity include irritability, paranoia, anxiety, and hallucinations. The most dangerous complication of withdrawal from the drug is suicide. Injection use puts the user at risk for hepatitis, abscesses, AIDS, tetanus, and infected blood clots that can lodge in the heart or lungs.

**Major Points:**

Table 1.0 represents only the IHS Area Offices that reported Methamphetamine use. The IHS Area Office Table 1.0 below shows the number of cases and the rates of Methamphetamine (Meth) use. The area with the greatest problem is in the Phoenix Area at 49.2%.

**Table 1.0 Methamphetamine by Area Office**

Area Name	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Albuquerque	22	1.22	22	1.22
Bemidji	14	0.78	36	2.00
Billings	111	6.16	147	8.16
California	710	39.40	857	47.56
Nashville	2	0.11	859	47.67
Navajo	55	3.05	914	50.72
Oklahoma	1	0.06	915	50.78
Phoenix	887	49.22	1802	100.00

While California IHS Area Office ranks second in Meth use, the rate is at 39.4%. The data for the Billings IHS Area Office shows that it ranks third among all the Area Offices who reported Meth use in that region. The Billings rate is 6.16%.

The Navajo Area frequency of Meth use is at 3.1%. The rate for the Albuquerque Area is at 1.2%. Bemidji and Oklahoma are less than 1% Meth use.

As Table 1.1 below indicates, the age groups show that many of the younger Indian populations use Meth. The greatest use is seen to be with the age group 30-39 years. This group's rate is 36.5%. The 20-29 years age group's rate is 30.6%.

**Table 1.1 Methamphetamine Use by Age**

Age Group	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Age 10 to 19	183	10.16	183	10.16
Age 20 to 29	552	30.63	735	40.79
Age 30 to 39	657	36.46	1392	77.25
Age 40 to 49	362	20.09	1754	97.34
Age 50 to 59	43	2.39	1797	99.72
Age 60 to 69	5	0.28	1802	100.00

The age 10-19 years group rate is 10.2% and it is interesting to learn that the age group 50-59 years uses Meth at the rate of 2.4%. The older group, 60-69, is less than 1%.

Table 1.3 below illustrates the number and rate of Met use between males and females. Though the number and rate for males is higher, the use rates for both sexes are very close.

For example, it was reported that 52.6% of Indian males in the Areas named in Table 1.1 above use Methamphetamines.

However, 47.4% of Indian females reported from the PCC database use Meth. These data clearly show that Methamphetamines use in Indian country is growing. One data source indicated that many of the Meth users are employed.

These data are the most recent numbers on Meth. The statistical information on Meth in Indian country was obtained from reported from the IHS-PCC database in March 2004.

**Table 1.2 Methamphetamine Use by Gender**

Sex	Frequency	Percent	Cumulative Frequency	Cumulative Percent
F	854	47.39	854	47.39
M	948	52.61	1802	100.00

**Narrative:**

Methamphetamine addicts are a new challenge both for the professional counselors and for the community recovery groups.

The altered mental status of the meth users during the long period of detoxification requires closer, more extensive one-to-one support. Tribal and Urban programs lack staff and facilities for this emerging problem. Staffs need training in order to assess and recommend treatment for the meth client. Some clients have long term paranoia or psychotic features, which require frequent consultation with mental health professionals. Long-term case management is required.

Indian Health Service and Tribal staff have reported concerns for their personal safety off-duty and incidents like tires being punctured since this epidemic began.