The Advanced ESOL Reading Life Skills online component was developed as an offshoot of the Advanced ESOL Writing online course was funded by Project Next Step, a FLDOE Leadership grant. The Seminole Community College Adult Ed ESOL curriculum designates certain Florida Adult ESOL Standards by skill area. Reading instructors are required to cover the Employment and Health & Nutrition standards. In the online component, one or two of the competencies are taught each week using either links to web sites or instructor-generated readings with vocabulary and student response activities (such as a quiz or discussion forum submission). Students are encouraged to ask questions and communicate regularly with the instructor and classmates, both online and in class. Since these life skills are connected to the reading class, there is an emphasis on reading comprehension and vocabulary. And because this is actually a web-enhanced course (as opposed to a fully online course), these modules are meant to be done in lieu of homework assignments and some of the modules might also be completed during the advanced class' regularly scheduled lab time. Each module is designed to give students approximately 1-2 hours of work per week. This course was developed using the ANGEL course management system.

The attached pages give a snap-shot overview of some specific lessons and activities. The Week 1 module has a "Welcome to Students" and an introduction to ANGEL, including vocabulary activities and a true/false exercise. The Week 13 module teaches competency 6.07.04 (6.03.02 of the pilot standards framework) concerning drug abuse and treatment. It refers students to the U.S. government "Drug Facts" website and has fill-in-the-blank and vocabulary activities for students to complete.

Contact Wendy Allison at allisonw@scc-fl.edu or 407-971-5072 for more information or if you'd like to be enrolled as a guest in the course (to experience firsthand all of the features and activities of the online component).
Welcome to Advanced Reading Life Skills

Hello!

Welcome to the Advanced ESOL Reading Life Skills course! You will do all the Employment and Health and Nutrition life skills topics on-line. These can be done at home, in the library, or in the Oviedo ESOL lab. Each week's activities will take from 1 to 3 hours to complete.

To start, click on SYLLABUS to see the ESOL Advanced Reading syllabus, then scroll down to the bottom of the syllabus and follow the link to the STUDENT SYLLABI. There you will find more detailed information about the topics covered in this class.

Next, do this week's Readings and Exercises. They will help you learn how to use ANGEL and give you an overview of the online course. Just follow the directions for each activity.

If you have any questions at any time, please contact me! Good luck and have fun!

mailto:allisonw@scc-fl.edu

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Using ANGEL @ SCC Vocabulary

Click here to learn and practice vocabulary from "Using ANGEL @ SCC."

- Flash Cards
- Pick a Letter
- Fill In The Blank
- Matching
- Crosswords
- Glossary
Using ANGEL @ SCC

SCC is currently running the ANGEL course management system. If you have taken other courses in WebCT or another platform, you will note that there are many new features and product enhancements ANGEL. Please read through this document carefully, as the recommended user hardware and software has changed.

ANGEL is a course development platform which allows instructors to deliver course material over the Internet. ANGEL utilizes private bulletin boards, chat rooms, online testing and many other innovative features all within ANGEL course web sites. Most online courses at SCC use ANGEL. In addition, many video courses and regularly scheduled on-campus courses may choose to use some of the interactive features of ANGEL as course enhancement tools. If you are taking an online course, or a web enhanced course, your instructor will give you more information about which ANGEL features you will be using in your class, as well as how much of the course is conducted in an online form.

Doing coursework online can be a little like taking classes in a foreign country. Most of us are still learning the norms and expectations of the online environment. This information sheet explains how to make the most of your online opportunity. Some of the information included here is intended for students taking classes which are conducted completely online. However, the majority of the details are helpful to both students in online classes as well as students in web enhanced classes.

Logging into ANGEL – http://ecampus.scc-fl.edu

ANGEL course sites are password protected. You will need a valid login id and password in order to enter your the site. Your id and password for ANGEL are the same as your initial id and password for student email and network access.

♦ ANGEL Login ID: Your ANGEL id is the same as the username that you created on MySCC, in all lowercase characters.

♦ ANGEL Password: Your Password is your first and last initial, followed by the six digits of your birth date in the YYMMDD format, where YY is the two digit year (no 19 in the 19YY format) MM is the two digit month (Jan.-Sept. months must use a leading zero) DD is the two digit day (1st-9th must use a leading zero). Make sure that there are no spaces between the items and the letters are lowercase. Example: If your name is John Doe and you were born on March 1, 1977 your password would be: jd770301

You will not be able to log in to the course until the first day of classes. If you register during the add-drop period, there may be a slight delay in the activation of your id and password; however, you should be granted access to the course by the end of add-drop. Contact the DL office if you are unable to log in to ANGEL, or fill out our online problem form at: https://www.scc-fl.edu/dl/students/problem-form.php

Please Note: You may have trouble accessing ANGEL if you try to connect from a location that has a firewall. If you plan to connect to ANGEL from your place of employment, you may have difficulty with your company’s network security system. In this case, you will need to contact the IT department within your company to resolve the issue.

Be sure to check both Spectrum and the DL online term schedules for instructor web addresses, as many of them have important course information available outside of ANGEL. If your instructor has not provided you with an internet address for the course, you may go directly to the ANGEL login page at http://ecampus.scc-fl.edu when you are ready to log in.

Technical Setup

Hardware and Software Recommendations:

In order to take a ANGEL course, you will need to have access to computer and software with which you can access the Internet. This means that your computer must either be on a network or have a modem. While there is no true requirement for the modem speed, you will need at least a 56K modem. Most students find that high-speed cable or DSL internet access is preferable for taking courses online. A PC running Windows 98 or higher, or a Mac running OS 9 or higher is recommended. (If you do not have a computer at home, or if you have trouble with your system during the semester, you can come to the computer labs or the library on campus to complete your coursework.)
Internet Service:

In order to access the Internet you will have to have an Internet Service Provider (ISP). An ISP is a company to which you pay a monthly fee to give you access to the Internet. As a general guideline unlimited access runs from about $20.00 to $40.00 a month. There are many different ISPs. Many companies offer high speed DSL or cable modem access to the Internet. Once you have selected and Internet Service Provider, they will be able to assist you in getting the appropriate software for connection to the Internet as well as configuring the software.

Web Browsers:

ANGEL requires a browser that is both Java and Javascript enabled. Also, your browser should be set to accept cookies, enable cascading style sheets (.css), turn off anonymous login, and update cached pages automatically. For additional information on setting up your web browser, visit the following url: http://www.ANGEL.com/exchange/viewpage?name=exchange_browser_tuneup

ANGEL is designed to support the widest variety of client-side operating systems and client-side browsers through its limited use of client-side technologies. While ANGEL products generally function well in many browsers, the following are formally supported and tested. For additional information on browser support please visit http://support.angellearning.com.
- PCs running Windows OS: Internet Explorer, Firefox and Mozilla
- Macs running OS X: Firefox and Mozilla
- Check your browser at the following link: http://www2.scc-fl.edu/dl/angel/browsercheck/

Pop-Up Windows:

ANGEL uses pop-up windows as part of the quizzing, email, and discussion tools. If you have software on your computer which prevents pop-up ads from appearing, you will need to disable or turn off the pop-up killer in order to access these portions of the course successfully.

Other Course-Specific Software:

Often, courses will have specific recommendations about software. Check with your instructor regarding individual software requirements for your course. SCC instructors generally recommend that students use MSWord or WordPerfect for papers and assignments. These programs offer the greatest common denominator in terms of sending documents across different computer platforms. However, you will need to verify the program of choice with your instructor.

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**Tips on Time and Participation**

We know from experience that there is usually an adjustment period for most students as they learn the rhythm and patterns of online communication. Here are some tips for getting comfortable:

- Take time to review all the help files your instructor makes available.
- Get to know your browser. If you are very new to the Internet spend some time surfing and getting comfortable.
- Spend some time just navigating your way through the class. Figure out what tools are being used and what the buttons do.
- Manage your time. You'll find that your time management skills will be critical in an online environment. Why? Because it's very easy to spend either too little time or too much time online. Set designated blocks of time to work on the class. This will help you stay up with the assignments and with the interaction required.
- Download or print out pages for reference and review when you're offline.
- Set priorities and pay close attention to what your instructor says about priorities.
- Ask right away for help if something isn't going right, whether it's a technical issue or something to do with the class environment. If you are unsure about something, communicate it! It is very important that you be proactive in communicating with your instructor and classmates. Don't waste time trying to solve a problem that has you stumped for days; just call or send an email to your instructor or post a message to the class for help.
- Be persistent!
- Keep your instructor contact information handy and use it. If you have trouble with the technology, use the phone.
- Learn the terminology of the Internet and emoticons. : )
- Read what you are going to send before you click on the send button. In online communication it is important to say things carefully, since you can not use body language as you do with verbal communication. Be thoughtful! We will not be able to see the grin on your face if you make a sarcastic comment, so it could be misinterpreted!
- Once you click the send button, you can not get a message back.
- Typing in ALL CAPS is the equivalent of YELLING! Please do not yell at people.
- Share information, tips and questions with your classmates and instructor. You may have the answer someone needs.
- Become part of the online community by participating. Join in and let your thoughts and ideas be heard.
- Enjoy your time in this new learning environment!
Using ANGEL @ SCC

True/False Exercise


To show that you have read and understand pages 1 and 2 of the article, "Using ANGEL @ SCC," take this quiz.

Begin Using ANGEL @ SCC

Your Submissions

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<thead>
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<td>90</td>
</tr>
<tr>
<td>8/7/2007 5:05:10 PM</td>
<td>100</td>
</tr>
</tbody>
</table>

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Using ANGEL @ SCC

1. Your ANGEL login id and your MySCC username are the same.

2. You must use uppercase letters for your login id and password.

3. You can begin using ANGEL for your online course on August 22, 2007.

4. A firewall (for example, on your computer at work) might cause problems getting into ANGEL.

5. The only place you can do your online course is from your computer at home.

6. The only web browser you can use with ANGEL is Internet Explorer.

7. Time management is important because you don't want to spend too much or too little time doing your online course.

8. Wait until your next class meeting on campus to ask your teacher questions about the online course.

9. E-mail communication is always clearly understood so don't worry how you express yourself online.

10. When you use all capital letters in an e-mail, it looks like you're shouting.
Week 13
Drug Abuse

6.03.02 Discuss consequences of unhealthy habits and identify where to get help in the community.

Drug Facts - Vocabulary Exercises
Vocabulary Activities

Drug Facts - Cocaine
Cocaine Quiz

Drug Facts - Methamphetamine
Methamphetamine Quiz

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Drug Facts - Vocabulary Exercises

**Vocabulary Activities**

Click here to learn and practice the vocabulary from the Drug Facts website.

- **drug facts**
- **cocaine and meth**

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Drug Facts

Cocaine and methamphetamine vocabulary.

Flash Cards
Pick a Letter
Fill In The Blank
Matching
Crosswords
Glossary
Drug Facts - Cocaine

Cocaine Quiz


Go to www.drugabuse.gov/infofacts/cocaine.html. Fill in the missing words from the article.

Resume Drug Facts - Cocaine

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NIDA InfoFacts: Crack and Cocaine

Cocaine is a powerfully addictive stimulant drug. The powdered, hydrochloride salt form of cocaine can be snorted or dissolved in water and injected. Crack is cocaine that has not been neutralized by an acid to make the hydrochloride salt. This form of cocaine comes in a rock crystal that can be heated and its vapors smoked. The term "crack" refers to the crackling sound heard when it is heated.*

Regardless of how cocaine is used or how frequently, a user can experience acute cardiovascular or cerebrovascular emergencies, such as a heart attack or stroke, which could result in sudden death. Cocaine-related deaths are often a result of cardiac arrest or seizure followed by respiratory arrest.

Health Hazards

Cocaine is a strong central nervous system stimulant that interferes with the reabsorption process of dopamine, a chemical messenger associated with pleasure and movement. The buildup of dopamine causes continuous stimulation of receiving neurons, which is associated with the euphoria commonly reported by cocaine abusers.

Physical effects of cocaine use include constricted blood vessels, dilated pupils, and increased temperature, heart rate, and blood pressure. The duration of cocaine's immediate euphoric effects, which include hyperstimulation, reduced fatigue, and mental alertness, depends on the route of administration. The faster the absorption, the more intense the high. On the other hand, the faster the absorption, the shorter the duration of action. The high from snorting may last 15 to 30 minutes, while that from smoking may last 5 to 10 minutes. Increased use can reduce the period of time a user feels high and increases the risk of addiction.

Some users of cocaine report feelings of restlessness, irritability, and anxiety. A tolerance to the "high" may develop—many addicts report that they seek but fail to achieve as much pleasure as they did from their first exposure. Some users will increase their doses to intensify and prolong the euphoric effects. While tolerance to the high can occur, users can also become more sensitive to cocaine's anesthetic and convulsant effects without increasing the dose taken. This increased sensitivity may explain some deaths occurring after apparently low doses of cocaine.

Use of cocaine in a binge, during which the drug is taken repeatedly and at increasingly high doses, may lead to a state of increasing irritability, restlessness, and paranoia. This can result in a period of full-blown paranoid psychosis, in which the user loses touch with reality and experiences auditory hallucinations.

Other complications associated with cocaine use include disturbances in heart rhythm and heart attacks, chest pain and respiratory failure, strokes, seizures and headaches, and gastrointestinal complications such as abdominal pain and nausea. Because cocaine has a tendency to decrease appetite, many chronic users can become malnourished.

Different means of taking cocaine can produce different adverse effects. Regularly snorting cocaine, for example, can lead to loss of the sense of smell, nosebleeds, problems with swallowing, hoarseness, and a chronically runny nose. Ingesting cocaine can cause severe bowel gangrene due to reduced blood flow. People who inject cocaine can experience severe allergic reactions and, as with all injecting drug users, are at increased risk for contracting HIV and other blood-borne diseases.
Added Danger: Cocaethylene
When people mix cocaine and alcohol consumption, they are compounding the danger each drug poses and unknowingly forming a complex chemical experiment within their bodies. NIDA-funded researchers have found that the human liver combines cocaine and alcohol and manufactures a third substance, cocaethylene, that intensifies cocaine’s euphoric effects, while potentially increasing the risk of sudden death.

Treatment
The widespread abuse of cocaine has stimulated extensive efforts to develop treatment programs for this type of drug abuse.

One of NIDA’s top research priorities is to find a medication to block or greatly reduce the effects of cocaine, to be used as one part of a comprehensive treatment program. NIDA-funded researchers are also looking at medications that help alleviate the severe craving that people in treatment for cocaine addiction often experience. Several medications are currently being investigated for their safety and efficacy in treating cocaine addiction.

In addition to treatment medications, behavioral interventions—particularly cognitive behavioral therapy—can be effective in decreasing drug use by patients in treatment for cocaine abuse. Providing the optimal combination of treatment and services for each individual is critical to successful outcomes.

Extent of Use

Monitoring the Future (MTF) Survey **
There were no significant changes from 2005 to 2006 in the proportion of students in 8th, 10th, and 12th grades reporting lifetime, *** past year, or past month use of powder cocaine; however, past year crack use among 10th-graders declined significantly, from 1.7 percent in 2005 to 1.3 percent in 2006.

Past year prevalence of powder cocaine use in 2006 among all three grades was not significantly different from 2001; however, significant declines in crack use were seen over the same time period among 8th- and 10th-graders.

Use of Cocaine in Any Form by Students, 2006:
Monitoring the Future Survey

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<th>12th-Graders</th>
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<td>Past Month</td>
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Crack Cocaine Use by Students, 2006:
Monitoring the Future Survey

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<th>10th-Graders</th>
<th>12th-Graders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime</td>
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<td>2.2%</td>
<td>3.5%</td>
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<tr>
<td>Past Year</td>
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<td>Past Month</td>
<td>0.6</td>
<td>0.7</td>
<td>0.9</td>
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Community Epidemiology Work Group (CEWG)****
Cocaine-related death mentions in 2005 were greater than 100 in the following CEWG areas that reported local mortality data: Philadelphia (423), Detroit/Wayne County (325), Miami-Dade County (162), Broward County, Florida (136),

Newark/Essex County (135), St. Louis (103).

Primary cocaine treatment admissions in 2005 accounted for approximately 50 percent of treatment admissions, excluding alcohol, in Atlanta, 41 percent in Broward County, Florida, and between 33 and 35 percent in Detroit, Philadelphia, St. Louis, and Texas.

**National Survey on Drug Use and Health (NSDUH)***
In 2005, 33.7 million Americans aged 12 and over reported lifetime use of cocaine, and 7.9 million reported using crack. About 5.5 million reported annual use of cocaine, and 1.4 million reported using crack. An estimated 2.4 million Americans reported current use of cocaine, a significant increase from the previous year, and 682,000 reported using crack, which was also significantly higher than in 2004 (467,000). There were an estimated 872,000 new users of cocaine in 2005 (approximately 2,400 per day), and most were aged 18 or older although the average age of first use among recent initiates age 12 to 49 was 19.7 years.

The percentage of youth ages 12 to 17 reporting lifetime use of cocaine was 2.3 percent in 2005. Among young adults aged 18 to 25, the rate was 15.1 percent, showing no significant difference from the previous year.

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* Snorting is the process of inhaling cocaine powder through the nose, where it is absorbed into the bloodstream through the nasal tissues. Injection is the use of a needle to release the drug directly into the bloodstream; any needle use increases a user's risk of contracting HIV and other blood-borne infections. Smoking involves inhaling cocaine vapor or smoke into the lungs, where absorption into the bloodstream is as rapid as by injection.

** These data are from the 2006 Monitoring the Future survey, funded by the National Institute on Drug Abuse, National Institutes of Health, DHHS, and conducted annually by the University of Michigan's Institute for Social Research. The survey has tracked 12th-graders' illicit drug use and related attitudes since 1975; in 1991, 8th- and 10th-graders were added to the study. The latest data are online at www.drugabuse.gov.

*** "Lifetime" refers to use at least once during a respondent's lifetime. "Past year" refers to use at least once during the year preceding an individual's response to the survey. "Past month" refers to use at least once during the 30 days preceding an individual's response to the survey.

**** CEWG is a NIDA-sponsored network of researchers from 21 major U.S. metropolitan areas and selected foreign countries who meet semiannually to discuss the current epidemiology of drug abuse. CEWG's most recent reports are available at www.drugabuse.gov/about/organization/cewg/pubs.html.

***** NSDUH (formerly known as the National Household Survey on Drug Abuse) is an annual survey of Americans age 12 and older conducted by the Substance Abuse and Mental Health Services Administration. Copies of the latest survey are available at www.samhsa.gov and from the National Clearinghouse for Alcohol and Drug Information at 800-729-6686.

Revised 6/07 This page has been accessed 14678871 times since 11/5/99.

[InfoFacts Index]
Drug Facts - Cocaine

1. Cocaine is a powerfully addictive (1) ____________ drug. The powdered, hydrochloride salt form of cocaine can be snorted or dissolved in water and injected. (2) ____________ is cocaine that has not been neutralized by an acid to make the hydrochloride salt. This form of cocaine comes in a rock crystal that can be heated and its (3) ____________ smoked. The term "crack" refers to the crackling sound heard when it is heated.

   Answer 1
   Answer 2
   Answer 3

2. Regardless of how cocaine is used or how frequently, a user can experience (1) ____________ cardiovascular or cerebrovascular emergencies, such as a heart attack or stroke, which could result in sudden (2) ____________. Cocaine-related deaths are often a result of cardiac arrest or seizure followed by respiratory arrest.

   Answer 1
   Answer 2

3. Health (1) ____________

Cocaine is a strong central (2) ____________ system stimulant that interferes with the reabsorption process of dopamine, a chemical messenger associated with (3) ____________ and movement. The buildup of dopamine causes continuous stimulation of receiving neurons, which is associated with the (4) ____________ commonly reported by cocaine abusers.

   Answer 1
   Answer 2
   Answer 3
   Answer 4
Drug Facts - Methamphetamine

Methamphetamine Quiz


Go to www.drugabuse.gov/inforfacts/methamphetamine.html. Fill in the missing words from the article.

Resume Drug Facts - Methamphetamine

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NIDA InfoFacts: Methamphetamine

Methamphetamine is a very addictive stimulant drug that activates certain systems in the brain. It is chemically related to amphetamine but, at comparable doses, the effects of methamphetamine are much more potent, longer lasting, and more harmful to the central nervous system (CNS).

Methamphetamine is a Schedule II stimulant, which means it has a high potential for abuse and is available only through a prescription that cannot be refilled. It can be made in small, illegal laboratories, where its production endangers the people in the labs, neighbors, and the environment. Street methamphetamine is referred to by many names, such as “speed,” “meth,” and “chuck.” Methamphetamine hydrochloride, clear chunky crystals resembling ice, which can be inhaled by smoking, is referred to as “ice,” “crystal,” “glass,” and “tina.”

Methamphetamine is taken orally, intranasally (snorting the powder), by needle injection, or by smoking. Abusers may become addicted quickly, needing higher doses and more often. At this time, the most effective treatments for methamphetamine addiction are behavioral therapies such as cognitive behavioral and contingency management interventions.

Health Hazards

Methamphetamine increases the release of very high levels of the neurotransmitter dopamine, which stimulates brain cells, enhancing mood and body movement. Chronic methamphetamine abuse significantly changes how the brain functions. Animal research going back more than 30 years shows that high doses of methamphetamine damage neuron cell endings. Dopamine- and serotonin-containing neurons do not die after methamphetamine use, but their nerve endings (“terminals”) are cut back, and regrowth appears to be limited. Noninvasive human brain imaging studies have shown alterations in the activity of the dopamine system. These alterations are associated with reduced motor speed and impaired verbal learning. Recent studies in chronic methamphetamine abusers have also revealed severe structural and functional changes in areas of the brain associated with emotion and memory, which may account for many of the emotional and cognitive problems observed in chronic methamphetamine abusers.

Taking even small amounts of methamphetamine can result in increased wakefulness, increased physical activity, decreased appetite, increased respiration, rapid heart rate, irregular heartbeat, increased blood pressure, and hyperthermia. Other effects of methamphetamine abuse may include irritability, anxiety, insomnia, confusion, tremors, convulsions, and cardiovascular collapse and death. Long-term effects may include paranoia, aggressiveness, extreme anorexia, memory loss, visual and auditory hallucinations, delusions, and severe dental problems.

Also, transmission of HIV and hepatitis B and C can be a consequence of methamphetamine abuse. Among abusers who inject the drug, infection with HIV and other infectious diseases is spread mainly through the re-use of contaminated syringes, needles, and other injection equipment by more than one person. The intoxicating effects of methamphetamine, however, whether it is injected or taken other ways, can alter judgment and inhibition and lead people to engage in unsafe behaviors. Methamphetamine abuse actually may worsen the progression of HIV and its
consequences; studies with methamphetamine abusers who have HIV indicate that the HIV causes greater neuronal injury and cognitive impairment compared with HIV-positive people who do not use drugs.

Extent of Use

Monitoring the Future Study (MTF)*
Past year** methamphetamine use in 2006 was reported by 1.8 percent of 8th-graders, 1.8 percent of 10th-graders (which represents a statistically significant decline from 2.9 percent in 2005), and 2.8 percent of 12th-graders. Perceived risk of harm from trying crystal methamphetamine, collected only for 12th-graders, increased from 54.6 percent in 2005 to 59.1 percent in 2006.

<table>
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<th>8th Grade</th>
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<th>12th Grade</th>
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<tbody>
<tr>
<td>Lifetime</td>
<td>2.7%</td>
<td>3.2%</td>
<td>4.4%</td>
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<tr>
<td>Past Year</td>
<td>1.8%</td>
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<tr>
<td>Past Month</td>
<td>0.6%</td>
<td>0.7%</td>
<td>0.9%</td>
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</tbody>
</table>

Community Epidemiology Work Group (CEWG)***
In eight areas with data available from 2002 to 2005, sizable increases in primary methamphetamine treatment admissions as a proportion of total treatment admission, excluding alcohol, occurred in six; the increases were greatest in Arizona, Minneapolis/St. Paul, Los Angeles County, Denver, and Atlanta. Trend data show decreases in lab incidents from 2002 to 2005 in all CEWG States except Florida (up from 157 to 273), Michigan (from 225 to 341), and Pennsylvania (up from 30 to 79).

In the 2005 reporting period, primary treatment admissions for methamphetamine abuse as a proportion of all admissions, excluding alcohol, continued to be highest in Hawaii (56.3 percent) and San Diego (49.4 percent). Trend data from 2004 to 2005 show increases in methamphetamine treatment admissions as a proportion of all admissions, excluding alcohol, of between 4.1 and 4.7 percentage points in Atlanta, Los Angeles, and San Diego. The proportion of primary methamphetamine treatment admissions declined 5 percentage points in Arizona.

Demographic data available from seven CEWG areas suggest that, compared with cocaine and heroin admissions, primary methamphetamine admissions are more likely to be female, White, and younger than 25.

Unweighted DAWN Level data for 2005 show that methamphetamine emergency department reports exceeded those for all other illicit drugs, excluding alcohol, in Phoenix and San Diego, and accounted for the second highest number of reports in San Francisco.

National Survey on Drug Use and Health (NSDUH)****
According to the 2005 NSDUH, 10.4 million Americans age 12 and older had tried methamphetamine at least once in their lifetimes. The rates for past month and past year methamphetamine use did not change between 2004 and 2005, but the lifetime rate declined from 4.9 percent to 4.3 percent. From 2002 to 2005, decreases were seen in lifetime (5.3 percent to 4.3 percent) and past year (0.7 percent to 0.5 percent) use, but not past month use.

Rates of past year methamphetamine use among persons aged 12 or older were among the highest in Nevada (2.0 percent), Montana (1.5 percent), and Wyoming (1.5 percent). Young adults aged 18 to 25 were more likely to use methamphetamine in the past year than youths aged 12 or 17 and adults aged 26 or older.

Other Information Resources
For more information on the effects of methamphetamine abuse and addiction,
visit www.drugabuse.gov/drugpages/methamphetamine.html.

To find publicly-funded treatment facilities by state, visit www.findtreatment.samhsa.gov.

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1 Street names for drugs of abuse can be found at www.whitehousedrugpolicy.gov/streetterms/default.asp.

* These data are from the 2006 MTF, funded by the National Institute on Drug Abuse, National Institutes of Health, DHHS, and conducted by the University of Michigan's Institute for Social Research. The study has tracked 12th-graders' illicit drug abuse and related attitudes since 1975; in 1991, 8th- and 10th-graders were added to the study. The latest data are online at www.drugabuse.gov.

** "Lifetime" refers to use at least once during a respondent's lifetime. "Past year" refers to use at least once during the year preceding an individual's response to the survey. "Past month" refers to use at least once during the 30 days preceding an individual's response to the survey.

**** CEWG is a NIDA-sponsored network of researchers from 21 major U.S. metropolitan areas and selected foreign countries who meet semianually to discuss the latest epidemiology of drug abuse. CEWG's most recent reports are available at http://www.drugabuse.gov/about/organization/cewg/puts.html.

**** NSDUH (formerly known as the National Household Survey on Drug Abuse) is an annual survey conducted by the Substance Abuse and Mental Health Services Administration. Findings from the latest survey are available at www.samhsa.gov.

Revised 3/07 This page has been accessed 2196039 times since 11/5/99. [InfoFacts Index]
Drug Facts - Methamphetamine

1. Methamphetamine is a very (1)________________________ stimulant drug that activates certain systems in the brain. It is chemically related to amphetamine but, at comparable doses, the effects of methamphetamine are much more (2)________________________, longer lasting, and more harmful to the central nervous system (CNS).

   Answer 1

   Answer 2

2. Methamphetamine is a Schedule II stimulant, which means it has a high (1)________________________ for abuse and is available only through a prescription that cannot be refilled. It can be made in small, illegal laboratories, where its production endangers the people in the labs, neighbors, and the environment. Street methamphetamine is referred to by many names, such as “(2)________________________,” “meth,” and “chalk.” Methamphetamine hydrochloride, clear chunky crystals resembling ice, which can be inhaled by smoking, is referred to as “ice,” “crystal,” “glass,” and “tina.”

   Answer 1

   Answer 2

3. Methamphetamine is taken orally, intranasally (snorting the powder), by (1)__________ injection, or by smoking. Abusers may become addicted quickly, needing higher doses and more often. At this time, the most effective treatments for methamphetamine addiction are behavioral therapies such as cognitive behavioral and (2)__________ management interventions.

   Answer 1

   Answer 2

4. Methamphetamine increases the release of very high levels of the neurotransmitter dopamine, which stimulates brain cells, enhancing (1)________________________ and body movement. Chronic methamphetamine abuse significantly changes how the brain functions. High doses of methamphetamine damage neuron cell endings. Dopamine- and serotonin-containing neurons do not die after methamphetamine use, but their nerve endings (“terminals”) are cut back, and (2)________________________