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The Costs of Methamphetamine Use

A National Estimate

Although the prevalence of amphetamines, particularly methamphetamine (meth), has recently increased, meth is not nearly as much a part of the national discussion as cocaine, heroin, marijuana, and prescription-drug abuse are. This is partly because the meth situation is a complicated story of conflicting indicators. National household surveys and school-based studies suggest that meth is a drug of relatively minor concern, but regional data systems, law-enforcement agencies, and county hospitals indicate that meth is the most significant problem facing the populations they serve. Also, despite the documented harms associated with meth use, research has not attempted to quantify the cost or burden that meth places on society.

This study attempts to help fill the void, building the first national estimate of the economic burden of meth use, based on information from 2005 (the most recent year for which the needed data are available). Meth-use data are far from complete or comprehensive, and the scientific literature has yet to develop consistent evidence of causal associations for many of the harms meth is believed to cause; thus, researchers created a range of estimates.

What Factors Contribute to the Cost of Meth Use?

The table documents the key meth-use cost contributors, providing a best estimate (shaded cells) and upper and lower bounds to account for the uncertainties. As shown, the best estimate of meth-use cost in 2005 is about \$23.4 billion, with the true economic burden somewhere in the range of \$16.2 billion to \$48.3 billion.

Around 70 percent of the costs (\$16.6 billion) result from the intangible burden that addiction places on dependent users (\$12.6 billion) and from their premature mortality

Abstract

The economic cost of methamphetamine use reached more than an estimated \$23.4 billion in 2005—the true economic burden is somewhere between \$16.2 billion and \$48.3 billion. Most of the expense results from the intangible burden that addiction places on dependent users and their premature mortality and from crime and criminal justice costs. Although the cost estimates focus attention on the primary cost drivers, more work is needed to identify areas in which interventions to reduce meth-use harms could prove most cost-effective.

(\$4 billion). The former was measured by quantifying the impact that having a lower quality of life has on those addicted to the drug. Premature mortality of meth users was estimated at around 900 deaths in 2005—much higher than the number of marijuana-related deaths in any given year.

Crime and criminal justice costs represent 18 percent of the overall cost, with a best estimate of \$4.2 billion. Meth-specific offenses—processing offenders for possessing and selling meth—represent more than half these costs, while violent and property crimes attributable to actions of people using or seeking meth represent an additional \$1.8 billion. The remaining \$70 million is for parole and probation violations for meth offenses. The very large bounds here—\$2.6 billion to \$15.8 billion—reflect the inconclusiveness in the scientific literature on a causal association between meth and property and violent crime.

Child-endangerment costs are estimated at \$905 million, but, because those are limited to children removed from their homes by the foster-care system, the costs likely underestimate

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Cost Contributors	Cost of Meth Use in the United States in 2005 (millions of dollars)			
	Lower Bound	Best Estimate		Upper Bound
	n	n	%	n
Intangibles/premature death	12,514	16,625	71	28,549
Crime and criminal justice	2,578	4,210	18	15,741
Child endangerment	312	905	4	1,166
Lost productivity	379	687	3	1,055
Drug treatment	299	546	2	1,071
Health care	116	351	2	611
Meth production/hazards	39	61	< 1	89
Total	16,237	23,384	100	48,281

NOTE: Because of rounding, numbers may not sum precisely.

the full burden of meth abuse. Substance abuse is a key contributing factor in two-thirds of those removals, although researchers must make some assumptions about the specific role of meth. The largest contributor to these costs is the medical, mental, and quality-of-life losses suffered by children (\$502 million), but the burden on the foster-care system is almost as large (\$403 million).

The best estimate for total productivity losses is \$687 million—absenteeism (\$275 million) and incarceration (\$305 million), as well as smaller costs from a lower probability of working among meth users and the cost of employer drug testing. Costs associated with drug treatment are approximately \$546 million, \$491 million of which is in the community-based specialty treatment sector. Additional health care costs among meth users are estimated at about \$351 million, with \$250 million coming from health administration and support. The health care total is likely an

underestimate because it includes only the incremental costs for other conditions, even though a share of those conditions may have been caused by meth and meth-induced behaviors.

Potentially unique costs of meth are the \$61 million for harms associated with production, \$32 million of which come from injuries and deaths from hazardous-substance events, such as explosions and fires. About half the casualties are suffered by responding emergency personnel, but the more serious and costly events are not those suffered by first responders. The other \$29 million of the production costs result from cleanup of hazardous wastes at discovered laboratory facilities. The substantial range—from \$39 million to \$89 million—results largely from uncertainty in estimating the number of deaths attributable to meth production.

Implications

The cost estimates focus attention on the primary drivers of meth-use costs, but more work is needed to identify areas in which interventions to reduce meth-use harms could prove most cost-effective. More research would be fruitful in a number of areas; specific areas likely to translate into substantial costs in terms of the overall burden include meth-associated crime, child endangerment in non-foster-care settings, employer costs of hiring meth workers, and health care costs associated with treating meth-induced health problems.

Finally, the study suggests caution in interpreting the evidence from national household surveys and school-based studies that suggest that meth use is a relatively minor drug of concern. Those who impose the greatest cost on society are those who become addicted, engage in crime, need treatment or emergency assistance, cannot show up for work, lose their jobs, or die prematurely—populations not adequately represented in such studies and surveys. ■

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