

A QUICK GUIDE TO **Drugs & Alcohol**

THIRD EDITION

by the National Drug and Alcohol Research Centre (NDARC)

Drug Info is a partnership between the
State Library of New South Wales and NSW Health.

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Health



NEW SOUTH WALES

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A Quick Guide to Drugs & Alcohol, third edition, September 2017

Published by Drug Info, State Library of NSW

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ISBN 0 7313 7239 5 (print)

ISBN 0 7313 7240 9 (online)

Printed in Australia by SEED Print, using Spicers Paper
Monza Recycled Satin 350 gsm and Impress Matt 115 gsm.
Monza Recycled contains 99% recycled fibre and is
FSC® Mix Certified, Impress Matt is FSC® Mix Certified.

P&D-4660-9/2017

ICE, SPEED & OTHER METHAMPHETAMINES

speed, base, crystal, ice, crystal meth, meth, shabu, ox blood, whiz, goey

Amphetamine was first synthesised in 1887, and was used in the 1930s to treat asthma. Today, amphetamines and amphetamine derivatives are used in the treatment of narcolepsy (a sleep disorder) and attention deficit hyperactivity disorder (ADHD).

In 1935 a study of the effects of amphetamine in hospital workers found that the most commonly reported effects were a sense of wellbeing and exhilaration, and reduced fatigue, while during World War II amphetamine was extensively used to combat fatigue and increase alertness in soldiers.

Methamphetamine is a man-made stimulant drug (see definition on page 3) – a more potent form of the drug amphetamine. It was first synthesised from ephedrine in 1919, and was also used during World War II.



There are different forms of methamphetamine, generally distinguished by their appearance and perceived purity. The three main forms are:

- crystalline (ice or crystal)
- powder (speed)
- base.

Crystalline methamphetamine (ice) is a highly purified form of methamphetamine with a crystal-like appearance. It undergoes additional refinement to remove impurities and to be characterised as ‘ice’ has to be of a certain purity.

Ecstasy, which is sold as a tablet, is also a methamphetamine derivative (see page 50 for information on ecstasy).

Methamphetamines and the law

It is illegal to use, possess, supply or manufacture methamphetamine in New South Wales.

How methamphetamines are used

Methamphetamine can be swallowed, snorted, smoked, inhaled as a vapour or injected. Ice is usually smoked or injected.

Effects

Short-term effects

The short-term effects of methamphetamine include:

- increased energy
- a sense of euphoria and wellbeing
- increased attention and alertness
- increased talkativeness
- increased heart rate, breathing and body temperature
- decreased appetite
- jaw clenching and teeth grinding
- nausea and vomiting
- a dry mouth
- changes in libido
- nervousness, anxiety and paranoia.

High doses may lead to aggressiveness, hostility and violent behaviour.

These effects vary from person to person, and are influenced by factors such as the person’s weight, how much they have eaten, their general health, how

much of the drug they have taken, and whether they have taken any other drugs.

Taking large quantities can intensify some of the effects. Heavy users may also experience effects such as:

- blurred vision
- tremors
- irregular breathing
- loss of coordination
- collapse.

The most serious effects of taking large quantities may include stroke, heart failure, seizures and excessively high body temperature.

Cardiac effects

Heavy methamphetamine use is associated with a range of chronic and acute cardiovascular problems including stroke, heart failure and seizures. Post-mortems of methamphetamine-related deaths of people in their 20s, 30s and 40s commonly reveal heart conditions more frequently associated with old age.

Long-term effects

Long-term effects may include:

- agitation or aggression
- decreased motivation
- depression and anxiety
- poor concentration and memory
- psychotic symptoms such as paranoia and hallucinations
- disturbed sleep
- weight loss
- chest pains.

People who inject methamphetamine may experience problems related to injection such as collapsed veins, abscesses and the spread of blood-borne viruses like hepatitis B and C or HIV, while those who snort may suffer from nasal irritation.

Methamphetamines and driving

It is dangerous and illegal to drive while under the influence of methamphetamines. Methamphetamines can make a person feel overconfident when driving, leading to risk-taking behaviour and poor judgement.

Methamphetamine psychosis

Methamphetamine use can induce psychosis with symptoms of paranoia and hallucinations, and can make people who have schizophrenia or other chronic psychotic symptoms worse.

Methamphetamines and pregnancy

There is evidence that methamphetamine use can affect fetal development. Methamphetamine use during pregnancy has been linked with bleeding, early labour and miscarriage. Use of methamphetamines will also increase the heart rate of both mother and baby.

If methamphetamines are used close to birth, the baby may be born with symptoms of methamphetamine use.

Not much is known about the effects of methamphetamines on the baby during breastfeeding. It is generally risky to take any drug while breastfeeding without medical advice.

Using methamphetamines with other drugs

Methamphetamines can be dangerous when taken with any of the prescription antidepressant drugs called **monoamine oxidase inhibitors**, e.g. phenelzine (brand name ‘Nardil’) and tranylcypromine (brand name ‘Parnate’).

Dependence

People who become dependent (see definition on page 4) on methamphetamine typically inject or smoke the drug, and use it at least twice per week.

Withdrawal

Withdrawal symptoms for methamphetamine can include:

- feeling depressed, irritable, restless and lethargic
- stomach cramps
- nausea
- rapid heartbeat
- hot and cold flushes.

Overdose

Several toxic reactions can follow the use of methamphetamines. Methamphetamine toxicity is often called methamphetamine overdose, but

it can occur with relatively small doses, especially in combination with other drugs or when there are pre-existing medical conditions.

Symptoms of methamphetamine toxicity may include:

- nausea and vomiting
- chest pain
- tremors
- increased body temperature and heart rate
- seizures
- extreme paranoia, anxiety, panic and agitation
- hallucinations and delirium.

Treatment

Most people seeking treatment for their methamphetamine use will receive help from community drug treatment services. The main types of services can be categorised as detoxification (or withdrawal management), residential rehabilitation (e.g. therapeutic communities) and out-patient counselling. The best outcomes are achieved if people continue their treatment beyond attending detoxification (e.g. continue with rehabilitation and/or counselling). People who stay in treatment longer are less likely to relapse. Relapse rates are high and people seeking help should look to ongoing support after they leave treatment (e.g. via out-patient counselling services) to support them through their recovery.

Research evidence suggests that the best approaches to treat dependence on methamphetamine are structured psychological and behavioural therapies (e.g. cognitive-behavioural therapy and contingency management). These approaches are usually provided by psychologists and are not available through all treatment services.

Pharmacotherapies

There is no approved pharmacological treatment but the need to develop safe and effective medications is well recognised, and research to date suggests substitution agonist therapies (as for nicotine and opioid dependence) are most promising for those with severe addiction. Lisdexamphetamine is a prodrug of dexamphetamine (converted to dexamphetamine in the body after oral dosing) with lower abuse potential (misuse and diversion) than other stimulants. A four-year randomised controlled trial is currently underway led by St Vincent's hospital in Sydney.