



Amphetamine & Methamphetamine

Introduction

What is a stimulant drug?

Stimulant drugs speed up mental activity, usually making the user feel alert and energetic. There are mild, and commonly used, stimulant drugs like caffeine and nicotine, and more powerful ones like cocaine and amphetamines. This booklet is about the two main types of stimulant amphetamines: amphetamine, and methamphetamine.

They are the opposite to **depressant drugs** (such as alcohol, opiates and tranquillisers) which slow down mental activity, usually making the user feel relaxed or sedated.

Some stimulants, such as ecstasy, are 'trippy' as well as 'speedy' and are classified as 'hallucinogenic amphetamines' (or empathogens). This class of drug have their own FAQ and won't be covered in this booklet.

Why are they called amphetamines?

The full chemical names of amphetamines include amylphenylisopropylamine and alphanethylphenethylamine. This was shortened to amphetamine by the American Medical Association in 1932.

Stimulant amphetamines are known by various slang names, the most common being speed, uppers and wiz. Regular users of speed are known as speed freaks or motorheads.

What types of stimulant amphetamine are there?

Chemically, there are two main types of stimulant amphetamines: amphetamine, and methylamphetamine (called methamphetamine for short).

Both types are 'racemic' – which means that they are a mixture of a pair of 'mirror-image' chemicals, called 'dextro' and 'laevo'.

Of the two types of amphetamine dextro-amphetamine or dextro-methamphetamine have the strongest, most pleasurable effects.

Amphetamine comes in three main forms: standard amphetamine sulphate powder (sulph), stronger amphetamine sulphate paste (base), and dextro-amphetamine tablets (dexies).

Base is generally about twice as pure (strong) as standard sulphate, and costs about twice as much (around £20 per gram). Its waxy appearance is usually caused by adulteration with magnesium stearate (used in candles).

Dextro-amphetamine (shortened to dexamphetamine) is a purified form of amphetamine sulphate, with the laevo-amphetamine taken out.

Methamphetamine comes in two forms: methamphetamine hydrochloride (crank) and dextro-methamphetamine crystal (ice). Methamphetamine hydrochloride comes in the form of powder, tablets and ampoules. Ice comes as a clear crystal, and is the only form of speed which is smoked.

How long have the amphetamines been around?

About 100 years. Racemic amphetamine, which is usually made in the form of amphetamine sulphate, was first produced in 1887 in Germany, but it did not become well-known until the 1930s when the Benzedrine Nasal Inhaler was introduced for treating breathing problems.

Methamphetamine was first made in Japan in 1919. By the 1940s amphetamines became much better known when soldiers on both sides in World War II were given amphetamine and methamphetamine to reduce fatigue, and increase aggression on the battlefield.

Medical and military users soon realised that amphetamines could also be pleasurable, and so after the war, supplies were diverted into bars and dance-halls. By the late 1950s, amphetamine was a firmly established recreational drug across the world. Initially fuelling rock 'n' roll, amphetamines have remained a cultural constant linking various youth and music scenes through mod, to punk, to heavy rock, to rave and dance.

What are 'dexies midnight runners'?

'Dexies midnight runners' was a slang name given to dexamphetamine tablets in the 1960s, and refers to two common effects of speed: it keeps you up past midnight, and tends to make you run around. It is also the name of a crap pop band from the 1980s, who were headed by Kevin Rowlands, and whose music had little to do with drugs or pleasure.

Dexamphetamine is made by the pharmaceutical company Evans in the form of white 5 mg tablets. It is now the only kind of amphetamine still prescribed by British doctors.

To produce dexamphetamine, they separate the amphetamine sulphate 'chemical twins' discarding the laevo-amphetamine (which mainly has unpleasant physical effects), leaving pure dexamphetamine – which has more pleasurable effects.

GPs and community pharmacies are only allowed to prescribe/dispense dexamphetamine to patients, whereas methamphetamine is restricted to hospital doctors and pharmacies (see below).

Medical guidelines state that it should be prescribed and dispensed for two specific conditions only – to treat hyperactivity in children, or narcolepsy (sleeping sickness) in adults. Some drug agencies in the UK prescribe oral dexamphetamine (usually in syrup form) to a small number of speed users, as part of treatment aimed at reducing the risks of illicit speed injection.

What are the differences between amphetamine and methamphetamine?

The short answer is that methamphetamine is amphetamine with a methyl (hydrocarbon) molecule attached.

The long answer is that there are differences in effect, production differences, and social differences which are worth understanding, so here goes...

Different effects

Gram for gram dexamphetamine is twice as potent (speedy) as methamphetamine.

However, methamphetamine lasts about twice as long as amphetamine (about 12 to 24 hours, compared with 6 to 12 hours); has fewer physical effects, and is sexier – in particular, encouraging sexual experimentation, often with reduced concern about the risk of HIV and other sexually transmitted diseases.

Production differences

Amphetamine is usually made from benzylmethylketone (BMK), whereas methamphetamine is made from various starting-points, including ephedrine and amphetamine.

Methamphetamine is usually produced as a hydrochloride (HCl), whereas amphetamine is usually produced as a sulphate.

Both are comprised of laevo and dextro forms, but unlike amphetamine, methamphetamine can be converted into a crystal form (ice) – which makes it ‘smokeable’.

To get ice from racemic methamphetamine HCl, it must first be purified into dextro-methamphetamine HCl, and then converted into crystal form.

This can only be done in a chemistry lab: there are no bathroom/ kitchen methods for purifying racemic methamphetamine into dextro-methamphetamine. But, if dextro-methamphetamine HCl is the starting point, it can be converted to crystal form by the simple method of dissolving it in warm water, and allowing it to cool in a fridge – at around 10°C, for up to four days. The slower the cooling the larger the crystals. These can be up to several inches long and range in colour from clear to a yellowy brown. They will dissolve in water and melt if held between the fingers, and therefore can not be smoked in a water pipe.

In addition to being called ice, dextro-methamphetamine crystal is known by various names across the world – including crystal meth, tina, and glass by North Americans, shabu by Japanese, hiroppon by Koreans, batu by Filipinos, and tik by South Africans.

Different social context

Standard amphetamine is legally categorised as a Class B drug in the UK, while methamphetamine was made a Class A drug in 2007 (see below for more details).

Amphetamine sulphate ranks amongst the five most used illegal drugs in Britain, whereas methamphetamine, although far more common than it used to be – especially at gay men's sex parties – is still relatively rare in most parts of the UK.

Methamphetamine is the most popular stimulant among drug users in many other parts of the world, particularly Eastern Europe (eg. Czech Republic, Poland), Asia (eg. Phillipines, Thailand).

Why are there so many myths about methamphetamine?

By the number of column inches devoted by the British press to methamphetamine, you would be forgiven for thinking that it was as popular here as it is in other parts of the world – when its use is actually still quite rare although its use and availability has increased over recent years.

The press also claim that methamphetamine is extremely damaging to health, and highly addictive. Although there is no smoke without fire, these are exaggerated claims except for the heaviest of speed users. There is no good evidence that methamphetamine is any more risky than amphetamine sulphate, or cocaine.

What are the laws on amphetamine?

The 1971 Misuse of Drugs Act categorises drugs into three classes – A, B, and C – which determine the penalties for possession and trafficking offences.

Stimulant amphetamines are allocated to three classes: methamphetamine is in Class A (since 2007); amphetamine (sulphate and dexamphetamine) and methylphenidate (Ritalin) are in Class B; and most pseudo-amphetamines are in Class C.

The maximum custodial penalties are 7 years for possession and life for trafficking of Class A drugs; 5 years for possession and 14 years for trafficking of Class B drugs; and two years for possession and 14 years for trafficking of Class C drugs. Also, if in injectable form, a Class B drug becomes a Class A drug.

Following the methamphetamine mini-epidemic of the late 1960s and early 1970s (based largely around a few thousand hippies in London), the professional bodies of doctors and pharmacists issued guidelines to restrict its availability. These ‘voluntary regulations’, which remain in operation today, restrict methamphetamine prescribing to hospital doctors, while dispensing is restricted to hospital pharmacies. Dexamphetamine is not subject to these regulations, though, as noted earlier, is mostly restricted to the treatment of hyperactivity in children and narcolepsy in adults.

What happens when someone is caught in possession of amphetamines?

About five to six thousand people per year are arrested or cautioned for amphetamine offences in England and Wales. Nine in ten offences involved possession (use), and about one in ten involved supply or intent to supply (dealing) – with just 10 to 20 people per year ‘busted’ for production (making speed).

About a third of amphetamine offenders are cautioned by the police, and the other two-thirds are taken to court where about half are fined around £100 and about half given community sentences or discharges. The remaining one in 12 are sent to prison, for an average of 10 months (including around half of those who were convicted of dealing offences).

Consumption

How is it sold?

Amphetamine sulphate (including powder and base/paste forms) accounts for the vast majority of the British speed market, and is usually sold as a white-to-brownish powder or paste for about £10 per gram. Diverted pharmaceutical dexamphetamine tablets (5 mg) are occasionally sold for £1 to £2 a pill, as are pseudo-amphetamine tablets like Ritalin. But methamphetamine remains rare.

Amphetamine sulphate has had an average purity of about 5% to 10%. In short, 90% to 95% of speed powder consists of sugars (especially glucose), bicarbonate of soda, and minor stimulants (notably caffeine, but also ephedrine). Amphetamine powder is usually sold wrapped in paper envelopes or plastic food bags, typically in one-gram deals – though some dealers also sell half-gram deals, or, for heavier users, eighth-ounce and quarter-ounce deals.

How is amphetamine taken?

Both amphetamine and methamphetamine can be swallowed, sniffed or injected – and when dextromethamphetamine is converted to crystal form (ice), it can be smoked (heated and inhaled) too.

When speed powder is swallowed, it is usually wrapped in a cigarette paper or dissolved into a soft drink, because it tastes like burnt piss. If the powder is snorted, it is usually chopped up with a razor blade on a mirror and then formed into small thin lines – and, after a preliminary blowing of the nose, snorted up a rolled up bank note or cut-down straw onto the nasal membranes.

Depending on adulterants and other factors, this can cause a severe burning sensation, and even nosebleeds (see tips for safer snorting at the back of this book).

Injecting amphetamine ideally requires that it is in powder or liquid form (rather than paste/pill form), and involves a similar procedure to that followed when injecting cocaine. The method of smoking ice is similar to that of smoking crack – that is, requires a proper glass pipe or a makeshift version (usually a drinking-glass and tin-foil contraption).

How much is needed to get high?

The dose required for a standard ‘speedy buzz’ by a non-tolerant user ranges between 5 and 20 mg for amphetamine, and between 10 and 30 mg for methamphetamine (averaging 15 mg) – though the effective dose depends upon drug, the mindset and body of the person taking it, how they take it, and where they are. This is known as ‘drug, set, and setting’.

Drug – drug factors include the chemistry of the product – whether it is racemic or pure dextro-amphetamine or dextro-methamphetamine – and the way it is consumed – for instance, injecting or smoking speed produces more rapid and intense effects than sniffing or swallowing it.

Set – the main thing that leads to greater doses than 20 to 30 mg being required is **tolerance**. Regular users soon find that they need to increase the dose on a daily to weekly basis to obtain the same effects – with the heaviest users taking daily doses of over 100 milligrams by the end of a binge.

Most daily users on a binge find that by the sixth or seventh day no dose is large enough to keep them awake any longer (meaning that they have used up all their reserve energy). But many regular users who take speed on an intermittent basis (from once a month to once or twice a week) claim to reach a plateau stage, where the same dose 'works' every time.

Some speed users also take other drugs to enhance its positive effects or reduce its negative effects. The most common 'mixes' with speed include alcohol and cannabis, while tranquillisers or sleeping pills are sometimes used after speeding to ease the come-down and aid sleep.

Other factors that affect how the drug is experienced include body weight – a 200 pound person may need up to twice the dose of a 100 pound person – and the user's personality – for instance, introverts may be more stimulated by amphetamine than extroverts.

Setting factors include who else is around when the drug is taken, and whether they've taken it as well or not, whether the drug is taken for work or leisure purposes in a familiar or unfamiliar situation and whether it's taken in the morning or evening, etc.

Effects

How does amphetamine get into the brain?

When swallowed, amphetamine is passed from the stomach and intestines to the liver, before travelling in the bloodstream through the heart and lungs and then to the brain – which, depending on stomach contents, can take between 30 and 90 minutes. When sniffed, the powder is absorbed by the mucous membranes at the back of the nose, gradually entering the bloodstream and being taken to the heart and lungs, and then straight to the brain – effects take about 5 to 10 minutes to come on this way.

When amphetamine is injected, it rapidly reaches the heart-lung-heart loop, and so reaches the brain within about 5 to 10 seconds – called a ‘rush’ or ‘flash’.

Smoking ice is as fast or even faster, because it goes from the lungs to the heart and then to the brain (although it usually takes longer to deliver the whole dose than injecting, because that takes several inhalations).

Like all drugs, amphetamine is broken down by the body into metabolites (simpler chemicals), and excreted in urine and sweat, mostly within 24 hours. Like other drug users, some speed users facing urine tests for drugs attempt to accelerate the excretion of amphetamines from their body by methods which increase urination – including drinking large amounts of water, acidifying their urine by consuming fruit juices, consuming lots of caffeine, or taking prescription diuretics.

How does amphetamine affect the brain and body?

Amphetamine affects the sympathetic nervous system, by boosting the release of **adrenaline** the body's 'fight or flight' mechanism – that is, it makes you feel like running or fighting.

Amphetamines also raise levels of two major neurotransmitters (chemical messengers) in the brain:

- **noradrenaline** involved in mental energy and alertness; and
- **dopamine**, involved in feelings of pleasure and reward.

Higher doses of methamphetamine can also increase levels of **serotonin** – a brain chemical involved in mood and memory (best known as the neurotransmitter boosted by ecstasy).

What does speeding on different kinds of amphetamine feel like?

The effects of amphetamine last for about 6 to 12 hours, while the effects of methamphetamine last for about 12 to 24 hours.

Exactly how long depends on drug, set and setting factors (discussed above).

Methamphetamine is generally regarded as a far more powerful stimulant than amphetamine sulphate, partly because the effects can last for up to twice as long, and partly because the effects are also more psychological (than physical) and more pleasurable.

Users often describe the effects of methamphetamine as strangely subtle yet intense – providing a more manageable and less jittery kind of energy than sulphate. Also, methamphetamine is often regarded as the 'sexiest' kind of

speed, because it appears to make users less sexually inhibited – or perverted, depending on how you look at it (see below). Smoking ice is regarded as the most euphoric and habit-forming method of speeding.

Crack smokers who have tried ice say it is less intense than smoking crack, but goes on for much longer without the same intense craving afterwards. Injecting methamphetamine is a fairly similar experience, though begins with a stronger ‘rush’ of effects – which has been variously described as ‘like a turbo-charged form of oral amphetamine’, ‘like being blown through several walls’, and ‘like taking a supersonic lift to the top of your head’.

What are the physical effects of amphetamine?

Stimulant amphetamines produce five main groups of physical effects:

- **speeding up of bodily organs and systems** – faster heartbeat, pulse, and breathing; and higher blood pressure – which can lead to dizziness and panting;
- **increased body temperature** (especially torso and head) – often with facial sweating and flushing, and colder hands and feet (due to the blood being drawn into the centre of the body)
- **drying up of mouth and nose** – sometimes causing ulcers in mouth or cracked lips – and tell-tale white flecks in the corners of the lips;
- **wild-looking eyes** – based on four things: dilated pupils (big black bits), shiny eye-whites, wide-open eyelids, and jerky eye movements;
- **muscular tension** – including minor to moderate trembling and twitching in the body, and jaw clenching, teeth grinding and lip-chewing in the face department.

What are the mental effects of amphetamine?

Increased energy and activity – speed causes natural tiredness to ‘evaporate’... it makes users really want to do something (anything), and a preference for repetitive actions dominates – such as typing, walking, and dancing.

Reduced sleep – speed can have significant effects on the duration and quality of your sleep – making it harder to fall asleep and stay asleep, making you sleep lighter and for less time, and reducing dream time (REM sleep);

Improved awareness and perceptions – amphetamine makes users feel ‘hyper-vigilant’, picking up sounds and movements more efficiently than usual, particularly in their peripheral vision – though fully dilated pupils can also lead to blurred vision (recent research also shows that amphetamine improves the sense of touch, eg. for Braille reading).

Increased brain power – some kinds of thinking and memory skills, as well as general reaction time, are improved by amphetamine. IQ is (temporarily) raised by about 8 points in people who have taken a standard dose.

Intensified mood – speed produces euphoria (intense happiness), but other mood states may also be intensified – including any pre-existing anger or sadness. Methamphetamine is renowned for increasing and modifying sexual desire and experience (see below).

Greater sociability and talkativeness – amphetamine users generally prefer company, so that they can exercise their urge to talk – longer and faster than usual, meaning that they don’t listen as much. But higher doses, along with other factors, may cause paranoia.

Reduced hunger – amphetamine reduces feelings of hunger, at least when used occasionally – though appetite usually ‘rebounds’ the day after using. Thirst may also be affected.

What are punding and knick-knacking?

The hallmark of amphetamine use is repetitive behaviour. Called ‘stereotypy’ by scientists, this effect explains why amphetamines are preferred for such behaviours as driving, sexual intercourse, typing/writing, ball-bouncing, cleaning, cycling, running and dancing. However, when the user has no particular focus for their chemical energy, like a laboratory animal given speed in an empty cage, they may engage in compulsive repetitive activity known as punding – such as walking around in circles, swaying or tapping. One common form, known as knick-knacking, involves touching and picking at the face and extremities such as the feet for long periods of time. Combined with hyper-vigilance (“wow, look at all those zits on my nose”) this partly explains the complexion of speed freaks. Heavy speed use may also result in committed yet disorganised behaviour, such as skilfully taking apart a television but not being able to put it back together again.

What are the crash and the come-down?

What goes up must, of course, come down. Speeding for a single day/night generally leads to a come-down lasting about another day; while speed runs of several days can lead to a major come-down of a comparable length known as a crash (due to its sudden onset).

The come-down is a combination of physical and mental tiredness. Specific after-effects on the body include jaw-ache, sensitivity to light, cracked lips, dry or spotty skin, upset stomach, dizziness and aching muscles – including back-ache, which often leads neurotic people on a come-down into worrying that they have damaged their kidneys. The come-down effects on the mind include feeling tired, confused, constantly hungry, depressed and irritable – often accompanied by self-pity and lack of concentration.

One notable sign of an imminent amphetamine crash is 'spacing' – when the user's mind cuts out, but their mouth continues talking (nonsense in most cases).

How does amphetamine affect everyday activities like driving, and shagging?

Occasional moderate doses of amphetamine improve various mental skills and activities relevant to driving, notably increasing alertness and boosting reaction time (which is why military pilots have often been given amphetamines before embarking on missions). However, users tend to over-estimate their driving ability and take more risks, including driving too fast – which means that speeding can lead to speeding! As the drug wears off and the come-down kicks in, users are even more likely to drive badly.

Amphetamines affect sex in various ways. They can make people fuck for longer and can make orgasms feel more intense .

Methamphetamine is also well known in some groups – such as gay men – as a drug which also increases sexual desire (libido), as well as producing more extreme forms of sexual behaviour. Group sex is common among gay methamphetamine users, and among straight users in Russia.

Some users claim that they get better erections while speeding (though not many women seem to mention this). Many men also report that speed makes their penises decrease dramatically in its flaccid state (known as 'shrink dick'). Erection difficulties (in men) and a lack of lubrication (in women) are commonly reported problems with amphetamine sulphate. Delay in orgasm in men and women is also a commonly reported problem among speed users.

Consequences

Is amphetamine addictive?

Though regular use of amphetamine produces tolerance (covered earlier) and craving, it does not cause physical addiction – like heroin, tobacco and tranquillisers – so there is no withdrawal syndrome, and no need to detoxify on a reducing dose.

A long-term regular user can just stop completely, though they will experience unpleasant come-down effects (tweaking) for several days to several months – depending on the scale and size of their habit, and how much sleep, rest and food they have missed. It is also possible to cease using gradually on a reducing dose regime, which can minimise craving and come-down effects, particularly for heavy long-term users. However, compared with heroin and tranquillisers, it is relatively easy to stop using amphetamines (it involves a lot of sleeping and eating, for instance). Methamphetamine, particularly when injected or smoked, appears to be the most habit-forming kind of ‘speeding’, and is comparable to dependence on crack-cocaine.

Does amphetamine cause mental illness?

Regular amphetamine use can lead to anxiety conditions – including phobias and OCD. However, speed is more commonly associated with ‘amphetamine psychosis’. This differs from non-drug induced psychosis in that it does not significantly affect your perception of time or identity, and tends to clear up after a few weeks if you stop taking stimulants.

Amphetamine psychosis probably generally occurs in people already predisposed to psychiatric problems, but it is a serious mental illness, and can result in admission to psychiatric hospital.

Regular amphetamine use can cause mood swings (depression, alternating with euphoria or mania), accompanied by confusion and mental fatigue. The person talks and moves about a lot, but does not really get much done due to disorganised behaviour, and seems to move in ever-decreasing circles.

It can also cause the more classic 'paranoid' reaction. Symptoms of paranoid mental illness which can be caused by amphetamine include:

Ideas of reference: believing that particular objects or events have special, personal meanings – for example, the words of a song on the radio contain a message for you.

Persecutory delusions: an irrational belief that other people are trying to harm you in some way, often accompanied by intense fear or delusions of grandeur ("they are after me as I'm the only one who knows how to save the world").

Hallucinations: typically auditory – hearing voices inside your head, but may be visual or feeling – a classic speed psychosis hallucination of this kind is known formication or 'crank bugs' – a belief/feeling that insects or worms are crawling around underneath the skin, with the worst cases also 'seeing' bugs as well. Some speed freaks become totally convinced by this delusion, and begin picking or cutting away at their flesh to get the imaginary bugs out – a messy business.

How does amphetamine use affect physical health?

Occasional moderate use of amphetamine is not harmful to most people's health – though it should be avoided by people with health problems, especially heart conditions, respiratory problems and mental illnesses.

But heavy use, or prolonged moderate use, may damage the heart, the immune system and/or central nervous system. Strain on the heart can lead to high blood pressure, irregular heart rhythm, and even stroke.

Amphetamine damages the immune system, and this, combined with poor eating and not enough sleep, can substantially increase the risks of infection and illness in regular users.

There is also evidence that high doses of methamphetamine produce dopaminergic nerve terminal degeneration – in short, brain damage. Though some sources claim that such brain damage is serious and irreversible, the evidence is not conclusive as it is mainly based on studies of animals injected with very high doses, or samples of human poly-drug users.

Lastly, injecting speed or any drug is associated with a range of health problems, including damage to the veins and transmission of infectious diseases such as HIV/AIDS, and hepatitis.

Is it possible to overdose on amphetamine?

Overdoses on amphetamine are pretty rare, but do happen. The likelihood of overdose depends on a number of things, including the user's gender, weight, tolerance and metabolism; and the drug itself – including how much is taken, how it is taken, and how pure it is.

The lethal dose of amphetamine is quite variable, starting at around 50 to 100 mgs for an occasional (non-tolerant) user, rising to several hundred milligrams for more regular (tolerant) users. The average lethal dose of methamphetamine (known as the LD50) is less variable – typically around 150 mg for the non-tolerant user. The main symptoms include muscle spasms, a racing pulse and a high temperature, along with tremors, flushing, excessive perspiration, chest pain, abdominal cramps and vomiting – with the person acting agitated and confused. A potentially fatal overdose is likely to result in convulsions (fits) or coma, based on cerebrovascular collapse (of blood vessels in the brain), heart failure and/or hyperthermia (extreme fever).

Can amphetamine kill you?

Though fairly rare too, amphetamine-related deaths do occur. Over the last decade in Britain, amphetamine related deaths peaked in 2005 with 103 deaths with a reduction in these figures since 2008 with 62 deaths in 2011. At least half of these deaths involve other drugs.

Deaths related to stimulant amphetamines are generally caused by fatal overdoses, though also include accidents and disease such as HIV or hep C from sharing used needles. Many speed-related deaths are similar to ecstasy deaths, which receive more attention in the mass media – that is, they are based on heatstroke, hyperthermia, and blood thinning/clotting, followed by brain seizures, heart attacks or kidney failure.

So what are the most likely effects of over-using amphetamine on health?

Serious illness and death are consequences usually linked to injecting amphetamine, smoking ice, and heavy or long-term oral/nasal use. Most regular sniffers or swallowers of amphetamine are much more likely to experience a variety of minor illnesses and ailments. These occur mainly because of a weakened immune system and worn-out body – arising from poor diet and lack of sleep as well as the direct toxic effects of the drug.

They include:

- Colds, coughs, sore throats, and dental problems made worse by jaw clenching, teeth grinding, and lack of saliva;
- skin infections – made worse by poor diet, and obsessive skin-picking;
- muscular conditions such as back-ache and eye-strain – promoted by over-exertion or staying awake too long;
- stomach complaints (diarrhoea, cramps) among speed swallowers, and nose-bleeds among speed sniffers;
- sleep and appetite disturbances – especially insomnia and anorexia;
- relatively minor mental health problems, including anxiety and paranoia.
- those hospitalised for disorders related to methamphetamine
- users have a greater risk of developing Parkinson's disease

What help is available for people with amphetamine problems?

Some people see their GP when they develop health problems from using amphetamine, though others go directly to drug agencies (which is where their GP may refer them anyway).

Drug clinics generally offer counselling and alternative therapies such as acupuncture, and aromatherapy when treating amphetamine dependence. If depression or mood disorders are diagnosed anti-depressants such as Prozac may be prescribed. Amphetamines are not physically addictive, and so detoxification and substitute prescribing are not generally on offer.

However, users who find it hard to stop taking speed 'suddenly' sometimes detoxify themselves by devising and carrying out their own reduced dose regime over several weeks or months. Also, about 50 agencies around the UK prescribe oral dexamphetamine to speed users, usually around 20 to 60 mg per day. This form of 'substitute prescribing' aims to reduce risky behaviour such as injecting adulterated street drugs, and to reduce harmful outcomes like HIV infection and crime.

Reducing risk

Safer use of amphetamine

The only way to avoid any risk of harm from amphetamine is not to use it. People who should particularly avoid speed are those with psychiatric problems, breathing complaints such as asthma, and heart conditions.

There are many other healthier or at least less risky ways of feeling 'stimulated', including physical exercise, mental techniques like meditation, or using minor stimulants like caffeine. For those determined to use amphetamines anyway, the following advice should help reduce the risks of harmful consequences.

Use in moderation.

Use occasionally – avoid using more than once a week, avoid using two or more days in a row (bingeing) – allow your body to recover, and so avoid unnecessary 'pain'.

Use moderate doses – physical side-effects are the main thing which increase with the dose, and larger amounts can make you more jittery than stimulated.

Don't accidentally overdose – check the strength and quality of a particular batch by asking others who have taken it what they thought of it – err on the side of caution when you have a new batch of speed: you can always take more but you cannot take less.

Swallowing amphetamine is the least risky method of use (wrapped in a cigarette paper or dissolved in a drink). Sniffing is the next least risky method, though, to minimise damage to the nasal membranes it's best to follow certain guidelines (see tips for safer snorting at the back of this book).

Smoking ice or injecting amphetamine are the most likely to result in overdose if you inhale or inject too much in one go. Injecting is the most risky method, for well-known reasons – the main things to remember are (a) be hygienic, and (b) never use injecting equipment already used by someone else. The best advice to current or potential injectors is: visit your local needle exchange.

Don't talk (too much) shite; resist the temptation to say everything that you think about on speed, and remember that interesting conversation involves (a) saying only the best things that you think, and (b) listening as well as talking (and not constantly interrupting or talking down the other people). Don't let speed turn you into an irritating bore.

Staying healthy

Avoid driving or operating dangerous machinery when speeding, but most particularly when 'coming down' off amphetamine, or when expecting an end-of-run 'crash'.

Avoid losing too much sleep by taking speed at least 8 hours before bedtime, and preferably over 12 hours (especially with methamphetamine) – try not to get into the habit of using sleeping pills or alcohol to get to sleep afterwards.

Try to eat and drink as you normally would – if your appetite is suppressed, drink a little more liquid than you normally would, and try eating easily swallowable food like fruit, yoghurt etc. – though avoid anything with tyramine in, a compound found in aged foods such as blue cheese.

Avoid over heating or over exerting yourself. Just like the advice for ecstasy users: if you are dancing at a club/party, remember to chill out and sip non-alcoholic liquids regularly (don't drink large amounts in one go) – half a litre of

water an hour is fine, and sports drinks are particularly useful (they contain minerals which you have been sweating out). Also, if you feel too hot, remove outer clothing – especially coat/jacket and headwear. And, even though you may feel like you have boundless energy, remember to take rests, especially if involved in physical work or exercise.

If you are ill or sick, taking speed will probably make you feel worse not better, and whatever happens, it is likely to make your illness get worse or go on for longer – this is because your immune system cannot effectively fight germs or repair your body when amphetamines are draining its resources.

Avoid mixing speed with other drugs, particularly alcohol (which also dehydrates you), other stimulants like cocaine, and beta-blockers (which can interact badly with speed). Also, watch your cigarette (or spliff) smoking, which can increase dramatically when speeding – you could wake up with a comedown, hangover and chesty cough combined.

Avoid particular side-effects of speed by preventative measures – for instance, wear sunglasses in sunlight to avoid damage to retinas (your pupils tend to stay dilated in bright light when on speed); chew gum to avoid grinding your teeth or chewing your lips; resist any temptation to pick at your skin such as squeezing spots), which can get out of hand when speeding.

If it all goes wrong

Unpleasant reactions to speed can be reduced by acting appropriately and looking out for your friends if they get into problems. If you:

- **feel paranoid**, go somewhere quiet and safe. Calm and reassure your friends that everything is OK;
- **start to pant**, control your breathing; breathe in through your nose, out through your mouth or try breathing into a paper bag (if you have one);
- **overheat**, cool down by removing clothing, taking a rest and sipping a cold drink; and
- **if any of these become severe** or if someone becomes ill on speed such as feeling shaky, sick, very hot, etc.) and gets worse rather than better, take them to the nearest casualty department.

If there are serious symptoms – if they collapse, become unconscious or really lose it (have a mental breakdown) – an ambulance should be called immediately.

In most areas of the country the ambulance service don't call the police in drug related emergencies. In any case, you don't have to mention drugs on the phone, just tell them that the person has collapsed or is unconscious and they will come straight away. Stay with them, and calm them if they are conscious.

If they are unconscious put them on their side in the 'recovery position', so that they don't choke on their vomit. If your friends are regular drug users, you would be wise to practice putting people in the recovery position, as well as discussing together what you should do in an emergency – this might help you save someone's life one day.

Check there is nothing stopping them from breathing (like false teeth, gum or drug-wraps) – though don't put your hand inside their mouth unless you have to, because you might get your fingers bitten off if they are having a seizure. Check their pulse and breathing and administer first aid if you know how.

Always tell medics and paramedics everything you know about the drugs that the person has taken.

The Recovery Position



1

Put the right hand by the head (as if they were waving)

2

Put the left arm across the chest, so that the back of the hand rests against the cheek

3

Hold the hand in place and lift up the left knee

4

Turn them on their side by pushing down on the knee

Ten tips for safer snorting

– not just speed, but cocaine, ketamine, whatever

1. Use a clean, flat, smooth, dry surface for laying out powder (eg. wiped mirror)
2. Chop up powder as finely as possible with the edge of a blade and form into line(s)
3. Blow nose thoroughly and select the most suitable (clearest) nostril
4. Use a clean tube (straw, paper) – not a rolled-up bank-note (covered with germs)
5. Never share tubes – always snort with a new tube or your own tube
6. Insert tube to the end of nose channel, but not through the end onto nasal membrane
7. Moving the tube along the line, snort the powder vigorously up the nose – the powder should land on your nasal membranes (under the eyes), and not fall down your throat
8. Tilt your head back, and carry on sniffing for 5 to 10 seconds
9. Clear away all of the snorting paraphernalia (especially blades)
10. Wash out your nose (by gently sniffing water) – after snorting, or by the end of day.

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[>] aims
To provide information on the nature and effects of amphetamine and methamphetamine in a question and answer format.

[>] audience
Adults and young people engaged in recreational drug use. Use with under 16s with support.

[∨] content
Some swearing.

[£] funding
Self-financed.

