



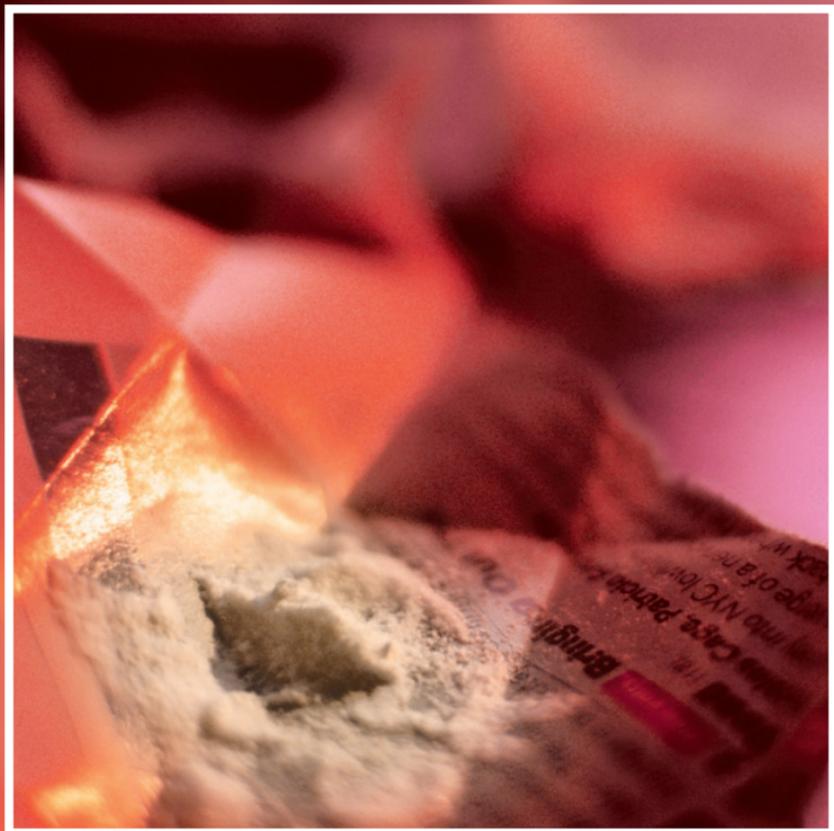
WHAT & WHY?

# AMPHETAMINE <sup>2</sup>

**speed : whizz : base : amphet : sulphate**

No. 2 in a series of guides to help people understand  
what drugs are and why people take them

SECOND EDITION



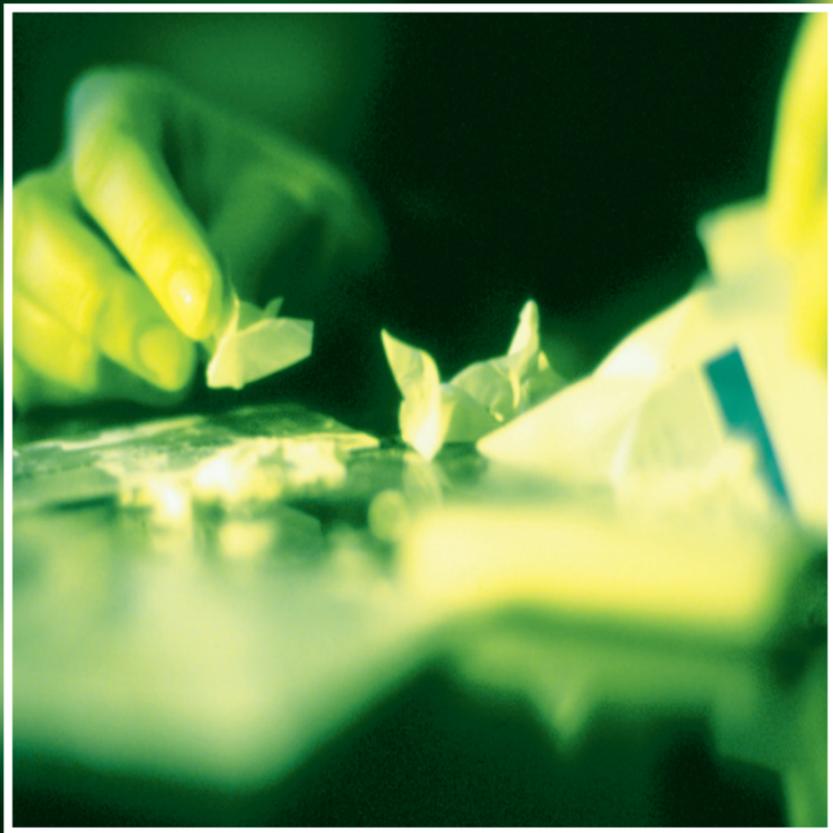
## **What?**

Illicit amphetamine is sold as a light-coloured powder (usually white or pink) or as a putty-like paste (known as 'base').

Amphetamine is a synthetic stimulant drug. The illicitly produced powder is usually taken by wrapping it up in a cigarette paper and swallowing it (known as 'bombing' or 'dropping it'). It can also be sniffed into the nose or dissolved in water and injected. It can't be smoked.

Minimum amounts used cost £5–£10. **Many people take a single dose every now and then**, but heavy users may spend in excess of £50 per day on the drug.

**The stimulant effects are powerful and last for 6–8 hours.** Like an adrenaline rush, amphetamine stimulates: thought, metabolism, speech and confidence. Appetite disappears, there is a perception of increased energy and strength and there is no desire to sleep.





Amphetamine can also increase paranoid thinking. This ranges from people vaguely worrying that someone is out to get them, through to certain belief that they are the victim of plots and conspiracies. **When this happens people are usually only paranoid while 'speeding' and recover when the effects of the drug wear off.** But for some susceptible individuals, or those who have taken large doses and/or used for a long period of time, it can persist and become a serious mental health problem.

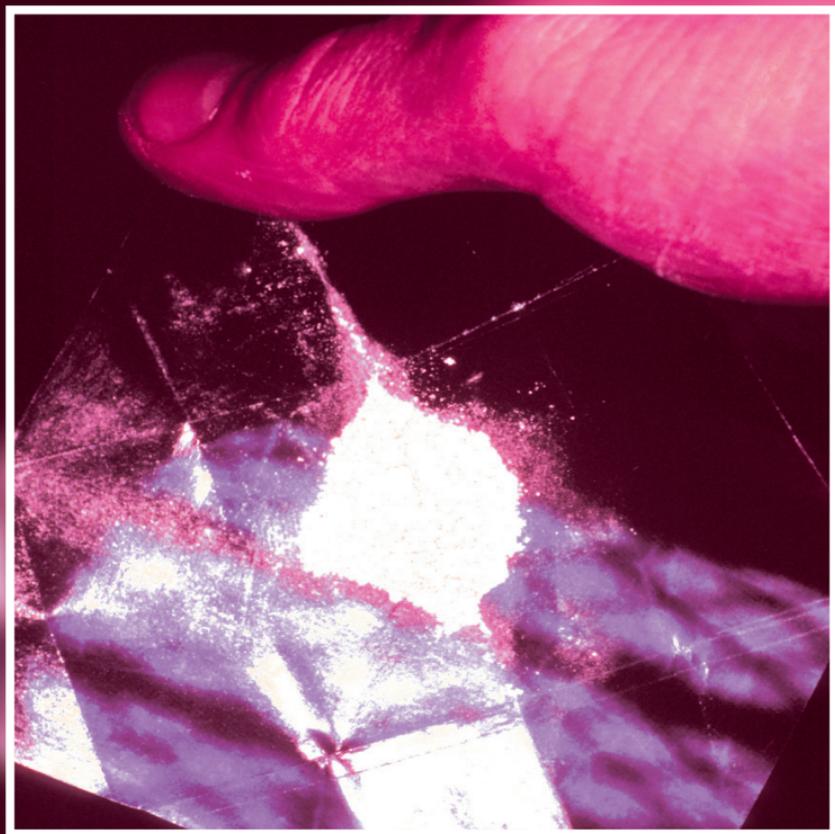
Sometimes people with pre-existing mental health problems – including paranoia – use amphetamine (usually because it feels like it is making the problems less severe by increasing confidence and energy). This almost always makes the situation much worse in the long run.

The tendency for stimulants to increase self-confidence and reduce anxiety can encourage people to take more risks and so can be a factor in people risking HIV and hepatitis infection through unsafe injecting practice and unsafe sex. The risks of sexually transmitted diseases may also be increased by prolonged penetrative sex (amphetamines can delay orgasm) – these risks can be reduced by using a condom and water-based lubricants.

## Why?

Amphetamine users usually experience a rush of energy, a lift in self-confidence and the feeling that they can do anything they want.





The reasons people use amphetamine range from people taking it to help cope with shift work to ravers taking it to dance all night. It is therefore probably best understood on an individual basis, weighing up the relative importance of factors to do with: **the person** – their history, mood, emotional state and what they want from the drug; with amphetamine it is usually a case of people feeling good and wanting to feel better, or feeling low and using it as a way of getting going; **the drug** – the physical and psychological effects of the drug on the individual (see below) and **the society** – the ease with which the drug can be bought, the number of people using it, fashion, the attitudes of the person's peer group/subculture to the drug etc.

**Because stimulants do not create 'energy' – they simply give access to reserves that are not normally available** – people can feel exhausted and depressed during the days and weeks after amphetamine use. Although this cannot be described as a physical withdrawal syndrome (it varies from person to person), people can become **'psychologically dependent' on the drug and feel that they need to take it every day**, often in a cycle of trying to lift mood by using stimulants, followed by an even greater low.

Trying to moderate this cycle, and the problems it causes, by prescribing dexamphetamine sulphate (the trade name for which is Dexedrine) may be effective in reducing HIV and other risks of injected amphetamine use. However, it has not yet been widely researched and, because of the mental health and other risks, should only be done by specialists. Dexedrine is sometimes prescribed for narcolepsy (falling asleep involuntarily). It should not be prescribed, as it used to be, to help people lose weight or to counter fatigue.

Trying to understand the balance of factors that have led someone into using amphetamine is probably more helpful than trying to fit them to theories which say that those who take drugs or become dependent are different because they 'have the illness of addiction' or an 'addictive personality.'





- 01 One of the best film representations of the amphetamine experience:**  
Spud attending a job interview having taken a wrap of speed. Trainspotting (1996), with Ewen Bremner, reproduced by kind permission from Pictoral Press



- 02 An open wrap of amphetamine powder**  
Photo: Jamie Baker/Demon Imaging



- 03 Amphetamine prepared into 'bombs' for swallowing**  
Photo: Jamie Baker/Demon Imaging



- 04 Dividing a wrap of amphetamine into single doses**  
Photo: Jamie Baker/Demon Imaging



- 05 'Speeding'**  
Photo: Jamie Baker/Demon Imaging



- 06 An open foil wrap of amphetamine powder**  
Photo: Photo: David Hoffman Photo Library



- 07 'Buzzing'**  
Photo: Jamie Baker/Demon Imaging

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The What & Why? series covers cannabis, amphetamine, ecstasy, cocaine, heroin, methadone and harm reduction.

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What & Why? is a series of booklets for anyone who wants to understand illicit drug use.

Illustrated with stunning photography, What & Why? explains what drugs are (how they are made, sold and used), their effects and why people choose to take them.

Essential reading for anyone confronted with illicit drug use at home or at work.

What & Why? is written mainly for professionals, parents and the relatives and friends of drug users. The booklets may also provide a useful contribution to secondary school discussion about drugs.



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