Ice, speed & other methamphetamines

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 — 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.
Methamphetamines and the law

Breaking the Ice

The Breaking the Ice in Our Community fact sheets cover a range of topics relating to Crystalline Methamphetamine (ice) and have been developed as a collaboration between the Alcohol and Drug Foundation and NSW Health.

- What is crystalline methamphetamine (ice)? [2]
- Withdrawal [3]
- Treatment [4]
- Family [5]
- Harm Reduction [6]
- Managing ice in the family [7] (designed for Aboriginal communities)

For more information on Breaking the Ice in Our Community, visit the Alcohol and Drug Foundation website [8].

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.

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.

**How common is methamphetamine use?**

The 2016 National Drug Strategy Household Survey found that 6.3% of Australians aged 14 and above have ever tried methamphetamine or amphetamine (including speed, ice, base, prescription amphetamines and liquid amphetamine), and 1.4% used them in the year preceding the survey. Crystal/ice methamphetamines continued to be the main form of methamphetamines used in 2016 (was 57% in 2016; up from 22% in 2010 and 50% in 2013). There was a significant decline in recent meth/amphetamine users who used powder as their main form (from 29% in 2013 to 20% in 2016).

**Methamphetamines and driving**

It is dangerous and illegal, to drive while taking any 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 methamphetamine 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’).

**FURTHER READING**

- Speed and ice: the facts [9] - NSW Health
- Crystalline Methamphetamine [10] - NSW Health
- Cracks in the ice [12] - NHMRC Centre of Research Excellence in Mental Health and Substance Use, National Drug and Alcohol Research Centre, UNSW and the National Drug Research Institute, Curtin University.

Dependence

People who become dependent on methamphetamine typically inject or smoke the drug, and use it at least twice a 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. Lisdexamfetamine 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.

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Links