

Methamphetamine Use and Health

Dependence on methamphetamine

Dependence is when a person has trouble cutting back on their drug use even though it has started causing them problems (e.g., social, financial, health). Typically, people who are **dependent** on the drug either inject or smoke methamphetamine, and use the drug at least twice per week.

The symptoms of methamphetamine dependence are:

- using methamphetamine in larger amounts or over a longer period than intended
- a persistent desire to cut down or unsuccessful attempts to reduce methamphetamine use
- spending a lot of time getting methamphetamine, using the drug or recovering from its after-effects
- reducing or giving up important social, work or recreational activities to take methamphetamine
- continuing to use methamphetamine despite problems caused by the drug or knowing that the drug will make existing health problems worse
- tolerance, that is, needing to use the drug in larger amounts to get the same effect
- feeling symptoms of withdrawal from methamphetamine, or avoiding symptoms of withdrawal by continued drug use, such as using the drug first thing in the morning to avoid feeling lethargic or depressed.

Withdrawal symptoms for methamphetamine include feeling depressed, irritable, restless, lethargic, and physical complaints such as stomach cramps, aches, nausea, rapid heart beat, and hot and cold flushes.

Most of the health problems from methamphetamine use occur among people who are dependent on the drug.

Risk factors for dependence

Injecting methamphetamine: People who inject are far more likely to be dependent than people who snort or swallow methamphetamine.

Smoking methamphetamine: Smoking crystalline methamphetamine is associated with high levels of dependence. As with injecting, smoking produces a rapid and intense drug effect.

Frequent use: People who are dependent tend to use methamphetamine at least twice per week, and more frequent use is associated with more severe dependence.

More pure forms of methamphetamine: Dependence is more common among people who use more pure forms of methamphetamine, namely 'base' methamphetamine, and crystalline methamphetamine or 'ice'. This is partly because base and ice users are more likely to inject or smoke the drug. It is also likely to be because base and ice are more pure forms of methamphetamine that give a more intense high.

What are the main health problems?

Mental health: Dependent methamphetamine users suffer from poor mental health. Over three-quarters report some level of impairment in their mental health functioning. Common complaints include:

- agitation or aggression
- decreased motivation and an inability to maintain usual activities
- symptoms of depression and anxiety
- psychotic symptoms such as paranoia and hallucinations
- decreased concentration and memory

Physical health: Around half of dependent methamphetamine users suffer from poor physical health relative to their non-drug using peers. Specific physical complaints related to methamphetamine use include:

- disturbed sleep
- jaw clenching and teeth grinding
- weight loss due to poor appetite
- palpitations and chest pains
- injection related problems (e.g., abscesses) among people who inject the drug
- nasal irritation among people who snort the drug

Injecting risk behaviour: Methamphetamine injectors are at risk for hepatitis C and other blood borne infections through unsafe injecting practices such as needle sharing. The level of needle sharing among methamphetamine injectors is similar to that among other drug injectors.

Sexual risk behaviour: Dependent methamphetamine users are more likely to engage in unprotected sex compared to their peers who use methamphetamine but are not dependent on the drug. It is not clear whether unsafe sexual practices are linked to methamphetamine intoxication or other circumstantial factors, such as the heavy drug-using lifestyle or the nature of relationships among dependent methamphetamine users.

Social and financial problems: Other problems experienced by some methamphetamine users include social isolation, relationship breakdowns and financial difficulties. Some methamphetamine users also become involved in crime, such as drug dealing or theft, to support their drug use. Over half of regular users have been arrested and one third have been to prison.

Psychosis: Methamphetamine use can induce a brief psychosis consisting of paranoia and hallucinations, and can also worsen symptoms among people who have schizophrenia or other chronic psychotic disorders. Around three in ten dependent methamphetamine users will experience psychotic symptoms during a given year. Symptoms usually last up to 2-3 hours, but sometimes symptoms last longer and can lead to the person being hospitalised.

Information based on the findings from: **McKetin, R., McLaren, J., and Kelly, E. (2005).** *The Sydney methamphetamine market: Patterns of supply, use, personal harms and social consequences.* National Drug Law Enforcement Research Fund Monograph Series No. 13. Australasian Centre for Policing Research, Adelaide.

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