

PROBLEMS WITH AMPHETAMINES

Amphetamine use may be associated with a range of problems, including:

PHYSICAL PROBLEMS

- Malnutrition and reduced appetite
- Compulsive repetitive actions e.g. picking at skin
- Reduced resistance to infections and viruses
- Brain cell damage resulting in reduced memory function and concentration
- Chronic sleep problems
- Snorting may lead to nose bleeds and sinus problems
- High blood pressure, rapid and irregular heartbeat
- Increased breathing and pulse rate
- Panic attacks
- Seizures.

EMOTIONAL & SOCIAL PROBLEMS

- Amphetamines make people feel uninhibited – using them with alcohol severely increases the risks
- Risk-taking behaviour such as unwanted or unsafe sex, unsafe driving
- Heavy use may contribute to feelings of anger and risk of violent and aggressive behaviour
- Irritability, restlessness and inability to handle pressure or stress
- Poor work performance, financial difficulties and legal problems.

MENTAL HEALTH PROBLEMS

- Increased feelings of suspicion, paranoia and severity of mood swings
- Confusion (feeling scattered all the time)
- Increases the risk of drug-induced psychosis
- May aggravate symptoms of mental illness, and increase the risk of manic episodes if a person has bipolar disorder
- Aggravate depression and anxiety
- If you have experienced a psychotic episode, use may create more confusion and increase the risk of auditory and visual hallucinations.



AMPHETAMINE

In Australia, amphetamine may be referred to as base, up, fast, go-ee, speed, uppers, whiz and ox blood. Crystal methamphetamine is a more potent form of amphetamine, and is sometimes called crystal meth, crystal, ice or shabu.

Background information

Amphetamines were developed in the United States during the 1920s. By the 1960s, doctors in Australia were prescribing them as a decongestant and also as a treatment for obesity and depression. During World War Two, the Korean war and the Vietnam war, soldiers on all sides of the conflicts were given amphetamines to keep them awake, give them more energy, and to suppress their appetites.

Forms of the drug

The term 'amphetamine' refers to a whole family of synthetic drugs that are chemically related to amphetamine and have similar effects. The amphetamine family of drugs falls into the class of drugs known as stimulants, which increase the rate at which messages travel from the brain to the rest of the body, and also stimulate the central nervous system.

They are manufactured illegally for recreational use, and are available as a powder which has a bitter chemical taste, varying in texture and colour from white, yellow, pink to brown, and can sometimes be produced as a liquid. Occasionally they may be sold in a tablet or capsule form.

All these variations occur because the manufacturing process is unregulated, and most of the people who make the drug have limited understanding of chemical interactions. This means that although they're all making amphetamines, they end up with a wide range of products which look different and contain a variety of other ingredients.

The key amphetamine ingredient is often

only a small component, and the rest may be made up of sugar, glucose, bi-carbonate of soda or pseudo-ephedrine (from over the counter cold and flu medications). *Base* is less refined and is an oily powder. *Ice*, or *shabu*, is a more potent form of amphetamine that looks like clear sheet-like crystals rather than a powder. *Ox blood* is a liquid form of speed.

No matter what form it comes in, most of the amphetamines available in Australia today are methamphetamine. Methamphetamine is slightly different in chemical terms to amphetamine, but the two have very similar effects.

Tablets such as dexamphetamine, Duromine and Ritalin — prescribed for Attention Deficit Hyperactivity Disorder (ADHD) or for narcolepsy, a condition of constant sleepiness — have a similar chemical composition to amphetamines, and are occasionally used for their stimulant properties.

Drug effects

Amphetamines stimulate the activity of the central nervous system, and produce effects similar to the body's naturally occurring 'fight or flight' hormone, adrenaline. Adrenaline is produced by the body at times of stress, usually in dangerous situations. When the adrenaline rush occurs, humans react by 'fighting' – standing up to the danger, or 'flighting' – running away from the danger.

The actual effect of the drug will depend on the form and type of drug, its purity (as illegal drugs may often be mixed with other substances), as well as the amount taken and whether other drugs have also been taken.

The short-term effects of using amphetamines may include:

- Euphoria and well-being
- Increased energy and hyperactivity, not being able to sleep
- Talkativeness, sweats, hot and cold

- flushes
- Reduction of appetite
- Dry mouth, jaw clenching, grinding of teeth
- Pupils in the eyes dilate (get bigger)
- Increased blood pressure and heart rate
- Nausea and vomiting.

How is the drug taken?

Amphetamines may be swallowed, snorted (sniffed through the nose) or injected. Some people who use the crystalline form smoke the drug in a special glass pipe. Injecting and smoking are the most harmful ways to use amphetamines. Injecting is the most dangerous method of all, as tolerance develops quickly and the effect is felt almost instantaneously. Injecting also increases the risk of exposure to infectious diseases. Amphetamines that are taken orally reach a peak concentration in two hours with the effect of a single dose lasting from five to 20 hours. When amphetamines are injected, the effect is rapid as it directly enters the blood stream.

Psychosis

One of the greatest risks of amphetamine use is drug-induced psychosis. The symptoms are similar to those of schizophrenia. Symptoms of psychosis may appear quickly and last a few hours, days or until the effects of the drug wear off.

The symptoms of psychosis may include:

- Visual hallucinations
- Paranoia and suspiciousness
- Blunted, flat or inappropriate emotions
- Social isolation and withdrawal
- Severe anxiety and panic attacks
- Paranoid delusions
- Change in perceptual experiences such as smell, sound or colour
- Disorientation and memory problems
- Uncontrolled violent behaviour.

These symptoms usually disappear a few days after drug use has stopped. In many cases, mental health intervention is required. However, the user remains vulnerable to further episodes of psychosis if the drug is used again.

Dependency

Regular users can develop a tolerance, and will need larger amounts to get the same effects as before. Some people can also become dependent on amphetamines. They have a strong desire to continue its use, and if the drug is unavailable they may panic or become anxious. Users may take amphetamines over a long period, followed by a period of exhaustion and "crashing", during which time sedatives such as benzodiazepines, heroin or sometimes cannabis, may be taken to help in "coming down".

Withdrawal

A dependent person who stops using amphetamines, or reduces the amount they use, may experience symptoms such as:

- Fatigue and disturbed sleep
- Headaches
- Hunger and increased appetite
- Deep depression
- Difficulty concentrating, paranoia, hallucinations
- Irritability, agitation and anxiety
- Mood swings.

Symptoms generally reduce after a week, although mental health symptoms may still occur for up to three months.

Reducing the risks

- Injecting increases the risk of infectious diseases; alternatives are to drink in water, snort, or "gum" (rub into the gums)
- Don't share injecting equipment, and use carefully to avoid collapsed veins, abscesses and risk of diseases
- Have amphetamine-free days, rest and eat well
- Avoid mixing with alcohol or other drugs
- Eat healthy food, even if not hungry
- Monitor mental health symptoms, and get support if necessary.

Detox and treatment

Private, public medical and non-medical detox centres are available for amphetamine withdrawal. Contact the Alcohol Drug and Information Service in your State (see rear cover) or your local area Health Service for your nearest service.

Detox takes about three to five days. They are likely to experience withdrawal symptoms. Make sure a medical practitioner or drug and alcohol professional is available at all hours for support. Call 000 if there are serious health concerns. Detoxification is not a cure for dependency. People who use amphetamines rely on them to feel good, and commonly feel unable to participate in social activities without using the drug. Ongoing treatment, support and counselling may be necessary in managing drug use, or working towards abstinence from the drug.

Tips for families

Some tips for supporting a loved one with an amphetamine problem are:

Avoid panicking – get informed about the effects of amphetamine use. Keep communicating, but avoid pleading or nagging. Don't only talk about the problem – choose your moment to express your concern.

Amphetamine use and withdrawal can cause mental health symptoms such as paranoia and anxiety. The user may need lots of calm, gentle reassurance.

Know what to do in an emergency i.e. overdose or psychotic episode. Have contact numbers readily available. If there is violence, have a safety plan. Being supportive does not mean you have to be at risk.

It's okay to talk about it. Get support for yourself, even if they don't want help.

FDS - acknowledgement to National Drug and Alcohol Research Centre (NDARC)

OVERDOSE

The risk of amphetamine overdose is low – however it may cause strokes, heart failure, brain haemorrhage, heart attack, high fever or coma. Injecting increases the risk of both dependency and overdose, as the drugs enter the blood stream quickly.

WHAT TO DO IF SOMEONE PASSES OUT OR EXPERIENCES OTHER COMPLICATIONS

People may experience panic attacks or hyperventilate. – they may need reassurance and encouragement to slow down their breathing.

If someone overheats or begins to dehydrate, they may be hot but unable to sweat, have cramps, headaches, dizziness, vomiting, feel tired or want to go to the toilet without actually needing to. They may also have heart palpitations, shortness of breath, wheezing, fitting, severe headache, and blurred vision. Move them to a cool quiet place, splash their face with cool water, remove unnecessary clothing, keep them cool, and seek medical attention.

If the person is unconscious, turn them on their side to reduce the risk of them vomiting and choking. Make sure their airways are clear. Do not leave them alone. Call an ambulance immediately on 000 or 112 from a mobile phone (don't need credit or to be in range).

If breathing has stopped, give mouth-to-mouth resuscitation. If there is no pulse, commence CPR (cardio-pulmonary resuscitation) if you are trained.

WHAT TO DO IF A PERSON IS PSYCHOTIC AND THERE ARE THREATS OF VIOLENCE

- 1 Do not put yourself or your family at risk. Do not physically try to stop or restrain the person, unless in self-defence.
- 2 Create a calm, non-threatening atmosphere. Talk slowly, quietly and simply. Reduce any distractions and noise – turn off the TV or radio.
- 3 Don't get too close to the person as it may make them feel trapped and threatened. Avoid direct eye contact or touching the person. Try to get the person to sit down, so the person feels more at ease and less likely to lash out. If you are talking to the person, sit side-by-side.
- 4 Do not threaten, shout or argue with the person. Express empathy for the person's emotional distress, and acknowledge they are frightened.
- 5 If they are experiencing delusions, voices or hallucinations, do not try to convince the person they are not real or play along.
- 6 If you are really scared or the violence is escalating, call the police – let the police know the person is showing symptoms of psychosis. Contact a mental health crisis team for further advice however they will most likely be accompanied by the police if there is violence or risk of weapons.