Methamphetamine: your questions and answers

Methamphetamine is part of the amphetamine drug family - a group of drugs that stimulate the central nervous system (stimulants). They can be swallowed, snorted, smoked or injected.

There are different forms of methamphetamine used illegally in South Australia - the crystal form is known as ‘ice’, the powder form is known as ‘speed’ and the paste form is known as ‘base’. The short and long-term effects of all three forms of methamphetamine are similar, but the intensity of effect may vary depending on the way it is used, the amount taken and its form. Crystal methamphetamine (‘Ice’) has the most intense effects.

What is ‘ice’?

Crystal methamphetamine (‘Ice’) is a more potent methamphetamine product than powder or paste. Crystal methamphetamine is now most often smoked and due to the high potency, smoking (and injecting) crystal methamphetamine can rapidly lead to dependence and other issues for some people.

How widespread is meth/amphetamine use?

According to the National Drug Strategy Household Survey, which provides data on the proportion of the population reporting drug use, the percentage of South Australians reporting recently using meth/amphetamine in any form did not significantly change between 2013 (2.2%) and 2016 (1.9%). These figures are similar to the national percentages (2.1% in 2013 and 1.4% in 2016). Australian data highlight that the prevalence of meth/amphetamine use in regional areas is similar to that in metropolitan areas at around 1.5% of the population.

Although there is no evidence to suggest an increase in the number of people using meth/amphetamine in South Australia and Australia more broadly, there has been a significant increase in the use of crystal methamphetamine and consequential harms (NDRI 2015), with the number of Australians using the crystalline form of methamphetamine having increased from 50.4% in 2013 to 57.3% in 2016. The proportion of users who mainly used powder decreased significantly from 28.5% in 2013 to 20.2% in 2016.
While there has not been an increase in the number of Australians reporting recent use of meth/amphetamine, there has been an increase in the proportion of meth/amphetamine users reporting using at least weekly (20.4% in 2016 compared with 15.5% in 2013).

In 2016, the 1.9% of South Australians who reported using meth/amphetamine in any form made up a small portion of the 15.7% who reported use of any illicit drug in that same year. The most commonly reported illicit drugs used in South Australia in 2016 were cannabis (10.7%) followed by cocaine (2%).
What are the effects of methamphetamine?

People who use methamphetamine initially experience a ‘rush’ that causes their heartbeat to race and their blood pressure to rise.

This is followed by a ‘high’ that gives the user feelings of pleasure, confidence and energy beyond what they would normally feel. A ‘high’ can last from 30 minutes up to six hours depending on how the drug is taken.

Use of a small amount of methamphetamine can cause heightened alertness, dry mouth, suppressed appetite, loss of interest in sleep and increases in:

- heart rate and blood pressure
- pupil size
- concentration
- stamina
- breathing
- energy
- libido (sex drive)
- alertness.

Psychological effects

Psychological effects can include:

- feeling good
- confidence
- irritability
- excitability, wanting to talk a lot
- greater self-awareness
- visual awareness
- restlessness
- hyperactivity.

Harmful effects

Harmful effects are most likely when high potency forms of methamphetamine are used and when the drug is used frequently, but people vary in their reactions.

Harmful effects can include:

- fever and sweating
- aggression
- loss of coordination
- high blood pressure
- headache, blurred vision and dizziness
- collapse and convulsions
- psychosis
- dependence.
- repetitive movements
- anxiety
- tremors
- irregular heartbeat
- nausea and vomiting, stomach cramps
- paranoia
- unpredictable behaviour.

Adverse effects can be fatal.

Social effects of using methamphetamine include family and relationship breakdown/strain, financial issues and legal problems.

Why is crystal methamphetamine (‘ice’) so addictive?

Methamphetamine is addictive. Whether a person will become addicted to methamphetamine is related to:

- the amount they use and how often they take it
- how they take the drug (smoking and injecting are the most addictive methods)
- their personal situation.

The crystal form of the drug is particularly addictive because of its potency, particularly when it is smoked or injected, which allows the drug to quickly enter the bloodstream. From the blood stream, the drug travels to the brain extremely fast, resulting in quick effects.

People who become tolerant to the drug’s effects need to take more of it to achieve the same effects, but increasing the dose also increases the risk of harms. When a person who is dependent on ‘crystal methamphetamine stops using, the brain needs to re-adapt and learn how to work normally again without the drug. This process is withdrawal.

For more information on tolerance, dependence and withdrawal, download the What are amphetamines? fact sheet from the Methamphetamine page of the SA Health website.
What types of treatment work?

There are a range of treatment options that work for people affected by alcohol and other drug problems. The treatment approach is tailored to the needs of the individual presenting for assistance. Most people receiving specialist treatment for drug problems do not require residential rehabilitation because their needs are met through other treatment interventions including counselling, non-residential rehabilitation and inpatient withdrawal management.

**Brief intervention**

SA Health has developed a brief intervention kit that can be used to conduct a ‘check-up’ with young, early stage methamphetamine users to help them consider the impact of their drug use. It provides them with information, resources and referrals and gives them a positive experience of a health or specialist drug treatment services to increase the likelihood of them seeking treatment if they have problems in the future. The *Psychostimulant Check-up Training Kit* is available on the Methamphetamine page of the SA Health website.

**Inpatient withdrawal management**

DASSA Withdrawal Service guidelines for the management of amphetamine withdrawal set out appropriate processes for the medical management of symptoms of amphetamine withdrawal. They outline procedures for the use of drugs indicated for amphetamine withdrawal including Diazepam for agitation, racing thoughts and insomnia, Olanzapine; a sedating antipsychotic, Modafinil; a wake-producing agent for excessive day time sleepiness and Mirtazapine; an antidepressant. Length of stay for withdrawal management will depend on what substances have been used, but is usually five to seven days.

**Counselling**

SA Health’s *Psychotherapy for Methamphetamine Dependence Treatment Manual* uses amotivational interviewing counselling style, which has proved an effective method of treatment for people with issues related to methamphetamine use. Motivational interviewing is a style of counselling designed to motivate a client to change their drug using behaviour. The manual is available on the Methamphetamine page of the SA Health website.

**Psychosis management**

SA Health’s *Guidelines for the medical management of patients with methamphetamine-induced psychosis*, which are available on the Methamphetamine page of the SA Health website, aim to aid emergency, general, medical and psychiatric staff in the treatment of these patients in the emergency setting.

**Rehabilitation**

SA Health’s *Psychotherapy for Methamphetamine Dependence Treatment Manual* available on the Methamphetamine page of the SA Health website, can be used as part of a rehabilitation program for clients with methamphetamine dependence.

Rehabilitation is usually of medium to long-term duration, sometimes three to six months. Treatment can be provided in a *residential rehabilitation* facility or in the community (*non-residential rehabilitation*).

- **Residential rehabilitation** – Residential programs are either staff run or staff and clients participate together as members of a social and learning community called a *therapeutic community*.
- **Non-residential rehabilitation** – Allows people who want to stay at home, with their family, in employment and maintaining their community responsibilities, to do so while undertaking treatment.

**How is treatment selected for a client?**

The World Health Organization (WHO) Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) questionnaire can be used to screen for all levels of problem or risky methamphetamine use in adults. Scores are grouped into ‘low risk’, ‘moderate risk’ or ‘high risk’. The risk score determines the level of intervention recommended.

For more information about the ASSIST and to access the associated tools, visit the ASSIST page of the SA Health website ([www.sahealth.sa.gov.au/ASSIST](http://www.sahealth.sa.gov.au/ASSIST)).
What can be done to reduce methamphetamine use and harms?

Treatment services, such as those outlined on the previous page, are highly effective and are available to people who have problems related to methamphetamine use.


The Clean Needle Program provides sterile injecting equipment and sharps disposal facilities. The program also provides information, education and referrals to drug treatment, health, legal and social services for people who inject drugs.

Clean Needle Program sites have an important role in preventing blood-borne infections, including hepatitis B, hepatitis C and HIV, which are transmitted through injecting equipment sharing. The sharing of injecting equipment is the leading cause of hepatitis C transmission in South Australia.

Where can people get help?

People seeking support for methamphetamine issues can call the Alcohol and Drug Information Service (ADIS) between 8.30am and 10pm any day of the week on 1300 13 1340 for confidential telephone counselling, information and referral services. They can also talk to their GP.

More information

More information for clients, carers and families, and links to the resources below can be found on the [Methamphetamine](http://www.sahealth.sa.gov.au) page of the SA Health website


Methamphetamine resources for the public

- [National Drugs Campaign – the facts about ice](http://www.sahealth.sa.gov.au)
- [Methamphetamine](http://www.sahealth.sa.gov.au) – one-page fact sheet, National Drug and Alcohol Research Centre

Methamphetamine resources for health professionals

- [Drug and alcohol publications and resources for health professionals](http://www.sahealth.sa.gov.au)
- [Cracks in the Ice: Crystal Methamphetamine](http://www.sahealth.sa.gov.au) – National Drug and Alcohol Research Centre
- [Substance withdrawal management](http://www.sahealth.sa.gov.au)
- [Amphetamine withdrawal management](http://www.sahealth.sa.gov.au)
- [Substance misuse and dependence](http://www.sahealth.sa.gov.au)
- [Acute Presentations Related to Methamphetamine Use: Clinical Guideline for Adults and Adolescents](http://www.sahealth.sa.gov.au)
- [Management of patient presenting with acute methamphetamine-related problems: evidence summary](http://www.sahealth.sa.gov.au)
Related information

Alcohol and Drug Information Service (ADIS) – 1300 13 1340
The risks of using drugs
Drugs – information for parents
Young people and drugs
The dangers of mixing drugs
Drug and alcohol emergency information

For more information

Alcohol and Drug Information Service (ADIS)
Phone: 1300 13 1340
Confidential telephone counselling and information available between 8.30am and 10pm everyday.

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Public-I1-A1