

DRUG FACT SHEET

Methamphetamines

High doses of methamphetamines can elevate body temperature to dangerous and sometimes lethal levels, as well as cause convulsions.

Class of drug: Psychostimulant

Main active ingredient: It is a derivative of amphetamine. Over-the-counter

drugs containing ephedrine or pseudoephedrine and other materials are cooked in clandestine labo-

ratories inexpensively to produce the drug.

What it looks like: White powder, pills or a rock which resembles a

block. The white powder is odorless, bitter-tasting

and dissolves in water or alcohol.

Street names: There are more than 300 street names including

Crank, Crystal Meth, Crystal, Ice, Speed

How it is used: Orally, injected, inhaled or smoked. It is also a

Schedule II stimulant. There are few accepted

medical reasons for its use.

Duration of high: An initial, intense rush lasts from five to 30 minutes

for most methamphetamines smoked or injected. Oral ingestion or snorting produces effects in three to 15 minutes. The effects of methamphetamines

can last up to 12 hours or more.

Withdrawal symptoms: Depression, fatigue, aggression and paranoia

Detection in the body: Up to five days

Effects: Immediate—increased activity, decreased appetite,

euphoria, increased respiration, elevated body

temperature

Long-term—addiction, violent behavior, anxiety, insomnia, stroke, weight loss, paranoia, hallucinations, delusions, toxic effects on the brain Long-term—sleep problems, heart and kidney

failure, brain damage, paranoia, coma, death



Methamphetamines are most often used in a "binge and crash" pattern where users repeatedly take more to try to maintain the high. Dependence occurs swiftly.

U.S. information

Although the availability of meth has been increasing in the U.S., there has been a downward trend in the prevalence of use among teenagers. In 2015 3 percent of high school students reported ever using meth in their lifetime, compared to 6.2 percent in 2005.

(U.S. Centers for Disease Control Youth Risk Behavior Survey, 2015)

Sources: American Medical Association, National Institute on Drug Abuse, Drug Abuse Warning Network, National Drug Intelligence Center, U.S. Drug Enforcement Administration, Office of National Drug Policy