



10 Years of Meth Use



Facts about crystal methamphetamines

How is meth used and what are the short and long term effects?

How is methamphetamine used?

Methamphetamine comes in many forms and can be smoked, snorted, orally ingested, or injected. The drug alters moods in different ways, depending on how it is taken. Immediately after smoking the drug or injecting it intravenously, the user experiences an intense rush or "flash" that lasts only a few minutes and is described as extremely pleasurable. Snorting or oral ingestion produces euphoria a high but not an intense rush. Snorting produces full effects within 3 to 5 minutes, and oral ingestion produces effects within 15 to 20 minutes.

As with similar stimulants, methamphetamine most often is used in a "binge and crash" pattern. Because tolerance for methamphetamine occurs within minutes meaning that the pleasurable effects disappear even before the drug concentration in the blood falls significantly users try to maintain the high by binging on the drug.

In the 1980's, "ice," a smokable form of methamphetamine, came into use. Ice is a large, usually clear crystal of high purity that is smoked in a glass

pipe like crack cocaine. The smoke is odorless, leaves a residue that can be resmoked, and produces effects that may continue for 12 hours or more.

The Brain

Dopamine plays an important role in the regulation of pleasure. In addition to other regions, dopamine is manufactured in nerve cells within the ventral tegmental area and is released in the nucleus accumbens and the frontal cortex.

What are the immediate (short-term) effects of methamphetamine abuse?

As a powerful stimulant, methamphetamine, even in small doses, can increase wakefulness and physical activity and decrease appetite. A brief, intense sensation, or rush, is reported by those who smoke or inject methamphetamine. Oral ingestion or snorting produces a long lasting high instead of a rush, which reportedly can continue for as long as half a day. Both the rush and the high are believed to result from the release of very high levels of the neurotransmitter dopamine into areas of the brain that regulate feelings of pleasure.

Methamphetamine has toxic effects. In animals, a single high dose of the drug has been shown to damage nerve terminals in the dopamine-containing regions of the brain. The large release of dopamine produced by methamphetamine is thought to contribute to the drug's toxic effects on nerve terminals in the brain. High doses can elevate body temperature to dangerous, sometimes lethal, levels, as well as cause convulsions.

What are the long-term effects of methamphetamine abuse?

Long-term methamphetamine abuse results in many damaging effects, including addiction. Addiction is a chronic, relapsing disease, characterized by compulsive drug seeking and drug use, which is accompanied by functional and molecular changes in the brain. In addition to being addicted to methamphetamine, chronic methamphetamine abusers exhibit symptoms that can include violent behavior, anxiety, confusion, and insomnia. They also can display a number of psychotic features, including paranoia, auditory hallucinations, mood disturbances, and delusions (for example, the sensation of insects creeping on the skin, called "formication"). The paranoia can result in homicidal as well as suicidal thoughts.

With chronic use, tolerance for methamphetamine can develop. In an effort to intensify the desired effects, users may take higher doses of the drug,

take it more frequently, or change their method of drug intake. In some cases, abusers forego food and sleep while indulging in a form of bingeing known as a "run," injecting as much as a gram of the drug every 2 to 3 hours over several days until the user runs out of the drug or is too disorganized to continue. Chronic abuse can lead to psychotic behavior, characterized by intense paranoia, visual and auditory hallucinations, and out-of-control rages that can be coupled with extremely violent behavior. Although there are no physical manifestations of a withdrawal syndrome when methamphetamine use is stopped, there are several symptoms that occur when a chronic user stops taking the drug. These include depression, anxiety, fatigue, paranoia, aggression, and an intense craving for the drug. In scientific studies examining the consequences of long-term methamphetamine exposure in animals, concern has arisen over its toxic effects on the brain. Researchers have reported that as much as 50 percent of the dopamine-producing cells in the brain can be damaged after prolonged exposure to relatively low levels of methamphetamine. Researchers also have found that serotonin-containing nerve cells may be damaged even more extensively. Whether this toxicity is related to the psychosis seen in some long-term methamphetamine abusers is still an open question.

Short-term effects include:

Increased attention and decreased fatigue
Psychosis
Increased activity
Decreased appetite
Euphoria and rush
Increased respiration
Hyperthermia

Long-term effects:

Dependence & addiction
Weight loss
Paranoia
Hallucinations
Mood disturbances
Repetitive motor activity
Stroke

Methamphetamine Frequently Asked Questions

Surprisingly, there does not appear to be a comprehensive source of information relating to methamphetamine. While no list is ever complete, this one attempts to answer technical questions related to the chemical methamphetamine. Unfortunately, there tends to be a great deal of street lore that is blatantly wrong about methamphetamine and similar compounds. This document also attempts to point out some of the more common myths, and provide rational explanations.

Methamphetamine (also known as speed, meth, crystal, crank, and sometimes confusingly called ice) is a chemical widely known for its stimulant properties on the human body. It is frequently confused with other drugs that share similar symptoms, including amphetamine, 4-methyl-aminorex, ephedrine, caffeine, and other chemicals, both legal and illegal.

Terminology

In this document, we shall refer to the drugs by their common chemical names, rather than by "street names", since the street names do not have a one-to-one correspondence to actual chemicals. For example, the term "speed" can mean methamphetamine or amphetamine. The term "ice" is generally considered to apply to 4-methyl-aminorex, but is often used to refer to relatively pure (and in some cases, not so pure) forms of methamphetamine.

We shall use the term "methamphetamine" to refer to the substance in either its free base (i.e. simple, unadorned) or salt (usually hydrochloride) form. When precision is needed, we shall explicitly state one form or the other.

Administration

Methamphetamine can be taken orally, snorted, smoked or injected, in approximately increasing order of immediacy of onset.

Onset

Onset can be immediate (in the case of injection), or can take as long as 30-40 minutes if ingested orally.

Duration

Duration is subjective, but is probably on the order of 4 - 8 hours. Delayed absorption (for example, due to oral ingestion) can prolong the effects relative to time of administration. Of course, larger doses last longer due to the fact that it is removed from the blood at a finite rate.

Plasma Life

The length of time that methamphetamine will stay in the plasma (blood) is between 4 to 6 hours. It can be detected in the urine one hour after use and up to 48 hours after use.

Dosage

A toxic reaction (or overdose) can occur at relatively low levels, 50 milligrams of pure drug for a non-tolerant user. Different peoples' metabolisms work at different rates, and drug strengths vary, so there is no way of stating a "safe" or "unsafe" level of use.

Effects

These include euphoria, hyperexcitability, extreme nervousness, accelerated heartbeat, sweating, dizziness, restlessness, insomnia, tooth grinding, incessant talking, and other effects.

Methamphetamine and other CNS stimulants have strong bronchodilation effects. Vasoconstriction (tightening of blood vessels) and pupil dilation are also common. Elevated blood pressure, heart rate and other general symptoms of increased sympathetic nervous activity.

The physical effects are almost assuredly due to interactions between the amphetamine structure and human physiology, probably due to the similarity to adrenaline (epinephrine).

Emotional responses may range from euphoria to anger and paranoia. Preliminary doses tend to produce the former, while continued use (e.g. for three or more days) tends to produce the latter.

It appears that these feelings may be linked to the neurotransmitters dopamine and/or serotonin, although I have not seen a good reference on this yet.

Here are the chemicals you put into your body

Varied chemicals and binders used in the production of Methamphetamines

Phenylacetone and Methylamine, Ephedrine or Pseudoephedrine, Hydroiodic Acid and Red Phosphorus, ephedrine hydrochloride, red phosphorus, hydroiodic acid, iodine crystals, a strong lye solution, a few hundred mls of toluene, dry HCl gas, Lithium-Ammonia Reduction, a dry ice/acetone bath, Anhydrous ammonia gas, petroleum ether, condensed ammonia, ammonium, magnesium sulfate, hydrochloride salt, hydrogen chloride, phenylpropanolamine and methylephedrine.

Reduction of ephedrine or pseudoephedrine

Reducing condensation product of BMK and methylamine

Synthesis from D-phenylalanine

**Manufacturing methamphetamine, on the other hand, requires the use of not just ether, but reducing agents such as LiAlH_4 .
BAD STUFF!**

Street Knowledge

Street Doses

An average wrap or flap of speed contains less than 10% Amphetamines, (often as low as 2%) and over 90% adulterants.

Coloration

Methamphetamine in its pure hydrochloride salt form is colorless. However, products on the market today are often not colorless. The following is a table of some common impurities and the colors associated with them. Note: There is no doubt a segment of the dealers who will add food coloring or some other such color to their drug to make it more appealing, with the philosophy that a brightly-colored product may sell better than an off color product. This is relatively uncommon however.

RED: The product was made from pseudoephedrine, and the red coloring of the tablet was not adequately washed away (it is difficult)

ORANGE: Ephedrine sulfate was used, and some of the sulfate was reduced to sulfur.

PURPLE: Iodine from a phosphorus-iodine reaction was not washed out.

GREEN: Copper (or other metallic) salts somehow made their way in to the mixture, probably due to the reaction vessel used in the manufacture.

BROWN: Oxidized red coloring (see above), or tabulating agent was present in the reduction.

Would anyone with even half a brain put even these three chemicals into their blood stream. This is just three of the many chemicals you put into your blood stream every time you mess will meth

Hydrochloric acid: It is sold as a brick and driveway cleaner. They call it muriatic acid.

Sodium Hydroxide: It's called "lye" at most places, it's drain cleaner.

Ethyl Ether: K-mart or Auto parts store sells it, "STARTING FLUID" it comes in a spray can. It's used for cold weather starting of gasoline engines.

Don't be stupid

Why do you think they call it dope?

Because they play you for a dope every time they sell it to you