

THE TRUTH ABOUT **CRYSTAL METH**

and Methamphetamine

Ice

Tina

Chrissy

Speed

Tweak

Meth

Glass

drugfreeworld.org

WHY THIS BOOKLET WAS PRODUCED

There is a lot of talk about drugs in the world—on the streets, at school, on the Internet and TV. Some of it is true, some not.

Much of what you hear about drugs actually comes from those selling them. Reformed drug dealers have confessed they would have said anything to get others to buy drugs.

Don't be fooled. You need facts to avoid becoming hooked on drugs and to help your friends stay off them. That is why we have prepared this booklet—for you.

Your feedback is important to us, so we look forward to hearing from you. You can visit us on the web at **drugfreeworld.org** and e-mail us at **info@drugfreeworld.org**.

WHAT IS CRYSTAL METH?

Crystal meth is short for crystal methamphetamine. It is just one form of the drug methamphetamine.

Methamphetamine is a white crystalline drug that people take by snorting it (inhaling through the nose), smoking it or injecting it with a needle. Some even take it orally, but all develop a strong desire to continue using it because the drug creates a false sense of happiness and well-being—a rush (strong feeling) of confidence, hyperactiveness and energy. One also experiences decreased appetite. These drug effects generally last from six to eight hours, but can last up to 24 hours.

The first experience might involve some pleasure, but from the start, methamphetamine begins to destroy the user's life.



WHAT IS METHAMPHETAMINE?

Methamphetamine is an illegal drug in the same class as cocaine and other powerful street drugs. It has many nicknames—*meth*, *crank*, *chalk* or *speed* being the most common.

(See page 7 for a list of street names.)

Crystal meth is used by individuals of all ages, but is most commonly used as a “club drug,” taken while partying in night clubs or at rave parties. Its most common street names are *ice* or *glass*.

It is a dangerous and potent chemical, and as with all drugs, a poison that first acts as a stimulant but then begins to systematically destroy the body. Thus it is



associated with serious health conditions, including memory loss, aggression, psychotic behaviour and potential heart and brain damage.

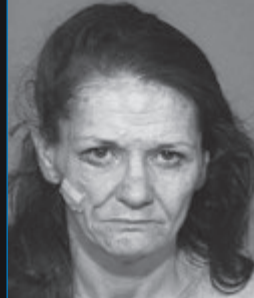
Highly addictive, meth burns up the body's resources, creating a devastating dependence that can only be relieved by taking more of the drug.

Crystal meth's effect is highly concentrated, and many users report getting hooked (addicted) from the first time they use it. "I tried it once and BOOM! I was addicted," said one meth addict who lost his family, friends, his profession as a musician and ended up homeless.

Consequently, it is one of the hardest drug addictions to treat and many die in its grip.



Meth user in 2002

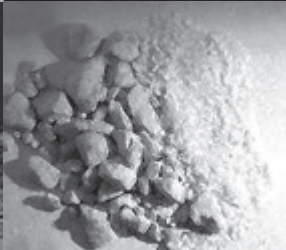
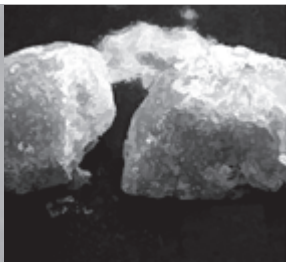


...and 2 1/2 years later

I started using crystal meth when I was a senior in high school. Before my first semester of college was up, meth became such a big problem that I had to drop out. I looked like I had chicken pox, from hours of staring at myself in the mirror and picking at myself. I spent all my time either doing meth, or trying to get it."

— Anne Marie

WHAT DOES METHAMPHETAMINE LOOK LIKE?



Methamphetamine usually comes in the form of a crystalline white powder that is odourless, bitter-tasting and dissolves easily in water or alcohol. Other colours of powder have been observed, including brown, yellow-grey, orange and even pink. It can also be compressed into pill form. As covered earlier, it can be snorted, smoked or injected. Crystal meth comes in clear chunky crystals resembling ice and is most commonly smoked.



STREET NAMES FOR METHAMPHETAMINE

Methamphetamine (meth) and crystal methamphetamine are referred to by many names:

METH

- Beannies
- Brown
- Chalk
- Crank
- Chicken feed
- Cinnamon
- Crink
- Crypto
- Fast
- Getgo
- Pervitin
(Czech Republic)
- Speed
- Tick tick

- Tweak
- Wash
- Yaba (Southeast Asia)
- Yellow powder

CRYSTAL METH

- Batu
- Blade
- Cristy
- Crystal
- Crystal glass
- Glass
- Hot ice
- Ice
- Quartz
- Shabu
- Shards
- Stove top
- Tina
- Ventana

WHAT IS METH MADE FROM?

Methamphetamine is a synthetic (man-made) chemical, unlike cocaine, for instance, which comes from a plant.

Meth is commonly manufactured in illegal, hidden laboratories, mixing various forms of amphetamine (another stimulant drug) or derivatives with other chemicals to boost its potency. Common pills for cold remedies are often used as the basis for the production of the drug. The meth “cook” extracts ingredients from those pills and to increase its strength combines the substance with chemicals such as battery acid, drain cleaner, lantern fuel and antifreeze.

These dangerous chemicals are potentially explosive and because the meth cooks are drug users themselves and disoriented, they are often severely burned and disfigured or killed when their preparations explode. Such accidents endanger others in nearby homes or buildings.

The illegal laboratories create a lot of toxic waste as well—the production of one pound of methamphetamine produces five pounds of waste. People exposed to this waste material can become poisoned and sick.

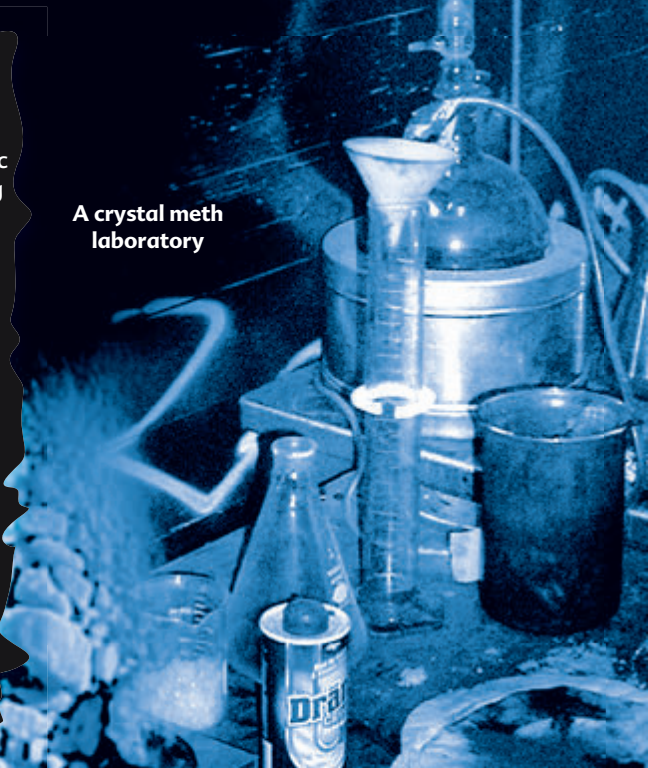
Welfare money was not enough to pay for our meth habit and support our son so we turned our rented home into a meth lab. We stored the toxic chemicals in our refrigerator not knowing that the toxins would permeate [go into] the other food in the icebox.

“When I gave my three-year-old son some cheese to eat, I did not know that I was giving him poisoned food. I was too stoned on meth to notice, until 12 hours later, that my son was deathly ill. But then I was so stoned it took me two hours to figure out how to get him to the hospital five miles away.

BY THE TIME I GOT TO THE EMERGENCY ROOM MY BOY WAS PRONOUNCED DEAD

of a lethal dose of ammonia hydroxide—one of the chemicals used to make meth.” —Melanie

A crystal meth laboratory



A WORLDWIDE EPIDEMIC OF ADDICTION

The United Nations Office on Drugs and Crime estimated the worldwide production of amphetamine-type stimulants, which includes methamphetamine, at nearly 500 metric tons a year, with 24.7 million abusers.

The United States government reported in 2008 that approximately 13 million people over the age of 12 have used methamphetamine—and 529,000 of those are regular users.

In the UK, the use of crystal meth, according to reports, is relatively rare.

In 2007, 4.5% of American high school seniors and 4.1% of 10th grade students reported using methamphetamine at least once in their life.

In the United States, the percentage of drug treatment admissions due to methamphetamine and amphetamine abuse tripled from 3% in 1996 to 9% in 2006. Some states have much higher percentages, such as Hawaii, where 48.2% of the people seeking help for drug or alcohol abuse in 2007 were methamphetamine users.

It is a drug widely abused in the Czech Republic. There it is called Pervitin and is produced in small hidden laboratories and a limited number of larger ones. Consumption is primarily domestic but Pervitin is also exported to other parts of Europe and Canada. The Czech Republic, Sweden, Finland, Slovakia and Latvia reported amphetamines and methamphetamine as accounting for between 20% and 60% of those seeking drug abuse treatment.

In Southeast Asia, the most common form of methamphetamine is a small pill—called a Yaba in Thailand and a Shabu in the Philippines.

The toxic ingredients in meth lead to severe tooth decay known as “meth mouth.” The teeth become black, stained, and rotting, often to the point where they have to be pulled. The teeth and gums are destroyed from the inside, and the roots rot away.



THE DEADLY EFFECTS OF METH

The short-term and long-term impact on the individual

When taken, meth and crystal meth create a false sense of well-being and energy, and so a person will tend to push his body faster and further than it is meant to go. Thus, drug users can experience a severe “crash” or physical and mental breakdown after the effects of the drugs wear off.

Because continued use of the drug decreases natural feelings of hunger, users can experience extreme weight loss. Negative effects can also include disturbed sleep patterns, hyperactivity, nausea, delusions of power, increased aggressiveness and irritability.



1979



1989



1991



2001



1998



2004

The hideous look of crystal meth shows on the scarred and prematurely aged faces of those who abuse it.

Other serious effects can include insomnia, confusion, hallucinations, anxiety and paranoia.* In some cases, use can cause convulsions that lead to death.

Long-range Damage

In the long term, meth use can cause irreversible harm: increased heart rate and blood pressure; damaged blood vessels in the brain that can cause strokes or an irregular heartbeat that can, in turn, cause cardiovascular† collapse or death; and liver, kidney and lung damage.

Users may suffer brain damage, including memory loss and an increasing inability to grasp abstract thoughts. Those who recover are usually subject to memory gaps and extreme mood swings.

* paranoia: suspicion, distrust or fear of other people.

† cardiovascular: related to both the heart and blood vessels.

‡ Alzheimer's disease: a disease affecting some older people that is accompanied by memory loss.

METH HARM

SHORT-TERM EFFECTS

- Loss of appetite
- Increased heart rate, blood pressure, body temperature
- Dilation of pupils
- Disturbed sleep patterns
- Nausea
- Bizarre, erratic, sometimes violent behaviour
- Hallucinations, hyper-excitability, irritability
- Panic and psychosis
- Convulsions, seizures and death from high doses
- Liver, kidney and lung damage
- Destruction of tissues in nose if sniffed
- Respiratory (breathing) problems if smoked
- Infectious diseases and abscesses if injected
- Malnutrition, weight loss
- Severe tooth decay
- Disorientation, apathy, confused exhaustion
- Strong psychological dependence

LONG-TERM EFFECTS

- Permanent damage to blood vessels of heart and brain, high blood pressure leading to heart attacks, strokes and death
- Psychosis
- Depression
- Damage to the brain similar to Alzheimer's disease,‡ stroke and epilepsy

HOW METHAMPHETAMINE AFFECTS PEOPLE'S LIVES

When people take methamphetamine, it takes over their lives in varying degrees. There are three categories of abuse.

LOW-INTENSITY METH ABUSE:

Low-intensity abusers swallow or snort methamphetamine. They want the extra stimulation methamphetamine provides so they can stay awake long enough to finish a task or a job, or they want the appetite-suppressant effect to lose weight. They are one step away from becoming “binge” (meaning uncontrolled use of a substance) abusers.

BINGE METH ABUSE:

Binge abusers smoke or inject methamphetamine with a needle. This allows

them to receive a more intense dose of the drug and experience a stronger “rush” that is psychologically addictive. They are on the verge of moving into high-intensity abuse.

HIGH-INTENSITY METH ABUSE:

The high-intensity abusers are the addicts, often called “speed freaks.” Their whole existence focuses on preventing the crash, that painful letdown after the drug high. In order to achieve the desired “rush” from the drug, they must take more and more of it. But as with other drugs, each successive meth high is less than the one before, urging the meth addict into a dark and deadly spiral of addiction.



THE STAGES OF THE METH “EXPERIENCE”

1 The Rush—A rush is the initial response the abuser feels when smoking or injecting methamphetamine. During the rush, the abuser’s heartbeat races and metabolism,* blood pressure and pulse soar. Unlike the rush associated with crack cocaine, which lasts for approximately two to five minutes, the methamphetamine rush can continue for up to 30 minutes.

2 The High—The rush is followed by a high, sometimes called “the shoulder.” During the high, the abuser often feels aggressively smarter and becomes argumentative, often interrupting other people and finishing their sentences. The delusional effects can result in a user becoming intensely focused on an insignificant item, such as repeatedly cleaning the same window for several hours. The high can last 4-16 hours.

* metabolism: the processes in the body that convert food into energy.

3 The Binge—A binge is uncontrolled use of a drug or alcohol. It refers to the abuser's urge to maintain the high by smoking or injecting more methamphetamine. The binge can last 3-15 days. During the binge, the abuser becomes hyperactive both mentally and physically. Each time the abuser smokes or injects more of the drug, he experiences another but smaller rush until, finally, there is no rush and no high.

4 Tweaking—A methamphetamine abuser is most dangerous when experiencing a phase of the addiction called "tweaking"—a condition reached at the end of a drug binge when methamphetamine no longer provides a rush or a high. Unable to relieve the horrible feelings of emptiness and craving, an abuser loses his sense of identity. Intense itching is common and a user can become convinced that bugs are crawling

under his skin. Unable to sleep for days at a time, the abuser is often in a completely psychotic state and he exists in his own world, seeing and hearing things that no one else can perceive. His hallucinations are so vivid that they seem real and, disconnected from reality, he can become hostile and dangerous to himself and others. The potential for self-mutilation is high.

5 The Crash—To a binge abuser, the crash happens when the body shuts down, unable to cope with the drug effects overwhelming it; this results in a long period of sleep for the person. Even the meanest, most violent abuser becomes almost lifeless during the crash. The crash can last one to three days.

6 Meth Hangover—After the crash, the abuser returns in a deteriorated state,

starved, dehydrated and utterly exhausted physically, mentally and emotionally. This stage ordinarily lasts from 2 to 14 days. This leads to enforced addiction, as the “solution” to these feelings is to take more meth.

7 Withdrawal—Often 30 to 90 days can pass after the last drug use before the abuser realises that he is in withdrawal. First, he becomes depressed, loses his energy and the ability to experience pleasure. Then the craving for more methamphetamine hits, and the abuser often becomes suicidal. Since meth withdrawal is extremely painful and difficult, most abusers revert; thus, 93% of those in traditional treatment return to abusing methamphetamine.



HISTORY OF METHAMPHETAMINE

Methamphetamine is not a new drug, although it has become more powerful in recent years as techniques for its manufacture have evolved.

Amphetamine was first made in 1887 in Germany and methamphetamine, more potent and easy to make, was developed in Japan in 1919. The crystalline powder was soluble in water, making it a perfect candidate for injection.

Methamphetamine went into wide use during World War II, when both sides used it to keep troops awake. High doses were given to Japanese Kamikaze pilots before

their suicide missions. And after the war, methamphetamine abuse by injection reached epidemic proportions when supplies stored for military use became available to the Japanese public.

In the 1950s, methamphetamine was prescribed as a diet aid and to fight depression. Easily available, it was used as a non-medical stimulant by college students, truck drivers and athletes and abuse of the drug spread.

This pattern changed markedly in the 1960s with the increased availability of injectable methamphetamine, worsening the abuse.

Then, in 1970, the US government made it illegal for most uses. After that, American motorcycle gangs controlled most of the production and distribution of the drug. Most users at the time lived in rural communities and could not afford the more expensive cocaine.

In the 1990s, Mexican drug trafficking organisations set up large laboratories in California. While these massive labs are able to generate 50 pounds of the substance in a single weekend, smaller private labs have sprung up in kitchens and apartments, earning the drug one of its names, “stove top.” From there it spread across the United States and into Europe, through the Czech Republic. Today, most of the drug available in Asia is produced in Thailand, Myanmar and China.

**Kamikaze pilots
were given
methamphetamine
before their suicide
missions.**



The Truth About Drugs

Drugs are essentially poisons. The amount taken determines the effect.

A small amount acts as a stimulant (speeds you up). A greater amount acts as a sedative (slows you down). An even larger amount poisons and can kill.

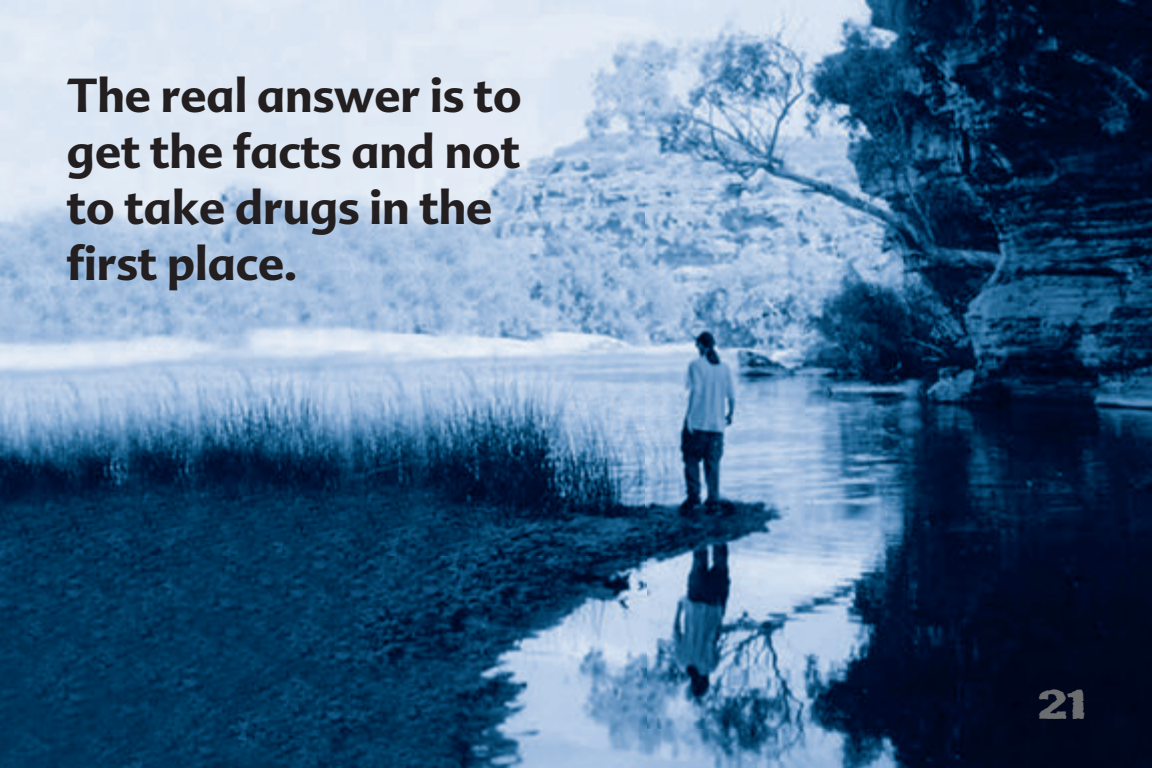
This is true of any drug. Only the amount needed to achieve the effect differs.

But many drugs have another liability: they directly affect the mind. They can distort the user's perception of what is happening around him or her. As a result, the person's actions may be odd, irrational, inappropriate and even destructive.

Drugs block off all sensations, the desirable ones with the unwanted. So, while providing short-term help in the relief of pain, they also wipe out ability and alertness and muddy one's thinking.

Medicines are drugs that are intended to speed up or slow down or change something about the way your body is working, to try to make it work better. Sometimes they are necessary. But they are still drugs: they act as stimulants or sedatives, and too much can kill you. So if you do not use medicines as they are supposed to be used, they can be as dangerous as illegal drugs.

**The real answer is to
get the facts and not
to take drugs in the
first place.**



WHY DO PEOPLE TAKE DRUGS?

People take drugs because they want to change something in their lives.

Here are some of the reasons young people have given for taking drugs:

- To fit in
- To escape or relax
- To relieve boredom
- To seem grown up
- To rebel
- To experiment

They think drugs are a solution. But eventually, the drugs become the problem.

Difficult as it may be to face one's problems, the consequences of drug use are always worse than the problem one is trying to solve with them. The real answer is to get the facts and not to take drugs in the first place.



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PHOTO CREDITS:

Page 2: Corbis; Page 3: istock.com/Lou Oats; Page 5: Faces of Meth; Page 6: DEA/ bottom right: crystal meth; Page 12: Courtesy Attorney General's Office, Taswell County, Illinois/right: meth user 1998-2004.

Millions of copies of booklets such as this have been distributed to people around the world in 22 languages. As new drugs appear on the streets and more information about their effects becomes known, existing booklets are updated and new ones created.

The booklets are published by the Foundation for a Drug-Free World, a nonprofit public benefit organisation headquartered in Los Angeles, California.

The Foundation provides educational materials, advice and coordination for its international drug prevention network. It works with youth, parents, educators, volunteer organisations and government agencies—anyone with an interest in helping people lead lives free from drug abuse.

FACTS YOU NEED TO KNOW

This booklet is one in a series of publications that cover the facts about marijuana, alcohol, Ecstasy, cocaine, crack cocaine, crystal meth and methamphetamine, inhalants, heroin, LSD and prescription drug abuse. Armed with this information, the reader can make the decision to live a drug-free life.

For more information or to obtain more copies of this or other booklets in this series, contact:



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