



HIGH-LIGHT



ALCOHOL AND DRUG NEWS BRIEF FOR EMPLOYERS

JANUARY 2004

NEED FOR SPEED – CRYSTAL STRAW

PASSING FAD OR A CHANGE OF FACE IN WESTERN CAPE DRUG USE PATTERNS ?

During the last months of 2003, sporadic reports and queries regarding this drug reached SANCA offices from a variety of sources, including the SAPS, school principals and teachers and the public at large. SANCA Social workers also attested to an increase in references made to this drug by community members and groups. Although SANCA (WC) 's statistics do not point to an increase in demand for therapeutic intervention, reports from our workers in the Mitchell's Plain and Tygerberg areas also indicate that experimentation with this drug is becoming increasingly common.

In an article in the latest in S A Crime Quarterly (No 6, Dec 2003), Legget points out that the treatment demand for methamphetamine addiction in the Western Cape as reflected in statistics released by the South African Community Epidemiological Network on Drug Abuse (SACENDU) has increased significantly over the past 3 years. The article also refers to a increase in seizures of this drug in the Western Cape.

Is this a temporary fad or could we expect this to be a more lasting feature of the steadily changing face of drug abuse in the Western Cape ? This article takes a closer look at this relatively lesser known substance and it's unique long and short term risks.

WHAT IS METHAMPHETAMINE ?

Methamphetamine (also called *Speed, Crank, Ice, Meth, chalk or glass*) is a powerful CNS stimulant drug, structurally similar to amphetamine .It is a white ,odorless bitter tasting powder which dissolves easily snorted or dissolved in water and injected or digested orally.



Methamphetamine Crystals

Methamphetamine is relatively simple to make – Pyrex dishes, coffee filters and eyedroppers are easily

obtained although some of the chemicals may be more difficult to procure. The production process is however dangerous as it involves inflammable chemicals and toxic fumes and the risk of explosion is always imminent.

During Nov/Dec 2003, sporadic anecdotal reports were received from SANCA social workers and callers to SANCA Regional Office (Bellville) that in some areas on the Cape Flats, meth is being sold in cooldrink straws of which the ends had been sealed off, hence the streetname Crystal Straw.

ROUTE OF ADMINISTRATION



Methamphetamine can be smoked ,snorted, orally digested or injected. The effects and duration thereof may vary considerably depending on the route of administration. Oral ingestion or snorting does not cause much of a rush

but has a prolonged effect lasting up to several hours. Users who aim for the rush prefer smoking the powder or crystals, usually in a special glass pipe or on foil. Heating the crystals changes it to a liquid which produces a thick grey smoke.

SANCA Social workers report that , in certain areas, meth crystals are also smoked in the sphere of a light bulb of which the connector fitting had been removed. Smoking produces a sudden rush of excitement and exhilaration lasting 15 to 20 minutes. In the following hours the user experiences increased mental alertness, decreased appetite and sleeplessness .The secondary euphoric effects of the high could last several hours during which the user may feel agitated and nervous Smoking meth crystals appears to be the preferred route of administration since it produces a much more intense rush. Users also claim that it is easier to control the effects of the drug compared to intravenous use.

SHORTTERM EFFECTS

Smoking meth crystals produces an intense pleasurable rush as the drug releases excessive amounts of dopamine in certain areas of the brain and this high may last anything from 15 to 30 minutes. The high is accompanied by physiological changes



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such as increased heart rate, increased blood pressure and body temperature, decreased appetite and pupil dilation..

Larger doses may produce intense exhilaration, sharpening of focus and increased mental alertness. The rush lasts much longer than that of cocaine and user may be on fast forward mode for as long as 16 hours. As the high begins to wear off, users experience delusions, compulsive behavior, irritability and aggression, a stage referred to by users as "tweaking"



1998



2002

WHAT ARE SOME OF THE OBSERVABLE SIGNS OF A METH HIGH ?

Signs which may indicate that someone has used methamphetamine include increased physical activity, incessant talking, anxiousness, extreme moodiness and irritability, repetitious behaviour, depression, sleep disturbances and dilated pupils.

WHAT ARE THE LONG TERM CONSEQUENCES OF METHAMPHETAMINE ABUSE ?

Tolerance develops with the chronic use of methamphetamine, resulting in the user taking higher doses, using more frequently or changing the method of intake. Chronic use results in severe dopamine imbalances in the brain – since this neurotransmitter is critically involved in states of pleasurable arousal, a disruption in the normal supply of this substance creates intense negative emotional states. Suicide is a regular occurrence in chronic meth users. Although there is no significant physical withdrawal state when intake of this drug is stopped, the intense psychological dependency is evident from symptoms such as intense craving, anxiety, loss of energy, palpitations, sweating, irritability and depression. Meth addicts often resort to bingeing on the drug, injecting as much as a gram every 2 – 3 hours for several days until the supply runs out. Such chronic use can lead to a psychotic state characterized by paranoid delusions, auditory and visual hallucinations, erratic moods and violent rages.

Stimulant use (with the exception of Ecstasy) have been associated with increased libido and the subsequent risk of undisciplined sexual behaviour and the risk of contracting or spreading HIV and Hepatitis B and C.

The emotional, social and financial hardships of a drugging lifestyle coupled with high risk behaviours and a seriously compromised health soon show their effects on the general appearance of the meth user as the following pictures clearly show.

WHAT ARE THE MEDICAL RISKS OF METH USE ?

With every episode of use, the heartbeat increases, blood vessels constrict and blood pressure rises. Prolonged use of meth may eventually cause damage to small blood vessels in the brain- users suffering from hypertension may find themselves in danger of suffering a stroke. Consider this possibility against the background of the following internet message posted by a "regular" meth user: "There is one thing I found disconcerting about smoking meth – there seems to be a strong...craving (for the lack of a better term) for more, which can lead to continuous reloading of the glass pipe and smoking more and more till it runs out"

Snorting of meth increases the chances of damaging the mucosal lining of the nose. Crystal meth is tainted with a variety of toxic chemicals and these wreak havoc on the delicate circulatory system - the intravenous use of the drug is associated with inflammation of the heart lining, collapsed blood vessels and skin abscesses.



Skin abscesses caused by injecting methamphetamine

Although research results are not yet conclusive there is also evidence that chronic meth use may damage dopamine and serotonin producing neurons in the brain.

Overdose on meth is not uncommon and symptoms include hyperthermia (elevated body temperature), convulsions and circulatory and respiratory collapse. Acute intoxication can be handled by observation in a safe, quiet environment. In cases of extreme excitement or panic, treatment with anti-anxiety agents may be advised.