



## WHAT IS METH?

- Methamphetamine, also known as meth, crystal, glass, and ice, is a stimulant with a long duration.
- Meth was first synthesized in 1893 and was used widely by soldiers during World War II to increase stamina and reduce the need for sleep on the battlefield.
- Today, meth is sometimes used medically for the treatment of ADHD and obesity.
- Although very similar to amphetamine, meth is more potent and longer-lasting. One of the key differences between the two is that unlike amphetamine, meth causes a “rush” when smoked or injected.
- Meth has an additional “methyl group” that allows it to be absorbed more easily and quickly than amphetamine. The rush is vastly intensified by smoking or injecting.

## WHAT ARE THE EFFECTS?

- Meth increases blood pressure, heart rate, and body temperature. Other effects may include dehydration, overheating, tooth grinding and jaw clenching, and sometimes itching.
- Mentally, meth produces feelings of confidence, sociability or talkativeness, a strong desire to be moving and doing things, feelings of competence, and a decreased need for sleep.
- Small *oral* doses of meth can increase alertness and focus in ways that are very similar to amphetamine. Using the same dose via a different route of administration (like snorting, smoking, or injecting) can make the experience far more recreational and reinforcing than that of amphetamine.
- Higher doses can produce a speedy euphoria, especially when smoked or injected. This comes with an intense initial “rushing” effect.
- Many users also report increased libido/sexual arousal when using meth. Meth is known as “Tina” in gay communities.

## WHAT'S A TYPICAL DOSE?

- Meth can be swallowed, snorted, smoked, or injected. Meth is very bioavailable (can easily cross into the bloodstream) with all of these routes of administration, so the dosage ranges are similar for each of them.
- A light dose is around 5–10 mg, a common dose is around 10–30 mg, and a strong dose is 30–40 mg.

- Of these, oral administration is by far the least risky and has the slowest onset. Many people prefer it due to its smoothness and long duration.
- The onset time of each route of administration impacts the intensity of the rush. In order of onset: oral, rectal, snorted, (IV) injected or smoked.
- Smoking meth has the shortest duration of about 2 to 6 hours, while taking meth orally has the longest duration of about 7 to 12 hours. These durations can be longer for people who don't use it regularly.

## BE CAREFUL

- Coming down from meth can make you feel tired, anxious, and depressed, which can lead to compulsive redosing.
- Some people enter into patterns of multi-day binging in an attempt to maintain meth's euphoric rush. The risk of binging is dramatically increased by using shorter-acting and more intense routes of administration like smoking, injecting, or hot railing.
- Long-term, regular, high-dose meth use can cause damage to dopamine neurons, resulting in Parkinson's-like symptoms such as twitching, stuttering, and muscle spasms.
- Meth is very long lasting, which can make it difficult or impossible to sleep. Psychosis and paranoid delusions are a common consequence of anyone being awake for three or more days or chronically sleep deprived, regardless of whether they're on drugs.

## MORE HARM REDUCTION TIPS

- Many of the stereotypical meth-related consequences like “meth mouth” are actually a product of dry mouth and poor oral hygiene, although smoking meth can cause enamel decay.
- Injecting meth reaches the brain almost immediately, increasing the risk of overdose (“overamping”). Overamping can cause dangerous spikes in heart rate and blood pressure, sometimes leading to cardiac arrest, overheating, or arrhythmia.
- People who suffer from depression and lack of energy, or who have very demanding high-stress lives, may be more vulnerable to developing a problematic relationship with meth.



**DANCESAFE.ORG**