

# Treating Methamphetamine Addiction

## FAQs

### 1. What is Methamphetamine?

Methamphetamine, a powerful central nervous system stimulant, works directly on the brain and spinal cord by interfering with the function of normal neurotransmitters.

### 2. What are neurotransmitters?

Neurotransmitters are chemical substances, produced within nerve cells, which all body cells use to communicate with each other; and to send messages that influence and regulate thought processes and all other systems within the body.

### 3. How does methamphetamine affect neurotransmitters?

The primary neurotransmitter that is affected by methamphetamine is dopamine. Dopamine is intrinsic for our natural reward system. The "good feelings" associated with a job well done, pleasant family or social interactions, and other indications that our lives are meaningful and valuable, all depend on dopamine transmission and neurotransmission. Methamphetamine short-circuits a person's survival system by artificially stimulating the reward center, or pleasure areas in the brain. 1 (1998, CORNERSTONE *Behavioral Health*)

"In one study, laboratory animals pressed levers to release methamphetamine into their blood stream rather than eat, mate, or satisfy other natural drives. The animals died of starvation while giving themselves methamphetamine even though food was available." 2. (2006, KCI The Anti-Meth Site)

### 4. How is methamphetamine formulated?

Methamphetamine is fairly easily produced from household chemicals, and is manufactured and sold in pills, capsules, powders and chunks.

### 5. What do we know about the history of methamphetamine?

Methamphetamine was developed in the last century, from the drug amphetamine, and was originally used in nasal decongestants, bronchial inhalers, and the treatment of narcolepsy and obesity. In the 1970s methamphetamine became a Schedule II drug - *a drug with little medical use and a high potential for abuse*.

#### Citations:

1. Methamphetamine: What is it and why is it dangerous? Cornerstone Behavioral Health retrieved from the WWW on 02.13.06 @ <http://www.cornerstonebh.com/meth1.htm>
2. Retrieved from the WWW on February 13, 2006 @ [http://www.kci.org/meth\\_info/faq\\_meth.htm](http://www.kci.org/meth_info/faq_meth.htm)

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### Treatment methodology:

Treatment for methamphetamine addiction is very complex and must be individualized for each patient. There is no current pharmaceutical intervention for methamphetamine addiction, but the National Institute on Drug Abuse (NIDA) reports cognitive behavioral interventions, designed to help patients modify their thinking, expectations, and behaviors in order to increase coping skills, as most the most effective treatment for methamphetamine addiction. 1 (2005, NAADAC)

Additionally, mental health disorders are often also present in methamphetamine abusers; making the treatment regimen even more complex. Methamphetamine abusers are often misdiagnosed as having schizophrenia, for example. Antidepressant medications are often useful in moderating depressive symptoms in recently abstinent methamphetamine users. Treatment providers must determine if mental health issues are drug induced, or not, and the severity/duration of any mental health needs. Additionally, it is not uncommon for methamphetamine users to have very poor health status.

### Things to look for when treating methamphetamine using clients:

- *The Person may exhibit anxiousness, nervousness, incessant talking, extreme moodiness and irritability, repetitious behaviors – such as picking at skin or pulling out hair, sleep disturbances, false sense of confidence and power, aggressive or violent behavior, disinterest in previously enjoyed activities and severe depression.*
- *A person using alcohol while on methamphetamine, during the 'tweaking' stage, can be identified by looking at their eyes. Their eyes will jerk back and forth while they look out of the corner of their eyes (a horizontal-gaze nystagmus).*
- *The chronic user of powdered methamphetamine is often under-nourished with a gaunt appearance, poor hygiene, and bad teeth. Chronic abusers are often violent and suffer rapid mood swings; with behavior going from friendly to hostile in seconds.*
- *If an abuser has taken a lethal dose of d-methamphetamine, the heart rate will rapidly increase and the user will collapse and suffer a heart attack or stroke. The only overt signs of overdose are an abnormally high temperature or the symptoms generally associated with a heart attack of a stroke.*

*Source: Texas Alcohol and Drug Testing Services, Inc. @ [www.texasdrugtest.com](http://www.texasdrugtest.com)*

### Citations:

1. NAADAC News, Vol. 15, No. 3, August 2005

### For additional information on methamphetamine, visit the following web sites:

[www.texasdrugtest.com](http://www.texasdrugtest.com)

<http://www.cornerstonebh.com/meth1.htm>

[http://www.kci.org/meth\\_info/faq\\_meth.htm](http://www.kci.org/meth_info/faq_meth.htm)