



## **Methamphetamine Watch 2007**

**[www.coca.org.uk](http://www.coca.org.uk)**

## Methamphetamine Watch

COCA's Methamphetamine Watch is an online survey which has been conducted via responses gathered through the COCA website ([www.coca.org.uk](http://www.coca.org.uk)). Its objective is to gather information from drug workers, professionals in drug related fields and people who may be methamphetamine users.

Methamphetamine Watch was set up in response to reports and concerns that the use of methamphetamine was becoming increasingly prevalent in the UK. No monitoring systems were in place; only the National Drug Treatment Monitoring System (NDTMS) that records those people currently accessing treatment.

Users and professionals are invited to complete a questionnaire covering questions such as: type or form of methamphetamine being used; how it is being taken; what it costs and the geographical location where it is available.

These findings cover the period January 2005 to December 2006 from which 56 responses were gathered. **Some respondents gave more than one answer to each question.**

Highlights include:

- Methamphetamine is being bought, sold and used in the UK, whether in cities or rural areas, 56 reports were received from England, Wales and Scotland over the two year period.
- Methamphetamine use was most widely reported in the recreational market so it may well be more difficult to identify its use and track any increase in availability.
- The majority of responses indicated methamphetamine was being smoked rather than injected. Historically in the UK, most treatment is focused on injecting heroin users and it may be more difficult for services to identify and engage methamphetamine users.
- People using methamphetamine identified more serious mental health problems than serious physical health problems. This means initially methamphetamine use may be harder to detect. Traditionally, it has proven to be more difficult to treat stimulant users with mental health problems and vice versa.

# Introduction

COCA received 56 responses within a two-year period.

At the same time, statistical and anecdotal information was gathered from other managers, workers and users working with COCA, to form a better picture with regards to the reliability and accuracy of the information being obtained.

## What is methamphetamine?

Methamphetamine is a psycho-stimulant drug, which affects the mind and stimulates the central nervous system. It can be snorted, injected, ingested and inhaled. Taking methamphetamine results in a huge rush (especially if smoked or injected) followed by a feeling of euphoria for anything from 2-16 hours. The length of the hit depends on the tolerance level of the person using it and how it was taken.

## What are the effects?

Methamphetamine has many effects on the brain and body. The short and long term effects depend on the way the drug is used. Someone who is injecting will have different physical problems such as vein damage, abscesses etc. to someone who is smoking or snorting the drug.

### **Short-term effects:**

Increased energy and alertness  
Decreased need for sleep  
Euphoria  
Loss of appetite

### **Long-term effects:**

#### **Psychological**

Disturbed sleep patterns / insomnia  
Panic, suspiciousness and  
Paranoia  
Mood swings and irritability  
Anxiousness and nervousness  
Severe depression  
Suicidal tendencies

#### **Physical**

Involuntary body movements  
Excessive excitation, hyperactivity  
Shortness of breath and lung problems  
Lowered resistance to illnesses  
Damage to teeth and gums  
Increased risk of strokes, liver damage  
Repetitive behaviour

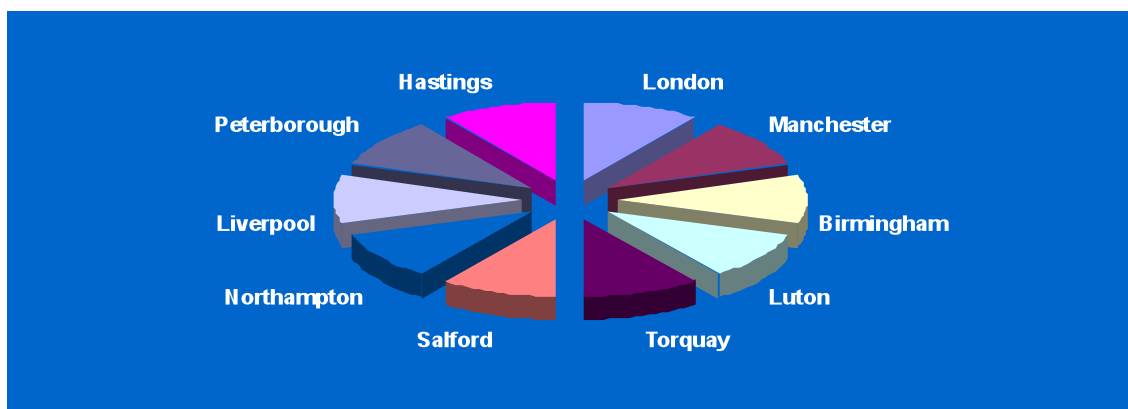
# Findings

**Total Respondents**

**56**

## 1. UK locations\*: 2005

**Total: 26 Respondents**

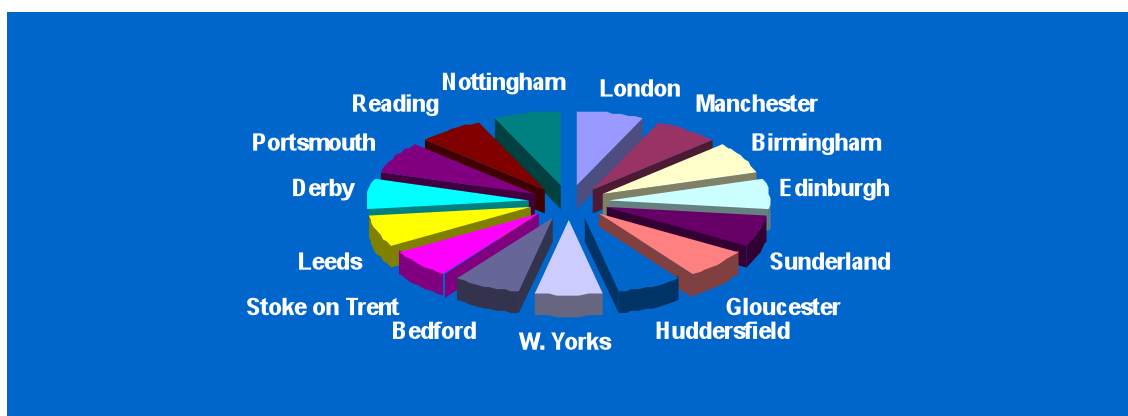


\*(Segments not representative of figures)

*Reports on methamphetamine watch in 2005 were located in the above geographical areas. There were 26 respondents in total and the majority of reports were clustered around London, Manchester, Birmingham and Hastings.*

## 2. UK Locations\*: 2006

**Total: 30 respondents**



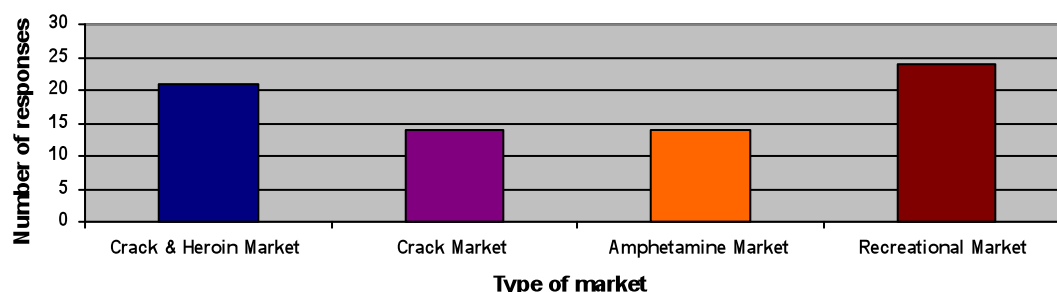
\*(Segments not representative of figures)

*Reports on methamphetamine watch in 2006 were located in the above geographical areas. More areas were identified in 2006, though reports were more spread out, with fewer clusters than in 2005.*

### 3. Dealing Patterns:

Total: 54 respondents

Findings:



*There were 73 responses in total indicating that some respondents believed that methamphetamine was being sold in different markets.*

*42% of respondents thought that the recreational market – clubs, bars and pubs was the main market for methamphetamine. This was followed by the crack and heroin market according to 39% of respondents.*

*26% of respondents also reported methamphetamine being sold through crack markets and another 26% reported that it was possible to buy the drug through amphetamine markets.*

*There were several comments from respondents that indicated that methamphetamine was being aggressively sold in various markets but these reports were few and far between. There were instances in both years of methamphetamine being sold as crack and amphetamine, which indicates that dealers are trying to use existing drug markets to sell methamphetamine.*

### 4. Form:

Total: 47 respondents

Findings:

**Methamphetamine Powder 32%**

**Crystal Meth 68%**

*From these findings the majority of respondents (68%) stated that crystal rather than the powdered forms of methamphetamine were available.*

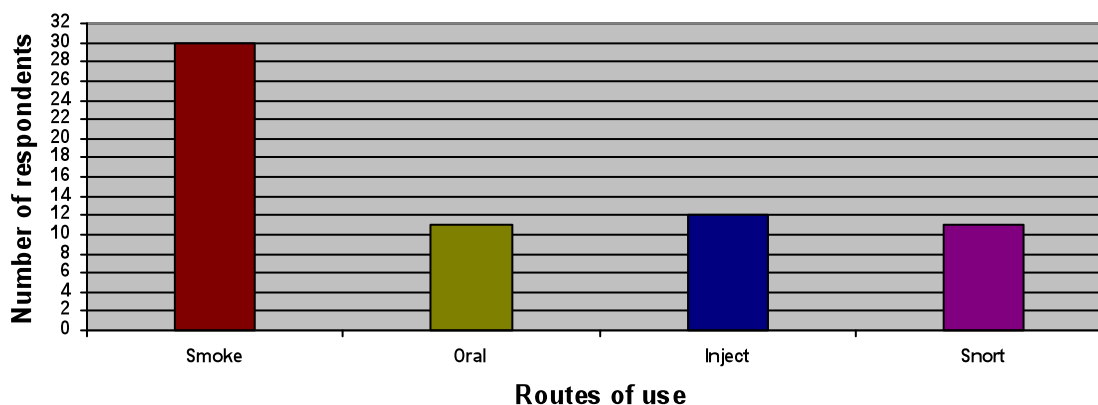
**Note:**

*Caution should be taken here, as many people using the drug as well as professionals in the UK do not differentiate between the crystal and powdered forms of methamphetamine. Some users and professionals refer to all forms of methamphetamine as 'crystal meth'.*

## 5. Routes of use:

Total: 54 Respondents

Findings:



*All major routes of administration were identified There were 64 responses in total indicating that more than one route of administration was used in some cases.*

*The majority (56% of respondents) suggested that smoking methamphetamine was the most common way of taking the drug.*

*This was followed by a 22% response rate for injecting, 20% response rate for snorting and further 20% for taking the drug orally.*

## 6. Costs:

Per 'rock' £10 - £20

Gram £35 - £75

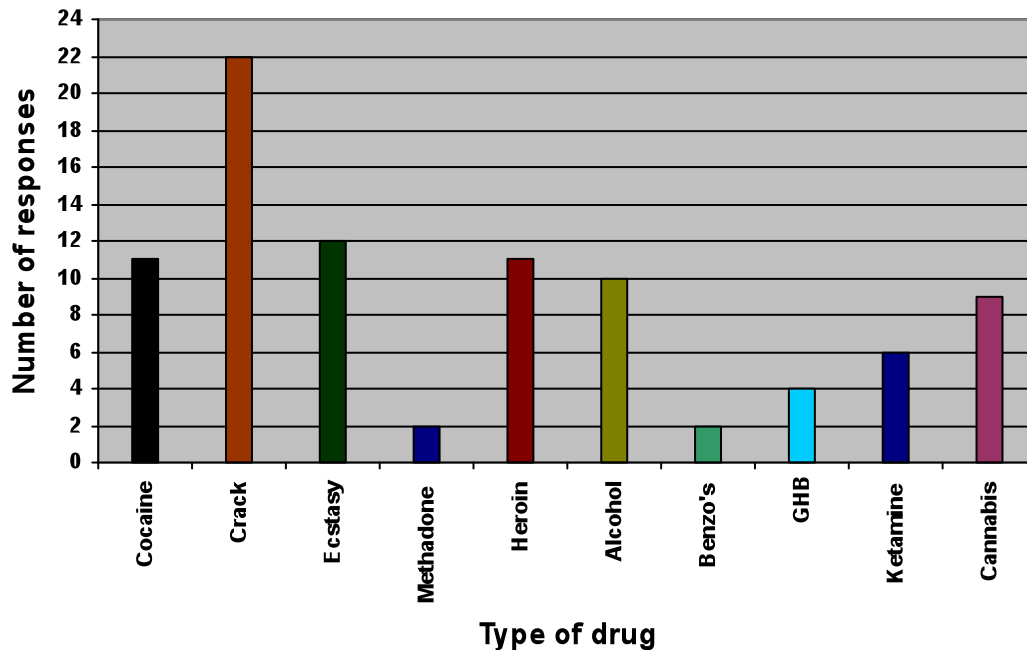
*These were the reported costs for a 'rock' or a gram of methamphetamine, whether this was for crystal or powder was not ascertained. There was a wide variance in the price from one geographical location to another; for example in London a "rock" can cost £20, while in Gloucester it can be £10. A gram in Manchester costs £40 whilst in Birmingham it is £35.*

## 7. Drug combinations:

(Used in conjunction with methamphetamine):

Total: 55 respondents:

Findings:



*There were 89 responses suggesting more than one drug was used in combination with methamphetamine. Specific combinations with individual users were not ascertained.*

*A whole range of drugs were reported to be used in conjunction with methamphetamine including GHB, Ketamine, cocaine powder, methadone, heroin and cannabis.*

*40% of the sample reported that crack was being used in conjunction with methamphetamine.*

*22% of the sample reported ecstasy being used in conjunction with methamphetamine.*

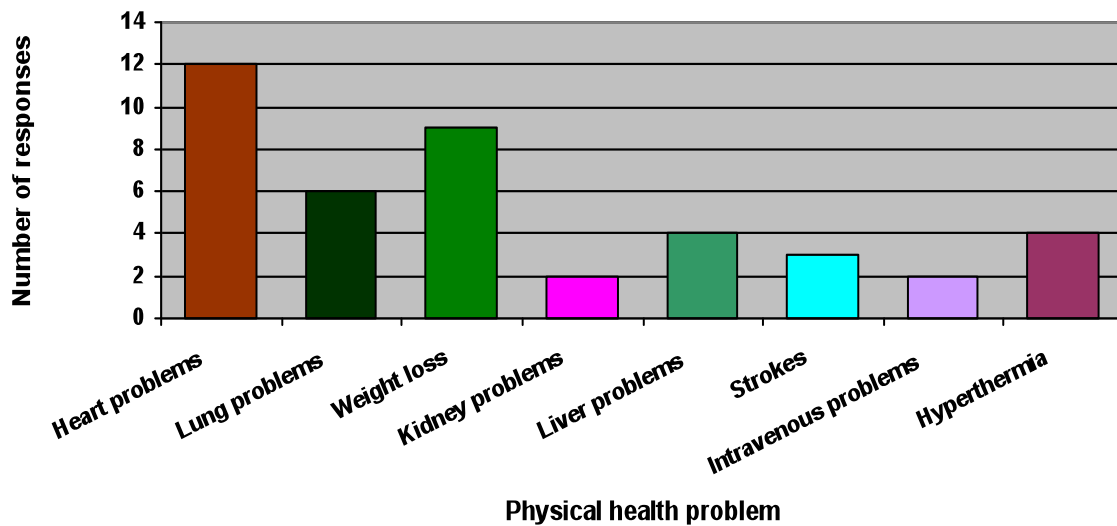
*20% reported cocaine and 20% reported heroin used in combination.*

*18% reported alcohol being used in combination with methamphetamine.*

## 8. Physical health issues

Total: 42 respondents

Findings:



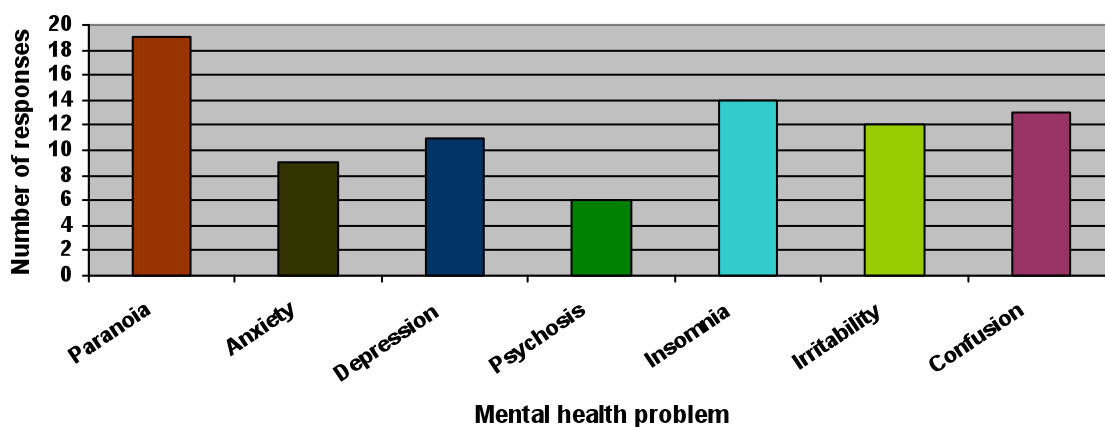
*A number of physical health problems were reported ranging from strokes, liver problems, lung problems, and hyperthermia to problems with injecting.*

*28% of respondents reported problems with the heart. 21% reported weight loss. Whether these health issues were still ongoing was not ascertained.*

## 9. Mental health issues:

Total: 51 respondents

Findings:



*A range of mental health issues were identified which ranged from anxiety, depression and psychosis. It is not possible to tell if these symptoms were diagnosed.*

*There were 84 responses in total indicating that some respondents thought that individuals had several mental health issues due to methamphetamine use. These responses were significantly higher than physical health issues.*

*The majority of respondents, 37% reported paranoia as a symptom of methamphetamine use.*

*27% reported insomnia, 25% reported symptoms such as confusion and 23% reported irritability.*

Interestingly, there were more responses for mental health issues than physical health. Considering the nature of the drug and its effects on the nervous system this is no surprise. Irritability, confusion and insomnia were reported alongside others symptoms such as paranoia, depression and anxiety which is also a common finding for crack and cocaine users. These findings are consistent with those in other countries where methamphetamine is widespread and a major problem.

## Conclusions

Methamphetamine use has been identified in the UK over the last two years. The reports in general have been sporadic and whilst not all in the same geographical location, they have come from all over the UK, from rural areas to cities. Experience from other countries has shown this drug may not follow traditional distribution trends, i.e. it has the potential to spread from rural areas to cities, whereas for most other drugs the reverse has happened. This could be as a result of the manufacturing process that uses widely available chemicals, some of which have a strong smell. The manufacturing process also produces a number of dangerous, pungent gases, hence the trend for rural use, where production can be less easily detected.

Methamphetamine was available in both recreational and street markets. However, the UK already has established drug markets such as crack, cocaine and heroin. Methamphetamine will have to compete with the demand for these drugs in those markets and may well compete against them. Alternatively existing distribution networks may be used to sell it, for example as demonstrated with the instances of methamphetamine being sold as crack.

In relation to recreational use, it is much harder to gauge how available methamphetamine is, as currently the only way to identify recreational drug use is when someone is arrested and tested for drug use or attending drug services for treatment.

COCA believes that there is not sufficient evidence to rely solely on the numbers of people accessing treatment due to a methamphetamine problem, as a gauge of the levels of use in the UK. Experience with crack cocaine has shown that it took several years for people to start accessing treatment for their crack cocaine use, by which time the drug had already become established in the UK.

## COCA Recommendations

- Continue to raise awareness of the dangers and effects of methamphetamine use, both within the drug and related fields and the general public.
- Continue to gather information from people seeking treatment for their drug use about the availability of methamphetamine.
- Agencies and professionals should continue to ask relevant questions to people using methamphetamine; for example what does the drug look like (powder or crystal); how are they using the drug i.e. smoking, injecting, snorting; how often are they using, what effects are they experiencing (physical, mental or both)?
- Raise awareness of the dangers of methamphetamine manufacture in particular around the volatile nature of the production process, harmful effects of the by-products and the amounts of toxic waste manufacture can produce.

This report is a snapshot relating to January 2005- December 2006 and reports of methamphetamine use are still coming via the COCA website at the time of publication.

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**May 2007**

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