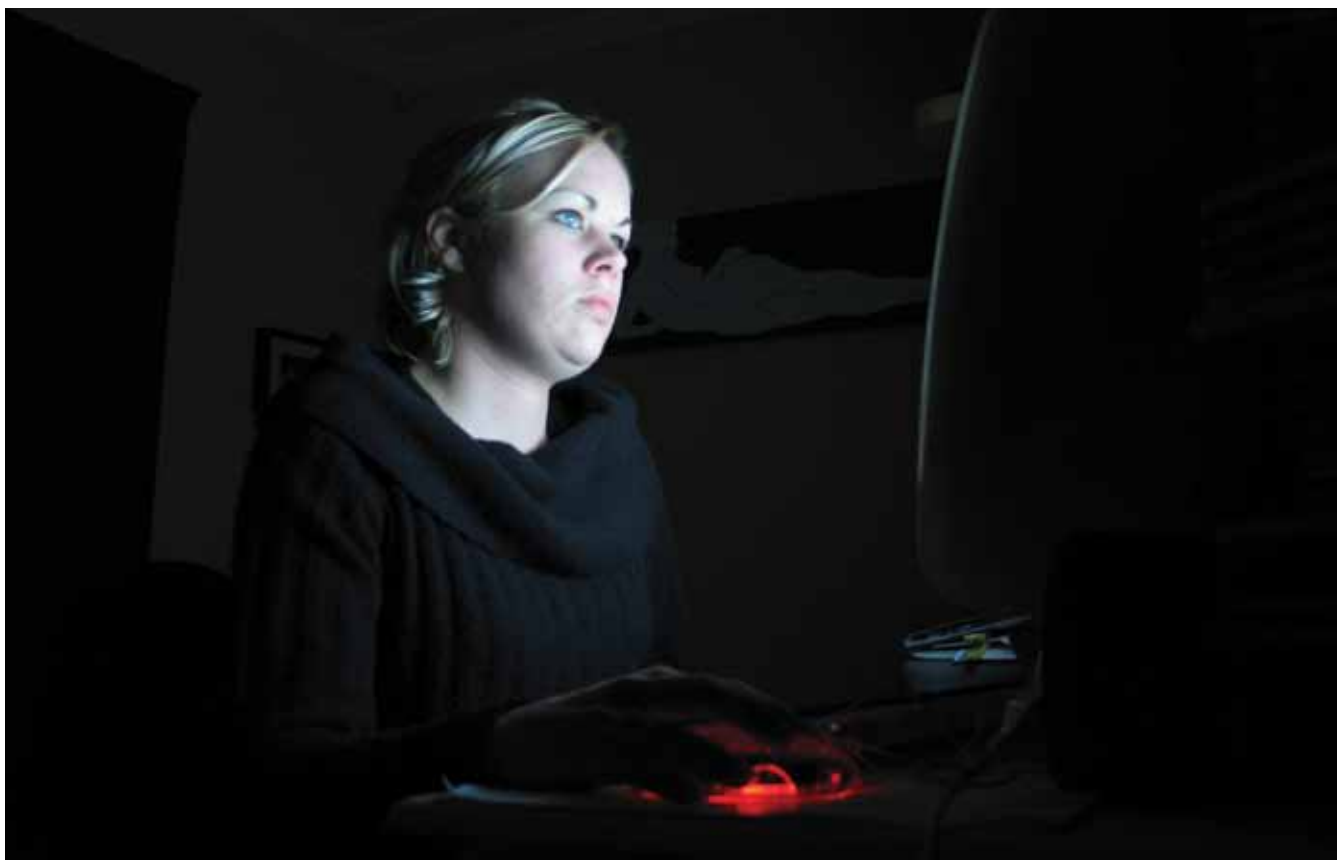
Methamphetamine – 'devil's dandruff' exacts its toll



Methamphetamine is no respecter of station. Users come from all walks of life and, initially, perform better in their working lives

Meth use has shocked veteran psychologist **Malcolm Falconer** with how it has spread to people in all walks of life, and with the speed with which it wrecks lives

Methamphetamine – colloquially known as "meth", "P" or "ice" – is, arguably, the drug causing the most problems in New Zealand right now at present. Radio personality Marcus Lush called it "the devil's dandruff".

While alcohol still causes the most harm, the recent surge in methamphetamine use is causing severe disruption – both for users and society. Horror stories of financial ruin, marriage destruction, health decline, legal consequences etc abound...the old addiction quartet of liver, lover, livelihood and law.

But it is the differences between this drug and others that is causing GPs concern. Users are not down-and-out disheveled cliché addicts. Meth abusers look completely normal and display few symptoms in the early stages.

I asked a group of GPs if there were any telltales with meth abuse. "You'd never know," said one GP. What is surprising is how long people can use methamphetamine without their GP ever knowing. I see mostly GP-referred patients in my private practice and I am astounded at the number of patients who disclose to me in therapy that they have been abusing meth.

So, just how do you, as a GP, recognise the signs of meth abuse? The patient may appear a bit animated or restless, if they are under the influence of the drug; or tired and anxious if they have been using it but have not done so for a few days. The patient may also report sleeping problems, weight loss or skin irritation, or anxious or low mood.

If the patient requests the trifecta of sleep medication, benzodiazepines and hydrocortisone cream this could be a hint, but always ask the question – and do so in a matter of fact way, ie, normalise the experience so the patient doesn't fear being judged. I ask the question after the tobacco, alcohol and marijuana questions. I say: "Have you ever used any of the 'alphabet' drugs, such as 'A', 'P', 'E', or 'GHB?' "

Meth addicts come from all walks of life. I have seen teachers, housewives, lawyers, property developers, beauticians and nurses, and even a doctor. Because of its ease of use, it has quickly created its own market. Use is widespread and almost socially acceptable now – despite the fact it is a Class A drug.

It is easy to take – a small crystal in a piece of tinfoil, a rolled up $5 note and a lighter and it's done. No syringes, no bags of smelly product to hide, no residue; it's as if it didn't happen. It is almost the "perfect" drug in this regard – until it isn't...

Early signs of abuse are subtle

The intoxication of alcohol and marijuana render most users incapable of normal functioning, eg, work, driving etc. Meth has no immediate disabling effects. Indeed, early on, the user is better at normal activities. There is a "high", but it is not intoxicating, ecstatic or hallucinogenic to the extent that normal neurotransmission is interrupted. Because of the performance enhancing effects, most users have a "eureka" experience, ie: "Why didn't I find this sooner? Now I can 'do' my life – be more energetic and efficient."

This is caused by the drug's massive dopamine release. The percentage of basal release of dopamine produced by methamphetamine in the first hour is almost double that of cocaine and four times that of ethanol, with no marked effects on performance. The person feels great and can function seemingly as normal, and the effects can last for up to five days.

This is why the drug is so addictive. People can use it just once, but after the drug has left their system, in five days, they will feel depressed and desperately need to feel good again. After a period of continued use – anything over a month – the person will no longer experience the dopamine "lift" to anything like the same extent, but will continue taking the drug to avoid the depression and anxiety that sets in after he or she hasn't had any for a few days.

Long-term effects easier to spot

While the early signs of abuse, dry mouth, skin disorders, mood instability, sleep issues etc, are not very obvious, the long-term effects are easier to spot. These include irritability, temper tantrums, aggression, weight loss and sores around the mouth, and the symptoms associated with sleep deprivation, including psychosis, paranoia, confusion, visual/auditory hallucinations, out of control rages and delusions.

In rare cases, a GP may need to involve mental health services for an assessment of a drug-induced psychosis. The GP will certainly be involved in long-term mood management issues after a meth addict comes off the drug. Because of the massive dopamine surges methamphetamine causes, up to 50 per cent of dopamine cells can be damaged after six to 12 months use. Brain scans have shown that, even after 24 months' abstinence, dopamine mechanisms are still not back to normal.

I have worked as a psychologist for over 20 years and have spent many years in the alcohol and drug sector. I have seen the effects of most drugs.

Meth use has shocked me in two ways: the way it has spread to people in all walks of life; and the speed with which it wrecks peoples' lives. Alcoholics and marijuana or opiate users can use their drug of choice for decades before reaching "rock bottom". Meth users seem to arrive at this point in six months to a year.

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When people try to stop using meth, they often feel exhausted. Anne Carrol is a detox nurse specialist at the Higher Ground Drug and Alcohol Rehab in Te Atatu, Auckland. She says meth addicts seldom require a medical detox – except when alcohol, benzodiazepine and methamphetamine use are combined. The reason for this is the increased risk of stroke. In most cases, says Carrol, a meth addict coming off long-term use will be hungry and tired – they will eat anything put in front of them and sleep for a week! Because the drug speeds up bowel movements, they also become constipated when they stop using it.

GPs need to help with long-lasting depression

But detoxification is seldom the hardest part of giving up meth. GPs will need to help with the withdrawal after the initial exhaustion, and this involves managing the irritability and low mood that can endure for up to 24 months.

Many recovering addicts may benefit from a course of SSRIs (selective serotonin reuptake inhibitors), but exercise, sleep and diet form the mainstay of mood management. Rachel Arthur, an Australian naturopath and expert in the use of nutritional rehabilitation to aid the recovery of homeostasis in neurotransmitter functioning of recovering addicts, suggests a number of supplements to help recovery, including melatonin, omega-3, B6, B12 and magnesium.

Meth abusers seem incapable of empathy, happiness, pleasure, etc, long after they stop using, and it is this that draws them back to meth. The cravings are long-lasting; this drug calls its users for a long time.

In summary, GPs need to ask whether a person is using methamphetamine. Don't make assumptions about the type of person who uses meth. Its use is now widespread.

Motivational interviewing – an evidence-based tool which helps patients address substance abuse issues – indicates that giving advice or "lecturing" on drug harm is unlikely to work. A more Socratic approach is needed, for example: "What are the good things and not so good things about using drugs?" or "When you started using meth, it was probably fun, but you probably didn't think it would get like this" and "How will you know when it's time to stop?"

Warn patients to expect exhaustion and increased appetite in the initial stages of withdrawal, and that this will pass. Then, after the first week, anxiety and depression are likely and can be very persistent, but say SSRIs can be useful here.

Active follow-up and support are key in encouraging these patients to persist through the gradual recovery phase to "reclaim their lives". With chronic use, the low/anxious mood component of withdrawal is often long-lasting, so CADS (Community, Alcohol and Drug Services) and/or Narcotics Anonymous self-help and support meetings can be very helpful.

"One addict can best help another" may well be the best option for meth-users to prevent a relapse. ■

KEY POINTS

- Methamphetamine is an "easy" drug – easy to find, easy to take and easy to secrete.
- User numbers appear to be rising, with many people in therapy now admitting to taking it.
- GPs can't easily recognise addiction early on, but a "trifecta" request for sleeping pills, "benzos" and hydrocortisone cream can be a clue.
- Fifty per cent of dopamine cells are damaged in the first year of meth use.

Online resources

- Rachel Arthur – nutritional support for recovering addicts: http://rachelarthur.com.au
- Motivational interviewing techniques: scottdmiller.com
- Narcotics Anonymous: www.nzna.org
- Community, Alcohol and Drug Services: www.cads.org.nz
- Higher Ground Drug Rehabilitation Trust: www.higherground.org.nz

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