The **ice** age is coming

As the media and the drugs field become increasingly preoccupied by methamphetamine (ice) it becomes harder to separate fact from fiction. In this article, 'Delia Venus Wynn' uses first hand experience of producers, suppliers and users to look beyond the hype at the reality of methamphetamine.

Pic: David Hoffman Photo Library

Methamphetamine is not primarily derived from a plant source so unlike heroin or cocaine, it doesn't necessarily require long supply routes. This has in turn made it especially popular in less accessible markets, such as New Zealand, where homegrown methamphetamine production is an easier undertaking than importation of, for example cocaine.

Unlike many other forms of drug synthesis, methamphetamine is relatively straightforward. Precursor chemicals are more readily available than is the case with most street drugs. Using certain decongestants containing the precursor chemicals, a box of tablets is enough to make about three quarters of a gram of pure methamphetamine which could be sold for £50-£80.

The majority of the US market is supplied by large-scale labs, principally in Mexico, California and, to a lesser extent Texas, but a significant proportion comes from what the Drug Enforcement Administration term 'mom and pop' laboratories. These manufacturers make small batches (between 10 and 50 grams) on a three to four day cycle at home.

Plant-derived production does also take place. South East Asian suppliers obtain Ephedrine from Ephedra Sinica, a hardy shrub. Growers extract the ephedrine, which can be easily converted to methamphetamine using very basic chemicals.

The relative ease with which precursors can be obtained has been exacerbated by the growth of the Internet, which makes both recipes and sources of precursors easy to find. Key chemicals used in common production processes are available cheaply on-line.

As the chemicals in question are not on watch-lists for precursor chemicals, such companies will be able to act with impunity unless the licensing laws relating to these compounds is changed or it is possible to prove that they are being supplied with the intention of manufacturing a controlled drug.

UK methamphetamine is currently imported either from the Far East or from former ecstasy manufacturers (mainly based in The Netherlands or Belgium) who have switched from MDMA production to the more profitable methamphetamine.

However, police reports from London and the South East have suggested that UK-based meth-labs are starting to crop up now.

Methamphetamine can be smoked, snorted, swallowed or injected. This makes it a very versatile drug.

Its effects are similar to amphetamine (speed) but it is four times stronger, weight for weight, and with a significantly longer duration of action. In addition, methamphetamine can be smoked like crack and has a similar rush. The difference is that while a crack high lasts for ten minutes or so, the methamphetamine high lasts for eight hours and is qualitatively very similar. This makes it a more

economical drug for those looking for a powerful stimulant high.

The downside is a much bigger crash, so heavy users seek to repeat dosing to avoid this event, often for days. The crash from a single dose begins after around the eight hours mark, and can last for a further eight to 16 hours. With chronic usage, the crash can last a week or more – see www.sentencingproject.org/pdfs/methamphetamine_report.pdf

Meth trends

Recent reports from the US have shown that methamphetamine is not the national epidemic that the media suggests, but is very prevalent in certain urban areas. For example, in Phoenix, Arizona as many as 38.3 per cent of men tested positive for methamphetamine on arrest. This compared to a national average of 5 per cent for positive methamphetamine results. At the same time, 30 per cent tested positive for cocaine and 44 per cent for marijuana.

These figures seem to indicate that methamphetamine is nowhere as popular as say, crack, probably because of its long duration and horrible crash. Also, as users become tolerant, they are likely to take larger and larger doses to obtain the same high, so methamphetamine looks increasingly less like a 'cheap' drug.

Lessons learned

The experience of the US, Australia and elsewhere is certainly that methamphetamine can, and does, have a massively damaging physical and psychological effect on users, and causes huge collateral damage to them.

However, the US experience has not been that the drug became a widespread 'foundation' drug in the same way that heroin has. Instead, it springs up in concentrated, but highly damaging pockets.

Indeed, evidence (www.methresources.gov) suggests a significant decrease in methamphetamine use in the States, with estimates that use has diminished 30 per cent since 2001.

A number of factors may have contributed to this decline in methamphetamine use. Heavy ongoing use of methamphetamine is less feasible than with most other drugs, because of the serious physical and mental health problems that are likely to stem from it and the increase in tolerance. So use tends to be sporadic and bingeing (similar to a crack 'mission') rather than ongoing for sustained periods of time.

Many areas of the US are only supplied irregularly (mom and pop producers are frequently caught) so finding a steady supply remains difficult.

With a longer timeframe of problematic use, education and awareness messages in the US and elsewhere are more widespread. With families and friends of users having direct experience of the effects of the drug, and in turn with these being translated in to education, there is a higher level of awareness, and in turn resistance, than in the UK.

Efforts to clamp down on precursor chemicals, including decongestants, have had significant impact on areas where supply was reliant on local production rather than imports.

View from the UK Street

Currently, the market in Manchester, UK, is just starting to see the drug being sold in two specific markets. Firstly, the gay scene has a small but expanding market of recreational users who love the energy-giving, inhibition-losing effects, which also boost sexual drive – initially at least.

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A key risk to these users is unprotected sex due to the lack of inhibitions and increased sex drive. If the US experience is any kind of indicator, the rate of STDs among these users will increase quite drastically.

The second group of users is likely to form the bulk of drug workers' caseload. We are beginning to see a marketing campaign strongly reminiscent of the introduction of crack. Dealers are offering two points of brown and one of methamphetamine for £20.

From a supply point of view, methamphetamine is a profitable drug: its addictiveness and need for escalating doses can generate large sales.

In addition, the high levels of stimulation and unpleasant crash are likely to be offset by use of depressant drugs, and this has resulted in escalating heroin sales, or, increasingly, sales of highly profitable imported benzodiazepines.

On a personal note, having tried the drug, it does seem like only hardened drug users would contemplate imbibing this compound regularly. Its extreme physical and mental effects mean that only people who find extremely potent stimulant use pleasurable would enjoy the effects.

Next steps

Uniquely, the UK is in a good position to respond proactively to methamphetamine, as we have had fair warning that the drug is likely to start entering the UK in significant quantities or start to be produced here.

The decision to move methamphetamine from class B to class A should provide the required impetus to develop effective responses. Given the rapidity with which crack cocaine achieved substantial market penetration, it seems likely that methamphetamine would follow the same route and achieve a wide market distribution quickly, following the same supply lines and getting in via the heroin market and sex-worker markets. So developing effective responses now is essential.

This will require responses from law-enforcement and drugs agencies and would ideally include the following:

- Prevention of UK-based production: this will require reformulation and greater control of OTC medicines containing precursor chemicals, and more robust licensing to prevent the sale of additional chemicals used in the production cycle.
- Effective monitoring of importation routes.
- Targeted education messages to high-risk populations, especially clubbers, the gay scene, and heroin or crack users being targeted by suppliers.
- Effective training of drugs workers to be aware of methamphetamine and the role of therapies such as CBT in working with methamphetamine users.
- Local monitoring of methamphetamine trends to provide early warning of increased use.
- Closer examination of the experience of other countries' models of control and treatment, especially those with extensive experience of responding to methamphetamine.

Methamphetamine represents a new and significant risk to drug users and the communities in which they live. Drugs agencies, mental health services and the criminal justice system are likely to see users presenting with a collection of drug and health related needs.

However, if the experience of other countries, especially the US holds true, methamphetamine is unlikely to become as uniformly widespread as heroin or crack, due to the deeply unpleasant side effects. In the short term, the levels of use are likely to expand rapidly. This expansion could be reduced through effective control and education strategies.

Without wishing to be complacent, it may well be that, after reaching a peak within the next five years or so, levels of use will drop off as older users move away from the drug and the next generation reject a drug which perhaps offers too much of a high and too much of a crash.

'Delia Venus Wynn' is a pseudonym; the author is a former manufacturer and user of a large range of compounds. Delia is now working towards a professional career in the other side of the drugs field. Additional material by Kevin Flemen/KFx.

A longer version of this article is on the KFx website at www.ixion.demon.co.uk