

Meth Addiction

Abuse patterns



Methamphetamine abuse has three patterns: low intensity, binge, and high intensity. Low-intensity abuse describes a user who is not psychologically addicted to the drug but uses methamphetamine on a casual basis by swallowing or snorting it. Binge and high-intensity abusers are psychologically addicted and prefer to smoke or inject methamphetamine to achieve faster and stronger high. Binge abusers use methamphetamine more than low-intensity abusers but less than high-intensity abusers.

Low-Intensity methamphetamine abuse

Low-intensity abusers swallow or snort methamphetamine, using it the same way many people use caffeine or nicotine. Low-intensity abusers want the extra stimulation the methamphetamine provides so that they can stay awake long enough to finish a task or a job, or they want the appetite suppressant effect to lose weight. These people frequently hold jobs, raise families, and otherwise function normally. They may include people such as truck drivers trying to reach their destination, workers trying to stay awake until the end of their normal shift or an overtime shift, and housewives trying to keep a clean house as well as be a perfect mother and wife.

Even though a law enforcement officer is not likely to encounter low-intensity abusers, these individuals are one step away from becoming binge abusers. They already know the stimulating effect that methamphetamine provides them by swallowing or snorting the drug, but they have not experienced the euphoric rush associated with smoking or injecting it and have not encountered clearly defined stages of abuse. However, simple switching to smoking or injecting methamphetamine offers the abusers a quick transition to a binge pattern of abuse.

Binge methamphetamine abuse

Binge abusers smoke or inject methamphetamine and experience euphoric rushes that are psychologically addictive. Rush-The rush is the initial response the abuser feels when smoking or injecting methamphetamine and is the aspect of the drug that low-intensity abusers do not experience when snorting or swallowing the drug. During the rush, the abuser's heartbeat races and metabolism, blood pressure, and pulse soar. Meanwhile, the abuser can experience feelings equivalent to ten orgasms. Unlike the rush associated with crack cocaine, which lasts for approximately 2 - 5 minutes, the methamphetamine rush can continue for 5-30 minutes.

The reason for the methamphetamine rush is that the drug, when smoked or injected, triggers the adrenal gland to release a hormone called epinephrine (adrenaline), which puts the body in a battle mode, fight or flight. In addition, the physical sensation that the rush gives the abuser most likely results from the explosive release of dopamine in the pleasure center of the brain.

High-The rush is followed by the high, sometimes called the shoulder. During the high, the abuser often feels aggressively smarter and becomes argumentative, often interrupting other people and finishing their sentences. The high can last 4-16 hours.

Binge-The binge is the continuation of the high. The abuser maintains the high by smoking or injecting more methamphetamine. Each time the abuser smokes or injects more of the drug, a smaller euphoric rush than the initial rush is experienced until, finally, there is no rush and no high. During the binge, the abuser becomes hyperactive both

mentally and physically. The binge can last 3-15 days.

Tweaking-Tweaking occurs at the end of the binge when nothing the abuser does will take away the feeling of emptiness and dysphoria, including taking more methamphetamine. Tweaking is very uncomfortable, and the abuser often takes a depressant to ease the bad feelings. The most popular depressant is alcohol, with heroin a close second.

Tweaking is the most dangerous stage of the methamphetamine abuse cycle to law enforcement officers and other individuals near the abuser. If the abuser is using alcohol to ease the discomfort, the threat to law enforcement officers intensifies. During this stage, law enforcement officers must clearly identify the underlying dangers of the situation and avoid the assumption that the tweaker is just a cocky drunk.

Crash-To a binge abuser, the crash means an incredible amount of sleep. The body's epinephrine has been depleted, and the body uses the crash to replenish its supply. Even the meanest, most violent abuser becomes almost lifeless during the crash and poses a threat to no one. The crash can last 1-3 days.

Normal-After the crash, the abuser returns to normal--a state that is slightly deteriorated from the normal state before he used methamphetamine. This stage ordinarily lasts between 2 and 14 days. However, as the frequency of bingeing increases, the duration of the normal stage decreases.

Withdrawal-No acute, immediate symptoms of physical distress are evident with methamphetamine withdrawal, a stage that the abuser may slowly enter. Often 30-90 days must pass after the last drug use before the abuser realizes that he is in withdrawal. First, without really noticing, the individual becomes depressed and loses the ability to experience pleasure. The individual becomes lethargic; he has no energy. Then the craving for more methamphetamine hits, and the abuser often becomes suicidal. If the abuser, however, takes more methamphetamine at any point during the withdrawal, the unpleasant feelings will end. Consequently, the success rate for traditional methamphetamine rehabilitation is very low. Ninety-three percent of those in traditional treatment return to abuse methamphetamine.

High-Intensity methamphetamine abuse

The high-intensity abusers are the addicts, often called speed freaks. Their whole existence focuses on preventing the crash, and they seek that elusive, perfect rush--the rush they had when they first started smoking or injecting methamphetamine.

With high-intensity abuser, each successive rush becomes less euphoric, and it takes more methamphetamine to achieve it. Each high is not quite as high as the one before. During each subsequent binge, the abuser needs more methamphetamine, more often, to get a high that is not as good as the high he wants or remembers.

Tweaking for the high-intensity abuser is still the most dangerous time to confront him because tweakers are extremely unpredictable and short-tempered. The crash is often spoken of in terms of I never sleep, or I sleep with one eye open. In an attempt to appear normal, perhaps because of an appointment with a doctor, lawyer, or court official, high-intensity abusers will make themselves take short naps; otherwise, they see no need to come down from the high.

Dangerous tweakers

A methamphetamine abuser is most dangerous when tweaking. The fact that a law enforcement officer is confronting the tweaker makes him more dangerous, not just to the officer on the scene but also to anyone nearby. When tweaking, the abuser has probably not slept in 3-15 days and consequently will be extremely irritable. The tweaker craves more methamphetamine, but no dosage will help re-create the euphoric high. The result is a strong feeling of uncontrollable frustration that makes the tweaker unpredictable and dangerous.

If the law enforcement officer on the scene is unfamiliar with the physical signs of a tweaker, the abuser can appear normal. In fact, unlike a person intoxicated on alcohol with glassy eyes, slurred speech, and difficulty even standing up, a tweaker appears super-exaggerated normal. The tweaker's eyes are clear, his speech concise, and his movements brisk. With a closer look at the tweaker, law enforcement officers will notice that his eyes are moving about ten times faster than normal and may roll. He is talking in a quick, often steady voice with a slight quiver to it, and his movements are quick and jerky. The individual's movements are often exaggerated because he is overstimulated, and his thinking is scattered and subject to paranoid delusions.

The tweaker does not need provocation to react violently; however, confrontation increases the chance for a violent

reaction. Law enforcement officers should consider the potential for violence when determining that a suspect is tweaking. For example, case histories indicate that tweakers react negatively to the sight of a police uniform. Confrontation between the tweaker and law enforcement often results in a verbal or physical assault on the officer.

Besides confrontation, nobody knows for certain what will trigger a tweaker to be irrational and violent. A tweaker exists in his own world, seeing and hearing things that no one else can perceive. His hallucinations are so vivid that they seem real. What law enforcement officers say and do enter into the abuser's altered reality, and if his paranoia is triggered, law enforcement appears to be a threat to the tweaker's life.

It is during tweaking that hostage situations can easily occur. If the abuser feels cornered, with no means of escape, the tweaker is likely to take a hostage, often an associate, a relative, or a police officer. In extreme cases, the tweaker may physically assault the hostage.

If the tweaker has chosen to ease his discomfort with alcohol, he becomes a disinhibited tweaker, making reasoning with him or even identifying him as a tweaker more difficult. Physical signs of a tweaker become blurred to an observer when the tweaker is using alcohol. Motor and speech functions, for example, become impaired, but not to the degree of a person using only alcohol. The rapid eye movement and the quick speech of a tweaker might actually slow to an apparently normal speed. However, a tweaker using alcohol can be identified in two ways:

1. First, individuals who can get close enough to see the tweaker's eyes should look for a horizontal-gaze nistagmus. This phenomenon occurs when the methamphetamine abuser, who is also using alcohol, looks out of the corner of his eyes, and the eyes jerk back and forth.
2. Second, if communication lines are open with the tweaker, ask the tweaker if he is using methamphetamine and then inquire if he is also drinking alcohol.

If a strong smell of alcohol is present, but no signs of drunkenness exist, one should err on the side of caution and approach the person as a tweaker using alcohol rather than assume the person is harmless. Because tweakers using alcohol are ordinarily not concerned with the consequences of their actions, a situation can quickly lead to violence.

Are there any other problems that can occur from methamphetamine addiction?

Regarding domestic disputes, cities across the United States report increased percentages of domestic violence incidents associated with methamphetamine use. Domestic disputes, ordinarily regarded as dangerous situations for law enforcement, become intensified when a tweaker is involved because of that individual's unpredictability.

Many motor vehicle violations and accidents may also involve tweakers. Paranoid and hallucinating, tweakers may decide to travel in their automobiles. Their delusional state makes moving shapes and shadows appear threatening, and they are very likely to increase their speed and exhibit erratic driving patterns as they attempt to evade the images. An additional threat to society and themselves may stem from tweaker's tendency to arm themselves for their personal safety. Interviews with methamphetamine abusers have confirmed that these individuals often maintain weapons in their automobiles, as well as in their residences.

Tweakers may also be present at raves or parties. In addition, to support their habit, tweakers often participate in spur-of-the-moment crimes, such as purse snatching, strong-arm robberies, assaults with a weapon, burglaries, and thefts of motor vehicles.

Methamphetamine is readily available and is spreading rapidly across the United States. Unlike the abusers in the 1960s and 1970s, today's methamphetamine abusers cross ethnic and gender boundaries. Methamphetamine is psychologically addictive during the binge and high-intensity patterns of abuse, with users becoming paranoid and unpredictable.