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WE NEED A HEALTH APPROACH TO METHAMPHETAMINE (METH).

I. WHAT IS METHAMPHETAMINE (METH), AND WHAT ARE THE EFFECTS OF METHAMPHETAMINE ON THE BODY?

Methamphetamine is a stimulant that affects the central nervous system. It is also known as meth, crystal meth, crystal, tina, or crank. It produces feelings of euphoria, increased energy, reduces appetite, and improves focus.

Methamphetamine is normally in the form of a white powder that has no smell and tastes bitter. It can also appear in a semi-transparent crystallized form or in pill form. Methamphetamine can be consumed in several ways. It can be injected, smoked, snorted, swallowed, or taken rectally (known as “boofing” or “booty bumping”).

Methamphetamine is similar to amphetamine, but it has longer-lasting and more potent effects. This is because methamphetamine passes through the blood-brain barrier more quickly than amphetamines.

Methamphetamine can have several short- and long-term effects on the brain and body if regularly consumed in high doses. Methamphetamine can raise blood pressure, heart rate, and body temperature. It can also reduce appetite and lead to weight loss. It can make it difficult to sleep. Long-term methamphetamine use can cause damage to

the liver, kidneys, and heart. In some cases, people experience psychological effects like hallucinations, anxiety, depression, or paranoia.

Taking a high dose of methamphetamine can lead to a stimulant overdose, also commonly known as overamping.¹ This term can be used to describe several effects, including high blood pressure, increased heart rate, high body temperature, seizures, stroke, or heart attack. This can be damaging to the heart, brain, and other organs. It can be fatal. There is no overdose reversal medication for stimulants.

METHAMPHETAMINE AND PREGNANCY

Methamphetamine use during pregnancy is rare.² It is difficult to pinpoint the specific health effects of methamphetamine use on newborns for several reasons. One is because many people who use methamphetamine do not receive early or adequate prenatal care.³ Some are reluctant to seek prenatal care due to drug stigma in the healthcare system. Some may avoid prenatal care⁴ due to fear of punishment for illegal drug use during pregnancy. As a result, newborns may have health issues that prenatal care could have prevented. The effects of methamphetamine use may be hard to distinguish from poverty, poor nutrition, and a lack of resources.⁵ In addition, high rates of cigarette smoking among pregnant people who use methamphetamine can make it difficult to isolate methamphetamine effects.⁶

2. ARE THERE ANY MEDICAL USES OF METHAMPHETAMINE (METH)?

Yes. Methamphetamine is a Schedule II substance. The federal government has determined that it has some accepted medical use, but it can be addictive. Methamphetamine (brand name Desoxyn) can treat attention deficit hyperactivity disorder (ADHD).

Amphetamines can also be prescribed by doctors. The most commonly known amphetamine is sold under the brand name Adderall. It is used to treat ADHD and narcolepsy. In Canada, people who use methamphetamine from the underground market can be prescribed a safe supply of stimulants.

3. HOW LONG DOES METHAMPHETAMINE (METH) STAY IN THE SYSTEM?

The effects of methamphetamine can last for many hours, and it may take up to 4 days for the drug to completely leave the body. Methamphetamine has an average half-life of 10 hours, meaning it takes 10 hours for half the drug to exit the system. Metabolites may show up in drug tests for days after use. Different drug tests have varying detection times, with the shortest time for urine tests and longer times for hair tests.

4. WHAT HAPPENS IF YOU MIX METHAMPHETAMINE (METH) WITH OTHER DRUGS?

It is common for people to use more than one drug at the same time, also known as polydrug use or co-use.

ALCOHOL AND METHAMPHETAMINE

People may drink alcohol to “take the edge off” methamphetamine. Mixing methamphetamine and depressant drugs like alcohol can be risky. Stimulants can mask the effects of alcohol. This can lead to a person drinking more alcohol than intended and alcohol poisoning.

XANAX® AND METHAMPHETAMINE

Another depressant drug frequently taken in combination with methamphetamine is Xanax®. People might take Xanax® to combat the jitteriness of methamphetamine. Methamphetamine and Xanax® can be a dangerous combination. While methamphetamine speeds the body up, depressants slow the body down. This can increase the risk of overdose.

STIMULANTS (LIKE MDMA) AND METHAMPHETAMINE

Combining methamphetamine with other stimulants like MDMA or cocaine can be risky. Multiple stimulants in combination with each other can increase the risk of overamping.⁷ This term can be used to describe several effects, including high blood pressure, increased heart rate, high body temperature, seizures, stroke, or heart attack. This can be damaging to the heart, brain, and other organs. It can be fatal. There is no overdose reversal medication for stimulants.

HEROIN AND METHAMPHETAMINE

When someone takes methamphetamine and opioids together it is called “goofballing.” Mixing an “upper” like methamphetamine and a “downer” like heroin or fentanyl can be risky. It puts strain on the cardiovascular, central nervous, and respiratory systems and can increase the risk of overdose.

VIAGRA AND METHAMPHETAMINE

Sometimes people take methamphetamine to enhance sexual experiences, a practice called “chemsex.” Methamphetamine can cause erectile dysfunction. This leads to some people taking erectile drugs like Viagra during chemsex. This can be harmful because methamphetamine raises blood pressure, while erectile drugs lower blood pressure. The combination can put someone at higher risk of stroke.

5. CAN YOU OVERDOSE ON METHAMPHETAMINE (METH)?

Yes. Taking a high dose of methamphetamine can lead to a stimulant overdose, also commonly known as overamping.⁸

Methamphetamine has been the second most commonly involved drug in overdose deaths⁹ in the United States since 2020 and many of these deaths also involved fentanyl due to polysubstance use.

Remember: not all overdoses are fatal, but even non-fatal overdoses can have lasting health effects.

Overamping¹⁰ can be used to describe several effects, including high blood pressure, increased heart rate, high body temperature, seizures, stroke, or heart attack. This can be damaging to the heart, brain, and other organs. It can be fatal. There is no overdose reversal medication for stimulants.

Taking methamphetamine in combination with other classes of drugs, like opioids or depressants, can increase the risk of an overdose. When methamphetamine is used with other stimulants, it can increase the risk of overamping.

6. CAN YOU BECOME ADDICTED TO METHAMPHETAMINE (METH) AFTER USING IT FOR THE FIRST TIME?

No, you cannot become addicted to methamphetamine or any drug after using it only one time.

ADDICTION AND SUBSTANCE USE DISORDER

A person only meets the criteria for a substance use disorder if, over the course of several months, they continue to use a drug repeatedly despite experiencing numerous harms and negative consequences.

7. WHAT ARE TREATMENT OPTIONS FOR PEOPLE WITH METHAMPHETAMINE (METH) USE DISORDER?

People with methamphetamine use disorder and those who use methamphetamine have treatment options if they want help.

Substance use disorder treatment involves professionally delivered psychosocial treatment and/or medications to reduce problematic drug use and improve health and quality of life. These services are provided in a variety of settings. This includes specialized treatment facilities like outpatient, inpatient, or residential centers. It can also include medical settings, such as hospitals and clinics. We at DPA believe that people should be able to choose the options that work best for them.

An evidence-based approach that helps treat methamphetamine use disorders is called Contingency Management. It involves providing incentives, like money or prizes, for positive treatment outcomes. Decades of research from around the world show that it is a successful approach with diverse populations. Clients often reduce drug use, stay in treatment for longer, and have better health outcomes.

THERE ARE CURRENTLY NO FDA-APPROVED MEDICATIONS TO TREAT METHAMPHETAMINE USE DISORDER.

8. WHAT ARE HARM REDUCTION STRATEGIES FOR PEOPLE WHO USE METHAMPHETAMINE (METH)?

There are several ways to practice harm reduction while using methamphetamine.

USE STERILE AND NEW EQUIPMENT.

Methamphetamine can be injected, smoked, or snorted. When possible, people who use methamphetamine should use sterile and new equipment every time. Supplies may include syringes, cookers, pipes, and straws. Using bills to snort can spread bacteria, so it is better to use post-it notes or other clean paper. People should also avoid sharing equipment with others. Reusing or sharing equipment can place users at risk of skin and soft tissue infections and spread diseases like HIV and Hepatitis C.

NEVER USE ALONE.

People should avoid using methamphetamine alone. Using around known and trusted people can help manage any potential feelings of anxiety or paranoia. It also means people are available to call for help in the event of a medical emergency.

GO SLOW.

People should “go slow,” dilute their drugs, or take a little bit at a time to reduce the risk of an overdose or overamping by accidentally taking too much. It is also advised that people do not take methamphetamine in combination with opioids or depressant drugs, like alcohol. This can increase the risk of an overdose. When methamphetamine is used with other stimulants, it can lead to overamping.

GET SOME REST, EAT, AND HYDRATE.

People who use methamphetamine can often go days without sleeping. Stimulants like methamphetamine can also suppress appetite, so it is easy to go without eating or drinking for several hours. Sleep deprivation and poor nutrition can have negative effects on the body and can

increase the risk of overamping. People who use methamphetamine should remember to take breaks to rest, eat, and hydrate.

SWITCH TO LESS RISKY MODES OF CONSUMPTION.

In some cases, it is helpful to change the route of use to a less risky method. It might be safer to switch to snorting, boofing, or smoking methamphetamine instead of injecting. This can reduce the risk of blood-borne and skin and soft tissue infections. Smoking methamphetamine can dry out the mouth and lips, creating cracks or sores that can increase infections risk; people who smoke should use lip balm, stay hydrated, and avoid sharing pipes.

STRATEGIES FOR SAFER CHEMSEX

Chemsex refers to the practice of using drugs to enhance sexual experiences. Chemsex is common among people who use methamphetamine. It is important for people who engage in chemsex while using methamphetamine to carry condoms and routinely get tested for sexually transmitted infections and/or pregnancy.

DRUG CHECKING

Fentanyl, a powerful opioid, is rarely detected in methamphetamine. However, there is a small risk of fentanyl cross-contamination in the unregulated drug supply. This can put people at risk for opioid overdose. People who use methamphetamine should try to have fentanyl test strips available to test their supply before using. Methamphetamine residue must be diluted with more water than other drugs because of the risk of false positives. A half cup of water is enough to properly dilute methamphetamine for accurate fentanyl testing. People who use stimulants should also have naloxone on hand just in case their methamphetamine contains an opioid, like fentanyl.

9. WHAT ARE POLICIES TO HELP PEOPLE WHO USE METHAMPHETAMINE (METH) TO BE SAFER?

There are many [drug policies](#) we can pass at the local, state, and federal level to help people who use methamphetamine to be safer.

- **Invest in addiction services.** A full range of addiction services—including counseling, long-term treatment, and recovery housing—should be available to individuals. Personalized support reduces overdose risk and improves recovery chances.
- **Expand contingency management services.** Contingency management is a highly effective treatment that involves providing incentive for behavioral outcomes aligned with treatment goals. It is the most effective treatment for stimulant use disorders, but it is rarely available due to various structural barriers.
- **Expand research into stimulant addiction medications.** Unlike for opioid use disorders, there are no approved medications for treating stimulant use disorders. More research and resources are needed to develop potential medications and other treatment approaches for stimulant use disorders.
- **Address demand (root causes of methamphetamine use).** Methamphetamine offers euphoria and alertness — many people use it to cope with physical or emotional pain. Ensuring people have access to housing, community, mental health services, and jobs can help address why people are using.
- **Increase access to sterile supplies that reduce disease transmission.** Access to supplies like sterile syringes and smoking kits reduce the transmission of infectious diseases. These supplies should be widely available to people who use drugs, and their use and possession should not be criminalized.
- **Expand research and services for polysubstance use.** Many people with substance use disorders use multiple drugs. Research and addiction services must account for polysubstance use to improve services and outcomes.
- **Authorize overdose prevention centers (OPCs) on the state and local level.** These centers provide connections to care and can respond to an active overdose at its earliest sign, preventing overdose deaths, saving lives, and promoting recovery in the process.
- **Prioritize a health approach to drugs, end criminal penalties.** Shift drug policy from criminal penalties to public health, focusing on treatment, housing, jobs, healthcare, overdose prevention, and crisis response teams to provide effective support and resources.
- **Ensure people have access to their basic needs, like housing.** Offer retroactive record clearing and the removal of civil penalties for drug convictions so people have more access to jobs, housing, and benefits.
- **Improve drug checking and data collection.** This will help us better understand the current drug supply, create warnings, and offer better solutions.

Drug Policy Alliance (DPA) recommends a comprehensive, health-based response to the overdose crisis to keep people safe and healthy. There is growing public acceptance of the fact that drug use is a health issue, not a criminal one.

Unfortunately, some elected officials and members of law enforcement continue to call for draconian criminal policies to drive up support for policies that hurt people instead of helping them.

END NOTES

1. Mansoor, Manal, Ryan McNeil, Taylor Fleming, Allison Baker, Sheila Vakharia, Kimberly Sue, and Andrew Ivsins. 2022. "Characterizing Stimulant Overdose: A Qualitative Study on Perceptions and Experiences of 'Overamping.'" *International Journal of Drug Policy* 102 (April): 103592. <https://doi.org/10.1016/j.drugpo.2022.103592>.
2. Young-Wolff, Kelly C, Natalie E. Slama, Varada Sarovar, Mishka Terplan, Deborah Ansley, Sara R. Adams, and Stacey E. Alexeeff. 2022. "Trends in Self-Reported and Biochemically Verified Cocaine and Methamphetamine Use Among Pregnant Individuals in Northern California, 2011–2019." *JAMA Network Open* 5 (12): e2248055. <https://doi.org/10.1001/jamanetworkopen.2022.48055>.
3. Wright, Tricia E, Renee Schuetter, Jacqueline Tellei, and Lynnae Sauvage. 2015. "Methamphetamines and Pregnancy Outcomes." *Journal of Addiction Medicine* 9 (2): 111–17. <https://doi.org/10.1097/ADM.0000000000000101>.
4. Austin, Anna E, Rebecca B. Naumann, and Elizabeth Simmons. 2022. "Association of State Child Abuse Policies and Mandated Reporting Policies With Prenatal and Postpartum Care Among Women Who Engaged in Substance Use During Pregnancy." *JAMA Pediatrics* 176 (11): 1123–30. <https://doi.org/10.1001/jamapediatrics.2022.3396>.
5. Thomson, Katie, Malcolm Moffat, Oluwatomi Arisa, Amrita Jesurasa, Catherine Richmond, Adefisayo Odeniyi, Clare Bamba, et al. 2021. "Socioeconomic Inequalities and Adverse Pregnancy Outcomes in the UK and Republic of Ireland: A Systematic Review and Meta-Analysis." *BMJ Open* 11 (3): e042753. <https://doi.org/10.1136/bmjopen-2020-042753>.
6. Baker, Bernadette, Gracie Evans, Nimra Pasha, and Jenda Arawiran. 2022. "Hospital Outcomes for Neonates Exposed to Methamphetamine Prenatally." *International Journal of Integrative Pediatrics and Environmental Medicine* 7 (July): 13–16. <https://doi.org/10.36013/ijipemv7i.92>.
7. Mansoor, Manal, Ryan McNeil, Taylor Fleming, Allison Baker, Sheila Vakharia, Kimberly Sue, and Andrew Ivsins. 2022. "Characterizing Stimulant Overdose: A Qualitative Study on Perceptions and Experiences of 'Overamping.'" *International Journal of Drug Policy* 102 (April): 103592. <https://doi.org/10.1016/j.drugpo.2022.103592>.
8. Mansoor, Manal, Ryan McNeil, Taylor Fleming, Allison Baker, Sheila Vakharia, Kimberly Sue, and Andrew Ivsins. 2022. "Characterizing Stimulant Overdose: A Qualitative Study on Perceptions and Experiences of 'Overamping.'" *International Journal of Drug Policy* 102 (April): 103592. <https://doi.org/10.1016/j.drugpo.2022.103592>.
9. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>
10. <https://www.sciencedirect.com/science/article/pii/S0955395922000123>