

**National Institute on Drug Abuse
Research Report Series**

Methamphetamine: Abuse and Addiction

Are methamphetamine abusers at risk for contracting HIV/AIDS and hepatitis B and C?

Increased HIV and hepatitis B and C transmission are likely consequences of increased methamphetamine abuse, particularly in individuals who inject the drug and share injection equipment. Infection with HIV and other infectious diseases is spread among injection drug users primarily through the reuse of contaminated syringes, needles, or other paraphernalia by more than one person. In nearly one-third of Americans infected with HIV, injection drug use is a risk factor, making drug abuse the fastest growing vector for the spread of HIV in the nation.

Research also indicates that methamphetamine and related psychomotor stimulants can increase the libido in users, in contrast to opiates which actually decrease the libido. However, long-term methamphetamine use may be associated with decreased sexual functioning, at least in men. Additionally, methamphetamine seems to be associated with rougher sex which may lead to bleeding and abrasions. The combination of injection and sexual risks may result in HIV becoming a greater problem among methamphetamine abusers than among opiate and other drug abusers, something that already seems to be occurring in California.

NIDA-funded research has found that, through drug abuse treatment, prevention, and community-based outreach programs, drug abusers can change their HIV risk behaviors. Drug use can be eliminated and drug-related risk behaviors, such as needle-sharing and unsafe sexual practices, can be reduced significantly thus decreasing the risk of exposure. Therefore, drug abuse treatment is also highly effective in preventing the spread of HIV, hepatitis B, and hepatitis C.

What treatments are effective for methamphetamine abusers?

At this time the most effective treatments for methamphetamine addiction are cognitive behavioral interventions. These approaches are designed to help modify the patient's thinking, expectancies, and behaviors and to increase skills in coping with various life stressors. Methamphetamine recovery support groups also appear to be effective adjuncts to behavioral

interventions that can lead to long-term drug-free recovery.

There are currently no particular pharmacological treatments for dependence on amphetamine or amphetamine-like drugs such as methamphetamine. The current pharmacological approach is borrowed from experience with treatment of cocaine dependence. Unfortunately, this approach has not met with much success since no single agent has proven efficacious in controlled clinical studies. Antidepressant medications are helpful in combating the depressive symptoms frequently seen in methamphetamine users who recently have become abstinent.

There are some established protocols that emergency room physicians use to treat individuals who have had a methamphetamine overdose. Because hyperthermia and convulsions are common and often fatal complications of such overdoses, emergency room treatment focuses on the immediate physical symptoms. Overdose patients are cooled off in ice baths, and anticonvulsant drugs may be administered also.

Acute methamphetamine intoxication can often be handled by observation in a safe, quiet environment. In cases of extreme excitement or panic, treatment with antianxiety agents such as benzodiazepines has been helpful, and in cases of methamphetamine-induced psychoses, short-term use of neuroleptics has proven successful.

Where can I get further scientific information about methamphetamine abuse?

To learn more about methamphetamine and other drugs of abuse, contact the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686. Information specialists are available to assist you in locating needed information and resources. Information can be accessed also through the NIDA World Wide Web site (<http://www.nida.nih.gov/>) or the NCADI Web site (<http://www.health.org/>).

Fact sheets on health effects of drug abuse and other topics can be ordered free of charge, in English and Spanish, by calling [NIDA INFOFAX](tel:1-888-NIH-NIDA) at 1-888-NIH-NIDA (1-888-644-6432) or 1-888-TTY-NIDA (1-888-889-6432) for the hearing impaired.

For additional information about NIDA send e-mail to Information@lists.nida.nih.gov

This page last updated Thursday, May 13, 1999.

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