**Chestnut Health Systems**
**Lighthouse Institute**

# WORKING WITH METHAMPHETAMINE ABUSERS: PERSONAL SAFETY RECOMMENDATIONS AND PROCEDURES

**Developed by:**

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I. Methamphetamine Vs Cocaine

A. Methamphetamine and cocaine belong to the broad class of drugs called psychostimulants that also includes amphetamine and methylphenidate (Ritalin).

B. Methamphetamine and cocaine often are compared to each other because they produce similar mood-altering effects and both have a high potential for abuse and dependence.

C. Methamphetamine and cocaine also share other similarities. However, the two drugs also exhibit significant differences. Here are some of these similarities and differences:

1. Sources

$ Methamphetamine is man-made.
$ Cocaine is plant-derived.

2. Common Methods of Use

$ Both methamphetamine and cocaine are commonly smoked, injected intravenously, or snorted.
$ Methamphetamine also is commonly ingested orally.

3. Geographic Patterns of Use

$ Methamphetamine use is highest in rural areas.

$ Cocaine use is high in both rural and urban areas, but predominates in urban centers.

4. Euphoric Effects

$ When they are smoked or injected intravenously, both methamphetamine and cocaine produce an intense, extremely pleasurable "rush" almost immediately, followed by euphoria, referred to as a "high."

$ When snorted, both methamphetamine and cocaine produce no intense rush and take longer to produce a high; orally ingested methamphetamine produces a similar effect.

$ Methamphetamine's high lasts anywhere from 4 to 12 hours, and 50 percent of the drug is removed from the body in 12 hours.

$ Cocaine's high lasts anywhere from 10 to 60 minutes, and 50 percent of the drug is removed from the body in 1 hour.

5. Physical and Mental Effects

    $ The immediate effects of both methamphetamine and cocaine can include irritability and anxiety; increased body temperature, heart rate, and blood pressure; and possible death.

    $ Methamphetamine's and cocaine's short-term effects also can include increased activity, respiration, and wakefulness, and decreased appetite.

    $ Effects of chronic abuse of either methamphetamine or cocaine can include dependence and possible stroke.

    $ Chronic abuse of either methamphetamine or cocaine also can lead to psychotic behavior characterized by paranoia, hallucinations, mood disturbances, and violence.

    $ Violent behavior is more common among chronic methamphetamine users than it is among chronic cocaine users.

    $ Drug craving and depression can occur in addicted individuals who try to stop using either methamphetamine or cocaine.

6. Neurotoxic Effects

    $ Methamphetamine is neurotoxic in animal species ranging from mice to humans.

    $ Cocaine is not neurotoxic.

7. Transmission of HIV/AIDS

    $ Both methamphetamine and cocaine use contributes to transmission of HIV/AIDS through intravenous injection.

    $ Methamphetamine and cocaine use in conjunction with high-risk sexual behaviors as well as sexual bartering for these drugs both contribute to transmission of HIV/AIDS.

II. Risks associated with the use of methamphetamine

A. Cardiovascular emergencies (e.g., heart attack, coronary artery spasm)
B. Cerebrovascular accident (“stroke”)
C. Seizures
D. Hyperthermia
E. Depression (following use)
F. Stimulant psychosis/paranoia
G. Memory impairment (possible)
H. Damage to serotonin neurons (possible)

III. Risks associated with the manufacture (“cooking”) of methamphetamine

A. Explosion
B. Fire
C. Respiratory problems, up to and including permanent damage
D. Chemical burns
E. Contact with potentially violent chemist(s)/illegal subculture
F. Stimulant psychosis associated with chemist’s use of methamphetamine

IV. Signs of client methamphetamine use

A. Increased breathing and pulse rate
B. Sweating
C. Rapid/pressured speech
D. Euphoria
E. Hyperactivity
F. Dry mouth
G. Tremor (shaking hands)
H. Dilated pupils
I. Lack of appetite
J. Insomnia/lack of sleep
K. Bruxism (teeth-grinding)
L. Depression ("the crash"-occurs when drug wears off)
M. Irritability, suspiciousness, paranoia
N. Visual and auditory hallucinations
O. Formication ("coke bugs")
P. Presence of white powder, straws, injection equipment

V. Signs that methamphetamine is being manufactured in the client's home

A. Recognizing a structure containing a meth lab from the outside*

1. Appearance of the structure

a. Unusual Odors

- Ammonia or ether (similar to the smell of cat urine or rotten eggs)
- Covered Windows (Meth makers often blacken or cover windows to prevent outsiders from seeing in).
- Strange Ventilation designed to rid the structure of toxic fumes produced by the meth-making process.
  - Open windows on cold days or at other seemingly inappropriate times
  - Fans, furnace blowers, and other unusual ventilation systems.

b. Elaborate Security

- "Keep Out" signs
- Guard dogs
- Video cameras
- Baby monitors placed outside
- Security may be more elaborate and expensive that would be expected

c. Dead Vegetation due to dumping of toxic substances

d. Excessive or Unusual Trash

- Packaging from cold tablets
- Lithium batteries that have been torn apart
- Used coffee filters with colored stains or powdery residue
- Empty containers (often with puncture holes)

* Some material in this section was taken from "How to Recognize a Structure Containing a Meth Lab from the Outside", a publication available from Illinois Attorney General Lisa Madigan (http://www.ag.state.il.us/methnet/recognizingmeth.html)

- Antifreeze
- White (unleaded) gas
- Ether
- Starting fluid
- Freon
- Lye
- Drain opener
- Paint thinner
- Acetone
- Alcohol

- Plastic soda bottles with holes near the top, often with tubes coming out of the holes
- Plastic or rubber hoses
- Duct tape
- Rubber gloves
- Respiratory masks

e. Large number of cigarette butt or burned matches (may indicate that occupants are afraid of igniting flammable chemicals inside the structure)

B. Recognizing a structure containing a meth lab from the inside

1. Laboratory equipment or improvised glassware
2. Large quantity of pills containing ephedrine or pseudoephedrine (e.g., Tedral®, Primatene®/ Sudafed®)
3. Chemical odor
4. Chemicals not commonly found in a home

- Red phosphorus
- Acetone
- Liquid ephedrine
- Ether
- P2P (phenyl-2-propanone)

5. Unusually high quantities of household chemicals or other product

- Iodine
- Lithium batteries
- Ether and/or camping fuels
- Anhydrous ammonia
- Hydrogen peroxide
- Lye (particularly “Red Devil”
- Sulfuric, muriatic, and/or hydrochloric acid
- Drain cleaner
- Paint thinner
- Matches without heads (red phosphorus is found in match heads)

6. Products with unusual fittings or attachments

- Soft drink bottles with hoses attached
- Containers of antifreeze, white gas, ether, starting fluids, Freon, lye, drain opener, paint thinner or acetone with holes punched through the sides or bottom

7. Large number/amounts of equipment or other items

- Respiratory masks or filters
- Dust masks
- Rubber gloves
- Clamps
- Funnels
- Hosing
- Duct tape

8. Chemicals usually found on a farm (e.g., anhydrous ammonia)
9. Residue from "cooking" of methamphetamine

VI. Indications of potential/impending client violence toward visitors

A. Signs of methamphetamine use
B. Rapidly shifting mood
C. Client is extremely irritable and/or argumentative
D. Escalation of client irritability, anger
E. Regular client does not appear to know who you are
F. Evidence of client paranoid thinking, delusions
G. Client verbalizes implicit or explicit threat against caseworker
H. Presence of knife, firearm or other weapon in the immediate vicinity

VII. Recommendations for ensuring safety while in proximity to meth users/Components of a safety plan

A. Check with local or regional law enforcement to find out if an area or specific building is under surveillance or suspected of being the location of a meth lab
B. Inform supervisor/co-worker(s) that you will be visiting a client with a history of making/using methamphetamine
C. Arrange for someone to check on you if you do call in by _____
D. If you feel unsure of your safety, leave
E. Do not let client get between you and an exit
F. Do not argue with or antagonize client
G. Do not avoid eye contact, but do not stare at the client either.
H. Do not position yourself in the client's peripheral vision area or where the client cannot see you.
I. Do not move suddenly
J. Tell the client what you are doing and why
K. Ask permission if you want to go to another area of the client's dwelling or look in cabinets (e.g., to ensure food is in the house)
L. Watch for:

1. Symptoms of stimulant use
2. Methamphetamine paraphernalia
3. Signs that client is becoming upset, angry or suspicious
4. Scratch marks or scabs, particularly on client's hands and arms (may be evidence of tactile hallucinations [formication] and indicate a prior episode of stimulant psychosis)
5. Evidence of hallucinations
6. Strong chemical odor (may indicate manufacturing of meth)