



HARM-REDUCTION AND SAFETY TIPS

- If you or someone uses, avoid using alone; have someone who can check on you. If using injection equipment, seek syringe services (where legal) to reduce infectious disease risk.
- Stimulant intoxication is treated differently than opioid overdose. Naloxone (Narcan) reverses opioid overdoses; it will not reverse stimulant effects, but carry naloxone if there's any chance the drugs are contaminated with or mixed with opioids (fentanyl). Stimulant-involved overdoses (severe agitation, chest pain, seizures, loss of consciousness) require emergency medical care.
- Avoid mixing meth with other substances (alcohol, opioids, benzodiazepines). Combinations increase unpredictability and overdose risk.
- If you suspect you've been exposed to chemicals from a meth lab (strong chemical odors, residues, staining), leave the area, avoid contact, and contact authorities. Do not attempt to clean contaminated areas yourself; professional hazardous-waste cleanup may be required.

A REALISTIC MESSAGE: HOPE AND CONSEQUENCES

Many people who develop meth-related problems recover or substantially improve with treatment and stable support. Complete recovery timelines vary. Some cognitive and emotional effects can improve over months to years of abstinence and treatment; others may be more persistent. Seeking help early improves outcomes.

FIRST RESPONDERS & BYSTANDERS

- If you suspect chemical exposure, move people to fresh air and call emergency services.
- Treat acute medical problems (seizure, chest pain, unresponsiveness) as emergencies. Call 911.
- Report suspected labs to local authorities so proper hazardous-materials teams can manage cleanup.

TEST YOURSELF

1. Meth is not highly addictive, so a one time use can't hurt.
a. True b. False
2. Meth can be smoked, snorted, injected, or swallowed.
a. True b. False
3. There are FDA-approved medicines that cure meth addiction.
a. True b. False
4. Using meth can cause serious heart and brain problems.
a. True b. False
5. If a person is unresponsive from meth, naloxone (Narcan) will always help.
a. True b. False



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Answers: 1.B 2.A 3.B 4.A 5.B

STAY SAFE SERIES

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METH

METHAMPHETAMINE



THE UGLY TRUTH

METHAMPHETAMINE TODAY

Methamphetamine (commonly called meth, crystal, ice, or tweak) is a powerful stimulant that can be smoked, snorted, injected, or swallowed.

While meth used to be made in small “home labs” across the U.S., most meth now comes from large-scale operations run by international drug trafficking organizations, primarily based in Mexico and Central America. These groups manufacture high-purity meth using industrial-grade chemicals and smuggle it into the United States, often disguised within other products.

Domestic meth labs are now far less common, but when they do appear, they still pose serious dangers to communities because of the toxic, explosive chemicals used.

LOOKING UP DANGER

How Imported Meth Harms Communities

- The purity and potency of imported meth have reached record highs, increasing the risk of overdose, psychosis, and long-term brain and heart damage. Even small doses can cause extreme stimulant effects and dangerous health reactions.
- Much of the meth now sold in the U.S. is chemically mixed or contaminated with fentanyl or other synthetic drugs. This combination dramatically increases the risk of fatal overdose, especially when users don't realize what they're taking.
- Trafficking networks move meth across the border in hidden shipments, making it widely available in nearly every community. The low cost and high potency make it one of the most dangerous and accessible illicit drugs in the country.



LEGAL CONSEQUENCES

Making, possessing, distributing, or selling meth is illegal. Convictions can include heavy fines, long prison terms, and collateral consequences (difficulty with housing, employment, education, and benefits). Law enforcement penalties vary by jurisdiction.

SHORT-TERM EFFECTS

Using meth produces a rapid surge of stimulant effects: increased energy, alertness, elevated heart rate and blood pressure, decreased appetite, and intense euphoria. Immediate risks include:

- Rapid heart rate, chest pain, risk of heart attack or stroke (especially with heavy use).
- Agitation, anxiety, panic, paranoia, and in some cases acute psychosis.
- Seizures or high body temperature during large doses or overheating.
- Risky behavior while intoxicated (driving, violence, unsafe sex).



LONG-TERM EFFECTS

Long-term or heavy meth use is associated with:

- Cognitive and emotional problems: memory and attention deficits, impaired decision-making, higher rates of anxiety, depression, and stimulant-related psychosis in some people. Some brain changes can improve with sustained abstinence; other changes may be long-lasting. The extent of recovery varies by duration and intensity of use and individual factors.
- Dental problems (“meth mouth”) and poor oral health are common with chronic use, but these stem from multiple causes (dry mouth, poor oral hygiene, grinding teeth, sugary drinks) rather than a single “chemical eats your teeth” explanation. Proper dental care and cessation can improve outcomes.
- Skin sores from picking at the skin (often related to tactile hallucinations or formication), infections, weight loss, and increased risk for infectious diseases when injecting (HIV, hepatitis C) if sterile techniques aren't used.



ADDICTION AND HOW IT HAPPENS

Meth raises dopamine and other neurotransmitters in the brain, producing strong reward signals. Over time the brain's natural ability to produce and respond to these chemicals can change, making it hard to feel normal without the drug and promoting compulsive use. Addiction can affect anyone. People from any demographic can develop problems.

WITHDRAWAL AND “CRASH”

When stimulant effects wear off, many people experience a “crash” characterized by severe fatigue, increased appetite, depression, anxiety, and strong cravings. These symptoms can be intense and contribute to continued use to avoid withdrawal.

TREATMENT

What Actually Helps

- There are currently no FDA-approved medications specifically for methamphetamine use disorder. However, strong evidence supports behavioral treatments: contingency management (incentive-based programs), cognitive behavioral therapy (CBT), motivational interviewing, and combined psychosocial supports. Contingency management consistently shows among the best outcomes for reducing stimulant use. Treatment is most effective when tailored and when medical, mental health, and social needs are addressed together.
- Medically supervised detox and support for co-occurring mental health conditions are important. Some medications are being studied in clinical trials, but none are currently standard, approved cures.