

AMPHETAMINES

Once a drug of public concern as the '60s mods went 'speeding' on scooters and at all-night parties, the amphetamines have recently been overshadowed by more newsworthy drug problems. But amphetamines are still widely misused — even if politicians and media prefer the 'glamour' of cocaine.

Harry Shapiro

Amphetamines are stimulants capable of giving a 'lift' lasting three to four hours. Feelings of exhilaration, confidence and alertness and the temporary elimination of fatigue are what the user looks for, but these are 'paid for' by after-effects including hunger, fatigue, and sometimes depression.

Frequent repetition to maintain the 'high' can result in irritability, anxiety and paranoid feelings. In extreme cases these can develop into a psychotic episode. At such times the overwrought user can be a danger to themselves and others.

The attractions of amphetamines make psychological dependence a problem, but even after heavy use there is no physical withdrawal 'sickness' of a kind that might need medical attention. Amphetamines can be injected, eaten or smoked, but are most commonly sniffed or 'snorted' up the nose and absorbed into the bloodstream via nasal membranes.

These drugs were once widely prescribed for the treatment of obesity and depression, accounting for two and a half per cent of all NHS prescriptions in 1961. Recreational use by teenage 'mods' led to the control of amphetamines in 1964. By the end of the '60s, voluntary prescribing restrictions by GPs had greatly reduced the amount of the drugs in legal circulation. Amphetamines on the illicit market were the product of theft or continued excessive prescribing.

'Speed' enjoyed a subcultural renaissance in the late '70s among punks and among youngsters on the Northern Soul dance circuit re-enacting the all-night music club sessions of the '60s.

Seizures rise sharply

Latter-day amphetamine is almost entirely the product of illicit laboratories in the UK or abroad, particularly in the Netherlands.

The home product is largely amphetamine sulphate, an off-white or pink powder retailing at a modest £10-£12 per gram, but generally less than 20 per cent pure. 'Sulphate' is relatively easy and cheap to make. There are indications from some parts of the country that Hells Angel-style gangs are involved in its distribution.

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There has been a sharp rise in amphetamine seizures since 1980 when just over 5kg were seized in the UK. In 1985 the Customs service alone intercepted 28kg of amphetamines, compared to less than 20kg in the previous year and less than 10kg in each of the first three years of the '80s. Illicit imports now probably account for the bulk of British supplies.

Almost every police drug squad in the country has reported a very significant increase in the availability of amphetamine. Seizures in some areas have reached the proportions of cannabis and several forces regard amphetamine as their number one concern. Illicit amphetamine laboratories are said to be evolving throughout the country and 15 were discovered by the authorities in 1985.

The amphetamine "threat" was singled out by the National Drugs Intelligence Unit's new head when speaking to the Association of Chief Police Officers' conference in June. His concern that amphetamine use might lead to cocaine use was echoed in the *Economist* (21 June 1986), but is so far unsubstantiated.

Two recent national surveys by commercial polling agencies found the prevalence of amphetamine use was second only to that of cannabis among young people. A 1982 survey of 15-21 year-olds found five per cent had ever used amphetamines, while in 1985, four per cent of the 16-34 year-olds polled admitted amphetamine use.

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Thirty per cent of respondents to the BBC *Drugwatch* questionnaire survey (a self-selected, not representative sample) were taking amphetamines regularly. More interestingly, the majority of amphetamine users said their drug use had on balance had a negative effect on their lives, while the reverse was the case for cannabis users.

The widespread prevalence of amphetamines is confirmed by contact with drugs workers and reports received into the ISDD library over the past two years detailing local incidence of drug use in areas as diverse as the East Anglian countryside and the industrial North.

The specialist in community medicine for West Suffolk commented in a report

that heroin use was not widespread in the county but regarding amphetamine use, it was necessary to take "a more serious view", amphetamines being "readily available in many pubs in all areas of the county".

Wessex RHA covers the rural areas of Wiltshire, Dorset and Hampshire. In these areas too, amphetamines along with cannabis were "widely used throughout the region". Sussex's chief constable has recently reported a "noticeable" increase in the misuse of amphetamines imported largely from Holland: "It is a comparatively cheap drug . . . and is therefore attractive to younger drug users."

Not surprisingly, 'speed' is also easy to obtain in urban areas like Halifax. The report on a Calderdale area solvent and drug misuse survey stated that "heavy use of amphetamines could prove to be a major problem in this area". In London in 1985, arrests for amphetamine offences were up by 58 per cent.

More injection

Drugs workers in several areas profess to be far more concerned about amphetamine use among young people than heroin. This is partly explained by the following comment from a recent drug survey in Southwark, South London: "many [young people] stick to amphetamines in the misguided belief that they are not addictive . . . the same people steer clear of heroin and cocaine".

It has become generally accepted that one of the reasons for the rise in the popularity of heroin among young people was the realisation that the drug could be smoked or sniffed ('snorted') rather than injected. Where heroin is smoked rather than injected, it appears amphetamine tends to be sniffed, smoked or eaten, but where heroin injection dominates then amphetamine too is injected.

Most amphetamine sulphate is sniffed, but injection has become more common. Those who inject tend to be in the older age groups (25 plus). However, some drug workers are concerned that where amphetamine sulphate is the drug of choice, it is being injected by those younger age groups who were supposed to abhor using needles.

One possible consequence of amphetamine injection may be an increase in the reported incidence of amphetamine rather than heroin-related infective hepatitis, a liver disease that can be spread by the sharing of needles. Such outbreaks have been noted in South Wales, Cardiff and Hull. A trend to amphetamine injection must be worrying, given the greater prevalence of amphetamine over heroin use.

1. 'Speed' is one of the few enduring and widely understood slang terms in the drugs field. Sometimes used to refer specifically to methylamphetamine (a particularly potent variant), it refers here to the amphetamines as a group.