

METHAMPHETAMINE PSYCHOSIS

What is methamphetamine psychosis?

Methamphetamine psychosis is a serious potential side effect of heavy methamphetamine use. It is distressing and dangerous both for the user and those around them. It is the most challenging aspect of the frontline management of methamphetamine use.

- ***Type of symptoms*** – Methamphetamine psychosis is characterised by paranoia and hallucinations, that is:
 - feeling overly suspicious of other people, and feeling like other people are ‘out to get them’,
 - having strange beliefs about things that are not plausible, and
 - hearing or seeing things that aren’t there.
- ***Intensity of symptoms*** – Symptoms can range in their intensity from mild visual disturbances and feeling overly self-conscious in public through to bizarre beliefs and hallucinations that can lead a person to act in a seemingly irrational and unpredictable way.
- ***Duration of symptoms*** - symptoms of methamphetamine psychosis usually only last up to two to three hours, but sometimes symptoms become more severe and can last for days. When symptoms last longer than a few days, and recur in the absence of methamphetamine use, the person probably has schizophrenia or another chronic psychotic disorder.
- ***Can methamphetamine cause psychosis in healthy people?***
Methamphetamine can cause psychotic symptoms in otherwise healthy people and also can worsen or bring on psychotic symptoms in people with pre-existing mental health problems.

How common is psychosis among methamphetamine users?

- Methamphetamine users are far more likely than the general population to experience psychotic symptoms.
- Almost one-quarter of methamphetamine users will suffer from a symptom of psychosis that is severe enough to warrant medical attention.
- Dependence on methamphetamine is a key risk factor for psychosis.
- People who have a history of schizophrenia are far more likely to experience psychosis after using methamphetamine

How to recognise methamphetamine psychosis

Check for signs of methamphetamine psychosis - There are a number of behavioural symptoms that can help to identify whether someone is suffering from methamphetamine psychosis:

- Alert, agitated, jumpy and over-reactive behaviour;
- rapid incessant speech, shifting from one topic of conversation to another, and confused thought processes;
- irrational and unpredictable behaviour, such as talking to people who are not present and arguing with and yelling at people for no apparent reason;
- signs of methamphetamine intoxication, such as dilated pupils, widened eyes and sweating.

Find out if they have taken methamphetamine – The most direct way to determine whether a psychotic episode is drug related is to ask the individual, their companions, or bystanders, whether they have taken any drugs, including ‘speed’, ‘ice’, ‘crystal meth’ or ‘base’. Another way to get at whether someone has taken stimulant drugs is to ask them when they last slept.

Eliminate other causes of psychosis – Psychosis and aggressive behaviour can also be associated with other stimulant drugs, cannabis, alcohol, and certain medical conditions, such as head injury and diabetes, and psychiatric conditions such as schizophrenia. Try and find out whether the person has these problems.

What to do if someone is showing signs of methamphetamine psychosis

Methamphetamine users who experience psychosis can become hostile, and they might believe that you are going to hurt them. They will have a high level of energy and will be very alert and unpredictable, which makes them particularly dangerous. It is difficult to negotiate with them because they are not in a rational state of mind.

Avoid confrontation – It is very important to avoid confrontation with people suffering from methamphetamine psychosis:

- keep a safe distance from the person
- speak in a quiet voice
- avoid physical contact
- minimise direct eye contact
- do not disagree or argue with them
- be reassuring and supportive

If you are in a public place and someone suffering from methamphetamine psychosis presents a danger to themselves or to other people, call 000 for emergency medical assistance.

For further information on how to manage methamphetamine psychosis see the following publications:
Jenner, L., Baker, A., Whyte, I., & Carr, V. (2004). Psychostimulants – management of acute behavioural disturbances. Guidelines for police services. Canberra: Australian Government Department of Health and Ageing.