Research Update

People use speed or crack for many reasons: for enjoyment, to escape or get relief from a difficult situation, in response to curiosity or a desire to try something new, or, with speed specifically, to stay awake or lose weight. But because speed and crack are addictive, a person who begins using these drugs for one reason may develop a dependence that compels him or her to continue use for other reasons. Dependence develops especially quickly with crack use.

Addiction can be both physiological, where the body is dependent on receiving a substance, and psychological, where a person has an emotional need for a substance.

Speed

Speed stimulates the central nervous system, leading to a range of emotions, including agitation, elevated mood, euphoria, and paranoia. Effects include prolonged wakefulness, heightened talkativeness, loss of appetite, increased heart rate, dilated pupils, increased motor activity, and tense muscles.1

The effects of speed use occur over several stages. Initially, at the point of consumption, a person experiences a general feeling of being “high.” This high may continue for four to six hours. During this time, feelings of increased energy, alertness, and confidence prevail; a person might also feel disinhibited and sensual.2,3 The length and extent of the high depend on how much drug is consumed and on the route of consumption. [For more information on this, refer to “Related Issue: Routes of Drug Consumption,” on page two.]

If a person takes a large enough dose, he or she will experience a “peak” occurring early in the high. Described as involving extremely pleasurable physical feelings and emotions and as a sensation similar to having a “full-body”1 orgasm, this peak lasts a relatively short time compared to the overall length of the high.1 Throughout the high, a person may experience several “rushes,” which may be defined as a series of smaller peaks.

Following the high, a person “crashes,” often experiencing list-
lessness, fatigue, depression, and other undesirable effects. In some cases, usually after prolonged use, a person might develop an amphetamine psychosis, characterized by hallucinations, panic, agitation, abrupt shifts in mood, and hostility. In recent years there has been a dramatic increase in speed-related hospital emergency room admissions, most of which involve psychosis.

To sustain feelings of being high, people may take large doses of speed every few hours for several consecutive days, an episode called a “speed run.” During this time, a person may go without eating or sleeping. After the run, it is common for a person to sleep for an extended time, perhaps 24 hours or more. In addition, a person may feel severely depressed for several days, perhaps to the point of being suicidal. Getting high again may appear to be the quickest way to overcome this depression. However, when the drug wears off a person’s mood often drops below the pre-drug level.

After only a few weeks of use, speed can change a person’s brain structure so that he or she needs larger quantities to become high.

Even the occasional user—someone who uses perhaps once a week—may quickly build up such a tolerance to its effects.

Speed is widely available from dealers on the street and is relatively inexpensive. On the street, speed is also called ice, crystal meth, and crank. Methamphetamine is a purified, potent form of speed and is especially addictive. Thirty dollars can buy enough speed to sustain a high for several days. Buying drugs on the street can involve risks, including arrest and the possibility that dealers will have mixed speed with other substances. To protect against these risks, regular users often establish connections with the same dealer.

Surveys find that speed use occurs across a broad spectrum of the population. The highest rates of use appear to be among young people in their teens and early 20s, gay men, sex workers, and those who identify themselves with “biker” or motorcycle cultures. A survey of young people estimated that 17% of boys and young men ages 14 to 24 had used speed. A study in Los Angeles found high rates of speed use among young people living on the street who took the drug partly as a way to stay awake. Among young women, according to an anecdotal report from a Sacramento hospital, babies born to “meth-addicted” mothers outnumbered those born to mothers addicted to crack.

Speed is considered the “drug of choice” among many gay men who use drugs, particularly in urban areas. In one study of gay men at risk for HIV infection, one-quarter of those under age 25 reported having used speed in the previous six months. Studies of gay men find that speed use occurs across racial and ethnic identities.

**Related Issue: Routes of Drug Consumption**

The route by which a drug is consumed—swallowing, snorting, smoking, or injecting—significantly affects the intensity and duration of the drug’s high. People may progress from one method of consumption to another.

**Swallowing** is often the easiest way to administer a drug. A person takes the drug orally, either in pill form, mixed into a drink, or cooked in food.

**Snorting** can involve significant preparation. Before snorting, crystals of speed need to be finely cut (usually with a razor blade on a mirror). The fineness of the resulting powder makes it less painful to snort and produces maximum effects. The powder is typically snorted through a short straw or a tightly rolled dollar bill in lines that have been prepared on a smooth surface. Powder can also be snorted in “bumps,” for instance in small mounds snorted from the tip of a pen cap or a fingernail. For a drug user, the ritual of preparing lines and the instruments used to administer drugs may become intimately connected with feelings produced by the drug.

**Smoking** a drug is a faster way to get a high than either snorting or swallowing. Drugs can be smoked out of glass pipes or pipes made of soda cans or other make-shift materials.

**Injecting** a drug typically produces the most intense high and uses the smallest drug dose. Because the drug is injected into the bloodstream, its effects are felt almost instantly.
Sexual Behavior

While its use as a sexual stimulant makes speed attractive to many, this aspect of speed use is particularly attractive among some gay men who use the drug.\textsuperscript{11}

Psychologically, speed can greatly reduce sexual inhibitions. Physically, it can reduce sensations of pain, enabling someone—whether heterosexual or homosexual—to engage in sexual acts, such as anal intercourse or fisting, in which he or she might not otherwise engage.\textsuperscript{13}

Speed inhibits peripheral sexual functions while stimulating sexual excitement in the brain.\textsuperscript{14} A person might be able to have an erection but be unable to ejaculate. For example, a man may masturbate for such an extended period that friction from masturbating may rupture skin around the penis and cause bleeding.\textsuperscript{15} For other people, speed may cause a decrease in sexual excitement some of the time, and an increase at other times.

Sex under the influence of speed is known as “speedsex”\textsuperscript{13} and can last for extended periods—perhaps as long as 24 hours.\textsuperscript{14} One study found that marathon sessions of speedsex have an average duration of 2-1/2 hours.\textsuperscript{14}

Studies show that speed users also tend to have multiple sex partners,\textsuperscript{11} many of whom are also speed users and are, therefore, also more likely to engage in unsafe sex.

For people who inject speed, sex may become intimately connected with the injection process. Drug consumption commonly occurs both before and during sexual intercourse. As a gesture of intimacy, a person may ask a partner to inject him or her with speed,\textsuperscript{6} and, to express trust, partners may share needles with one another.

HIV Risks

Speed use heightens HIV risks in many ways. For instance, speed’s disinhibiting effects reduce the likelihood that a person will make decisions to engage in safer sex or to maintain resolve to avoid risky behaviors. The nature of marathon speedsex can lead to abrasions in genital areas that can facilitate contact between blood and semen. In addition, studies have found that condom use among speed users is especially low.\textsuperscript{11} While condom use can reduce risks, the intensity and length of sex can increase the possibility of condom failure.

Speed users are also at risk for HIV infection through risky methods of drug consumption. In one study, 41% of injection speed users reported borrowing or lending a used needle within the preceding month.\textsuperscript{7} For people who inject speed, the need to maintain a high may lead them to be less likely to stop their drug use for the purpose of acquiring clean needle equipment.

Crack

Crack is a smokable, purified form of cocaine sold in the ready-to-use form of “rocks.” Its primary effect is an “irresistible euphoria” that hits the user about five seconds after smoking the drug.\textsuperscript{16} Five to ten minutes later, a person may feel edgy and begin to crave more of the drug.\textsuperscript{17,18} The high may be marked by a state of paranoia. When the high ends about 30 minutes later, a person may experience extreme dysphoria—a state of anxiety, depression, and restlessness—and feel an irresistible urge for more of the drug.\textsuperscript{19} The process of craving and then acquiring crack often results in a lack of self-esteem and disregard for personal values and social norms.\textsuperscript{20}

Dependence on crack develops quickly. In a survey of 52 regular crack users, 37% reported using crack daily immediately after first trying it.\textsuperscript{21} Almost 80% reported using crack daily within six months after first trying it.

Addictive Nature of Crack Use

In a survey of 52 regular crack users:\textsuperscript{21}

- 37\% reported using crack daily immediately after first trying it
- 80\% reported using crack daily within six months after first trying it
Crack users often experience the drug’s after-effects as being especially undesirable, and as a result of this, express a strong desire to stop using the drug.17 As with speed, a person’s mood-level falls to below where it was before drugs were used. As a result of this, combined with the urge for the drug’s high and the desire to feel “normal” again, a person will continue use.17

While some people use crack daily, others are binge users. A common routine is to binge for three or four days. During this time, a person might not eat or sleep, focusing instead on smoking crack, being high, and seeking more crack.21 After the binge, a person will sleep for a long period, perhaps as much as 48 hours. The length of a binge may be affected by a person’s access to money, with the binge beginning once a person gets money and continuing until the money has been depleted.

Crack use occurs across all populations. However, studies closely relate its use to people who face socioeconomic disadvantage20 and those living in inner-city areas.22 Researchers also find disproportionately high rates of crack use among African Americans and Latinos in inner-city, socioeconomically disadvantaged areas.18, 19, 22 Researchers and service providers find increasing rates of crack use among an ever-younger population and among some groups of young women.23

Purchase and Consumption
Like other addictions, addiction to crack persists regardless of a person’s financial resources. Crack is readily available, and relatively inexpensive. A standard dose, or rock, of crack generally costs about $10,16 while smaller amounts can cost considerably less.24 While a single dose may be affordable, a person might smoke 20 to 30 rocks a day, easily spending $250 or more.21

Some people obtain crack at “crack houses,” places where crack is used, sold, manufactured, or packaged.21 Crack houses embody an atmosphere of mistrust and manipulation.20 Whoever possesses crack in this environment has control, and users will do just about anything for this person in order to get high.20

After paychecks have been spent and personal belongings sold, people who are addicted to crack often resort to performing “personal favors” in order to obtain the drug.20 “Personal favors” can include everything from licking the bottom of a person’s shoe to performing a sexual act.

Sexual Behavior
Unlike speed, the physical and psychological effects of crack use often do not encourage sexual activity. In order to obtain crack, however, sex becomes a medium of exchange and a tool for manipulation.20 Oral sex performed on a man by a woman is the most common sexual behavior in such an exchange; vaginal intercourse and anal intercourse also frequently occur. Sexual exchanges occur between men and women, men and men, and women and women. Different sexual acts are worth more crack than others. For example, a man might give a partner more crack to induce the partner to swallow the drug provider’s semen during oral sex.20 Or, one partner may give the other a “hit,” or dose of crack, before a particular sexual act, and then manipulate this person to go through with the act in order to get another hit.20 In one report, a woman described how she persuaded her male partner, who was providing her with crack, to take enough hits so that he could not obtain an erection. By making sure that she did not get as high as her partner, she could keep him from sexually assaulting her.20

People also engage in other behaviors, such as massaging or stroking a male crack provider’s penis to the point of ejaculation.21 Some men may require this type of sexual favor because, as an effect of crack use, they might not be able to maintain an erection for intercourse.20

In acquiring crack, someone may have dozens or hundreds of sex partners, many of them anonymous.21 Condoms or other barrier methods of protection are rarely used in any of these scenarios.20

The context of sex in exchange for crack often involves little discussion of HIV risks. By the nature of the relationship, the person seeking crack from a provider has little power in this relationship to negotiate for safer sex. Further, when a person seeking the drug insists on protected forms of sex, the crack provider may interpret this as a sign that the other person has HIV infection or is distrustful.

The physical effects of crack use also affect HIV transmission risks. Using crack before and during sex can lead to difficulties reaching a “climax.” This can produce longer periods of sex and increase the risk of abrasions.20 Contact with blood and semen is a particular concern during oral sex because crack smokers often have open sores on their lips and tongues from smoking crack.21, 23, 25
Implications for Counseling

At the outset of any counseling related to drug use, counselors must be aware of their personal views toward drug use to make sure that personal feelings do not interfere with counseling. This applies regardless of a counselor’s knowledge about drug use.

It is important for counselors to understand that people use speed or crack for many reasons and that reasons for use, the context of use, and the amount and frequency of use can vary greatly from one person to another. Recognize each client’s individuality.

Understand the nature of addiction. Know, too, that speed and crack are addictive, but that not everyone who uses these drugs is addicted to them. Addiction, which occurs over time and happens especially quickly with crack use, involves a pattern of dependence that includes an overriding need to acquire and use drugs; defense of one’s drug use at all costs, including rationalization or justification of use; loss of control; and attempts, often without success, to stop using. Addiction can destroy self-esteem and lead a person to engage in behaviors, such as unsafe sex, in which he or she might not otherwise engage.

Talking about Use

Be aware that for many reasons clients may be reluctant to discuss their drug use. Discrimination and judgment experienced when seeking health care services in the past may lead a drug user to distrust providers. In some cases, clients may be untrusting as a result of paranoia, a common side effect of prolonged amphetamine use. Provide an emotionally safe environment and help clients recognize reasons they might want to talk about drug-using histories.

For a person with a history of crack or speed use, it is especially important to assess what has led him or her to seek testing. Some people may be required to test as a result of a court order to do so. Beyond this, service providers, such as drug treatment facilities, may encourage clients to receive HIV testing. It is important to make sure clients are aware that by law, health care providers cannot require a person to take an HIV test in order to receive services.

Crack and Speed and HIV Risks

Understand the relationship between speed and crack use and sex. When under the influence of speed, the compulsion for sex may be as strong as the need for the drug. Also, someone wanting to have sex may feel he or she can only do so after first using speed. In exchanging sex for crack, a person seeking crack may have little power to insist on engaging in only safer forms of sex. When actively seeking the drug, this person may be unable to focus on anything other than doing whatever it takes to secure a “hit.”

When counseling clients who actively use crack, recognize and address the distinctions between sex that occurs in exchange for drugs, and sex that occurs in other contexts, such as in a primary relationship. There may be differences in the dynamics of these relationships, behaviors engaged in, risks involved, and clients’ views toward each type of relationship.

Recognize the range of emotions that clients may have about sex in the context of their drug use, and discuss these. Clients who use speed, for instance, may feel elated about their sexual energy and ability when under speed’s influence. Later, however, they may feel afraid about HIV risks from the sex they have engaged in or they may be concerned that their need for sex is out of control.

Be aware of the ways in which clients experience speed use as beneficial to sexual expression. A client may state that speed helps him maintain an erection and not ejaculate or maintain the energy to continue sexual contact. Acknowledge these benefits, and help clients also understand that, over time, speed can impair sexual response. In addition, learn ways in which a person’s sexual behaviors change when under the influence of drugs. For instance, does a client engage in anal sex as the receptive partner only when using speed?

Explore the extent to which clients see their drug use as related to HIV risk behaviors, and help identify aspects of clients’ sexual expression and drug use that are acceptable or unacceptable to them.

Encourage clients to describe their overall goals, whether these be stopping drug use, finding employment, re-establishing a relationship with a former partner, or resolving a difficult situation with law-enforcement officials. Throughout the session, remain aware of these goals and explore ways to incorporate them into efforts to reduce HIV infection risks. Also, acknowledge aspects of speed or crack use that a client finds enjoyable, and recognize, as appropriate, that there have been and may still be positive aspects for the client using these drugs.

A Counselor’s Perspective

“I’ve worked with a lot of people who have abused alcohol. It’s important for me to recognize that speed use and crack use are much different.”
Changes in Sex or Drug Use

While abstinence from drug use is a valuable goal for someone with a drug-using problem, recognize that people may not want to stop using. In such cases, focus on “harm-reduction” strategies, that is, ways of reducing harm related to or resulting from drug use. Harm reduction can include such tactics as not sharing injection drug-use equipment or not having unsafe sex while seeking or using drugs.

Assess the extent to which clients are interested in stopping or reducing harm. Apply the Stages of Behavior Change model: is the client not thinking about change, considering change, ready to change, actively making a change, or maintaining change? Be aware, too, of the range of possible changes, from wanting to stop drug use to not desiring or seeing a need to consider any change.

When a client does not see a relationship between drug use and risk behaviors, suggest connections and specific consequences this person may see as undesirable. If a client is not thinking about making a change, assess his or her motivations for testing or for engaging in other healthy activities. Respect that a client might not comprehend connections between drug use and sex risks or want to see them. When this happens, recognize this intervention as complete, and allow the client to lead the session.

When a client is considering change, provide support and validation for his or her efforts. Be aware that even contemplating stopping drug use can be overwhelming. Point out that while change can be difficult, it is possible, and that help and support are available. Offer resources for substance abuse treatment and recovery. See how the client might implement changes and deal with obstacles to change. Realize that stopping crack or speed use can be a long-term process. For instance, while some crack users stop using and may attain periods of being “clean,” cravings for the drug and for emotional aspects of a crack lifestyle may be so intense that a person may relapse repeatedly before reaching a maintenance stage of change.

When clients say they are considering harm reduction strategies related to the frequency or quantity of their drug use, explore these. Also explore how they will respond if their strategies do not produce the change they desire. In this discussion, make clear that because of the nature of crack and speed, efforts to cut back on use are often not successful, regardless of a person’s desire for change. Explore other harm reduction options. Consider, for instance, whether a client might be able to switch from one method of drug consumption to a less risky method.

When clients are considering ways to reduce HIV risks by changing sexual or other risk

References

behaviors when under the influence of drugs, discuss the extent to which this is feasible. Explore the client’s experiences of avoiding HIV risks or other harmful behaviors when under the influence of drugs. Point out that many people find it is not possible to focus on HIV risks when pursuing a drug or under its influence. Explore possibilities, and how realistic these may be: for instance, to obtain a drug a person might be able to engage in oral sex with a drug provider instead of engaging in anal sex.

Acknowledge the difficulty of making changes, and, particularly in the case of crack use, the lack of power a partner may have to insist on safer sex. Recognize that in some cases, a client may risk danger from a partner if the client insists on condom use. Explore any options for responding in these relationships.

**Referrals**

The most valuable referral for a client who uses speed or crack may be linkage to other providers who can help in a variety of ways—beyond stopping drug use. Some clients may feel threatened at the prospect of seeing a drug counselor, but may be willing to discuss drug use with someone who is not a specialist. Resources include staff at HIV general service or mental health agencies who are skilled and comfortable in working with clients who use drugs.

If a client expresses willingness to address issue of drug use with another provider, link this client to a provider with expertise related to the client’s specific drug of choice. Emphasize the need for the client to immediately pursue a referral. Explain that motivation to change behavior wavers; it can be high when testing, but generally disappears entirely when a person is seeking drugs. Beyond mental health professionals, link clients to peer providers, as available, particularly those who are making or have made changes similar to those that clients want to make. When a client accepts a referral, assess his or her willingness to pursue this referral, and consider with the client what, if anything, might increase his or her likelihood to pursue it.

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### Case Study

Alan, a 24-year old gay man, first used speed and other drugs at age 8, and he has been a regular speed user since he was 16. His mother was a drug dealer and a speed and heroin addict, and he stole speed from her. At 16, he met his first “real” boyfriend, Bob, who was a dealer. They used speed to “party.” Alan does not see his speed use as a problem but has been concerned about HIV since he found out recently that Bob, whom he has not seen for two years, has been sick with an HIV-related illness.

### Counseling Intervention

As the adult child of an addict and as a primary user of drugs most of his adolescent life, Alan has a long relationship with drug use. Talk with him about what it would mean to be infected with HIV. His response may provide insight into his motivations for testing and help direct the counseling session.

For example, if Alan states that being HIV infected is something he has wanted to avoid at all costs, the counselor can explore how this desire to avoid infection is consistent with his risk behaviors. If he has taken steps to reduce his risks, validate his efforts and help him draw on that motivation to further evaluate risks for the future. If, however, Alan sees HIV as “inevitable,” explore what makes him think this way. It may be that Alan needs help distinguishing himself and his own fate from a social group of others who are infected.

Learn the extent to which he is thinking about his speed use and sex; even though he says he does not see a problem with his speed use, the discussion may lead to making connections between risks and patterns of speed use.

Because he presents concerns about HIV—primarily as a result of his relationship with Bob—but has not viewed speed as a problem, explore the nature of his contact with Bob that concerns him. Explore what behaviors he engaged in with Bob, and his sexual practices generally. Learn more about the nature of his “partying” with Bob and with others. Learn what sexual behaviors he engages in, and whether he has been aware of safer sex and has tried to implement it. Link these questions about sexual risks to his concerns and motivations. For instance, learn about goals he may have and how his current activities are helping or hindering him in achieving these goals.

Recognize that “progress” in the session is not defined by Alan seeing connections between drug use and harmful behaviors. Progress can involve smaller steps that result simply from continuing to talk about the issues.
Test Yourself

**Review Questions**

1. Another name for speed is a) ice; b) crystal meth; c) crank; d) all of the above.

2. A study showed that marathon sessions of sex under the influence of speed lasted an average of a) 1 minute; b) 10 minutes; c) 2-1/2 hours; d) 72 hours.

3. True or False: Amphetamine psychosis is characterized by panic, suspicion to the point of paranoia, and abrupt shifts in mood.

4. True or False: Nearly always, a person uses speed when alone.

5. Crack houses are places where a) crack is used; b) crack is sold; c) crack is manufactured and packaged; d) all of the above.

6. True or False: Crack is a form of cocaine.

7. True or False: During a crack binge, a person might not eat or sleep for three or four days.

8. As a “personal favor,” in exchange for crack, men may have sex with a) men; b) women; c) either of the above; d) neither of the above.

**Discussion Questions**

1. Because people generally must recognize that their drug use is a problem in order to be motivated to make changes, how can counselors respond when a client’s drug use appears to be a problem in his or her life, yet the client states that his or her drug use has not been a problem?

2. How can counselors who have extensive knowledge of or experience with drugs other than speed or crack draw on this while also recognizing that each drug is different?

3. What can counselors do to establish an environment in which clients feel most comfortable discussing their drug use histories and concerns?

4. For a person who identifies speed or crack use as a problem and wants help to deal with it, when might it be most valuable to make a referral to a substance abuse specialist? When might it be most valuable to make a referral to someone who is not substance abuse specialist?

5. Clients who use crack may have few options for reducing the risks of the sex they engage in in order to receive crack. What can counselors offer these clients?

6. Because many people return to crack use despite significant efforts to stop using the drug, how can counselors who are supporting clients in their efforts to stop crack use acknowledge the challenges a person may experience in trying to do this?

**Answers to Test Yourself**

1. d.
2. c.
3. True.
4. False. Speed is a social drug; people usually consume the drug with other people and in a social environment.
5. d.
6. True.
7. True.
8. c.
DID YOU KNOW?

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