



PHARMACOLOGY PROFILE OF METHAMPHETAMINE AND IT'S ASSOCIATION WITH PSYCHIATRIC SYMPTOMS IN METHAMPHETAMINE USE DISORDER

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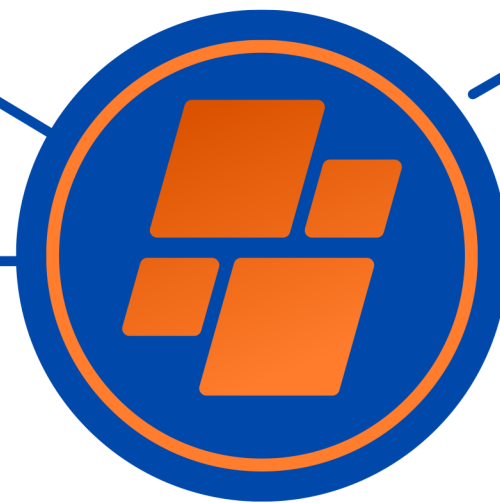
ISSUP STIMULANT WEBINAR SERIES
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OUTLINE

The situation of Stimulant
Use in Indonesia

Profiling of
Methamphetamine in
Indonesia



Methamphetamine
Pharmacology

Methamphetamine
use disorder and
psychiatric disorders

IMPORTANT POINTS



THE SITUATION OF STIMULANT USE IN INDONESIA



SITUATION OF DRUG ABUSE IN INDONESIA

PREVALENCE OF DRUG ABUSE 2019 AND 2021 IN INDONESIA



PREVALENCE RATE OF DRUG USED IN THE PAST 12 MONTHS

PREVALENCE OF EVER-USE

- Prevalence rate of drug used in the past 12 months is increase 0.15% from 1.80% in 2019 to 1.95% in 2021
- In the same period, the prevalence rate of drug abuse of ever use, increased 0.17% from 2.4% in 2019 to 2.57% in 2021.
- In Indonesia amphetamine-type stimulants (ATS) is the second most consumed drug after marijuana at 41.4% and followed by methamphetamine at 25.7%
- People with methamphetamine use disorder was found to be female were quite dominant compared to male (56.9% and 34,9%).



PROFILING OF METHAMPHETAMINE IN INDONESIA

METHAPHETAMINE PROFILING IN INDONESIA

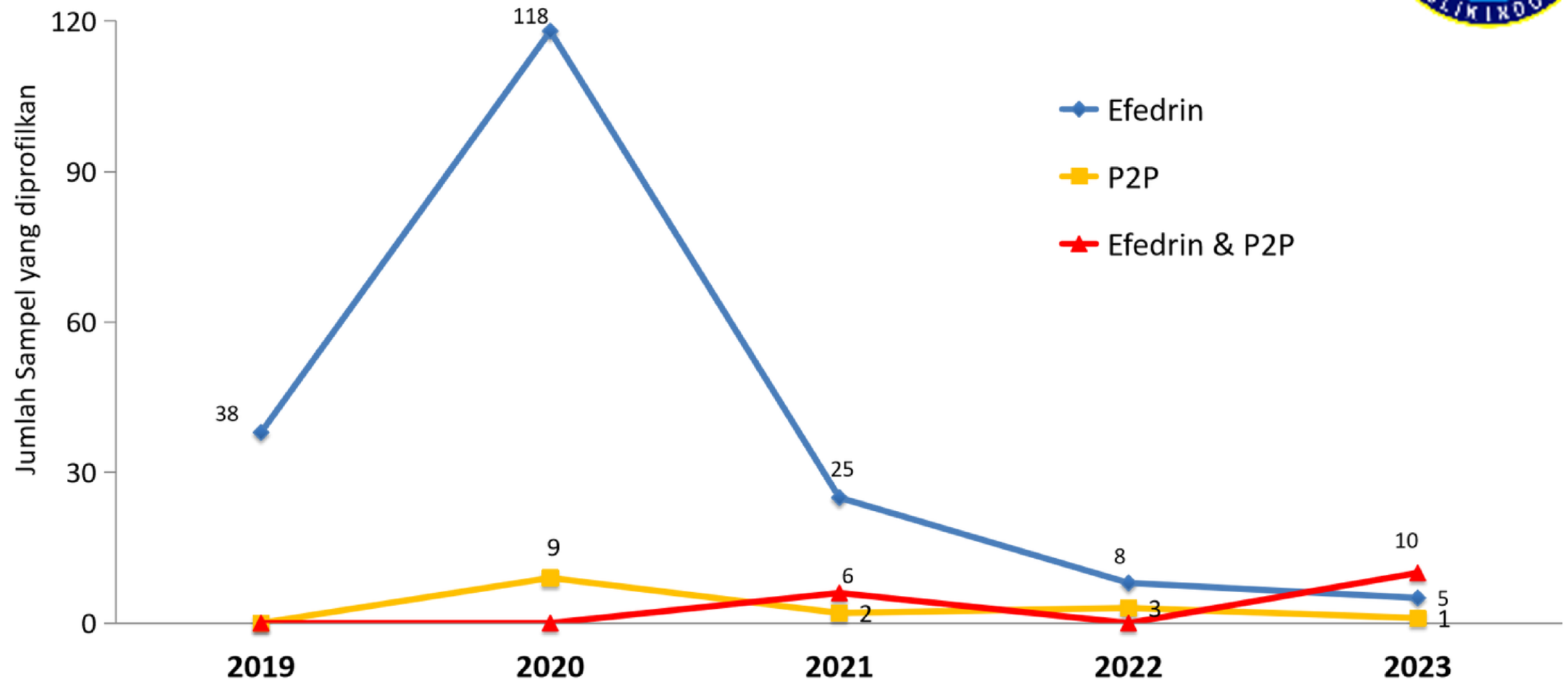
- Type crystal isomer of methamphetamine : dextro, levo or racemic
- Suspected Precursor type and Precursor source : natural, semisynthetic, synthetic.



PROFILE OF PRECURSORS USED IN THE SYNTHESIS OF METHAMPHETAMINE IN INDONESIA



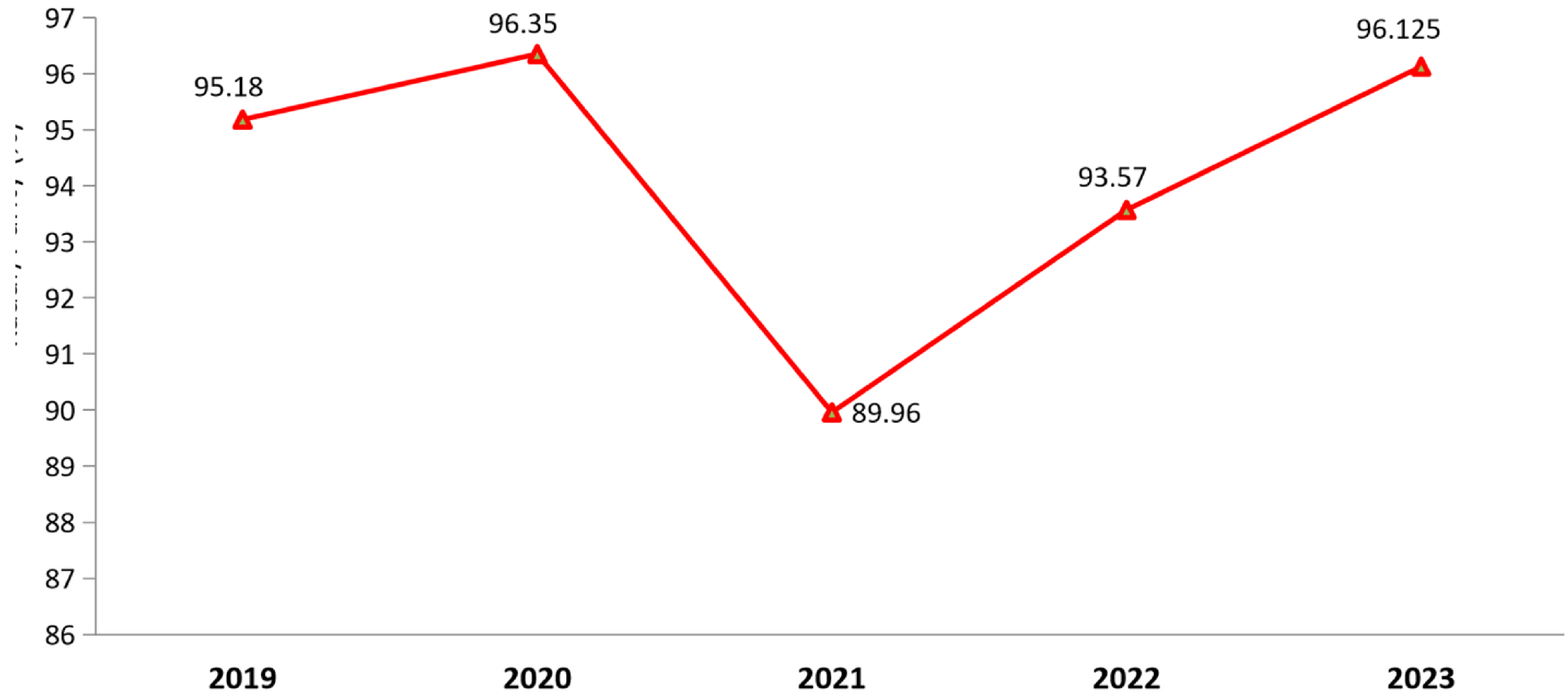
From 2019 - 2022, EFEDRIN was the most widely used type of precursor in the manufacturing of methamphetamine. However, in 2023 there was an increase in cases with the use of a mixture of 2 precursors (Ephedrine and P2P) in the manufacture of methamphetamine (Multi Compound).



PURITY OF METHAMPHETAMINE IN 2019 - 2023



The average level of methamphetamine purity each year from 2019 to 2023 is above 90% except in 2021 where the average level of Methamphetamine HCl is lower at 89.96%.

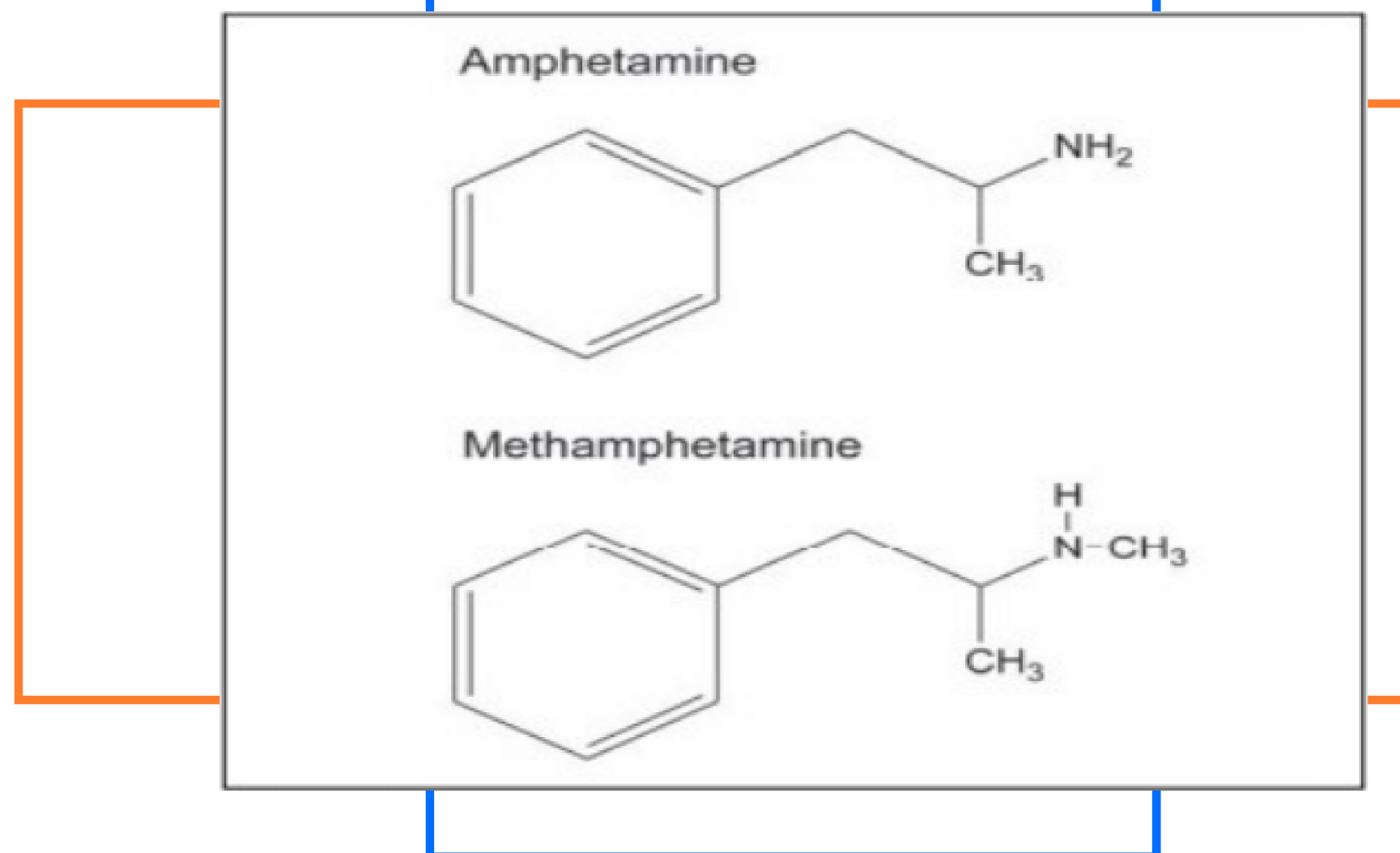




PHARMACOLOGY OF METHAMPHETAMINE

PHARMACOLOGY OF METHAMPHETAMINE

- Amphetamine type stimulants (ATS) have a methyl group on one of the carbon arms of phenylethylamine
- The chemical structures of Methamphetamine and amphetamine are similar, both having a methyl group, which is attached to one of the carbon arms of phenylethylamine. The difference lies in the additional methyl group attached to the amine group. This causes Methamphetamine is very fat soluble so that it easily penetrates the brain barrier.



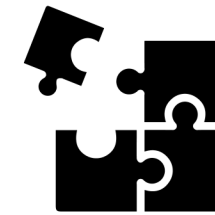


PHARMACOLOGY OF METHAMPHETAMINE

METHAMPHETAMINE PHARMACOKINETICS



METHAMPHETAMINE PHARMACEUTICALS :
CRYSTAL, POWDERS, TABLETS AND LIQUIDS



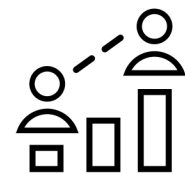
METABOLIZED IN THE LIVER BY CYP2D6,
PLASMA HALF-LIFE 10 HOURS



METHAMPHETAMINE ABSORPTION IS RELATED
TO THE ROUTE OF ADMINISTRATION
(ORAL, INTRANASAL, SMOKED, INTRAVENOUS).



EXCRETION THROUGH THE URINE
IS ABOUT 70%
IN THE FORM OF 30-50% METHAMPHETAMINE,
15% 4-HYDROXYMETHAMPHETAMINE,
AND ABOUT 10% AMPHETAMINE
WITH AN EXCRETION HALF-LIFE OF ABOUT 25 HOURS.



DISTRIBUTION THROUGHOUT THE BODY,
ESPECIALLY TO THE KIDNEYS, LUNGS,
LIVER, PANCREAS, HEART, AND BRAIN



PHARMACOLOGY OF METHAMPHETAMINE

METHAMPHETAMINE PHARMACOKINETICS

How to use	Dose	<u>Bioavailability</u>	Time to peak effect
Intravena	30 mg	100%	< 15 minutes
smoked	30 mg	90%±10%	18±2 minutes
Oral	30 mg	67%±3%	180 minutes
Nasal	50 mg	79%	≤ 15 minutes

PHARMACOLOGY OF METHAMPHETAMINE

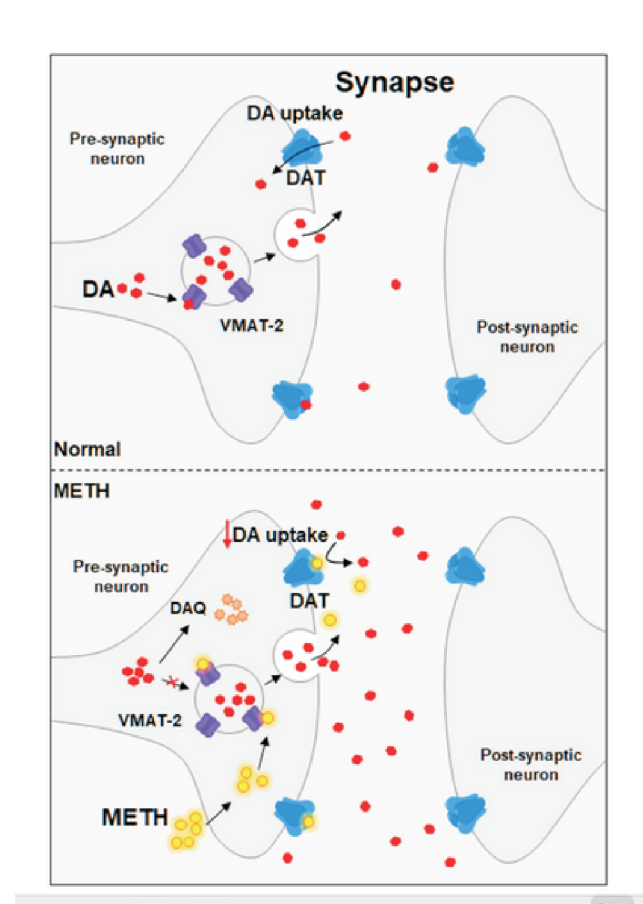


MECHANISM OF ACTION METHAMPHETAMINE

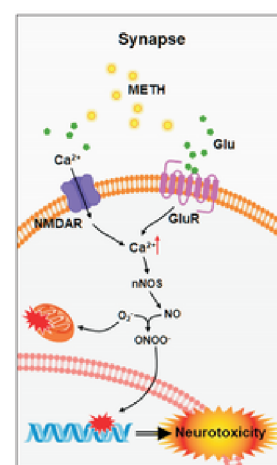
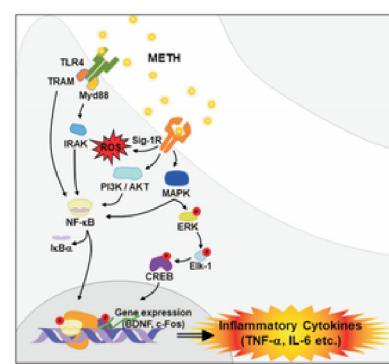
- Methamphetamine, also known as N-methylamphetamine or desoxyephedrine, is a class of Amphetamine type stimulants (ATS). Methamphetamine has two stereoisomers, namely d-methamphetamine which is 3-5 times stronger in activity against the central nervous system (CNS) compared to l-methamphetamine. Both stereoisomers affect the release of monoamine neurotransmitters, namely dopamine, norepineprin.
- Methamphetamine is an indirectly acting sympathomimetic amine. It releases dopamine (DA), serotonin, noradrenaline, and adrenaline from nerve terminals, thus increasing their neurotransmission. As a result of its high lipophilicity, methamphetamine easily crosses the blood-brain barrier.

PHARMACOLOGY OF METHAMPHETAMINE

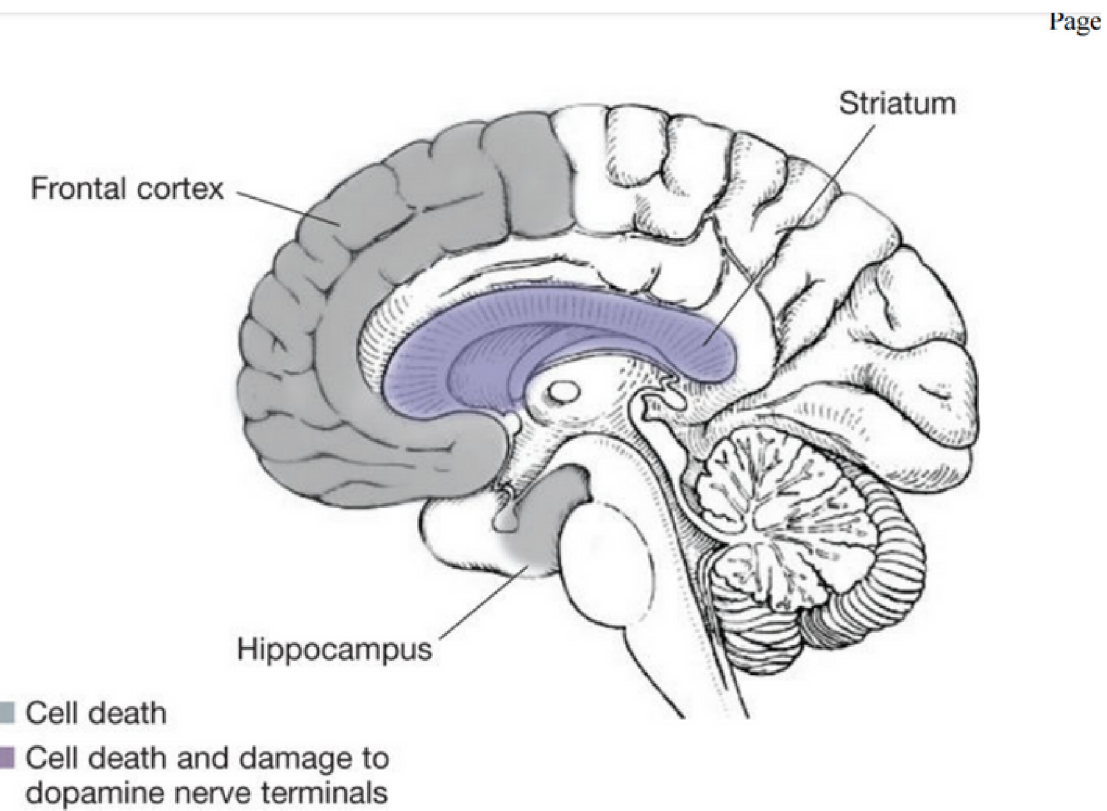
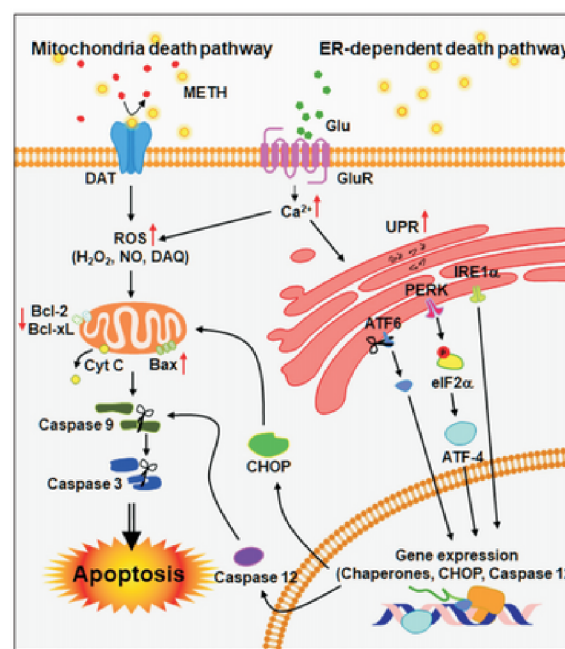
MECHANISM OF ACTION METHAMPHETAMINE



METH REGULATES DOPAMINE RELEASE



METH INDUCES MEDIATED NEUROTOXICITY, NEUROINFLAMMATION AND APOPTOSIS



METHAMPHETAMINE DAMAGES NEURONS IN SOME BRAIN AREAS



PHARMACOLOGY OF METHAMPHETAMINE

MOLECULAR MECHANISM METHAMPHETAMINE

Manifestation	Dose	Molecular mechanism
Anxiety, dysphoria	> 30 mg	Increased adrenergic α_1 -receptor stimulation in the prefrontal cortex, 5-HT ₂ receptor, and DA receptor stimulation in the striatum
Elevated body temperature	> 30 mg	Increased DA, serotonin, and noradrenaline release in the hypothalamus
Talkativeness	> 50 mg	Activation of anterior cingulate cortex and ventral striatum
Paranoia	> 55 mg	Increased DA release in the striatum
Hallucinations (auditory, visual)	> 55 mg	Auditory: increased activation of thalamus and ventral striatum; visual: increased activation of paralimbic and primary motor cortices
Stereotypy (punding)	High	Imbalance between D1 and D2 receptor signaling in the dorsal striatum
Choreoathetosis, dyskinesia	High	Overstimulation of D2 receptors in the dorsal striatum

DA, dopamine.



METHAMPHETAMINE USE DISORDER AND PSYCHIATRIC DISORDERS

METHAMPHETAMINE USE DISORDER AND PSYCHIATRIC DISORDERS



1842 METHAMPHETAMINE
USE DISORDERS.



770 (41.8%) OF METHAMPHETAMINE USE DISORDERS
ASSESSED WITH PSYCHIATRIC
SYMPTOMS ACCORDING TO ASI.

Psychiatric symptoms are health
problems that often occur as a
result of methamphetamine abuse.



DEPRESSION WAS THE MOST PREVALENT
PSYCHIATRIC SYMPTOM (31.9%),



ANXIETY (24.5%), AND PSYCHOSIS (8.9%).



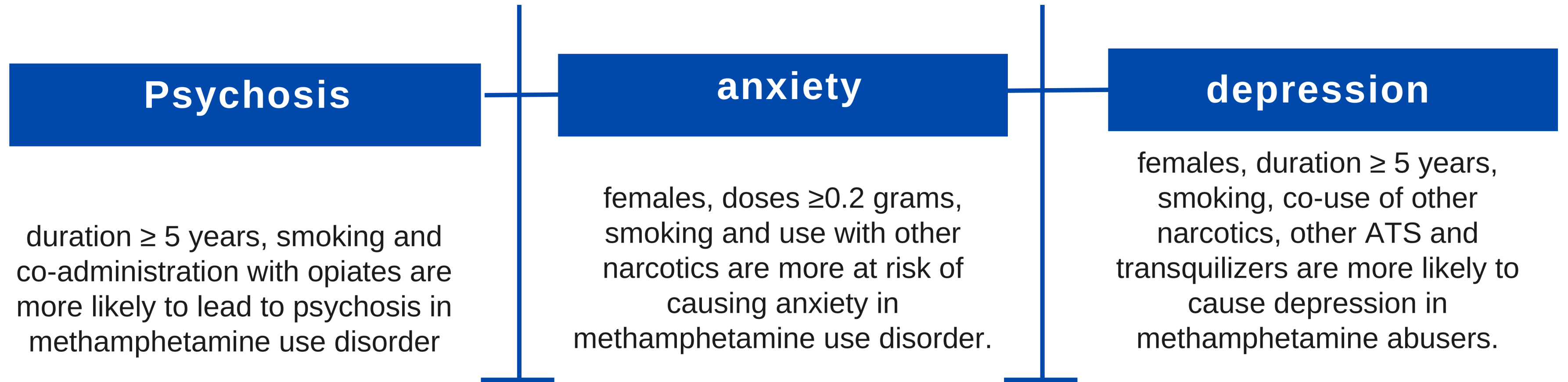
PSYCHOSIS (8.9%).



METHAMPHETAMINE USE DISORDER AND PSYCHIATRIC DISORDERS

Psychiatric symptoms

Females, duration ≥ 5 years, smoking route of administration and use with other narcotics are more at risk for psychiatric symptoms in Methamphetamine use disorder





RESPONDING THE SITUATION OF PSYCHIATRIC DISORDERS DUE TO METHAMPHETAMINE USE DISORDER



IMPORTANT POINTS



- **THE HIGH PREVALENCE OF METHAMPHETAMINE USE DISORDER AND THE HIGH LEVEL OF METHAMPHETAMINE PURITY WAS FOUND IN INDONESIA.**
- **METHAMPHETAMINE USE DISORDER CAUSES BRAIN DAMAGE**
- **THE ASSOCIATION BETWEEN PSYCHIATRIC SYMPTOMS AND GENDER, DURATION, DOSE, ROUTE OF ADMINISTRATION AND USE OF OTHER DRUGS SUGGEST THAT EARLY ASSESSMENT OF PSYCHIATRIC SYMPTOMS AND COMPREHENSIVE MANAGEMENT OF METHAMPHETAMINE USE DISORDER IS REQUIRED.**



THANK YOU