PRESENTATION OVERVIEW

1. What is ice?
2. Why do people use ice?
3. How does ice work?
4. Families and Friends: How can I support a loved one?
5. Resources for Professionals: Do’s and Don’ts
6. Schools: Tools for Parents
7. When and where do I get help
8. What type of help is available?
• Ice, also known as Crystal Methamphetamine.
• Methamphetamine typically comes in three main forms – ice, base and speed.
• Ice is the most potent and pure form of methamphetamine.
Common reasons for ice use include:

- To try and have fun and feel good
- To forget, or help cope, with problems
- To fit in/feel part of a group
- A belief that everyone else is doing it
- To escape reality
- To loosen up
- To be rebellious
- Out of curiosity
- Out of boredom
- To feel more sociable.

Although many people report that they use ice to feel more confident or lift their mood, in reality taking methamphetamines like ice often increases nervousness, agitation, and can trigger anxiety attacks.

During the “come down” phase of the drug wearing off, it is common for people to feel down or depressed.
HOW DOES ICE WORK?

• Ice triggers the release of two brain chemicals (or neurotransmitters): dopamine and noradrenaline.

• These chemicals are responsible for making us feel excited, alert and euphoric.

• However, consistent and heavy use of ice can deplete these chemicals.

• Prolonged use of ice can damage or destroy these receptors in the brain.
The physical effects of ice can last between 4 and 12 hours, although it can take 1 to 2 days for ice to entirely leave the body.
COME DOWN AND WITHDRAWAL SIDE-EFFECTS

**THE COMEDOWN PHASE** is experienced when ice starts to wear off.

- Feeling down or depressed
- Decreased appetite
- Exhaustion
- Increased need for sleep
- Irritability
- Feeling anxious.

**WITHDRAWAL** refer to unpleasant symptoms experienced by users who are dependent on ice:

- Headaches
- Anxiety
- Aggression
- Restlessness
- Cramps
- Vomiting.
MENTAL HEALTH EFFECTS

SHORT-TERM EFFECTS
- Aggression, irritability, mood swings
- Insomnia
- Substance-induced psychosis
- A "comedown"
- Anxiety and panic attacks
- Feelings of euphoria (a high)

LONG-TERM EFFECTS
- Dependence on ice
- Anxiety
- Poor memory
- Paranoia
- Depression
- Psychosis
- Damage to attention span

For some people, the symptoms experienced while using ice, or during the 'comedown' or 'crash' phase, persist and develop into mental disorders in their own right.
Below are common side effects of ice use, however, if these effects persist, a mental illness may be present.

### Mental Health Effects

#### Signs of Depression:
Some regular users experience depressive symptoms when they are not using ice because it can deplete brain chemicals which are responsible for making us feel happy and excited.

#### Signs of Anxiety:
- Restlessness
- Trembling
- Dizziness
- Sweating
- Dry mouth
- Muscle aches
- Headaches
- Nausea
- Vomiting.

#### Signs of Psychosis:
- Feeling suspicious or paranoid
- Hallucinations
- Unusual thoughts
- Repetitive compulsive behaviour
- Muddled thoughts or incoherent speech.
WHAT HAPPENS WHEN YOU USE ICE WITH OTHER DRUGS?

Combining ice with other drugs carries extra risks and makes its use even more dangerous. The more drugs a person takes (or is affected by) at a time, the more chance there is of something going wrong.

**COMBINING ICE AND STIMULANTS**
- E.g. Ice and cocaine

**COMBINING ICE AND DEPRESSANTS**
- E.g. Ice and alcohol

**USING ICE WITH OTHER DRUGS**

- Serotonin Syndrome
- Psychosis
- Anxiety or Panic Attacks
- Heart Problems
- Risk of Overdose
- Psychosis
HOW CAN I SUPPORT A LOVED ONE?

I WANT TO START THE CONVERSATION – HOW CAN I RAISE THE ISSUE?

“A close friend I had made really helped me out millions. I came clean with everything to my family and friends and let them back into my life. I couldn’t have done it without the right people around me.”
HOW CAN I SUPPORT A LOVED ONE?

I WANT TO START THE CONVERSATION – HOW CAN I RAISE THE ISSUE?

Tips for starting a conversation about ice and other drugs:

• Gather information about ice.
• Have a clear idea of what it is that concerns you about ice.
• Arrange a suitable time to talk when you will have some privacy.
• Ask questions; don't make assumptions about their knowledge of ice.
• Don't tell them what to do and try not to be judgemental.
• Let them know you care about them.
• Be trustworthy and supportive so they know that they can rely on you in a time of need.

STARTING THE CONVERSATION
RESOURCES FOR PROFESSIONALS

DO’S AND DON’TS OF MANAGING ANGER AND AGGRESSION

“This is just one story of many, which includes chairs and equipment being thrown across ED rooms, four to five police officers and four or five security guards; for one man under the influence of ice.”
RESOURCES FOR PROFESSIONALS

**DO’S AND DON’TS OF MANAGING ANGER AND AGGRESSION**

The following signs may indicate that a client could potentially become aggressive or violent:

- Appearance
- Physical activity
- Mood
- Speech
- Worker’s reaction.

Marel, C et al. (2016). *Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (2nd edition).* Available at: www.comorbidityguidelines.org.au
## DO'S AND DON'TS OF MANAGING ANGER AND AGGRESSION

### DO

- Stay calm and keep your emotions in check.
- Adopt a passive and non-threatening body posture (e.g., hands by your side with empty palms facing forward, body at a 45 degree angle to the aggressor).
- Let the client air his/her feelings and acknowledge them.
- Ask open-ended questions to keep a dialogue going.
- Be flexible, within reason.
- Use the space for self-protection (position yourself close to the exit, don’t crowd the client).
- Structure the work environment to ensure safety (e.g., have safety mechanisms in place such as alarms and remove items that can be used as potential weapons).
- Make sure other clients are out of harm's way.

### DON'T

- Challenge or threaten the client by tone of voice, eyes or body language
- Say things that will escalate the aggression.
- Yell, even if the client is yelling at you.
- Turn your back on the client.
- Rush the client.
- Argue with the client.
- Stay around if the client doesn't calm down.
- Ignore verbal threats or warnings of violence.
- Tolerate violence or aggression.
- Try to disarm a person with a weapon or battle it alone.

I'M A PARENT – HOW CAN I REDUCE THE RISK OF ICE USE IN THE FAMILY?

"if we can offer support through teenage years, we can help... if we offer education on ice we can prevent its use."

TOOLS FOR PARENTS
I'm a parent – how can I reduce the risk of ice use in the family?

1. Be a role model
   - Avoid contradictions between what you tell them and what you do.
   - Try to find fun ways to deal with problems that don’t involve drugs.

2. Be involved in their lives
   - Show an interest in their hobbies and activities.
   - Spend time with your child regularly where you can give them your undivided attention.
   - If they go out, ask them about where they are going and who they are going with.
   - Restrict internet access to central areas in the house.
   - If you pick your child up from school or after school activities, be open to inviting their friends to your house.
   - Build a support network by getting to know your child’s parents.
3. ESTABLISH AND MAINTAIN GOOD COMMUNICATION

- Encourage them to share their thoughts, feelings, and opinions.
- Try not to lecture them, it is important to listen to their thoughts and concerns and offer help and support.
- Try and make yourself somehow available most of the time.
WHEN AND WHERE DO I GET HELP?

The Australian Drug Information Service (ADIS):  
• a 24 hour service  
• offering free and confidential information about drugs.

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<th>CAPITAL CITY CONTACT</th>
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<tr>
<td>NATIONAL (ADIS)</td>
<td>1800 250 015</td>
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<tr>
<td>NSW (ADIS)</td>
<td>(02) 9361 8000</td>
<td>1800 422 599</td>
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<td>QLD (ADIS)</td>
<td>1800 177 833</td>
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<td>VIC (Directline)</td>
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<td>1800 653 203 (for parents)</td>
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<td>ACT (ADIS)</td>
<td>(02) 6207 9977</td>
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<td>NT (ADIS)</td>
<td>(08) 8922 8399 (Darwin)</td>
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<tr>
<td>SA (ADIS)</td>
<td>1300 131 340</td>
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**WHAT TYPE OF HELP IS AVAILABLE?**

**Seeing a Psychologist**
- Psychologists create a safe space for people to come and talk about things they might not feel comfortable talking about with families/friends.
- They can assist people who are trying to understand their thoughts and feelings, and help them to learn skills and techniques to manage these thoughts and feelings.

**Outreach Support**
- Outreach Support can be provided by a trained health professional who visits a person's home to help them complete daily activities and supports them in tasks such as securing safe housing and attending health check-ups.

**Online Treatment Programs**
- Online Treatment Programs can involve ‘chatting’ to a trained counsellor over the internet in real-time or by email, or a pre-programmed online “course” that is offered with or without support from a trained professional.

**Residential Rehabilitation**
- ‘Rehab’, ‘detox’ or ‘withdrawal’ clinics are places where people can stay for a few days or up to a few months at a time.
WANT MORE INFORMATION?

Visit the Cracks in the Ice online toolkit: www.cracksintheice.org.au for more information or to download a copy of the Cracks in the Ice companion booklet.

You can also keep update by:

- **DOWNLOAD** the app on iTunes and Google Play
- **SUBSCRIBE** to the Cracks in the Ice email list and watch the webinars
- **LIKE** Cracks in the Ice
- **FOLLOW** @cracksintheice