

## HOW TO PROTECT YOURSELF AND OTHERS

### ICE AND VIOLENCE: HOW TO PROTECT YOURSELF

Use of ice can increase **paranoid** and **irrational thoughts**, mood swings, and **irritability**, amongst many other side effects. Although not everyone who uses ice will become violent or aggressive, these side effects can make some individuals more likely to exhibit violent behaviours.

An individual is 6 times more likely to show violent behaviours when they are affected by **stimulant** drug which comes in three main forms; ice, base and speed."> **methamphetamines** than when they have not consumed the drug. Approximately 2 to 3 in every 10 acts of methamphetamine-related violence occurs when the individual is experiencing **hallucinations** (i.e. perceiving something that doesn't exist)."> **psychotic** symptoms. Additionally, heavy alcohol consumption also increases the risk of violent behaviours related to **methamphetamine** use (McKetin et al, 2014).

When a person is **intoxicated**, or in early stages of **withdrawal** from ice, they will not be able to follow directions easily. Aggression is common, and can increase the risk of harm to those around them. Also, the person is at direct risk of physically hurting themselves due to the effects of intoxication or **withdrawal**. If this is happening to a person in your care, it is important to protect yourself, and to try to limit the physical harm the person can do to themselves.

**If someone you suspect is using ice becomes violent and aggressive, here are some steps to take:**

**Try to remain calm, and speak in a calm, clear, and slow voice to the person.** Try to avoid emotional or hostile language, which may prompt or exacerbate aggression. Say the person's name, and reassure them that you are there to help. An example might be "*I can see how upset and angry you are right now, [person's name]. I don't mean to upset you, I care about you, and I just want to help you.*" Other options include "*how can I help you feel safe?*", "*your behaviour is frightening me at the moment, and I'd really like to help.*"

**Use an 'open' **Dealing with situations calmly, and not in an aggressive or hostile way.**"> **non-confrontational** body stance, arms open, palms up, head lowered.**

**Give the person some physical space** to minimise their feelings of confinement. If possible, remove furniture or fittings that might be thrown from the person's immediate path. Turn down the lights as people using ice are generally overstimulated, and this may help prevent further stimulation. Explain what you are doing, e.g., "*I am just moving some things out of your way, so that you don't hurt yourself.*"

**Give the person time to think and respond.** Slow things down as much as possible. When they speak, listen to what they say, agree with them or validate their feelings (e.g., "*that must be really upsetting*" or "*if that happened to me, I'd feel the same way*"). You don't have to agree with the content of what they are saying, but you can focus on the obvious emotions that the person is displaying and respond to those.

If the behaviour intensifies, **give the person a choice to help them feel like they are still in control.** For example, "*if you continue like this, I'll have to leave and call the police. But if you calm down, maybe we can find another way to help.*"

**If at any stage you feel like you need to leave, do so.** Call the police (000) for help, and remove yourself from the situation. This is especially the case if your exit is blocked, if the person is already too hostile, unstable, fearful, or **intoxicated** to respond to you, is threatening you or others, or has a weapon.

Remember that, following a violent or aggressive incident, you will be feeling a range of emotions that will likely include anger, resentment, shock, extreme sadness, and worry. You may also feel like you have to appease the person from now on, or avoid them altogether, so as to minimise the chance of a future violent/aggressive incident. Don't forget that these are legitimate reactions to such a situation, and that you might also need some support to help you in the aftermath. You may like to refer to the "[Starting the Conversation](#)" page on this website to gain some ideas on openly addressing the issue of violence with an individual, when the effects of intoxication or **withdrawal** have diminished.

Firstly, it is important to choose a time when the person is not **intoxicated**, and when everyone is at their calmest.

Be **assertive** in what you would like to say and allow the other person to speak about what has been happening for them.

Target the conversation towards the problem behaviours, rather than the individual. Use "I" rather than "you" statements.

Set rules and boundaries together regarding the individual's behaviour, and be clear about the consequences of breaking these.

If you are concerned about the possibility of a loved one becoming violent or aggressive due to their use of ice, it is important to have a safety plan. Making a safety plan does not prevent a crisis but it will help you to respond to crises and get to safety faster. **Important aspects of a safety plan include:**

**A list of important phone numbers in case you need to act fast.** This may include the phone numbers for emergency services (000), emergency housing and domestic violence services, solicitors or legal aid, your local hospital or mental health crisis team and emergency medical centres, a neighbour or friend who lives nearby and someone who can help to care for any children or animals. Keep this list somewhere private, but easily accessible.

**Identifying a place where you can go to make a phone call** without being overheard.

**Identifying somewhere safe where you and any loved ones can go if needed.** This may be a family member's or friend's house.

**Keeping important documents, identification, bank details/cards and your mobile phone where you can get to them easily.**

This information has been adapted from the “Walking a Tightrope” pamphlet developed by NCETA and Family Drug Support. [To view the full pamphlet, please click here.](#)

## ICE AND THE WORKPLACE

Methamphetamine (including ice) use among the workforce has implications for workplace safety. Use can impair concentration, the ability to gauge speed and distance, judgment and coordination. It is not safe to drive, operate machinery, or work in safety sensitive situations when affected by ice.

While the intoxicating effects of ice generally last around 6 hours, workplace safety may be compromised for much longer. The immediate after effects of ice use can include drowsiness, and users may find it difficult to sleep for several days following use. This can result in increased levels of fatigue, poor concentration, and impaired judgement. Longer-term physical and mental health problems associated with regular ice use may also negatively impact on workplace safety and productivity.

For more details refer to the [‘Ice and the workplace’ factsheet](#) which provides information on methamphetamine use and its implications for workplaces.

**Developers:** The [National Centre for Education and Training on Addiction \(NCETA\)](#), Flinders University, Australia.

**Year:** 2015

**Evidence base:** This resource has undergone expert review. Refer to the [NCETA website](#) for more information about this resource.

## ICE AND DRIVING

Driving under the influence of **methamphetamine** is a serious road safety issue. Even in low doses, methamphetamine (including ice) can impair driving skills and can lead to speeding, erratic driving, high speed collision or increased risk taking behind the wheel. In Australia, it is an **offence** to drive, attempt to drive or supervise a learner driver with any illicit drug in your system. For more information refer to [Laws about Ice](#) and the factsheet below.

### ICE AND DRIVING FACTSHEET

A national 7-year study found that the rate of methamphetamine-related deaths doubled from 2009 to 2015 in Australia. Motor vehicle accidents were responsible for 9.5% (156) of the total number of methamphetamine-related deaths (1649). It should be noted, however, that other drugs were also present in most cases (e.g. opioids, antidepressants, sedatives and/or alcohol).

Evidence suggests that rates of driving while under the influence of illicit drugs are relatively high among regular users. In a recent survey of people who inject drugs regularly in Australia (IDRS 2017), 75% of the 888 participants who had recently driven a vehicle reported having driven within three hours of using an illicit drug. The most commonly reported drug (not including prescription drugs) was crystal methamphetamine (43%), followed by heroin (39%) and cannabis (36%).

## HOW CAN I HELP SOMEONE WHO HAS TAKEN ICE?

The effects of ice can be unpredictable, as there is no quality control of an illegal drug when it is manufactured. Some people may experience serious side-effects related to **panic attacks**, dehydration, seizures and **stroke**. Below are some tips about how you can help someone who is experiencing these. **It is important to call for an ambulance immediately (000) if there is any risk that someone is having an unusual reaction (such as the symptoms mentioned below) to ice or any other drug.** Most of the time, police will not be called when an ambulance is attending a drug overdose. While many people do not call an ambulance for fear of police involvement, the police will not attend overdose incidents unless the person who called for an ambulance has also asked for police to attend, if another party calls for police attendance, if ambulance services believe there is a violent risk to themselves, or if a death has occurred.

## PANIC ATTACKS

Ice use can cause paranoia, symptoms of **anxiety**, and **hallucinations**, which may escalate into a panic attack.

### Signs include:

- Shaking and sweating,
- Increased heart rate,
- Chest pains and difficulty breathing,
- Dizziness, headaches, and light-headedness,
- Fear that the panic attack may lead to death,
- Non-responsiveness and appearing to be 'spaced out'.

### How to respond:

- Take them somewhere cool and quiet away from bright lights and crowds,
- Reassure them that the feeling will pass and try to keep them calm,
- Encourage them to take long, deep breaths to help them relax,
- If they pass out due to over-breathing, call for help immediately, and follow the [DRABCD life support steps](#).

## OVERHEATING AND DEHYDRATION

Ice can increase body temperature, especially when taken with alcohol. There is also a serious risk of overheating and dehydration when people dance for hours while using ice, particularly if they do not drink enough water.

### Signs include:

- Feeling hot, lethargic, unwell, faint, or dizzy,
- Headaches,
- Vomiting,
- Inability to talk properly,
- Not sweating even when dancing,
- Inability to urinate or urine becoming thick and dark,
- Fainting, collapsing, or convulsing.

### How to respond:

- **It is important to call for an ambulance immediately (000) if there is any risk that someone is experiencing these symptoms when using ice or any other drug.**
- Take them somewhere cool and quiet,
- Make sure someone stays with them,
- Get the person some cold water for them to sip slowly,
- Fan them to cool them down,
- Give them salted foods like crisps or peanuts to replace salts lost through sweating.

## FEELING VERY DROWSY

If someone becomes very drowsy as a result of using ice they could fall asleep and lose consciousness.

### How to respond:

- **Call an ambulance (000)**, but make sure they are not left on their own,
- Don't give them coffee or try to shock them,
- Keep them awake while waiting for the ambulance - make them walk around or make them talk to you,
- If they aren't responsive or lose consciousness put them in the [recovery position](#).

### FITS OR SEIZURES (CONVULSIONS)

Someone who has used ice, particularly those who have also used alcohol, may experience convulsions, otherwise known as fits or seizures.

### How to respond:

- **Call an ambulance (000).**
- Loosen any tight clothing,
- Clear the area of any nearby harmful objects,
- Do not try to restrict their movement or place anything in their mouth,
- Cushion their head,
- Once the fit has finished, check their breathing and put them in the [recovery position](#).

### STROKE

Use of methamphetamines (such as ice) may cause a **stroke** to occur.

The [Stroke Foundation](#) recommends the F.A.S.T. test as an easy way to remember the most common signs of stroke.

Using the **F.A.S.T. test** involves asking these simple questions:

- **Face.** Check their face. Has their mouth drooped?
- **Arms.** Can they lift both arms?
- **Speech.** Is their speech slurred? Do they understand you?
- **Time** is critical. If you see any of these signs call 000 straight away.

Other signs include:

- Weakness or numbness or paralysis of the face, arm or leg on either or both sides of the body
- Difficulty speaking or understanding
- Dizziness, loss of balance or an unexplained fall
- Loss of vision, sudden blurring or decreased vision in one or both eyes
- Headache, usually severe and abrupt onset or unexplained change in the pattern of headaches
- Difficulty swallowing

While you are waiting for the ambulance to arrive:

- If the person is conscious, lay them down on their side with their head slightly raised and supported.
- Do not give them anything to eat or drink.
- Loosen any restrictive clothing that could cause breathing difficulties.
- If weakness is obvious in any limb, support it and avoid pulling on it when moving the person.
- If they are unconscious, check their breathing and pulse and put them on their side. If they do not have a pulse or are not breathing, start CPR straight away.

[Click here for a step-by-step guide to performing CPR.](#)

For more information about responding to stroke, visit the [Stroke Foundation](#) website.

### A PERSON COLLAPSES

If a person collapses, **call an ambulance (000)**. It may be necessary to perform cardiopulmonary resuscitation (CPR) in order to temporarily maintain circulation to the brain to keep it functioning. [Click here for a step-by-step guide to performing CPR.](#)

## HOW TO PUT SOMEONE IN THE RECOVERY POSITION

**If a person is unconscious, or unresponsive but breathing, call an ambulance (000) and place the person in the recovery position.** Putting someone in the recovery position will help to keep their airways open. If they are left lying on their back they could suffocate on their vomit or their tongue could block their airway. [Click here for a step-by-step guide on how to put someone in the recovery position.](#)

## WHERE TO GET SUPPORT

If you're worried about a loved one who may be using ice, you can get support. It can be difficult to seek help, but in most cases the sooner you reach out for support, the better. You may want to discuss your concerns with a friend that you can trust. Your General Practitioner or family doctor can also be a good starting point – they can confidentially discuss your concerns with you and refer you on to other services if you need additional support.

For more information on support services and how to get help for yourself or a loved one, visit the [What type of help is available?](#) and [When and where to get help](#) sections of Cracks in the Ice.

If you need **emergency support**, please call **Lifeline (131 114)** which is a 24 hour crisis helpline or **dial '000'** for the police or an ambulance.