



**CRACKS  
IN THE  
ICE**

Crystal Methamphetamine  
*Trusted, evidence-based  
information for the community*



# CONTENTS PAGE

ABOUT CRACKS IN THE ICE .....	3
WHAT IS ICE? .....	4
WHY DO PEOPLE USE ICE? .....	5
WHAT ARE THE EFFECTS OF ICE? .....	6
WHAT HAPPENS WHEN YOU USE ICE WITH OTHER DRUGS? .....	10
WHEN AND WHERE DO I GET HELP?.....	12
HOW CAN I SUPPORT A LOVED ONE? .....	13
RESOURCES FOR PROFESSIONALS.....	16
INFORMATION FOR PARENTS, TEACHERS AND STUDENTS .....	19

This booklet provides evidence-based information about crystal methamphetamine (ice). It summarises the information available on the online toolkit Cracks in the Ice ([www.cracksintheice.org.au](http://www.cracksintheice.org.au)). Both the booklet and the online toolkit are designed to help individuals, families, health workers and communities to better respond to issues related to ice use.



## ABOUT CRACKS IN THE ICE

This booklet provides a brief overview of the information contained on the online toolkit. For comprehensive information about ice, please visit Cracks in the Ice online: [www.cracksintheice.org.au](http://www.cracksintheice.org.au)

Cracks in the Ice was informed by input from community members across Australia, and was developed in collaboration with researchers from:

- NHMRC Centre of Research Excellence in Mental Health and Substance Use
- National Drug and Alcohol Research Centre, University of New South Wales
- National Drug Research Institute, Curtin University

In April 2015, the Commonwealth Government established a National Ice Taskforce to provide advice to Government on the impacts of ice (crystal methamphetamine) in Australia and actions needed to address this growing problem. The Final Report of this Taskforce stated that “The first priority must be supporting families, workers and communities to better respond to people affected by ice.” (Commonwealth of Australia, Department of the Prime Minister and Cabinet, Final Report of the National Ice Taskforce, 2015).

As part of a co-ordinated response to this need the Australian Government Department of Health funded development of Cracks in the Ice, an online toolkit to provide evidence-based information about ice (crystal methamphetamine) for the Australian community. Cracks in the Ice aims to improve access to information, online resources and support for individuals affected by ice; their families and friends; health professionals working across a range of sectors; parents, teachers and students; and community groups.



*“If we can provide support to people from a young age we can help...”*

## WHAT IS ICE?

**Ice, or crystal methamphetamine**, is a stimulant drug and variant of methamphetamine. Methamphetamine typically comes in three different forms (ice, base and speed) that vary in their appearance and potency.

### ICE



#### APPEARANCE

Translucent crystals, sometimes shards.

#### ALSO KNOWN AS

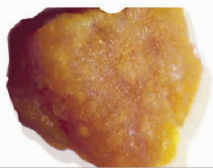
Crystal meth, meth, shabu, tina, glass.

#### METHOD

Smoking (e.g. with a glass pipe), injecting.

POTENCY: **HIGH**

### BASE



#### APPEARANCE

Dampish, 'gluggy' substance. Colour varies from white to brown.

#### ALSO KNOWN AS

Pure, point, wax, meth.

#### METHOD

Swallowing, injecting.

POTENCY: **MEDIUM** **HIGH**

### SPEED



#### APPEARANCE

White or off-white powder.

#### ALSO KNOWN AS

Goeys, meth.

#### METHOD

Snorting, swallowing, injecting.

POTENCY: **LOW** **MEDIUM**

The effects of ice differ slightly from speed and base because it is often a purer form of methamphetamine, meaning it gives a stronger and longer lasting 'high'. Because of this, it also has more potent and serious side effects, both during use and in the 'comedown' or 'crash' phase after use. This is why, compared to other forms of methamphetamine, ice has a greater potential for the user to develop dependence, psychosis, and other long-term physical and mental health problems.

Ice is usually sold in points (0.1g) or grams and can be cut (mixed) with other substances. This reduces its purity and makes the effects for the user even more unpredictable.

## WHY DO PEOPLE USE ICE?

There is no single reason why people use ice. Usually several things act in combination. Regardless of why someone starts to use ice, it can very quickly become a problem. Common reasons for drug 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.

For more information about why young people use ice and tips for being assertive, please visit: [www.cracksintheice.org.au/why-do-people-use-ice](http://www.cracksintheice.org.au/why-do-people-use-ice)

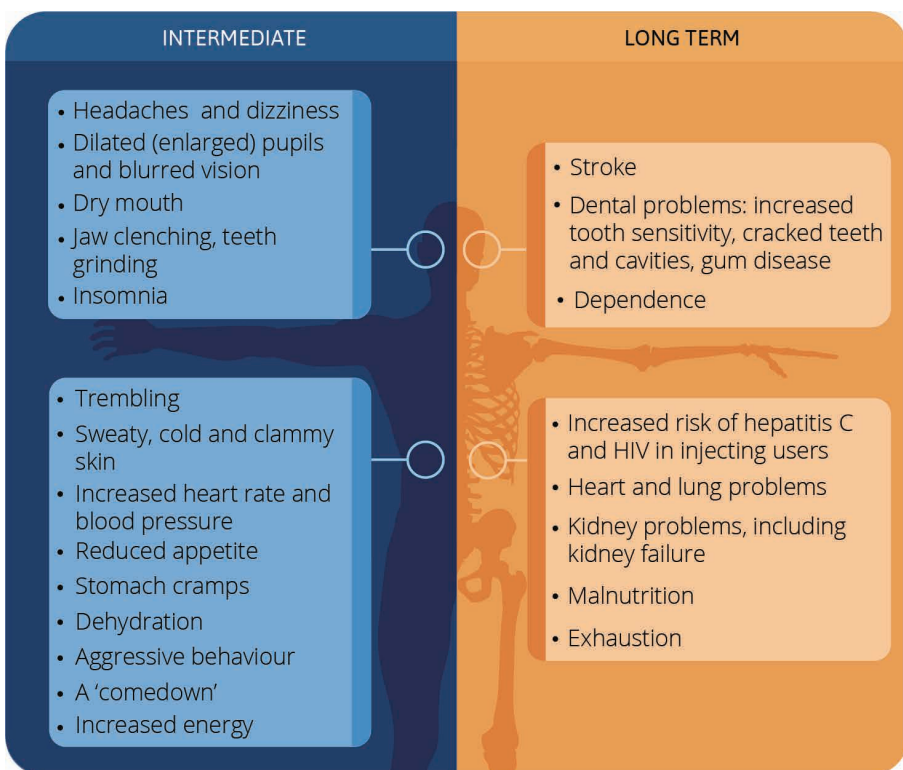
# WHAT ARE THE EFFECTS OF ICE?

## HOW DOES ICE WORK?

Ice triggers the release of two chemicals in the brain (also known as neurotransmitters) called dopamine and noradrenaline. These chemicals, which are responsible for making us feel excited, alert and euphoric, can be depleted by consistent and heavy use of methamphetamines like ice. Prolonged use can also damage or destroy these receptors in the brain — sometimes to a point where users no longer feel normal without having ice in their system.

## PHYSICAL EFFECTS

The effects of ice can be long lasting, often persisting for between 4 and 12 hours depending on how much ice is consumed. Although the effects of ice can usually be felt quickly, it can take 1 to 2 days to entirely leave the body.



## THE COMEDOWN PHASE

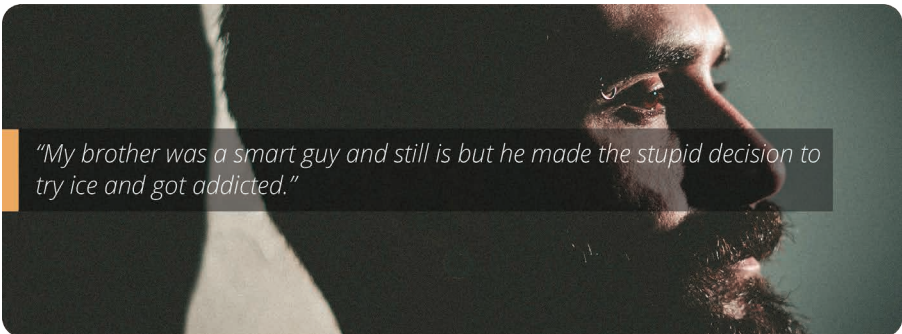
A 'comedown' or 'crash' phase is often experienced by ice users as the drug starts to wear off. These feelings can last a few days and symptoms can include:

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

## WITHDRAWAL

Withdrawals refer to unpleasant symptoms experienced by users who are dependent on ice. Depending on the severity of dependence, these symptoms can last for several days or weeks, and can include:

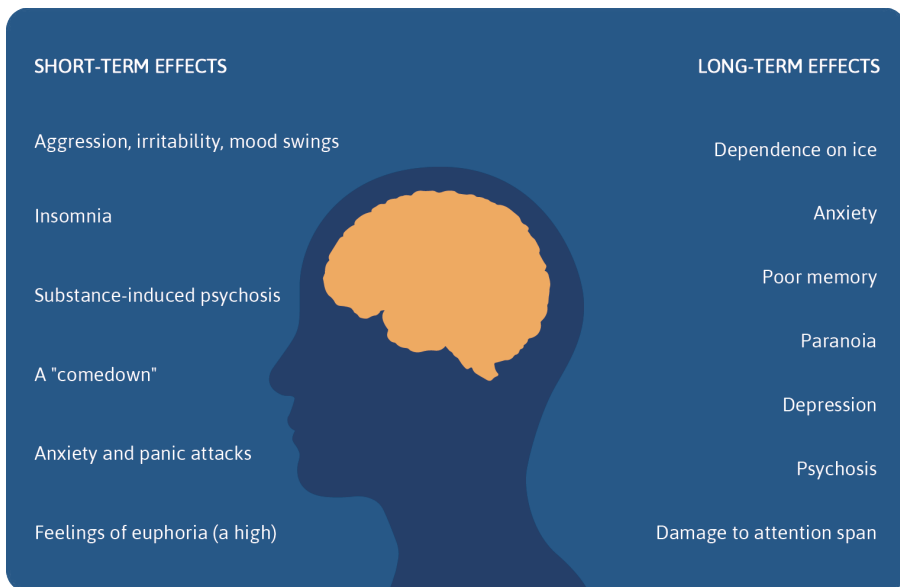
- Headaches
- Anxiety
- Aggression
- Restlessness
- Cramps
- Vomiting



*"My brother was a smart guy and still is but he made the stupid decision to try ice and got addicted."*



# MENTAL HEALTH EFFECTS



For some people, symptoms experienced while using the drug, or during the 'comedown' or 'crash' phase, persist and develop into mental disorders in their own right.

## SIGNS OF ANXIETY DISORDERS

Methamphetamine increases heart rate which can cause users to feel short of breath and can trigger panic attacks. Other common symptoms include restlessness, trembling, dizziness, sweating, dry mouth, muscle aches, headaches, nausea or vomiting. If these symptoms persist it may be a sign that an anxiety disorder is present.

## SIGNS OF DEPRESSION

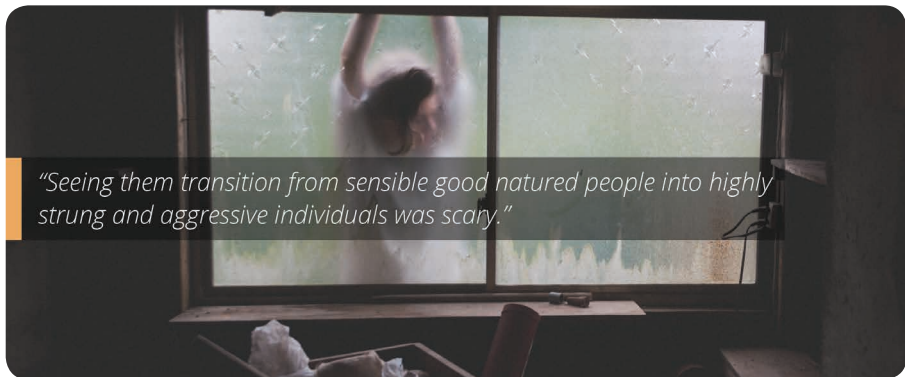
As the effects of methamphetamine begin wearing off, it is common to feel very low for a few hours or even up to a few days. Some regular users experience depressive symptoms when they are not using the drug because it can deplete brain chemicals which are responsible for making us feel happy and excited. If these symptoms persist it may be a sign that depression is present.

## SIGNS OF PSYCHOSIS

Heavy, consistent use of methamphetamines like ice can cause acute psychotic reactions in some people. These symptoms can last a few hours or up to a few days. A small number of people may find these symptoms last much longer (e.g. more than a few weeks), or continue even when a person is not using ice. If these symptoms persist it may be a sign that an underlying psychotic disorder, such as schizophrenia, is present.

Some symptoms of methamphetamine psychosis include:

- Feeling suspicious or paranoid
- Hallucinations (hearing, seeing or smelling things that don't exist)
- Unusual thoughts (e.g. thinking other people are reading your mind or stealing your 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.

### THE RISKS OF USING ICE WITH OTHER DRUGS

It is not possible to predict the different effects ice will have from person to person, or from using one time to another. Being under the influence of more than one drug at a time makes the effects even more unpredictable. Factors that cause the effects of ice to vary include:

- **Ice itself** (e.g. its purity, the amount used, frequency of use, how the drug is used, whether the drug has been cut (mixed) with another substance).
- **The person taking ice** (e.g. their mood, expectations, personality and individual characteristics).
- **The setting** (e.g. where the person is and the people they are with).



## COMBINING ICE AND STIMULANTS

E.G. ICE AND COCAINE



=

**SEROTONIN SYNDROME**  
**PSYCHOSIS**  
**ANXIETY OR PANIC ATTACKS**  
**HEART PROBLEMS**

## COMBINING ICE AND DEPRESSANTS

E.G. ICE AND ALCOHOL



=

**HEART PROBLEMS**  
**RISK OF OVERDOSE**  
**PSYCHOSIS**

Using ice with stimulants (e.g. cocaine) can increase the risk of cardiovascular (heart) problems and **substance-induced psychosis**. Users can also increase their risk of experiencing **serotonin syndrome**, anxiety or panic attacks.

Using ice with depressants such as alcohol, cannabis, heroin or benzodiazepines ('depressants') places extra strain on the heart which may lead to serious complications, especially among people with pre-existing heart problems. Using ice with cannabis can increase a persons' risk of experiencing mental health problems, including psychotic symptoms, especially in those who have existing mental health problems.

Using ice with stimulant medications (e.g. Ritalin) can increase the risk of **anxiety and panic attacks**, heart problems and substance-induced psychosis. Using ice with some types of anti-depressants can increase the risk of **serotonin syndrome**, especially among people that are on a Selective serotonin reuptake inhibitor (SSRI) antidepressant.

## WHEN AND WHERE DO I GET HELP?

A number of services throughout Australia can provide information, support and treatment options for people who are experiencing problems with ice and other drugs. Although it can be difficult to seek help, in most cases the sooner you reach out for support, the better.

Your local doctor can be a good starting point – they can discuss your concerns with you and provide referrals to other services that you might need.

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.

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

STATE/TERRITORY	CAPITAL CITY CONTACT	REGIONAL/RURAL CONTACT
<b>NSW</b> (ADIS)	(02) 9361 8000	1800 422 599
<b>QLD</b> (ADIS)	1800 177 833	1800 177 833
<b>VIC</b> (Directline)	1800 888 236	1800 888 236
<b>WA</b> (ADIS)	(08) 9442 5000 (08) 9442 5050 (for parents)	1800 198 024 1800 653 203 (for parents)
<b>ACT</b> (ADIS)	(02) 6207 9977	
<b>NT</b> (ADIS)	(08) 8922 8399 (Darwin) (08) 8951 7580 (Alice Springs)	1800 131 350
<b>TAS</b> (ADIS)	(03) 9416 1818	1800 811 994
<b>SA</b> (ADIS)	(08) 8363 8618	1300 131 340

For other key support services, visit the Cracks in the Ice website: **[www.cracksintheice.org.au/when-and-where-do-i-get-help](http://www.cracksintheice.org.au/when-and-where-do-i-get-help)**.


## HOW CAN I SUPPORT A LOVED ONE?

Ice use not only affects people using the drug, but it also has a negative impact on their family, friends, and their community. Families and friends can play a critical role in the recovery of people using ice (and other drugs).

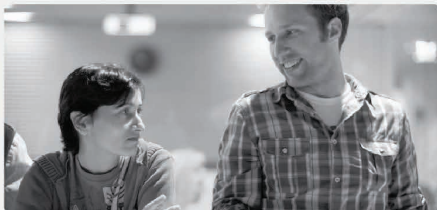
The Cracks in the Ice website provides up-to-date information for the Australian community, including friends and family members who may be concerned about a loved one's use of ice. Information and tips for starting the conversation, helping someone who has taken ice and finding help for your loved one are provided on the online toolkit at [www.cracksintheice.org.au/families-friends](http://www.cracksintheice.org.au/families-friends)

CONCERNED ABOUT  
SOMEONE USING ICE?

STARTING THE  
CONVERSATION



*"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 TO PROTECT  
YOURSELF AND  
OTHERS

WHAT TYPE OF HELP IS  
AVAILABLE?

Families and friends can play a critical role in the recovery of people using ice (and other drugs). This section provides information about helping a loved one who may be using ice, including tips for starting a conversation, how to protect yourself and where to get additional support.

As part of the Cracks in the Ice website, we will be developing a new evidence-based online wellbeing and resilience program for families and friends of people who use **methamphetamine** (called CHECKMATE). The support program will provide strategies to cope with and respond to a loved one using ice, exploring sources of support for yourself and a loved one, and provision of specific strategies to improve family resilience.

*Is there a topic or resource you would like to see included in the new support program? Let us know by [clicking here](#).*

## FREQUENTLY ASKED QUESTIONS

### HOW CAN I TELL IF SOMEONE MIGHT BE USING ICE?

Signs that someone may be using ice can include:

- Dilated (enlarged) pupils
- Increased energy
- Aggressive behaviours
- Trembling
- Complaints of stomach cramps, blurred vision, headaches or dizziness
- Exhaustion, fatigue or insomnia
- Irritability and moodiness
- Reduced appetite or other changes to eating patterns
- Anxiety symptoms such as panic attacks, dizziness, sweating, dry mouth, muscle aches, headaches and nausea
- Problems with money, friends, relationships or the law

### I WANT TO START THE CONVERSATION - HOW CAN I RAISE THE ISSUE?

Starting the conversation about a loved one's ice use can be tricky. Having that initial conversation may not meet all of your expectations and resolve everything, but can be critical in setting the scene for further conversations in which you are considered a trusted confidant.

Tips for starting a conversation about ice and other drugs:

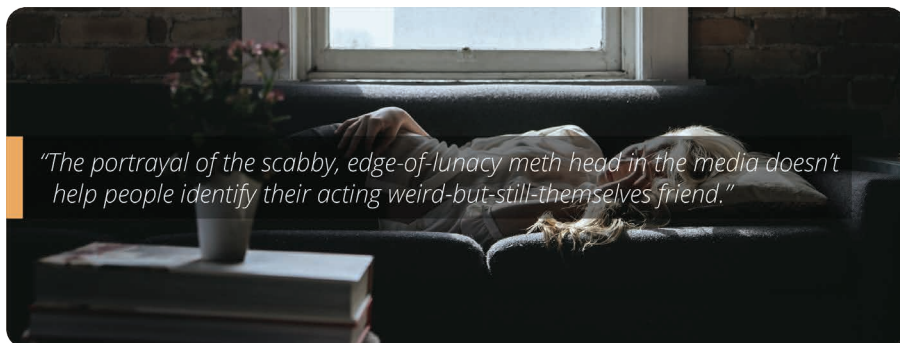
- **Gather information** to make sure you understand what ice is and its effects.
- Have a clear idea of **what it is that concerns you about ice**.
- **Arrange a suitable time to talk** when you will have some privacy and you won't be interrupted.
- Ask what they know about ice; **don't make assumptions** about their knowledge of the drug.
- **Don't tell them what to do** and try not to be judgemental.
- **Let them know you care about them**. People will be more likely to listen and engage in conversation if they feel valued and respected.
- **Be trustworthy and supportive** so they know that they can rely on you in a time of need. Make sure they know your conversation will be kept confidential.

## WHAT ARE THE WARNING SIGNS?

The following signs may indicate that a person is dependent on ice:

- They mention that their ice use is out of control.
- They are increasing their amount of ice use, or seem to be less affected by the same amount.
- The substance is consumed in larger amounts, or over a longer period of time, than intended.
- They worry about their ice use.
- They express a wish to stop using ice, or at least to cut down or control their use.
- They find it difficult to stop using, or to go without ice.
- Missing an opportunity to use ice makes them feel anxious or worried.
- Much of their time is taken up by drug related activities (for example, obtaining ice, using the drug, recovering from its effects).
- Other social, professional or recreational activities are reduced or completely given up in order to make more time for the drug.
- Their ice use is affecting their relationships with friends, family members and colleagues.
- They are unable to carry out routine responsibilities such as work, school or family time.

For more information on how families and friends can provide support to a loved one with potential ice problems, please visit: [www.cracksintheice.org.au/families-and-friends](http://www.cracksintheice.org.au/families-and-friends)





## RESOURCES FOR PROFESSIONALS

The Cracks in the Ice online toolkit has a range of factsheets, guidelines and resources for people working in various sectors. These evidence-based resources aim to guide and support professionals when faced with challenges relating to ice.

To view all of the resources, please visit: [www.cracksintheice.org.au/health-professionals](http://www.cracksintheice.org.au/health-professionals)

### GUIDELINES

For Frontline Workers

For General Practitioners

For Paramedics

For Emergency Departments

For Mental Health Practitioners

For Police Services

For Responding to Challenging Situations

### QUICK TIPS

Dos and Don'ts of managing an aggressive client

Dos and Don'ts for managing a client with symptoms of psychosis

A Quick Guide: Stepped Car models to treatment

### ONLINE RESOURCES

Online Motivational Interviewing Training

Online Training Package for Frontline Workers

Breaking the Ice: An online early intervention program

## DO'S AND DON'TS OF MANAGING AGGRESSION

Problems relating to anger and aggression are not uncommon in alcohol and other drug services and should be managed appropriately. In general, episodes of aggression are usually triggered by a particular event, which may involve circumstances that have led the client to feel threatened or frustrated.

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

- **Appearance:** intoxicated, bloodstained, carrying anything that could be used as a weapon.
- **Physical activity:** restless or agitated, pacing, standing up frequently, clenching of jaw or fists, hostile facial expressions with sustained eye contact, entering 'off limit' areas uninvited.
- **Mood:** angry, irritable, anxious, tense, distressed, difficulty controlling emotions.
- **Speech:** loud, swearing or threatening, sarcastic, slurred.
- **Worker's reaction:** fear, anxiety, unease, frustration, anger.

If a client becomes aggressive, threatening or potentially violent, it is important for alcohol and other drug workers to respond in accordance with the policies and procedures specific to their service. It is also important for service providers to have knowledge of how to respond to challenging behaviour, including physical threats or actual violence.



*"This is just one story of many, which includes chairs and equipment being thrown across ED rooms, four to five police officers and four to five security guards; for one man under the influence."*

## BELOW ARE SOME GENERAL STRATEGIES FOR MANAGING AGGRESSIVE CLIENTS:

### ✓ 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.

### X DON'T

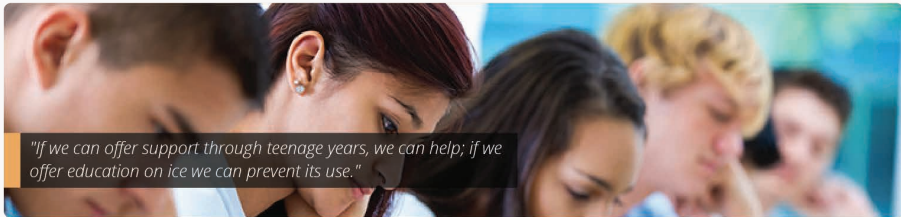
- X Challenge or threaten the client by tone of voice, eyes or body language
- X Say things that will escalate the aggression.
- X Yell, even if the client is yelling at you.
- X Turn your back on the client.
- X Rush the client.
- X Argue with the client.
- X Stay around if the client doesn't calm down.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

## INFORMATION FOR PARENTS, TEACHERS & STUDENTS

Getting the facts about ice and other drugs is an important step in preventing their use and related harms. The Cracks in the Ice ([www.cracksintheice.org.au](http://www.cracksintheice.org.au)) website provides access to information and resources about ice for parents, teachers and students. This includes:

- Strategies for starting a conversation with a young person
- Help-seeking and harm-minimisation tips for students.
- Evidence-based programs for psychostimulant use, including ice, for use in schools e.g. the **Climate Schools: Cannabis and Psychostimulant Module**.
- Information for parents and teachers about preventing drug related harms.

For comprehensive information and resources for school communities about alcohol and other drugs, visit **Positive Choices: [www.positivechoices.org.au](http://www.positivechoices.org.au)**



TOOLS FOR TEACHERS

TOOLS FOR PARENTS



TOOLS FOR STUDENTS

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

As a parent or guardian, it is normal to feel responsible for your child's life and the decisions they make. Research has shown there are many ways in which parents can minimise the chances that a young person will use illegal drugs, including ice, or experience harms from their use.

### **1. BE A ROLE MODEL**

It's important to set a good example, as your behaviour and attitude towards ice and other drugs can have a big influence on your child's behaviour. Avoid contradictions between what you tell them and what you do, and try to find fun ways to deal with problems that don't involve drugs.

### **2. BE INVOLVED IN THEIR LIVES**

Get involved and show an interest in their hobbies and activities. Aim to spend time with your child regularly where you can give them your undivided attention. One way of doing this is to set up a routine of having meals together or helping them with their homework. If they go out, ask them about where they are going and who they are going with and make this discussion a regular part of your conversation. Knowing who your child is with and where they are can help reduce risk. It's also important to restrict internet access to central areas in the house.

Peer influence exerts a huge effect on your child's behaviour, so it is natural to want to help your child choose the right friends. If you pick your child up from school or after school activities, be open to inviting their friends to your house. You can also build a support network by getting to know their parents. If you have good reason to believe your child's friends are involved in ice or other drugs, be prepared to support them to find a new set of friends by engaging them in some new activities.

### **3. ESTABLISH AND MAINTAIN GOOD COMMUNICATION**

Encourage them to share their thoughts, feelings, and opinions to show you value what they think. This will allow them to be honest and not just say what they think you want to hear. 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. For example, make sure your child can contact you easily if they are at a party. And most importantly, let your child know that you are always ready and willing to talk and listen.

**WANT MORE INFORMATION?**

**VISIT THE CRACKS IN THE ICE WEBSITE.**

**[WWW.CRACKSINTHEICE.ORG.AU](http://WWW.CRACKSINTHEICE.ORG.AU)**



**[FACEBOOK.COM/CRACKSINTHEICE](https://FACEBOOK.COM/CRACKSINTHEICE)**



**[TWITTER.COM/CRACKSINTHEICE](https://TWITTER.COM/CRACKSINTHEICE)**



© University of New South Wales, National Drug and Alcohol  
Research Centre 2017

### **Acknowledgements**

Funding for Cracks in the Ice has been provided by the Australian Government Department of Health to the [Centre of Research Excellence in Mental Health and Substance Use](#), the National Drug and Alcohol Research Centre at the University of New South Wales and the National Drug Research Institute at Curtin University.

We would like to acknowledge the many community members from around the country who shared their experiences and provided input and feedback during the development of this resource.

Design and layout by Netfront: [www.netfront.com.au](http://www.netfront.com.au)



# CRACKS IN THE ICE

[www.cracksintheice.org.au](http://www.cracksintheice.org.au)



**Australian Government**  
**Department of Health**

