

INJECTING ICE IN THE COUNTRY

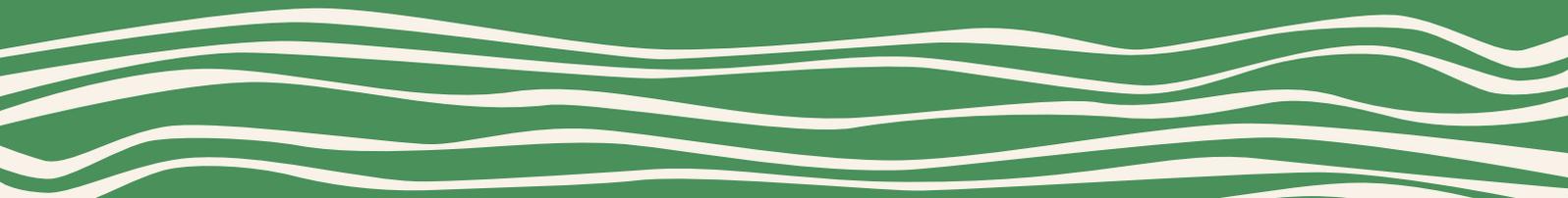
Healthier Approaches

ICE INTOXICATION AND WITHDRAWAL

Ice is a strong and long-lasting stimulant. Needle and Syringe Program (NSP) clients who present intoxicated on ice will often be highly stimulated and may have difficulty concentrating. When clients come to the service while in withdrawal they are likely to be depleted, disoriented and in need of rest and recovery.

How you engage with clients will depend on how they are feeling and what they need at any given time. While the effects of ice are not the same for everyone, being familiar with the signs and symptoms of intoxication and withdrawal will help you know where clients are at in their cycle of use.

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Background

Intoxication - going up

Ice enters the brain very quickly (particularly for people who smoke or inject), delivering very rapid and intense feelings of euphoria. The drug floods the brain's reward areas, producing strong feelings of pleasure and wellbeing.

Ice is also an appetite suppressant, which means that the person can go for long periods of time using high levels of energy without nourishment.

Withdrawal - coming down

Due to the increase in energy levels and hyperactivity for extended periods of time, people who use ice report severe and prolonged "coming-down" effects. They will often sleep for extended periods and awaken feeling ravenously hungry. These symptoms are mostly due to not having slept or eaten properly for long periods while intoxicated.

People experience a wide range of symptoms when withdrawing from ice, these may include:

- Fatigue and low energy.
- Anhedonia - an inability to feel pleasure.
- Problems concentrating.
- Anger/irritability.
- Intense cravings to use again - to get rid of the unpleasant feeling of coming down off ice.

Key harm reduction strategies for workers to share with clients:

- Encourage the person to drink plenty of water, especially prior to injecting ice (veins constrict and can be difficult to find when not hydrated).
- Encourage the person to eat and sleep as much as possible in between use.
- Encourage the person to plan their "crash" or "come-down" time, by having plenty of food and water around to prevent needing to leave their home.

- Encourage the person to have a safe place to rest when withdrawing.
- Offer water or a warm drink while they are in the service.
- Encourage the person not to drug-drive.

Summary

Ice intoxication and withdrawal are different for everyone. Getting to know your clients over time will help you identify the range of symptoms for each person. The key is to get familiar with what harm reduction messages to provide, respond according to the situation and stay consistent.

There are going to be times when clients do not want to engage in a conversation about how they're going. In this situation, it's best to provide sterile equipment, a warm smile and let them be on their way.

There will be other times when clients might want a bit more support around their health. Engaging with NSP clients and getting to know them over a period of time will help you identify where they are at and help you decide on your approach at any given time. It's unlikely that one approach will be suitable for every situation.

If issues arise and a situation escalates to the point where you or others in the service are at risk, adhere to your service's policies and procedures, and follow an agreed plan. Always let clients know what's happening, speaking calmly and directly.

Please consider contacting your local Aboriginal Community Controlled Health Organisation for additional services and supports for your Aboriginal clients, or visit www.vaccho.org.au.

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