

ice (crystal methamphetamine
hydrochloride)

feature

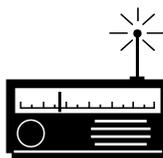
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You asked for it!

And we heard you. Workers have been asking for information about ICE – a street name for crystal methamphetamine hydrochloride. This issue is dedicated to it. We have factsheets and other resources for you in our AOD resource library. AND THERE IS MORE! We are also organising some violence training in response to your needs.



A FRANK. fact:

FRANK. is designed so that all of the information can be found out there on the big bad internet. All of the information contained herein can be accessed through any search engine. Check the bottom of each article for the link.

FRANK. aims to link you up with information that is already out there. We have done the homework, found the sites, the reports, the factsheets and more. We've assessed the information and offered it up to you because we know how busy you are.

We know that keeping on top of alcohol and other drug information is just one of the many things you need to know about in your work with young people.

Youth Coalition of the ACT is the peak body for youth affairs in the ACT.

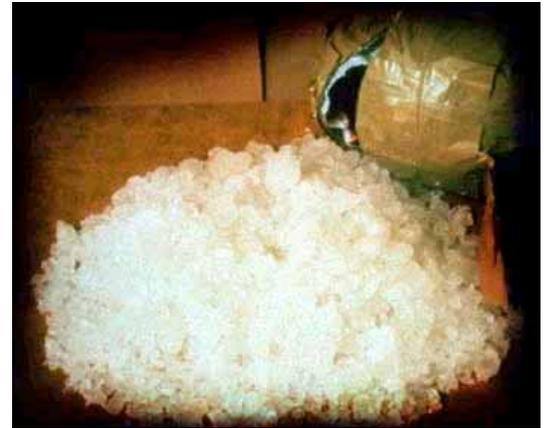
Alcohol and Other
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Web

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What is this thing called ice?

'Ice' is a street name for crystal methamphetamine hydrochloride, which is a powerful, synthetic stimulant drug. Ice often appears as large, transparent and 'sheet-like' crystals but may also be coloured (often pink, blue or green). Other street names for ice include 'meth', 'crystal meth', 'shabu' and 'glass'.



Source: www.eroid.org

Who uses it?

People who use ice come from a variety of backgrounds and from all sectors of society. Some use it recreationally as a 'party drug'; others use it to help them stay awake or for improved performance, and still others, especially some injecting drug users, use it as a substitute for other drugs.

How is it used?

Like other methamphetamines, ice is usually snorted, swallowed or inserted anally. It is also smoked or injected, producing a rapid onset of the drug's effects. Smoking or inhaling ice has become more common in Australia in recent times. Smokers use a glass pipe, while others heat the ice on aluminium foil and inhale it ('chasing'). Ice is usually sold in 'points' (0.1 gram), due to its high purity.

Methamphetamine use in Australia

- » In recent years, there has been an increase in reported use and availability of more potent forms of amphetamine-type stimulants (such as ice) reported by law enforcement and health agencies.
- » The prevalence and frequency of methamphetamine use increased across Australia between 2000 and 2001 (91 per cent of all amphetamines seizures were of methamphetamines).
- » Increasing numbers of illegal laboratories manufacturing methamphetamines have been located in Australia during 2001–02.
- » Methamphetamines have been reported as readily to highly available in Australia .
- » Methamphetamines are described as the drug of choice by 25 per cent of drug users interviewed, second only to heroin at 48 per cent.
- » Violent behaviour associated with methamphetamine use has been linked to an increase in property offences in some areas of Australia in 2001–02.

The trends observed in Australia are consistent with recent international patterns of methamphetamine use and associated harms, as observed by the United Nations Office of Drugs and Crime, which predicts that synthetic drugs such as these could become one of the world's most serious drug problems.

Source: Excerpt from 'Ice' (crystal methamphetamine hydrochloride) factsheet. Drug Info Clearinghouse. <http://www.druginfo.adf.org.au/article.asp?id=5890&ContainerID=414>

SEX on ICE



ICE can either be snorted or injected, or in its crystal form 'ice' smoked in a pipe, and brings on a feeling of exhilaration and a sharpening of focus. Smoking ice results in an instantaneous dose of almost pure drug to the brain, giving a huge rush followed by a feeling of euphoria for anything from 2-16 hours.

For some this could result in obsessive cleaning or tidying, but for many the biggest bonus is the sense of sexual liberation which can result in mad, abandoned sex for hours - sometimes days - on end. It's ability to keep users awake and feeling good for long periods have resulted in the drug making heavy inroads into the US gay dance scene.

Ice use can increase a person's need and urgency for sex. This and other effects of ice use can make it easier to be reckless and forget to use condoms and water-based lube where advisable. Sometimes crystal use can cause erectile dysfunction (also known as 'crystal dick') which may lead people to decide to be the receptive partner or 'bottom' in anal sex.

The biggest risk is from the increased chance of HIV infection through unprotected and uninhibited sex while under the influence of ice. The liberating nature of the drug means that often safe sex is discarded while sexual activity increases greatly. It has been reported in the States that in almost half of the new AIDS cases, ice has been a factor.

SAFE SEX TIP

It is very important to keep a good supply of condoms and water based lube for the situations where this might occur. The use of ice also allows a person to have sex for much longer periods of time than usual. This often results in tears, chafing and other trauma to the penis, rectum or vagina, which can dramatically increase the possibility of transmission of HIV and other STIs (sexually transmitted infections). If you are having sex for a long period of time it is important to use additional lube to protect both the body and the condom from tearing.

For condoms, dams and lube contact:

Your local youth centre	Visit www.makingcontact.net.au	AIDS Action Council of ACT	6257 2855
Junction Youth Health Service	6247 5567	Sexual Health and Family Planning	6247 3077

Sources: Adapted from Victorian Aids Council. *Crystal Fact Sheet*. <http://www.vicaids.asn.au/content/ContentPagePrint.asp?PageID=104&SectionID=&Urban75>. Drug Resources. *Crystal Meth*. <http://www.urban75.com/Drugs/meth.html>



the ATS family tree

amphetamine-type substances (ATS) refers to a variety of substances that stimulate the central nervous system such as amphetamines, ecstasy and cocaine. The use of ATS has increased in Australia in recent years.

Amphetamine is a synthetic drug structurally similar to the naturally occurring neurotransmitters in the body — adrenalins, dopamine and noradrenaline — and therefore they produce similar effects. Amphetamines are a group of drugs commonly known as speed.

Cocaine, nicotine and caffeine stimulate the nervous system

Amphetamines - stimulants

Amphetamines - euphorics

Amphetatmine, dexamphetatmine
White, yellow or brown powder or tablet taken orally, snorted or injected.

Most amphetamine available in Australia to day is *methamphetamine* - a potent and longer-lasting amphetamine that comes in a variety of forms.

> **Methamphetamine**
White, yellow or brown powder, paste, tablet or liquid. Taken orally, snorted or injected.

Crystalline methamphetamine hydrochloride
A purified form of methamphetamine appears as rock crystalline - looks like crushed ice – hence its common name ICE. Smoked or snorted.

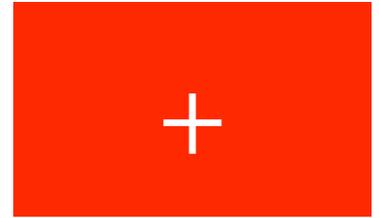
< **Ecstasy**
3,4 methyenedioxymethamphetamine (MDMA). Ecstasy is a hallucinogenic amphetamine. Tablet form taken orally. *Most* ecstasy in Australia contains no MDMA, but predominantly contain *methamphetamine*.

Paramethoxyamphetamine (PMA)
Powder and tablet form taken orally.

3,4 – methyenedioxymamphetamine (MDA) Tablet form taken orally.

Sources: Adapted from Australian Bureau of Criminal Intelligence. *Australian Illicit Drug Report 1997 – 1998. Amphetamine and Related Substances*. http://www.crimecommission.gov.au/html/pg_aidr1997_98.html & *Amphetamine-type Substances Factsheet*. Alcohol and Other Drug Council of Australia www.adca.org.au

first aid



This is a short guide to recognising problems and administering help when someone is in trouble after taking drugs. Remember not to panic and to get help immediately.

What to do if someone falls ill:

If you're in a club get help immediately. Be persistent and stress the urgency of the case, demanding to see the manager if necessary. Some clubs will try and fob you off - if need be, dial for an ambulance yourself. If you know what drugs the person has taken, tell the paramedic or first-aider as soon as they arrive - this information could be very important. If you're off your face, stand back and let them get on with their job.

If you're on your way home do the same - get help as soon as possible and pass on any details about what drugs have been taken to the medics. Stay with them if possible.

On the dance floor:

It's easy when you're pillled up and dancing to not recognise the symptoms of heat exhaustion, heat stroke and overheating, but the risks can be great with a real chance of blackouts, collapse, fainting or fits.

If you start displaying symptoms such as feeling dizzy, sick, sudden tiredness, sudden headaches or cramps and aching limbs it's time to take a break. Other symptoms include a difficulty in peeing with dark urine, stopping sweating (an indicator of dangerously increasing body heat) and difficulties in breathing.

If you suffer any of these symptoms you should immediately take a break and chill out to let your body cool down. Sip a pint of water slowly and let your body relax. Don't drink too much water - as a rule try and drink about a pint an hour if you're dancing.

Safer dancing:

If you're out larging it all night, be careful not to overdo it. If you start to get too hot, move to a cooler area or chill out for a bit. Try and drink a pint of water an hour (not alcohol) and splash a bit of water on your head and neck to keep your temperature down.

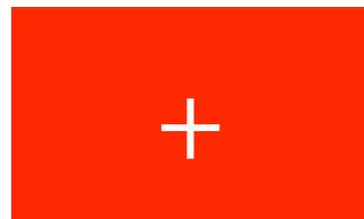
Loosen your clothes and take time out to let your body cool down. Don't go to the other extreme and stand outside in a Gale Force Ten wind as shock may set in. Make sure you don't get too cold and have something warm to put on.

Anxiety / Wig-out:

If you're with someone on drugs and they start to experience a bad trip or get anxious and panicky, take them away from the lights and noise and sit with them in a quieter area. Chat to them, calm them down and give them support. If things are getting worse send a friend to get help.

It's important to remember that different people will react differently to the same drugs, and combining drugs can bring on an unexpected bad reaction or overdose. Some people can seemingly wolf down half a pharmaceutical company and keep a grip, whilst others might wig out on half a spliff.

first aid



Collapse:

If someone collapses on the dancefloor, put him or her in the recovery position and send for help immediately. Recovery Position:

If they are still breathing, turn them on their front with their head sideways. Bend their upper arm and leg and straighten the other arm parallel to their leg (see picture below).

Clear a space on the dancefloor around them and stay with them until help arrives. Only move them if absolutely necessary and keep them in the same recovery position.

If they have stopped breathing and you know the correct procedure, apply mouth to mouth resuscitation. If not send for help immediately and in the meantime loosen tight clothing.



Coming Down:

After a hard night's partying it's important to wind down and let your body recover. Smoking strong weed or skunk to help you come off uppers like ecstasy can sometimes increase the feelings of anxiety and paranoia and make matters worse.

Using downers like Valium, Termazepam and heroin are risky because you're using drugs that are more physically addictive than E, speed or acid, and you might start to rely on them.

Hammering down the booze isn't too clever either as the alcohol dehydrates your body making you feel twice as bad next day. It's better to drink non-alcoholic fluids and let your body come down naturally. Eat well, take it easy and relax.

The next day:

The effects of some drugs can last well into the next day and even longer. Some users can feel disorientated, tired, irritable and even paranoid or anxious after a hard night. The day after a mental night, try and take it easy, eat well, put your feet up in front of the tele and give your body a chance to recover fully.

Important: these tips do not take the place of doing a First Aid course. Contact these organisations for more information:

St. John's Ambulance
Directions ACT

6282 2399
6248 7677

ACT Health

132 281

Source: Adapted from Urban75. *First Aid Important Info.* <http://www.urban75.com/Drugs/drugfirst.html>

Where does ice come from?

Most of the ice we get here has actually been manufactured in China but has been transported to Australia via other Asian countries such as the Phillipines or Indonesia. We have seen much more ice being imported into Australia in recent years; in the 2000/01 financial year, the Australian Customs Service seized more than 80 kilograms of ice at the Australian border. When there is more good quality ice being imported, it puts pressure on the people who manufacture methamphetamine in Australia to produce a higher quality product, so the purity of methamphetamine powder ('speed') made here has been increasing over the last few years.

Why isn't ice made here?

Although, in theory, anyone who makes methamphetamine in Australia could produce ice, really pure crystalline ice is not made here, simply because the manufacturers don't have the expertise necessary to make it. What is made here is either normal speed powder (see Amphetamine Fact Sheet), or something that is often called 'base'. Base is a sticky, gluggy, waxy or oily form of damp powder, paste or crystal that often has a yellow or brownish hue. It is oily because the first step in the methamphetamine manufacturing process produces methamphetamine base, which is an oil. An oil would not be popular in Australian illicit drug markets, because it cannot be easily injected or snorted. Therefore, manufacturers attempt to purify methamphetamine base (oil) into methamphetamine hydrochloride (salt or crystal). To successfully complete this process requires considerable chemistry expertise, and few illicit manufacturers in Australia possess such expertise.

The result is an oily powder that often has a yellow or brownish tinge due to the presence of iodine and other impurities. These impurities, which would not be present if the manufacturing was done properly, also prevent the substance from forming into the large translucent crystals typical of ice, so the appearance of these two forms of methamphetamine is quite different. Even though they look different, they are both methamphetamine, and they have pretty similar effects. Normal speed powder is also methamphetamine, but just a different form of it. Sometimes people who make or sell speed in Australia will call their product ice or shabu to make it more attractive to buyers so they can charge a higher price. This only leads to confusion among users as to what they've actually bought. Real ice is a big colourless crystal, but often people buy white powder that they've been told is ice.

Purity sure? Nobody is sure.

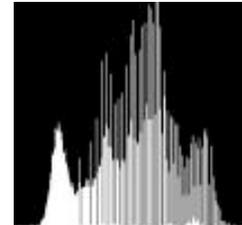
Bearing in mind that not all amphetamine seizures in Australia is analysed, the average purity of analysed seizures of amphetamines in 2000 was 22% compared with 16% in 1999 (Topp et al., 2001). Topp et al. also reported that the purity of amphetamines was highest in Queensland (an average of 28%) and that methamphetamine seizures were of significantly higher purity (23%) than amphetamine sulphate seizure (11%). The ABCI (2001) reported that the purity of street level methamphetamines reached 60% on occasions in South Australia and Mundy (2001) reported that in December 2000, the ACT Government Analytical Laboratory received a sample of 48.5 grams of crystalline methamphetamine that was 97% pure.

This information is important to know and share with young people. The purity of amphetamine and methamphetamine varies greatly. All parties need to be very careful – you don't know how pure the meth your taking might be.

Of particular concern is the relatively long acting nature of crystalline methamphetamine, particularly in relation to its cost. Cocaine, for example, cost \$200 - \$300 per gram (in Australia in 2000, Topp et al., 2001) and its peak euphoric effect lasts for only 30 minutes. On the other hand crystalline methamphetamine costs \$30 per point and lasts up to 12 hours. This makes it an extremely cost effective drug, and this is arguably a major reason why its use has become so entrenched in financially disadvantaged areas of the United States.

Sources: Australasian Centre for Policing Research. September 2001. *Implications for policing in Australia of the increased availability of more potent forms of amphetamine type stimulants* & National Drug and Alcohol Research Centre *Ice factsheet*. <http://ndarc.med.unsw.edu.au/ndarc.nsf/website/DrugInfo.factsheets>

The ACT heroin drought turning drug users to methamphetamine and cocaine



In its annual study of drug trends in the ACT, the Australian Institute of Criminology will report at a national conference to be held in Sydney today that the heroin drought which commenced in late December 2000 has resulted in ACT injecting drug users turning to methamphetamine and cocaine.

The study is part of the National Illicit Drug Reporting System and is funded by the Commonwealth Department of Health and Aged Care and the National Drug Law Enforcement Research Fund. It monitors the price, purity, availability and use of four main illicit drug types - heroin, amphetamines, cocaine and cannabis.

To achieve this, interviews are conducted with injecting drug users; professionals in drug-related fields and analyses of administrative data collected by health and law enforcement agencies are undertaken.

The report shows that in 2000/2001 heroin was more difficult to obtain, its price increased by 62%, and purity decreased by 30%. The median number of days which injectors used heroin in the 6 months prior to interview decreased by over 70%.

In contrast to the heroin trends, injection of methamphetamine in the 6 months prior to interview increased by 28% and injection of cocaine in the same period tripled to 34%.

Paul Williams, Manager of the Public Policy and Drugs Program at the AIC believes the drought has been beneficial to the ACT, but warns that if the emerging methamphetamine and cocaine trends become entrenched, they are likely to be more difficult to manage than heroin.

"We welcome the trends in decreased heroin use and the positives this has brought about."

"The number of heroin users who reported overdosing decreased by 73% and non-fatal heroin overdoses attended by ACT ambulance decreased by 32%. It is also clear that some people have stopped injecting entirely."

"While not exclusively related to drug use, property crime decreased by 17% in the last financial year and burglaries from homes, and thefts of motor vehicles more particularly, fell by 23% and 31% respectively." The AFP's Operation Anchorage was a major factor in the observed decrease.

"However, the trend towards increased methamphetamine and cocaine use presents serious health and law enforcement challenges for the ACT community. Methamphetamine use has been shown to be associated with violence and it can induce severe paranoid and psychotic episodes among users."

"Concerning cocaine, the ACT had until recently been quarantined from the apparent surge in use which has been evident in Sydney for the past two or three years. As with methamphetamine, cocaine is associated with violence and psychoses. Dependent users inject up to a dozen times daily and this increases the likelihood of associated crime and unsafe injecting practices and mental health problems."

Source: Australian Institute of Criminology. Media Release, 29 November 2001 <http://www.aic.gov.au/media/2001/20011129.html>

Recently we have been hearing more and more about ice becoming available in Australia.

Ice, or crystal, meth or shabu as it is also known in the US is a powerful stimulant similar to speed but much more potent. To give you some idea of the difference between the two drugs - speed in Australia has an average purity of approximately 5%, ice can be as high as 90%.

What goes up must come down

Like all stimulants, users talk about the drug giving them a high, but as we know what comes up has to come down. Anyone who has used ice will tell you that the lows with this drug appear almost bottomless. If anyone is considering using this drug they should be well aware of the effect that this drug can have on mood.

Toxic psychosis

Perhaps the best-known danger linked to ice or any other form of speed is speed or toxic psychosis. Symptoms - including hallucinations, panic, and paranoia - can involve irrational, even violent behaviour. Toxic psychosis, similar to paranoid schizophrenia or delusional states, can result from either heavy short-term or long-term use. Since psychosis is related to high blood levels of methamphetamine, it often clears within a week after stopping use. However, some symptoms may persist for weeks or months. Researchers think that long-lasting episodes may be caused by damage to dopamine-producing structures in the brain.

Unprepared for high purity

Many people taking the drug for the first time say that they felt unprepared for the strength of the experience. Some people have experienced heart palpitations, pins and needles (due to decreased circulation in arms, legs, hands and feet) and unfortunately there have been deaths recorded in the US, mainly due to heart attacks or strokes.

Animal haven chosen ice over basic needs

Methamphetamine is so biologically appealing that animals will choose to receive meth over fulfilling basic needs, such as eating, sleeping, and reproducing. The potential for addiction is enormous and immediate. After some time has elapsed, the user could experience toxic effects. Sweating, shaking, temperature increases, dry mouth, and headaches often accompany these effects.

3 seconds to reach the brain

Smoking methamphetamine or ice through a glass pipe is regarded as one of the most efficient ways to take the drug because so little of the drug is lost, leaving it quite concentrated. However, this high level of concentration increases the risk of overdose because the user can be unaware of the toxic effects being produced. The drug is consumed much faster by smoking (taking approximately 3 seconds to reach the brain!) than by other methods. The problem with smoking meth is that it hits the user's brain so quickly that they wouldn't even realize if they've overdosed.

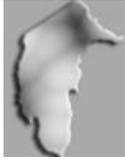
Very hard to stop

We still do not know why some people will experience severe problems with some drugs and others won't, although there are many theories. Whatever the reasons some people will find it very difficult to stop using the drug. When they do they will experience severe depression, anxiety, fatigue, paranoia, aggression, and an intense craving for the drug.

The body to burn itself up

The drug tends to overtax the body and causes the body to literally burn itself up. Vitamin and mineral deficiencies are common due to inadequate nutrition as the user keeps pushing beyond what the body can tolerate, which may lead to a rapid and noticeable loss of weight. There is lowered resistance to disease and prolonged use will cause damage to organs, particularly to the lungs, liver, and kidneys. Ice smoking is also believed to cause the same sorts of lung damage seen in crack smokers.

Source: Excerpt from *Doing Drugs* with Paul Dillon. *Ice factsheet*. <http://www2b.abc.net.au/triplei/mornina/drugs/>



ACT YOUTH SERVICE PROFILE: Lowana Young Women's Refuge

Address	Confidential, provided as needed to young women
Phone	(02) 6231 3297
Type of service	Supported accommodation for single young women; youth boarding house; case management including health education, training, housing and financial support
Programs	<ul style="list-style-type: none">• Living skills and social skills program• Outreach support to youth boarding house• Outreach support to Indigenous young womens refuge• Outreach support to young women in Quamby
Referral process	Telephone referrals, third party referrals, self referral (however no clients are accepted at the door, young women must ring first)
Support for young people with AOD issues	Yes, Lowana has a holistic approach to AOD issues and views AOD issues as behavioural issues and do not focus on the specific substance. If a young woman chooses to access rehab or detox facilities her place at Lowana will be kept for when she returns.
Can a young person access the service under the influence of AOD?	Yes
Contact person	Marilyn
Age group	13 – 18 years (short term emergency accommodation is available for young women up to 20 years of age)
Philosophy of organisation	Lowana operates under a feminist philosophy of social justice and democratic participation. The model is not gender focussed, but a way of working which considers young women in relation to the disadvantage faced by all young people, particularly those who are homeless or at risk of homelessness. The service believes in the personal empowerment of all young people to achieve their full potential and encourages self-determination. A harm minimisation approach is taken with all issues facing young homeless people. Lowana will endeavour to assist young people to reach their goals in a manner that results in the least harm to themselves and others.

Ice, tolerance and dependence

Many users have described ice as a very 'more-ish' drug. Users are encouraged to only buy or carry small amounts of Ice as this can help to protect them from accidentally overdosing. Ice is known to be a drug upon which it is easy to become physically and/or psychologically dependent. People who are psychologically dependent on Ice crave the drug and find that using it becomes far more important than other activities in their life. Physical dependence occurs when a person's body adapts to the presence of the drug and they become increasingly used to functioning with the drug in their system. Because regular users can quickly develop a tolerance to Ice, greater doses are needed to achieve the desired effects. The extreme exhaustion that can follow a methamphetamine 'binge' (i.e. a sustained use of methamphetamine) can also create an overpowering desire to use even more of the drug as a 'pick-me-up'.

Source: Excerpt from Victorian Aids Council. *Crystal Fact Sheet*. <http://www.vicaids.asn.au/content/ContentPagePrint.asp?PageID=104&SectionID=>



Q.
If a pregnant woman smokes meth, how long will it take to be out of the baby's system so that the hospital cannot detect it?

A.
This is a good question because there are so many different things to consider, which you obviously are. Things like the safety of the baby; the possible need for a scan to see how the baby is; and, concerns about whether the baby may be taken from the mother by the hospital or welfare system. I am also assuming that by meth, you are referring to methylamphetamine (in other words, ice, crystal, glass, etc).

Unfortunately, it is not possible to answer your question with any certainty because there are many different possibilities, for example:

- it will depend upon how long the mother has been dependent on meth,
- how often, and
- how much she uses, etc.

It may be more helpful to contact your local hospital and see what kind of supports are available. In some places there are areas within the hospital, especially for pregnant women, with drug problems to go to. In these areas they get extra support for them and their baby. Also, in these situations, the welfare of the mother and the baby are taken into account and both are cared for.

It is important to try not to let fear take over (e.g., fear of being found out, or fear of the baby being taken away). It may be more helpful to focus on getting some support for this mother and her baby from people who care about them.

Q.
Are there any special foods, drinks or vitamins that I can take to keep me healthy while using crystal?

A.
The best way to stay healthy is to try to limit your use of crystal. However, if you do choose to use, it's important that you make an effort to really look after yourself, as crystal is a very powerful stimulant and regular use can easily lead to malnourishment and reduce resistance to infections. Good food strengthens your immune system so that you can handle problems and stress (such as drug use) much better. Try to make sure you eat regularly, and include lots of:

- Fresh fruit and vegies
- Cereals and brown bread
- Lean red meat, or lots of spinach and brown rice (for iron)
- Dairy products (for calcium)

If you can't handle food at times, try at least to drink an energy drink such as Sustagen or Milo with milk. Other ways to look after yourself include:

- Give your mind and body plenty of rest, and try to get enough sleep
- Aromatherapy baths will help you rest and sleep
- Drink at least 8 glasses of water per day (to cleanse your body of toxins)
- Take vitamins and minerals (your health food shop will be able to advise you what will help detox your body)

Last of all, talk to a counsellor or a good friend if you feel you are experiencing any problems.

Q.
What is somazone?

A.
Somazone is a website that was developed by young people for young people, with the assistance of the Australian Drug Foundation (ADF). Health-related questions are anonymously submitted to the website by young people. These questions are forwarded to relevant health professionals who have volunteered their time to answer questions. Within a week, the questions and answers are reviewed and published on the website. Check it out... go to www.somazone.org.au



Tips and Tricks to finding AOD information on-line # 5

Five criteria for Website evaluation

These criteria are the same as those used for print evaluation: accuracy, authority, objectivity, currency, and coverage. It is important to acknowledge that most people tend to conduct research with speed rather than accuracy and resources evaluation is not always a priority. So the criteria presented must be digestible and almost transparent. In other words, one should aim to evaluate a Web document like second nature. You cannot get bogged down with details; the goal is to provide a quick but comprehensive set of criteria to draw conclusions as to the Web pages quality.

1. Accuracy of Web Documents

- ⊙ Who wrote the page and can you contact them?
- ⊙ What is the purpose of the document and why was it produced?
- ⊙ Is this person qualified to write this document?
- ⊙ Make sure author provides e-mail or a contact address/phone number.
- ⊙ Know the distinction between author and Webmaster.

2. Authority of Web Documents

- ⊙ Who published the document and is it separate from the "Webmaster?"
- ⊙ Check the domain of the document, what institution publishes this document?
- ⊙ What credentials are listed for the author(s)?
- ⊙ Where is the document published? Check URL domain.
- ⊙ Does the publisher list his or her qualifications?

3. Objectivity of Web Documents

- ⊙ What goals/objectives does this page meet?
- ⊙ How detailed is the information?
- ⊙ What opinions (if any) are expressed by the author?
- ⊙ Determine if page is a mask for advertising; if so information might be biased.
- ⊙ View any Web page as you would an infomercial on television. Ask yourself why was this written and for whom?

4. Currency of Web Documents

- ⊙ When was it produced?
- ⊙ When was it updated?
- ⊙ How up-to-date are the links (if any)?
- ⊙ How many dead links are on the page?
- ⊙ Are the links current or updated regularly?
- ⊙ Is the information on the page outdated?

5. Coverage of the Web Documents

- ⊙ Are the links (if any) evaluated and do they complement the documents theme?
- ⊙ Is it all images or a balance of text and images?
- ⊙ Is the information presented cited correctly?
- ⊙ If page requires special software to view the information, how much are you missing if you don't have the software?
- ⊙ Is it free, or is there a fee, to obtain the information?
- ⊙ Is there an option for text only, or frames, or a suggested browser for better viewing?

Source: *Kapoun, Jim*. Teaching undergrads WEB evaluation: A guide for library instruction. *C&RL News*, July/August 1998 Volume 59 No. 7 <http://www.ala.org/ala/acrl/acrlpubs/crlnews/backissues1998/julyaugust6/teachingundergrads.htm>

TALES FROM THE YOUTH WORK SIDE: a Canberra youth worker's view on Ice

I think Ice is really wide spread. There is a whole range of people who took it up after the heroin drought. The young people may use it like they used heroin - over a long period of time and large amounts. They lose sleep and perspective. Ice is even more dangerous for the casual users – especially those who binge. They aren't as plugged into what gear is around and the purity.

I have a pretty extreme case for you. I was working with a young person who had been using for a number of days and their perception of reality started to change. This young person thought there were people in his flat who wanted to kill him. This young person needed some sleep and a place to chill out and come down. We couldn't find anywhere for this young person to have that time. We rang the CATT team who said it was just the drugs – and basically it came down to the fact that the young person would have to cut themselves to get into hospital to get some down time. The most amazing thing was that we spent two full days with the young person to find some time out and a decent assessment from mental health. In the end he got a night in the hospital. Then he stayed in a refuge for a night and that gave him a chance to clear his head enough to make his own calls. There are issues around young people needing space to come down and to chill out – especially if they are transient and / or homeless.

As workers it is important that we don't talk flippantly about the violence associated with Ice. The young people aren't reading their environment the way we may expect them to. We need to understand that the young people are in a paranoid state and are sleep deprived – often they misread what we are saying, no matter how well we know them. The young people often don't have a perception of how they were perceived in the world when they are on Ice. The experience of hanging out with young people in this state it can be very taxing on us as workers because they are so full on. But it is worth hanging in and hanging on with the young person in that state because they do come down and it is good that we can be there. The temptation as workers is to say that you're too hard and then we miss the next opportunity that might arise next to work with that young person.

PHASES OF WITHDRAWAL OF PSYCHOSTIMULANTS: Repeated and prolonged use of psychostimulants leads to higher and more frequent doses being needed, marked tolerance, neuro-adaptation and dependence, and withdrawal on cessation.

Phase I—crash

The 'crash' (hangover) following cessation of amphetamines lasts one to two days. This may be associated with a binge and may or may not progress to withdrawal. Crash symptoms include: extreme lethargy, hunger, formication, headache, anxiety, insomnia, irritability, agitation, aggression, confusion and mood lability.

Phase II—withdrawal

If neuro-adaptation and dependence have developed the crash will be followed by the second phase—withdrawal. This will be associated with a period of normal moods, little craving for the drug, and normal sleep pattern for one to four days. However then craving for the drug start to increase again in conjunction with: flattened mood, disturbed sleep, agitation, anxiety and lack of energy. Possible aggressive outbursts may return, and delusional (paranoid) thinking with hallucinations may occur. Craving for the drug can be intense.

Phase III—extinction (prolonged withdrawal)

'Extinction' of withdrawal is characterised by gradual diminishing of the acute symptoms, and may last for weeks or several months. There can be episodic craving in response to environmental stimuli (cues) to use, and a feeling of inability to respond to pleasant events. The frequency of craving and the other unwanted effects does decrease over time, but likelihood of relapse can be high.

Source: Excerpt from Flinders Consulting Pty Ltd *Psychostimulants* <http://www.divert.sa.edu.au/drugs/index/psychostimulants.htm>

What are some effects of ice?

The effects of any drug (including ice) vary from person to person, depending on the individual's size, weight and health, how much and how the drug is taken, whether the person is used to taking it and whether other drugs are taken. Effects also depend on the environment in which the drug is used - such as whether the person is alone, with others or at a party.

Ice is a potent stimulant drug, which speeds up the activity of the central nervous system. Although few deaths have been reported in Australia as a direct result of using ice, it is considered more addictive and is associated with more significant physical, emotional and social harms than other types of amphetamines.

The physical effects of ice may include:

- dilated pupils
- blurred vision
- dry mouth
- increased breathing rate
- severe headache
- tremors of the hands and fingers
- nausea
- excessive sweating
- dizziness
- increased blood pressure
- increased body temperature
- rapid and irregular heartbeat
- excessive sweating
- permanent damage to blood vessels in the brain, usually associated with very high doses (in extreme cases death may occur)

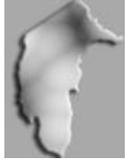
Ice can also affect a person's behaviour, including:

- increase in physical activity
- restlessness and anxiety
- aggression, hostility and violence
- elevated mood and feelings of euphoria and well-being
- talkativeness and repeating simple acts or tasks
- impaired judgments making the user impulsive and leading to chronic insomnia
- abrupt shifts in thought and speech, which can make someone using ice difficult to comprehend
- paranoia or panic attacks associated with hallucinations
- amphetamine psychosis', which users of very high doses may suffer, with symptoms resembling paranoid schizophrenia

Longer term use of ice may result in:

- severe depression
- paranoia
- convulsions
- hallucinations
- heart-related complications (heart attack and heart failure have been associated with chronic use)
- decreased appetite leading to possible malnutrition and rapid weight loss
- lung and kidney disorders that may prove fatal

Source: <http://www.druginfo.adf.org.au/article.asp?id=5890&ContainerID=414>



ACT AOD SERVICE PROFILE: Arcadia House

Address	Villa A Hennessy House, Mary Potter Crt, Bruce (in the grounds of Calvary Hospital)
Phone	(02) 6253 3055
Email	arcadia@directions.com
Type of service	Alternative therapies based withdrawal / detox centre including consultant Naturopath, Massage Therapist, ear acupuncture
Programs	Clients are encouraged to attend at least two 12 steps meetings or similar during their stay; daily house meetings must be attended and clients hep out with household chores
Opening hours	Telephone assessment 24 hours, preferred admission times 9am – 2pm
AOD approach	Harm minimisation / harm reduction, holistic approach, client treatment plans are negotiated with each person
Referral process	By arrangement, non refundable admission fee of \$100, staff must be able to speak to client to allow admission
Support for young people with AOD issues	Yes but this depends on drug history and mix of other clients at the time. Referrals to youth specific AOD service are made as necessary.
Can a young person access the service under the influence of AOD?	Dependent on behaviour and the effect this will have on other clients. Important thing is that people who access Arcadia House do so because they want to be there.
Contact person	Various (there is no youth worker at Arcadia House)
Age group	18 years and over (under 18's can be admitted with good reasons and if there is an appropriate client mix at the time)

Another candidate for the Darwin Awards?

According to newspaper reports, three Walker County social workers were visiting Daniel Gabriel Doyle, 39, of LaFayette, last Tuesday. As he sat in their car filling out paperwork, his pants exploded. "He kept fiddling with his front right pants pocket," Patrick Stanfield, commander of the Lookout Mountain Judicial Circuit Drug Task Force, told the Walker County Messenger. "All of a sudden, a loud bang happened, and fire shot from his pocket. It damaged the inside of the state vehicle and burned clothing on the case workers." Apparently, Doyle had combined red phosphorus (search) and iodine (search), two chemicals used to make methamphetamine, in a film canister. He then stuck the canister in his pocket when the social workers showed up.

"He didn't know what he was doing, and it started boiling on his leg," Stanfield said. The reaction of the two chemicals heats up to about 278 degrees Fahrenheit before exploding, according to the Messenger. "The state might have to destroy the vehicle," Stanfield said. "The car is contaminated now."

Sheriff's deputies found a meth lab on the premises and arrested Tammy Conley, 29, as well as Doyle, according to the Atlanta Journal-Constitution. The case workers were treated for minor injuries in LaFayette. Doyle was taken to Erlanger Medical Center in nearby, with second- and third-degree burns to his testicles and leg. By Friday he was in the Walker County Jail, charged with manufacture and possession of methamphetamine.

Source: <http://forums.comicbookresources.com/archive/index.php/t-13273.html>



YOUTH COALITION OF THE ACT'S YOUTH WORKERS' SURVIVAL KIT:

COMING SOON!

Youth participation

Motivational Interviewing

Violence and working with young people

Summit 2004

Interagency Collaboration Forum
Thursday October 21st
University Of Canberra Conference Centre
8.30am – 4pm FREE

For more information contact
Jess on 6247 3540 or
jess@youthcoalition.net

Alcohol and Other Drugs Project August update

The Youth Coalition of the ACT's Alcohol and Other Drugs Project (AODP) aims to build the capacity of the youth sector to better work with young people with AOD issues and to strengthen links with the alcohol and other drugs sector. Here is a taste of what we've been up to...

A wonderful success! Hangin' In ... not hanging out - A story about life Project and DVD launch August 19th 9.30am at the Youth Coalition - 46 Clianthus St O'Connor

Over 80 people attended the launch. Hangin' In is an Indigenous alcohol and other drugs peer education project. The Youth Coalition has partnered with AIVL, who has been running the project, to produce a DVD. Copies of the DVD and resource are available email carrie@youthcoalition.net

AOD Project Development Training initiative

8 cross-sector workers are currently attending a 7 week training series. The training aims to build the skills of workers to better deliver projects to young people with alcohol and other drug issues. The training is free and workers are subsidized to attend the training.

Information and resources

- FRANK: the AODP's monthly newsletter
- AOD Information and Resource Library – check out our FREE resources for your service. Including brochures, booklets, reports, and more!
- AOD training map – What AOD training is out there? This is an information resource outlining the AOD training and education opportunities in the ACT.
- New and updated! THE RACK - At last a list of networks in the ACT!
- AODP Advisory Group meets monthly new participants are welcome to attend – help shape the project that is working with you!

And heaps more!!! Carrie or Bianca on 6247 3540 carrie@youthcoalition.net or bianca@youthcoalition.net