

'Ice' and the workplace

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There is increasing concern about methamphetamine use in the community and among workers.

*This document provides information on methamphetamine use and its implications for workplaces.
For more information and resources visit the NCETA website at: <http://nceta.flinders.edu.au/>*

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1. What is ice? Is it any different from other drugs?

'Ice' is crystal methamphetamine, a form of methamphetamine that is also known as crystal meth, meth, crystal, shabu, batu, d-meth, tina, glass, or shard. Ice is usually smoked or injected. Other forms of methamphetamine include powder (speed) and base.

Ice is more potent and more likely to cause dependence (addiction) than other forms of methamphetamine.

Ice and other forms of methamphetamine belong to the 'stimulant' class of drugs, which also includes amphetamine, ecstasy, and cocaine. These drugs stimulate the brain and central nervous system, resulting in increased alertness and physical activity.

Other classes of illicit drugs include:

- depressants (which slow brain and nervous system activity, resulting in relaxation and feelings of calmness) and
- hallucinogens (which interfere with the brain and central nervous system to distort perceptions of reality).

Ice is considered to be the most potent form of methamphetamine and the 'high' experienced from it is more intense than other types of methamphetamine. Approximately half of those who use ice do so weekly or monthly.

Ice use results in an intense 'rush' (especially when smoked or injected). This effect can last between four and twelve hours.

The high potency of ice and frequency of use can increase physical and mental problems and risk of dependence.

2. Why do people use ice?

Methamphetamine use (including ice) increases levels of serotonin, a neurotransmitter that regulates sleep, mood and appetite.

Its use results in feelings of intense euphoria, exhilaration and increased arousal and activity. This can result in the user feeling alert, energised, talkative, happy, confident and powerful.

Some people use methamphetamine socially at events such as parties or clubs. Others use it to combat fatigue or suppress their appetite.

3. What are the risks?

Ice use is associated with a range of physical and mental health risks. In the short-term, ice (and other forms of methamphetamine) can result in increased heart rate, hypertension and constricted blood vessels.

Long-term use can result in increased risk of stroke, ruptured blood vessels in the brain, decreased lung function, exposure to blood borne viruses (if injected), and poor dental health.

Regular use can also negatively affect eating patterns and dietary intake resulting in poor physical health.

Ice use can also result in poor cognitive function, depression, anxiety, and psychosis. Regular ice users can get stressed easily and their moods can fluctuate quickly. Longer-term problems with anxiety and depression can develop.

Ice use can cause paranoia and hallucinations and some users may also become aggressive and violent. Using ice regularly can also lead to social and financial problems and family and social breakdown.

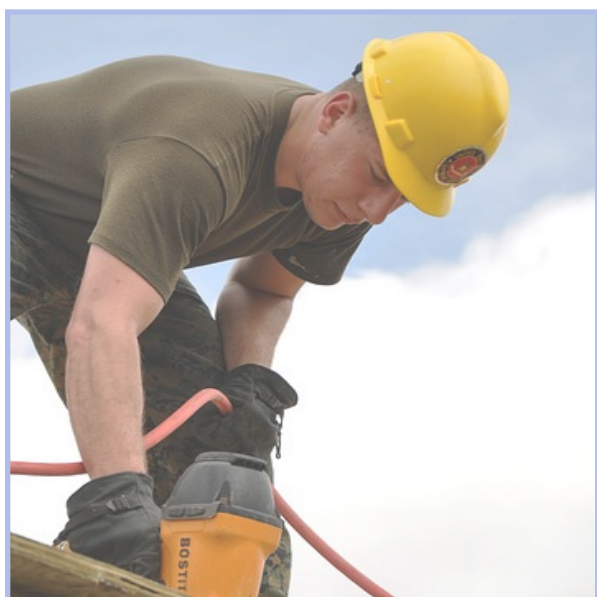
Many regular users develop tolerance and need to take more of the drug to get the same effect. As a result, the user needs to increase their dosage. Some users need the drug to feel 'normal' and the urge to use the drug can become more important than other activities in their lives.

While only a minority of users become dependent, if a person who is dependent on ice suddenly stops taking it they will experience withdrawal symptoms that may last for several weeks.

4. What are the risks and concerns for workplaces?

Ice (and other methamphetamine) 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.



Withdrawal symptoms include:

- disorientation and poor concentration
- decreased energy and apathy
- depression, anxiety, panic and paranoia
- extreme fatigue and exhaustion
- headaches and general aches and pains
- hunger and increased appetite
- disturbed and restless sleep.

Longer-term physical and mental health problems associated with regular ice use may also negatively impact on workplace safety and productivity.

NCETA research has identified that, compared to other employees, those using methamphetamine are more likely to:

- report high levels of psychological distress
- be absent from work
- attend work under the influence of drugs
- drive or operate hazardous machinery while affected
- verbally or physically abuse someone while affected.

Anti-social and risk-taking behaviours associated with methamphetamine use may extend to workplace violence, harassment and bullying, and impact negatively on workplace morale.

5. Are any workplaces or working populations at particular risk?

NCETA research has identified workforce groups with comparatively higher prevalence levels of methamphetamine use. In general, those who are young (18-30 years old), male, and employed as tradespersons or technicians are the workforce groups most likely to use methamphetamine. However, particular industry groups such as hospitality, construction, mining, and manufacturing also have elevated levels of methamphetamine use.

Workplaces at elevated risk are those where:

- ice (and/or other methamphetamine) is readily available
- young males (18-30 years old) are employed
- working conditions facilitate use (e.g., high levels of work stress, long hours, shift work).

6. What should workplaces do?

There has been a shift towards ice as the preferred form of methamphetamine. While the use of ice appears to be increasing, use among the workforce remains relatively low and use at work is even lower. Nonetheless, workplaces need to remain vigilant in order to detect and manage drug related risk to safety and productivity.

Those who use ice are likely to be experiencing risks and harms (such as mental health problems) but may not consider their problems severe enough to contact a treatment service. While not all employees exhibiting the behaviours listed below will be using methamphetamine, observations of such behaviour can be used as a trigger for performance or safety related discussions with the employee or referral to an EAP or counselling service. Such referrals may increase pathways to treatment.

Signs a worker may be using ice (or other forms of methamphetamine)

- Extreme tiredness at the beginning of the working week
- Unexplained irritability, agitation or mood swings
- Difficulty concentrating, poor work or study performance
- Unexplained patterns of absenteeism/lateness
- Mental issues such as paranoia, depression, moodiness
- Apparent unconcern about otherwise serious matters
- Health problems, such as poor appetite, palpitations, infected injection sites or lesions.

7. Recommended workplace policies and strategies

The workplace is increasingly recognised as a prevention and intervention setting for dealing with drug use and related harms.

The majority of methamphetamine users are employed, and the workplace offers an opportunity to access drug users in order to minimise harm and prevent further use and/or dependence. The workplace also offers an opportunity to intervene or refer regular or dependent users to treatment.

Workplace strategies to address methamphetamine risks to safety and wellbeing include:

- **Supervisor/manager training:** It is important that supervisors and others responsible for the management and implementation of workplace alcohol and drug policies are aware that symptoms such as negative mood states, cognitive dysfunction, and fatigue can be associated with methamphetamine use.
- **Employee awareness:** Workplace education and training programs need to highlight the potential link between methamphetamine use and poor physical and mental health. Raising awareness of health risks is an important preventative strategy.
- **Health promotion:** Workplace health promotion programs can address the health risks associated with methamphetamine (and other drug) use. These include the negative impact methamphetamine use can have on sleep, mood, and eating, which in turn can affect performance and safety at work.

Workplace education and training programs also need to include harms associated with methamphetamine use such as needle stick injury and infection control. Injecting drug use increases risk of blood borne viruses among users, and infection risk to non-drug users.

Addressing employee health can serve as a 'trigger' for discussions with employees about the ways in which drug use can impact their health and work performance.

- **EAP:** NCETA research indicates that risky behaviours such as polydrug use, risky alcohol use and high levels of psychological distress are more prevalent among employed methamphetamine users than other workers. Access to EAP and/or other counselling services is therefore important.
- **Related workplace policies:** NCETA research has identified an association between methamphetamine use and verbal and/or physical abuse in the workplace. This indicates that workplace bullying/harassment policies may be required.

8. Other tips

Workplace drug testing is one strategy that has attracted attention. While this strategy can be useful for identifying drug use, its ability to detect the full extent of drug use and associated problems is limited unless blanket testing of an entire workforce is regularly undertaken.

Recent NCETA research has found that drug testing alone has limited effectiveness in reducing workforce drug use or improving workplace safety.

A large proportion of methamphetamine use occurs recreationally. Methamphetamine has a saliva/urinalysis detection period of approximately 24 hours after use. Since most workplace testing occurs during normal working hours, weekend use may be undetectable. In addition, drug testing cannot detect psychological factors associated with regular use, such as anxiety, depression, paranoia, and aggressive behaviour that can impact workplace productivity, safety and worker wellbeing.

Workplace drug testing can be an effective strategy if combined with a comprehensive policy approach that incorporates additional strategies such as education and training. To be effective these additional strategies cannot be 'off the shelf' generic education and training programs. Rather, they need to be designed for the specific working environment, working conditions, and demographic profile of each workforce.

Details of the NCETA research referred to in this resource are available from the authors.

Please feel free to contact NCETA for further information about ice and/or other drug and alcohol use in the workplace.

Contact Us

NCETA has extensive experience in providing consultancy and advice concerning the management of alcohol and drug related risk to workplace safety and productivity.

NCETA can offer assistance with:

- Reviewing and developing workplace alcohol and drug and employee wellbeing policies
- Developing and implementing workplace alcohol and drug interventions and employee wellbeing strategies
- Developing and implementing tailored employee awareness and education programs
- Developing and implementing tailored manager and supervisor training programs
- Evaluating existing education, training, and intervention strategies
- Conducting workplace alcohol and drug risk assessments and employee wellbeing needs analyses.

For more information about NCETA's workplace alcohol and other drug policies and research, visit or contact:

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