

HARM REDUCTION

PLANNING AHEAD

- Have someone with you that you trust, so that you can both keep each other safe by looking for signs of a bad reaction and calling for help if needed.
- Have the phone numbers of friends or family, or for your local generalised and specialist services handy in case of an emergency.



WHEN USING

Injecting

- Always use clean equipment (needles, syringe) and make sure to wash your hands and sterilise the injection site with an alcohol swab before injecting.
- Check local/state governments websites for information on safe injecting rooms, as well your state or territory's Needle and Syringe Program website.

Smoking

- Let the pipe cool down before uses to avoid burns and blisters and remember to clean and use your own pipe as sharing with others may increase the risk of infection.
- It can also be easy to smoke too much, too quickly, so take breaks between pipes so you don't have too much.

TIPS FOR CUTTING DOWN

- Know that it is possible to reduce or stop using ice. It can take a while and sometimes people feel worse before they feel better
- It often takes more than one try but there is support available to help you if you want to quit or cut down.
- Remember that you are not alone. Seeking help from family and friends, talking to your local GP or a counsellor at a drug and alcohol clinic are really good steps to take if you want support to reduce or stop using ice.
- The Alcohol and Other Drug Hotline also provides a 24/7 drug support hotline you can contact anytime on [1800 250 015](tel:1800250015).

For more resources on **harm reduction strategies for safe sex practices** and **recognising and responding to an overdose**, check out these factsheets:



CHEMSEX: HOW TO REDUCE HARMS AND STAY SAFE



METHAMPHETAMINE AND OVERDOSE

TAKING CARE OF YOURSELF

- Since ice can reduce your appetite and cause dehydration, it is important to try and eat and drink plenty of water before you use. Keep water with you to stay hydrated and take small sips.
- Try to have a well-balanced diet and avoid relying on fast food. Look for easy to eat foods such as smoothies, yoghurt, pasta, or soup.
- Keep up good oral hygiene by getting into a regular routine of brushing/flossing as well as chewing sugar-free gum to protect your teeth/gums. Lip balm is also handy to prevent your lips becoming dry/cracked.
- Don't ignore feelings of tiredness. Having a good sleep routine as well as a safe, comfortable, and quiet place to rest may aid with feelings of restlessness/trouble sleeping.
- Using can lead to disrupted sleep patterns which can develop into insomnia-like sleep problems. Difficulty falling asleep, waking up constantly during the night, fatigue, poor concentration, and headaches may be signs that it would be good to take a break and try and getting some rest.



REFERENCES

- Cunningham, J. K., Liu, L.-M., & Muramoto, M. (2008). Methamphetamine suppression and route of administration: precursor regulation impacts on snorting, smoking, swallowing and injecting. *Addiction (Abingdon, England)*, 103(7), 1174-1186. <https://doi.org/10.1111/j.1360-0443.2008.02208.x>
- Hunter, C., Strike, C., Barnaby, L., Shepherd, S., & Hopkins, S. (2012). Reducing widespread pipe sharing and risky sex among crystal methamphetamine smokers in Toronto: Do safer smoking kits have a potential role to play? *Harm Reduction Journal*, 9, 9. <https://doi.org/10.1186/1477-7517-9-9>
- Imtiaz, S., Strike, C., Elton-Marshall, T., & Rehm, J. (2020). Safer smoking kits for methamphetamine consumption. *Addiction*, 115(6), 1189-1190. <https://doi.org/10.1111/add.14914>
- Insight Clinical Support Services. (2016). Meth Check: 'Ways to Stay Safe' Harm Reduction Booklet. Retrieved from <https://insight.qld.edu.au/shop/meth-check-booklet>
- Leslie, K. M. (2008). Harm reduction: An approach to reducing risky behaviours in adolescents. *Paediatric Child Health*, 13(1), 53-56. <https://doi.org/10.1093/pch/13.1.53>
- McKetin, R., Ross, J., Kelly, E., Lubman, D. I., & Mattick, R. (2008). Characteristics and harms associated with injecting versus smoking methamphetamine among methamphetamine treatment entrants. *Drug and Alcohol Review*, 27(3), 277-285. <https://doi.org/10.1080/09595230801919486>
- McKetin, R., Sutherland, R., Peacock, A., Farrell, M., & Degenhardt, L. (2021). Patterns of smoking and injecting methamphetamine and their association with health and social outcomes. *Drug and Alcohol Review*. <https://doi.org/10.1111/dar.13364>
- National Center for Biotechnology Information (2021). PubChem Compound Summary for CID 10836, Methamphetamine. Retrieved from <https://pubchem.ncbi.nlm.nih.gov/compound/Methamphetamine>
- Rawson, R. A., Gonzales, R., Marinelli-Casey, P., & Ang, A. (2007, Jul-Aug). Methamphetamine dependence: A closer look at treatment response and clinical characteristics associated with route of administration in outpatient treatment. *American Journal on Addictions*, 16(4), 291-299. <https://doi.org/10.1080/10550490701389864>
- Rigoni, R., Woods, S., & Breeksema, J. J. (2019). From opiates to methamphetamine: building new harm reduction responses in Jakarta, Indonesia. *Harm Reduction Journal*, 16(1), 1-13. <https://doi.org/10.1186/s12954-019-0341-3>
- Strang, Bearn, M., Farrell, E., & Finch, P. (1998). Route of drug use and its implications for drug effect, risk of dependence and health consequences. *Drug and Alcohol Review*, 17, 197-211.
- Zorick, T., Nestor, L., Miotto, K., Sugar, C., Hellemann, G., Scanlon, G., Rawson, R., & London, E. D. (2011). Withdrawal symptoms in abstinent methamphetamine-dependent subjects. *Addiction*, 105(10), 1809-1818. <https://doi.org/j.1360-0443.2010.03066.x>