



# CRACKS IN THE ICE

Crystal Methamphetamine

*Trusted, evidence-based  
information for the community*



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This booklet provides evidence-based information about crystal methamphetamine ('ice'). It summarises the information available on the online toolkit *Cracks in the Ice* ([cracksintheice.org.au](https://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

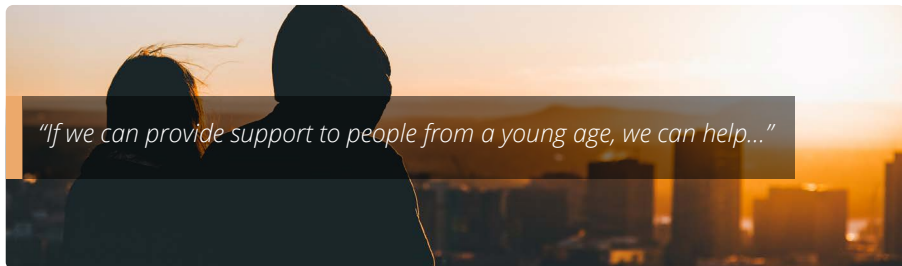
*Cracks in the Ice* ([cracksintheice.org.au](http://cracksintheice.org.au)) was informed by input from community members across Australia, and was developed in collaboration with researchers from:

- The Matilda Centre for Research in Mental Health and Substance Use at the University of Sydney
- National Drug and Alcohol Research Centre, University of New South Wales
- National Drug Research Institute, Curtin University
- Centre for Brain and Mental Health Research, the University of Newcastle

In April 2015, the Australian Government established a National Ice Taskforce to provide advice to the Government on the impacts of crystal methamphetamine ('ice') 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 coordinated response to this need, the Australian Government Department of Health funded the development of *Cracks in the Ice*, an online toolkit to provide evidence-based information about ice 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 workers working across a range of sectors; parents, teachers and students; and community groups.

This booklet provides a brief overview of the information contained on the online toolkit. For comprehensive information about crystal methamphetamine ('ice'), please visit *Cracks in the Ice* online.



*"If we can provide support to people from a young age, we can help..."*

## SUPPORT FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES



Culturally appropriate resources for Aboriginal and Torres Strait Islander peoples are essential to support and empower individuals and communities who are working to address ice use and related harms.

Based on the knowledge shared by Aboriginal and Torres Strait Islander peoples across Australia, we have developed a variety of resources that support and empower individuals and communities who are working to address ice use and related harms.

Information is available in animations, videos, online and printable factsheets along with brochures. There are a wide range of topics including the effects of ice, how to start a yarn and tips for managing clients. Specific support services for Aboriginal and Torres Strait Islander peoples are also listed.

For more information visit:

[cracksintheice.org.au/aboriginal-and-torres-strait-islander-peoples](http://cracksintheice.org.au/aboriginal-and-torres-strait-islander-peoples)



## WHAT IS CRYSTAL METHAMPHETAMINE ('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

Goey, 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 feeling of euphoria ('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 person using the drug 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 even more unpredictable.

## WHY DO PEOPLE USE CRYSTAL METHAMPHETAMINE?

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 using stimulant drugs such as ice include:

- To fit in/feel part of a social group
- To reduce inhibitions and increase confidence
- Out of curiosity or to experiment
- To escape reality
- Out of boredom
- To manage mental health issues (e.g. low mood, anxiety, depression) and the impacts of trauma
- To forget or help cope with problems (e.g. unemployment, unstable housing, financial difficulties, lack of social support, stress)
- To enhance work performance
- To enhance sexual experiences and intimacy



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, visit: [cracksintheice.org.au/why-do-people-use-ice](https://cracksintheice.org.au/why-do-people-use-ice)

# STIGMA AND CRYSTAL METHAMPHETAMINE USE IN AUSTRALIA

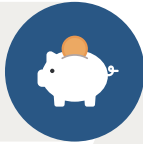
People who use crystal methamphetamine are often affected by stigma. Stigma is often described as a mark of disgrace that's applied to someone when something about them is judged by others. Stigma can contribute to people being mistreated and discriminated against in society.

## WHAT ARE THE IMPACTS OF STIGMA?

Stigma can have many impacts on people who use crystal methamphetamine. For example, it may prevent them from accessing support. Other impacts may be:

### WORK AND FINANCES

- Difficulty obtaining, maintaining and advancing employment
- Difficulty accessing social services



### MENTAL HEALTH AND EMOTIONAL

- Fear and anxiety
- Anger
- Loneliness
- Low self-worth and shame



### CULTURAL

- Shame and secrecy
- Disconnection from culture and religion



### RELATIONSHIPS

- Shame and secrecy
- Disconnection from family and friends
- Social exclusion



### PHYSICAL

- Increased drug and alcohol use
- Less likely to seek drug and alcohol treatment
- Less likely to access other health services



## LEARN MORE

There are many steps we can take to reduce the stigma surrounding crystal methamphetamine, such as increasing our understanding of the drug without reinforcing harmful misconceptions and stereotypes.

Learn more about the effects of stigma and what you can do to reduce it at [cracksintheice.org.au/get-the-facts/ice-facts/stigma-and-crystal-methamphetamine-use](https://cracksintheice.org.au/get-the-facts/ice-facts/stigma-and-crystal-methamphetamine-use)



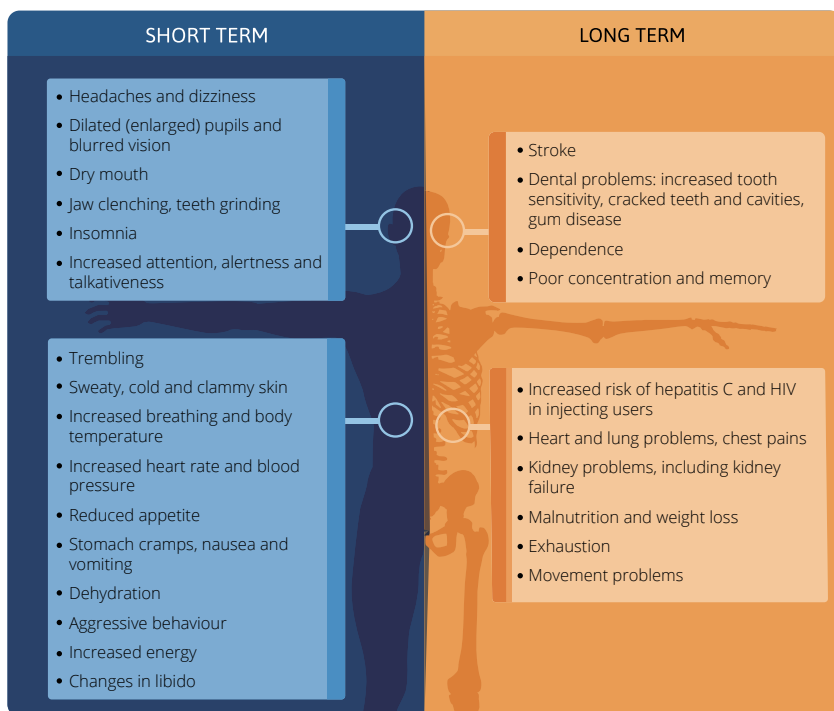
# WHAT ARE THE EFFECTS OF CRYSTAL METHAMPHETAMINE?

## HOW DOES ICE WORK?

Ice triggers the release of chemicals in the brain (also known as neurotransmitters) called dopamine, serotonin 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 their receptors in the brain — sometimes to a point where people using the drug no longer feel normal without having ice in their system.

## PHYSICAL EFFECTS

The initial effects of ice often last 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.



Use of methamphetamines (including ice) is also associated with elevated mortality rates relating to overdose, natural diseases, suicide and accidental injury.

## THE COMEDOWN PHASE

A 'comedown' or 'crash' phase is often experienced by people who use ice 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

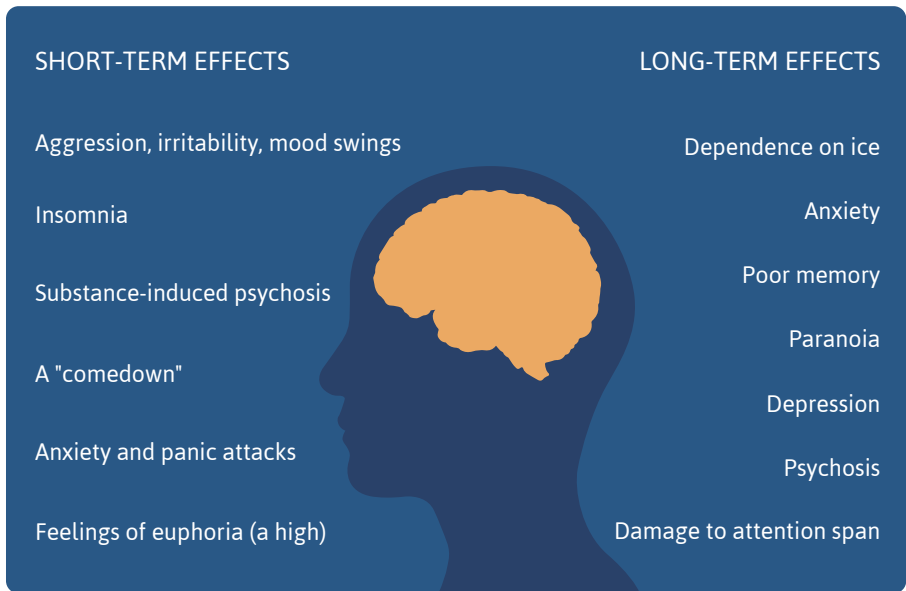
Withdrawal refers to unpleasant symptoms experienced by people with a dependence on ice. Depending on the severity of dependence, these symptoms can last for several days or weeks, and can include:

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



*"After a few slip ups and one or two relapses my friend did get off it and has been clean now for about a year. I am so proud of her."*

## 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 a person's heart rate which can cause shortness of breath and 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 people who use ice regularly can 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 but not all 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
- Being hostile towards others



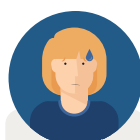
\* acute is defined as something having a sudden onset, sharp rise, or short course - for example, showing symptoms of a serious illness very suddenly.

## METHAMPHETAMINE AND OVERDOSE

An overdose can occur when a person has taken a drug and experiences negative effects, as the body is unable to handle the dosage taken. Methamphetamine overdose (also known as toxicity) can result in complications such as heat stroke, heart and other organ failure, seizures, and/or possible death.

Crystal methamphetamine 'ice' overdoses can occur with any dosage taken, depending on a person's prior health status, tolerance and whether ice has been taken with other substances. As ice is often the purer form of methamphetamine, overdoses can happen even if someone has taken a small amount.

Learning the signs of an overdose can potentially save a life. Signs of overdose can include:



**Hot, flushed  
or sweaty skin**



**Severe  
headaches**



**Chest  
pain**



**Unsteady  
walking**



**Difficulty  
breathing**



**Psychotic  
symptoms**



**Feeling panicked or  
very agitated**



**Confusion or  
disorientation**



**Tremors, spasms, jerky  
movements or seizures**

**Call an ambulance (000) as soon as possible if you suspect an overdose might be happening.** Remember, paramedics do not involve police unless the person is a danger to themselves or to others.

For more information on what to do if an overdose occurs, including how to put someone in the recovery position, visit [cracksintheice.org.au/get-the-facts/staying-safe/methamphetamine-and-overdose](https://cracksintheice.org.au/get-the-facts/staying-safe/methamphetamine-and-overdose)

## USING CRYSTAL METHAMPHETAMINE 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**. Using multiple stimulant drugs can also increase the risk of experiencing **serotonin syndrome\***, anxiety or panic attacks.

Using ice with depressants such as alcohol, cannabis, heroin or benzodiazepines 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 person's 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 who are taking a selective serotonin reuptake inhibitor (SSRI) antidepressant medication.

*\* A life threatening condition usually starting within 24 hours of taking the drug where the brain becomes overloaded with the neurotransmitter serotonin. Symptoms include coma, seizures, shaking, confusion, rigid muscles, rapid heartbeat, and overheating*

## 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 (13 11 14)**, which is a 24-hour crisis helpline, or dial **'000'** for the police or an ambulance.

### NATIONAL ALCOHOL AND OTHER DRUG HOTLINE: 1800 250 015

The National Alcohol and Other Drug Hotline (1800 250 015) is a 24-hour service offering free and confidential advice about alcohol and other drugs. It will automatically direct you to the Alcohol and Drug Information Service in your state or territory. These local alcohol and other drug telephone services offer support, information, counselling, and referral to services.



For other key support services, visit the *Cracks in the Ice* website:

[cracksintheice.org.au/when-and-where-do-i-get-help](https://cracksintheice.org.au/when-and-where-do-i-get-help)

For a list of support services for Aboriginal and Torres Strait Islander people, please visit:

[cracksintheice.org.au/aboriginal-and-torres-strait-islander-peoples/support-services](https://cracksintheice.org.au/aboriginal-and-torres-strait-islander-peoples/support-services)



## WHAT TYPE OF HELP IS AVAILABLE?

Health providers can offer support to someone who is experiencing problems with ice in a variety of settings. These can include alcohol and other drug counsellors, psychologists or other allied health workers, peer workers or outreach workers.

Below are some commonly used treatments and models of care:

- **Cognitive behavioural therapy (CBT)** helps people understand how particular patterns of thinking can affect feelings, behaviours, and situations. It can help someone to develop strategies to challenge unhelpful thoughts, which can have flow-on effects to feelings and behaviour. CBT methods can be learnt by seeing a psychologist, who will help people learn these skills in a safe and confidential space.
- **Motivational Interviewing (MI)** involves having conversations with a health professional about drug use in a non-judgemental and collaborative way. It can be used to assist someone in re-assessing the role of drugs in their lives, even if they do not want to reduce their drug use.
- **Online treatment programs** can involve 'chatting' to a trained counsellor over the internet in real-time or by email, or a pre-programmed online course that is offered with or without support from a trained health professional.
- **Residential rehabilitation clinics** are places where people can stay for a few days or up to a few months at a time for support through withdrawal and recovery.

Recovery from ice dependence is challenging but it is never too early or too late to seek help.

For more information about support options, please talk to your local doctor or visit [cracksintheice.org.au](https://cracksintheice.org.au)

## HOW CAN I SUPPORT A LOVED ONE?

Ice use not only affects people using the drug, but can also have a negative impact on their family, friends, and community. Families and friends can play a critical role in the recovery of people who might be experiencing problems with ice (or 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 [cracksintheice.org.au/families-friends](https://cracksintheice.org.au/families-friends)



Coping with stress and uncertainty during COVID-19 →



Concerned about someone using ice? →



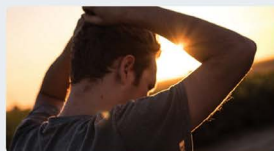
Starting the Conversation →



When someone you care about won't seek support →



How to protect yourself and others →



What type of help is available? →



Family and Friends Support Program →



BreakThrough Ice Education for Families Handbook →



Family Drug Support Online →

## 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 judgmental.
- **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.

## WHERE CAN I GET SUPPORT?

There are a number of services throughout Australia that can provide information and support for family and friends of people who are experiencing problems with ice and other drugs. Family Drug Support ([fds.org.au](http://fds.org.au), ph: 1300 368 186) and the Family and Friends Support Program ([ffsp.com.au](http://ffsp.com.au)) are two such organisations.

For other support options visit

[cracksintheice.org.au/when-and-where-do-i-get-help](http://cracksintheice.org.au/when-and-where-do-i-get-help)

For more information on how families and friends can provide support to a loved one with potential ice problems, please visit:

[cracksintheice.org.au/families-friends/](http://cracksintheice.org.au/families-friends/)



*"The portrayal of the scabby, edge-of-lunacy meth head in the media doesn't help people identify their acting weird-but-still-themselves friend."*

## RESOURCES FOR HEALTH WORKERS

The *Cracks in the Ice* online toolkit has a range of factsheets, guidelines and online resources for health workers working across a range of sectors, including:

- General Practitioners
- Frontline workers in hospital settings and emergency departments
- Frontline workers in alcohol and other drug settings
- Mental health practitioners (e.g. psychologists, social workers and counsellors)
- Paramedics
- Police Services

These evidence-based resources aim to guide and support health workers when faced with challenges relating to ice.

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

### Training and Online Resources

[View all resources →](#)



Ice Training for Frontline Workers →



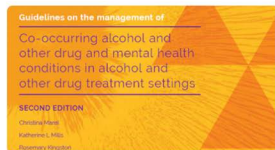
Training for managing cooccurring AOD and mental health conditions →



Methamphetamine 'Beyond the Hype' →

### Quick tips for managing and working with clients

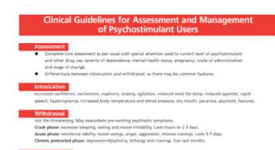
[View all resources →](#)



Managing a client who is angry or aggressive →



Managing a client with symptoms of psychosis →



Quick Guide for Assessment and Management of Psychostimulant Users →


## 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.



*"It would have been nice to have someone to talk to about what was going on. Someone who could give me strategies to help cope and to help the person with the addiction."*

Source: Marel C, Mills KL, Kingston R, Gournay K, Deady M, Kay-Lambkin F, Baker A, Teesson M. (2016). B6: Aggressive, angry or violent behaviour. In Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (2nd edition), pp. 181-182. Sydney, Australia: Centre of Research Excellence in Mental Health and Substance Use, NDARC, UNSW.

Further information about managing phases of aggression can be found at: [comorbidityguidelines.org.au](http://comorbidityguidelines.org.au).

## **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* ([cracksintheice.org.au](http://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 **Our Futures: 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:** [positivechoices.org.au](http://positivechoices.org.au)

To order free drug and alcohol information booklets for teachers, parents and students, visit [positivechoices.org.au/order/booklet](http://positivechoices.org.au/order/booklet)

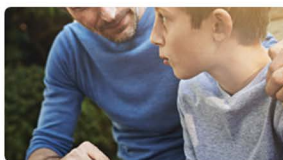


### Tools for Teachers



School-based drug prevention: What works? A guide for teachers →

### Tools for Parents



Starting the conversation about crystal methamphetamine with a young person →

### Tools for Students



Being assertive: Tips for dealing with situations where you may be pressured to use drugs →



# **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 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.

## COMMUNITY TOOLKIT

The Community Toolkit section of the website provides local councils, parents and citizen groups, community organisations or concerned community members with the appropriate tools for use at community forums and events.

To view all of the resources, please visit: [cracksintheice.org.au/community-toolkit](https://cracksintheice.org.au/community-toolkit)



How to run a forum 10-step guide →



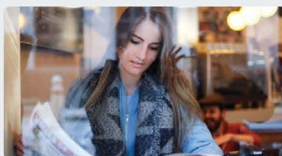
The Story Behind the Stereotype →



Promotion kit →



Webinars →



Media Guidelines for Communicating About  
Crystal Methamphetamine →



Download the *Cracks in the Ice* Booklet &  
Brochure →



Order *Cracks in the Ice* booklets and brochures →



Use the *Cracks in the Ice* PowerPoint presentation  
(PDF or PPT) and speaker notes →



Build your own handout →

## WEBINAR SERIES

The *Cracks in the Ice* webinar series provides in-depth information about a range of topics related to crystal methamphetamine. The webinars are presented by expert speakers such as researchers, clinicians and individuals with lived experience of using methamphetamines and other drugs.

The webinars are recorded and made available to watch on-demand at:  
[cracksintheice.org.au/webinar](https://cracksintheice.org.au/webinar)



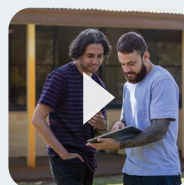
### USE OF TECHNOLOGY IN PSYCHOSOCIAL TREATMENT FOR METHAMPHETAMINE USE

### METHAMPHETAMINES AND CARDIAC DAMAGE: SKATING ON THIN ICE



### WHAT ARE THE EVIDENCE-BASED TREATMENT OPTIONS FOR METHAMPHETAMINE USE DISORDER?

### WORKING WITH ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES TO ADDRESS METHAMPHETAMINE USE



To be notified about upcoming webinars, subscribe to our newsletter at  
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## ADDITIONAL SUPPORT

A variety of free and confidential telephone and online support services are available for people experiencing problems with ice, as well as their family and friends.

- **National Alcohol and Other Drug Hotline:** For free and confidential advice about alcohol and other drugs, call the National Alcohol and Other Drug Hotline. It will automatically direct you to the Alcohol and Drug Information Service in your state or territory. These local alcohol and other drug telephone services offer support, information, counselling and referral to services. **Phone: 1800 250 015**
- **Family Drug Support:** 24-hour support for relatives and friends affected by alcohol and other drugs. **Phone: 1300 368 186 | [fds.org.au](https://fds.org.au)**
- **Lifeline:** Crisis telephone support. Open 24 hours. Also provides one-on-one online chat support. **Phone: 13 11 14 | [lifeline.org.au](https://lifeline.org.au)**
- **Alcohol and Drug Foundation - DRUGINFO:** DrugInfo is a free and confidential phone service providing information on alcohol and other drugs as well as the contact details of counselling, treatment and support services. Available Monday - Friday 9am - 5pm AEST. **Phone: 1300 85 85 84 | [adf.org.au/druginfo](https://adf.org.au/druginfo)**

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## NOTES



# CRACKS IN THE ICE



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



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