

# ACTION ON ICE

The Queensland Government's plan to address use and harms caused by crystal methamphetamine

February 2018



**Queensland**  
Government

## Action on ice

The Queensland Government's plan to address use and harms caused by crystal methamphetamine.

### Message from the Premier and Ministers

Like the rest of Australia, ice is having a significant detrimental impact across many communities in Queensland. Its effects on individuals, families, communities and frontline service providers is often disproportionate when compared to those caused by other drugs.

A series of consultation forums were held across the state and we've had conversations with individuals, families and communities to hear about the impact ice is having on Queensland. Heartbreaking stories from individuals and families with a lived experience of ice use were shared, reminding us all of this devastating problem.

As a government we have worked with communities to develop solutions to tackle the use and harms caused by ice. We have listened to Queenslanders and have invested more than \$100 million over five years to address the impact of ice on Queensland communities. Building on our existing efforts, new initiatives aim to increase awareness, improve access to specialist support, support individuals and families and better equip our frontline service providers to respond to ice use and harms in Queensland.

*Action on ice* demonstrates our clear commitment to addressing the real impact ice has on communities across our state, particularly in rural and regional Queensland. While recovery from ice can be difficult, recovery is possible. More than ever, flexible and specialist treatment services are available to provide practical support for those impacted.

Thank you to everyone who provided their views on how we can work together to address the use and harms caused by ice in Queensland.



A handwritten signature in black ink.

Anastacia Palaszczuk MP  
Premier and Minister for Trade



A handwritten signature in black ink.

Steven Miles MP  
Minister for Health  
Minister for Ambulance Services



A handwritten signature in black ink.

Mark Ryan MP  
Minister for Police  
Minister for Corrective Services

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**Note:** If you are concerned about your own or someone else's drug use, contact the Alcohol and Drug Information Service on 1800 177 833.

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## Contents

What is ice?	2
The impact of ice on Queensland	3
Individuals	4
Families and communities	4
Frontline services and treatment	4
Community views	4
Our approach	6
Response to community views	6
<b>1 Reducing the supply of ice</b>	<b>8</b>
<b>2 Reducing the demand for ice</b>	<b>9</b>
Preventing the use of ice and supporting communities	10
Early intervention and treatment for people using ice	11
<b>3 Reducing the harms from ice</b>	<b>12</b>
Supporting Queensland families	13
Minimising the impact on individuals	14
Protecting and supporting frontline workers	15
National Ice Action Strategy	16
Help and support	17

## What is ice?

Ice is the commonly used name for the crystalline form of methamphetamine. Methamphetamine is a stimulant drug that comes in three main forms—powder (also known as ‘speed’), ‘base’ (a damp or oily paste), and the crystalline form (‘ice’).

Crystal methamphetamine usually appears as colourless to white crystals or coarse powder, but can also appear in other colours, such as light pink.

Crystal methamphetamine is usually injected or smoked, but can also be snorted or swallowed. A drug that is smoked or injected reaches a person’s brain quicker, creating a sense of euphoria that many people find very difficult to resist repeating.

Methamphetamine interacts with a number of the brain's neurotransmitters, most notably by flooding the brain with dopamine, causing intense feelings of wellbeing. But, it also prevents the brain’s uptake of dopamine, resulting in the brain’s dopamine stores depleting. Once the drug wears off, this may leave a person feeling particularly low.

In addition to the feelings of euphoria, alertness and energy, possible adverse effects include increased heart rate, jaw clenching, teeth grinding, repetitive behaviour like scratching and itching, sweaty or clammy skin, increased body temperature, loss of appetite, difficulty sleeping, dry mouth, looking pale, headaches, feeling dizzy, shaking, increased risk taking, restlessness, aggressiveness, paranoia and in some instances, psychosis.

Consuming high purity methamphetamine has a greater impact on the body than other forms. Its regular or repeated use can result in a number of more complex or severe physical and psychological effects.

**Methamphetamine is a stimulant drug that comes in three main forms:**



# The impact of ice on Queensland

Like the rest of Australia, ice is having a significant impact across many communities in Queensland. Its effects on individuals, families, communities and frontline service providers is often disproportionate when compared to those caused by other drugs.

Although ice is not the most misused drug in Australia, nor is it responsible for the greatest levels of social and health harms (this mantle still rests with alcohol), the adverse impacts and increasing levels of ice use, together with the involvement of organised crime in its production, supply and distribution means that action is needed.

Successfully tackling the problems associated with ice requires more than just a law and order or health response and can only be achieved through the efforts of all levels of government, industry, communities, families and individuals themselves.



## Individuals



## Families and communities



## Frontline services



## Individuals

Problematic ice use or dependence can lead to complex and serious health, legal, social, personal and financial consequences.

People using ice may experience poorer mental health, including depression, anxiety and psychosis, and may also develop issues with their physical health.

Regular and long-term methamphetamine use places people at greater risk of sexually transmitted infections, blood-borne viruses and other serious medical problems including heart disease, seizures, stroke, kidney and liver failure.

In addition, when ice use becomes severe it often takes priority over other daily activities and things that were once important. This may include neglecting personal care, family, children, education and work. A significant dependence on ice can also result in involvement in criminal activities and lead to housing, financial and/or other legal problems.

## Families and communities

Behaviours associated with ice misuse and dependence can cause significant disruption and distress for families, friends and the community. Ice misuse can play a role in family dysfunction, breakdown and conflict, including preventing safe and responsive parenting, financial stress and mental health issues. Stigma surrounding individuals using ice can prevent people from seeking help and can further traumatise families trying to support a loved one who is seeking help.

## Frontline services and treatment

Ice misuse and associated harms are placing an increased burden on emergency services, community services, law enforcement and the health system, and the staff that work within them, across the public, private and non-government sectors.

## Community views

Over a nine month period in 2017, the Queensland Government engaged with the community to seek input and insights from all Queenslanders on the draft *Action on ice* plan, and to better understand the impacts of ice, particularly in rural, remote and regional communities.

The community consultation process demonstrated there was strong support for the collaborative approach to address the impacts of ice use on Queenslanders, their families and communities. The plan includes specific initiatives to address the issues identified in the consultation process including:

- the need for improved community awareness of the impacts of ice use; and a reliable and trusted information source on where and how to access help and support
- enhanced access to, and increased funding for, effective, flexible and culturally appropriate treatment, recovery and support services for individuals and families
- a criminal justice system more responsive to the needs of people affected by ice, including tough penalties for ice suppliers.





# ICE

is the **fastest growing illicit drug market** in Queensland.

With no 'one size fits all' approach to successfully tackling the problems caused by ice—effort is required by all levels of government, industry, communities, families and individuals.

The Queensland Government is undertaking a range of initiatives to **reduce the demand and supply of illicit drugs, as well as the harms experienced** as a result of drug use.



## Supply



### 1. Reducing the supply of ice *(law enforcement activity)*

- Enforcement of criminal drug laws
- Targeting criminal networks and organised criminal syndicates
- Undertaking strategic intelligence



## Demand



### 2. Reducing the demand for ice *(prevention, early intervention and treatment)*

- Effective and flexible treatment options
- Targeted prevention initiatives and messages
- Support of community-led projects



## Harms



### 3. Reducing the harms from ice *(specialised programs, services and initiatives)*

- Support for Queensland families and communities
- Protection of frontline workers
- Resources for those affected

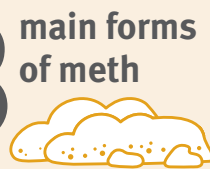
### What is ice?

Methamphetamine is a stimulant drug

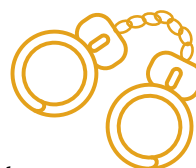
1. Crystalline form ('ice')
2. Powder (also known as 'speed')
3. Base (damp or oily paste)



# 3

**main forms of meth**

# ↑ 31%



**increase in Queensland arrests** related to amphetamine-type stimulants (including methamphetamine) offences from 2014–15 to 2015–16.

Between 2009–10 and 2015–16 the annual rate of methamphetamine-related Queensland hospital admissions **increased from 3.9 to 79.9 per 100,000 persons.**



# 12.4%

**of young people under a supervised youth justice order** are using ice either on its own or with other drugs.

# 1 in 3

**children**

One in every three children who came into the care of the Department of Child Safety, Youth and Women **had a parent who had used methamphetamine** (mainly ice) at least once, mostly within the last 12 months prior to the child coming into care.



# 51%

 of Queensland's **organised crime networks** are linked with ice.

## Our approach

The Queensland Government is committed to effectively, collaboratively and holistically tackling the harmful use and effects of ice that are currently challenging many people. A range of initiatives have been put in place to reduce the demand and supply of illicit drugs, as well as the harms experienced as a result of drug use.

**Actions to address ice will be implemented within the broader context and evidence base of responding to the problematic use of alcohol and other drugs.** The three pillars to minimise harm from alcohol and other drug misuse on individuals, families and communities underpin the Queensland Government's response.

The three pillars of *Action on ice* are:

- **reducing the supply of ice** (through law enforcement activity)
- **reducing the demand for ice** (through prevention, early intervention and treatment)
- **reducing the harms from ice** (through specialised programs, services and initiatives to support individuals, families and the workforce).

Reducing the supply, demand and harms associated with substance misuse is more likely to be achieved through the combined efforts of all levels of government, industry, communities, families and the actions of individuals themselves.

*Action on ice* outlines a program of initiatives to address the impacts of ice use and harms that build on previous achievements in responding to the problematic use of alcohol and other drugs. Each of the three pillars within *Action on ice* are supported with clear areas of focus to ensure that action contributes to the goal of **addressing the impacts of ice use on individuals, families and communities**.

The Queensland Government will continue to contribute to annual progress reporting under the *National Ice Action Strategy* and will monitor implementation progress of the foundation initiatives within *Action on ice*.

## Response to community views

New initiatives form the foundation of the *Action on ice* plan and recognise the recent achievements to tackle the harms caused by ice use. More than \$100 million over five years has been committed to the foundation initiatives to reduce the supply, demand and harm of ice use on individuals, families and communities in Queensland. These initiatives respond to feedback provided by Queenslanders which also confirmed that the current approach is addressing community expectations. The foundation initiatives include:

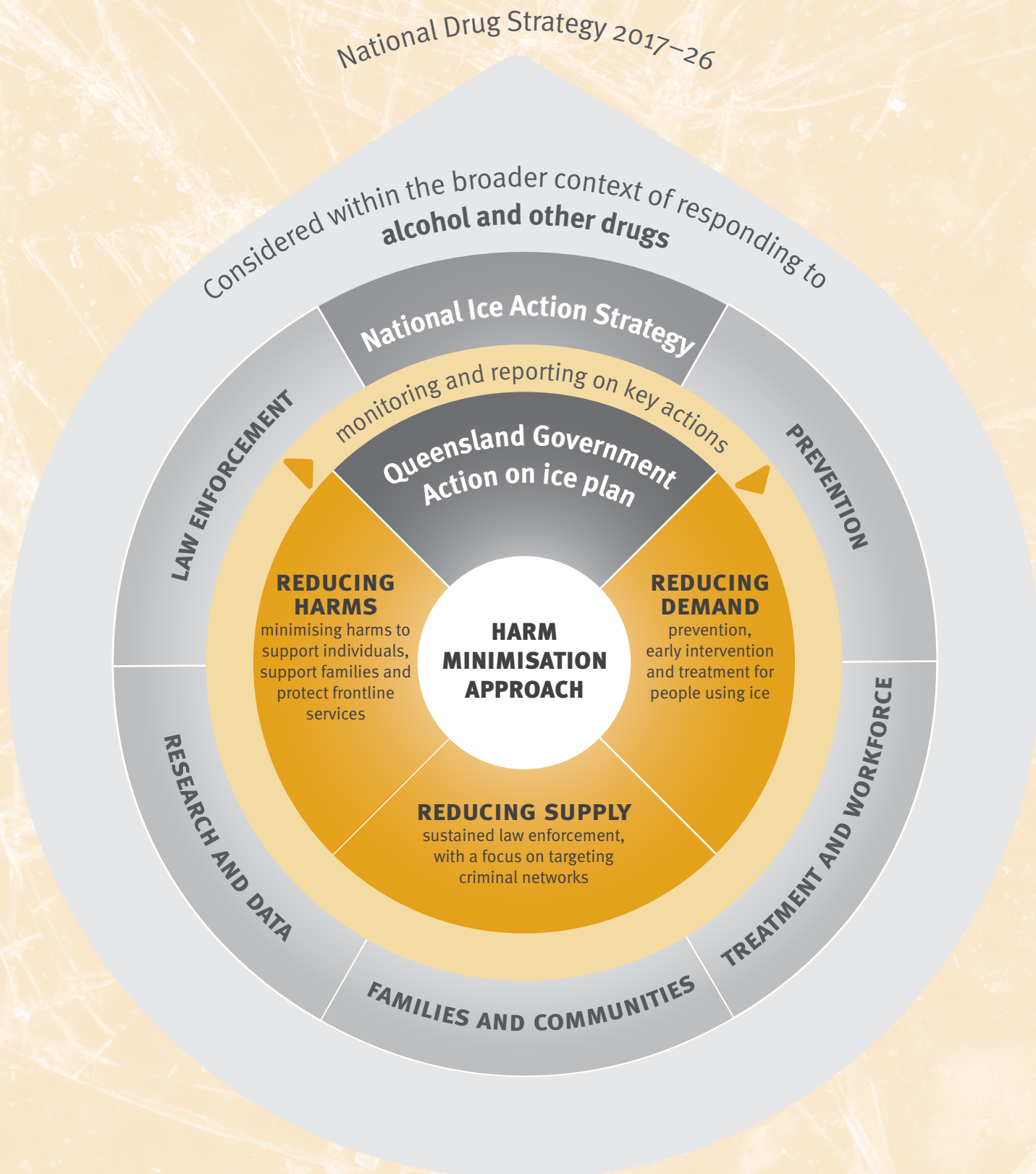
- \$3.2 million for an information campaign to enhance public awareness of the nature and effects of ice and where and how to find help.
- \$7.4 million over three years for support services for the families of ice users. The funding will support families involved in the child protection system to overcome ice issues.
- \$3.3 million over four years to enhance the capacity of the Alcohol and Drug Information Service, expand regional services provided by Family Drug Support, deliver more training and resources to frontline services, and support Aboriginal and Torres Strait Islander communities to develop community-led responses to ice and other drugs of concern.
- \$4.1 million to expand roadside drug testing to perform up to 75,000 tests within the next four years.
- \$14.3 million over three years to establish a new 42-bed residential drug rehabilitation and treatment facility in Rockhampton which will improve access to specialist alcohol and other drug services for people living in central Queensland affected by ice and other substances.
- \$6.3 million over three years to trial a youth residential care service in Brisbane for high risk young people in out-of-home care to provide intensive support for their complex needs, including mental health and substance use.

These foundation initiatives are also supported with additional investment in alcohol and other drug treatment services:

- \$43 million over five years under *Connecting Care to Recovery 2016–2021: A plan for Queensland's state-funded mental health, alcohol and other drug services* to enhance the range of specialist alcohol and other drug treatment services provided through the non-government sector; and
- \$6 million per annum to support targeted service responses in prevention, community engagement and specialist alcohol and other drug treatment and interventions across six Queensland Health Hospital and Health Services.



## Action on ice framework



# 1 REDUCING THE SUPPLY OF ICE

Sustained enforcement of criminal drug laws in Queensland, with a focus on criminal networks, is a cornerstone of efforts aimed at reducing the supply and availability of ice in the community.

Actions to reduce the supply of ice are focused on:

- enforcement of criminal drug laws
- targeting criminal networks and organised criminal syndicates
- undertaking strategic intelligence and research.

As a synthetic substance, ice production and supply methods are flexible, making it difficult to disrupt supply. Methamphetamine is both imported and produced domestically and the Queensland market is not reliant on the international importation of the end product. Despite significant efforts to disrupt supply, the market remains strong due to the persistent demand. Ice is easy to access and the price remains stable as it can be easily replaced by another supply chain.

Significant efforts are underway to not only target the production of drugs at its very source, including monitoring the trade and use of precursor chemicals, but also detecting and dismantling the criminal networks at the core of the market. Law enforcement agencies are continuing to build on existing approaches to reduce the supply and availability of ice in Queensland.

## Actions

Enforce criminal drug laws in Queensland and undertake activities targeting criminal networks involved in the production and supply of illicit drugs, including ice. These activities seek to reduce the supply of illicit drugs in Queensland, across interstate and international borders. **(Queensland Police Service)**

Prioritise organised crime investigations into high threat criminal networks that are trafficking ice into or within Queensland to disrupt and dismantle those networks and/or supply routes into Queensland. **(Crime and Corruption Commission)**

Continue to work with other jurisdictions through the Australian Federal Police-led National Anti-Gangs Squad to tackle the significant involvement of outlaw motorcycle gangs, in the production and distribution of ice. **(Queensland Police Service)**

Continue to work with communities to encourage them to report organised criminal activity related to the supply, trafficking and production of illicit drugs. **(Crime Stoppers Queensland in partnership with the Queensland Police Service)**

Continue to monitor the sale of precursor chemicals and equipment that can be potentially diverted to make ice in clandestine laboratories and participate in the development of a national end user declaration scheme. **(Queensland Police Service)**

Continue to use coercive hearing powers to gain a greater understanding of the unlawful production of ice occurring in Queensland and to disrupt those activities. **(Crime and Corruption Commission)**

Undertake strategic intelligence and research projects on illicit markets and groups that impact on Queensland, exploring the methodologies, innovations and adaptations used by these groups to undertake these activities and avoid detection by law enforcement. **(Crime and Corruption Commission)**

Use the proceeds of crime function to restrain and forfeit the assets of those engaged in the trafficking and production of ice in Queensland, to disrupt these activities and prevent reinvestment in further illegal activities. **(Crime and Corruption Commission)**

## 2 REDUCING THE DEMAND FOR ICE

Efforts to build and maintain the overall health and wellbeing of Queensland individuals, families and communities underpin actions to reduce the demand and problematic use of alcohol and other drugs, including ice.

Actions to reduce the demand for ice are focused on:

- preventing the use of ice and supporting communities
- early intervention and treatment for people using ice.

All prevention approaches need to be based on evidence of what works and be tailored to the population group they are targeting. There is no 'one size fits all' approach. Successful prevention strategies need to address the underlying factors and motivators to use drugs as well as a range of environmental factors.

It is also important to acknowledge the broad social determinants that contribute to substance misuse, especially for vulnerable people in the community. These include complex and interdependent factors such as poverty, stigma and marginalisation, mental illness, lack of adequate education, housing and employment.

Locally initiated and driven actions, based on local context, knowledge and efforts, are essential in contributing to reducing demand and harms from ice use.

Some population groups may be more vulnerable to use and harms from ice in Queensland, including:

- Aboriginal and Torres Strait Islander peoples
- people living in rural and remote areas
- young adults
- people involved in the criminal justice system
- unemployed people
- people who identify as lesbian, gay, bisexual, transgender, intersex and/or queer
- people from culturally and linguistically diverse backgrounds
- industry groups such as hospitality, construction, manufacturing, transport and mining including the Fly-In Fly-Out (FIFO) workforce.

There are a range of flexible and specialist service responses across the care continuum to help address ice use early, and treat as effectively as possible according to individual circumstance and need.

For a variety of reasons, individuals can often take several years between experiencing problems with their use of ice and seeking help. In particular, stigma and discrimination experienced by people with problematic alcohol and drug use, including ice, creates barriers to them seeking help and can lead to poor health and social outcomes.

During this time, it is important that health and welfare services who may come into contact with people affected by ice are able to identify use early and then refer to more appropriate services when required. This includes general practitioners (GPs), hospital emergency departments, sexual health clinics, youth services, child safety services, community services and health services in corrections and youth detention.

Effective, flexible treatment options are available and include access to information and self-help resources, screening and assessment, early and brief intervention, specialist alcohol and other drug treatment such as withdrawal management, counselling and other psychosocial interventions, pharmacotherapy, rehabilitation (residential and non-residential), pre and post treatment and harm reduction services.

Withdrawal from ice can be lengthy and severe, with symptoms sometimes lasting weeks or months after last use, and relapse occurs in about 80–90 per cent of people. This requires the service system to provide extended and flexible withdrawal and treatment services and support options following treatment completion through the provision of aftercare and relapse prevention interventions.

# Preventing the use of ice and supporting communities

## Actions

Promote the availability of existing and effective information, resources, programs and services for communities, school principals, teachers and students, families and friends. **(Queensland Health, Department of Child Safety, Youth and Women, Department of Aboriginal and Torres Strait Islander Partnerships, Queensland Police Service and Department of Education)**

Continue to support and encourage community projects such as Logan Together and the HOPE Project in South-West Queensland, which address the social determinants of ice and other substance misuse. **(Queensland Health and Department of Child Safety, Youth and Women)**

Promote the *Alcohol and Other Drugs Education Program*, which supports young Queenslanders in Years 7 to 12, to:

- develop a greater understanding of the impacts and consequences of alcohol and other drug use
- build their capacity to make responsible, safe and informed decisions
- develop their ability to effectively manage challenging and unsafe situations. **(Department of Education)**

Engage or re-engage with at risk groups through operationalising whole school learning and wellbeing frameworks. This would generally involve engaging school-based support personnel including guidance officers, youth support coordinators, school chaplains and student welfare workers. **(Department of Education)**

Through initiatives such as school-based youth health nurses and police officers, and adopt-a-cop and youth support coordinators, ensure appropriate support and resources are available to assist young people to deal with issues associated with their own or a friend or family member's alcohol and other drug use. **(Department of Education, Queensland Police Service and Queensland Health)**

Deliver culturally-appropriate workshops to targeted Aboriginal and Torres Strait Islander communities to assist effective, community-led responses to ice and other substances of concern. **(Queensland Health)**

Explore initiatives to address ice use in high risk industry groups such as mining, rural and remote workforces, construction and transport, with a focus on substance use and mental health in FIFO workforces. **(Queensland Health)**

Continue work across government agencies to address broader social determinants of health and to improve school retention for children and young people, implementation of mental health promotion, prevention and early intervention initiatives, and implementation of housing and employment strategies. **(relevant Queensland Government departments)**

Deliver an information awareness campaign to direct Queenslanders to accurate, factual and trusted information about ice and information about how and where to seek further help and treatment. During development of the campaign, consider how to best communicate messages to vulnerable population groups, and people living in rural and remote locations. **(Department of the Premier and Cabinet)**

## CASE STUDY

Established in late 2015, the HOPE Project is a community-led health initiative that supports young people up to 25 years of age in Cunnamulla and Charleville. The project works to achieve four goals: increasing education, training and employment opportunities; improving physical, social and emotional wellness; enhancing service integration; and promoting safe families and safe communities. The project has supported young people in the region to lead healthy and fulfilling lives and reach their full potential.

# Early intervention and treatment for people using ice

## Actions

Deliver a new 42-bed residential drug rehabilitation and treatment facility located in Rockhampton, which will improve access to specialist alcohol and other drug services for people living in central Queensland. **(Queensland Health)**

Target new investment of \$43 million over five years from the 2016–17 financial year under *Connecting Care to Recovery 2016–2021: A plan for Queensland's state-funded mental health, alcohol and other drug services* to help meet existing demand, address service gaps and deliver high quality and effective specialist alcohol and other drug treatment services in the non-government sector. **(Queensland Health)**

Explore potential options to provide specialist services for people experiencing severe substance dependence who are at risk of serious harms due to associated mental illness, cognitive impairment and/or other clinically indicated factors. **(Queensland Health)**

Promote the availability of and help people navigate existing early intervention and treatment options for people affected by ice and other drug use, from online information, resources and phone services to specialist treatment services. **(Queensland Health)**

Work with key stakeholders in primary healthcare to support GPs and other healthcare professionals to increase screening, brief intervention and appropriate referral options for people affected by ice and other substance misuse. **(Queensland Health)**

Continue to deliver evidence-based interventions such as the Changing Habits and Reaching Targets (CHART) program, which includes a module to address drug and alcohol issues for young people on youth justice orders and supervised bail. **(Department of Child Safety, Youth and Women)**

Provide re-entry service to prisoners released from custody that link them to appropriate interventions, services or supports that mitigate identified substance misuse risks. **(Queensland Corrective Services)**

Expand substance use programs and services for prisoners and offenders in the correctional system in line with recommendations from the Queensland Parole System Review. **(Queensland Corrective Services)**

Work with key Aboriginal and Torres Strait Islander stakeholders, peak bodies and service providers to improve delivery of Indigenous-specific alcohol and other drug services, culturally responsive practices in mainstream alcohol and other drug services and flexible service responses to help meet the needs of Indigenous Queenslanders, their families and communities affected by ice and other substance use. **(Queensland Health and Department of Aboriginal and Torres Strait Islander Partnerships)**

Continue to work across government and with Hospital and Health Services, Primary Health Networks, peak bodies, service providers and other key stakeholders to align planning and investment in the Queensland alcohol and other drug services sector. **(Queensland Health)**

Deliver evidence-based drug and alcohol intervention to young people in youth detention to address issues related to substance use and work with young people with substance use concerns including volatile substances. **(Department of Child Safety, Youth and Women)**

Continue to invest in youth support services for young people in need. Young people will have access to advice and referral services to address issues with drug and alcohol misuse, mental health, housing, legal, education and domestic and family violence, and coordinated case management. **(Department of Child Safety, Youth and Women)**

Publish an Options for Reform paper that identifies evidence-based actions to reduce stigma and discrimination experienced by people living with problematic alcohol and other drug use. **(Queensland Mental Health Commission)**

## 3 REDUCING THE HARMS FROM ICE

Harm reduction measures help raise awareness and increase knowledge, assist individuals, support families and protect frontline services from the impacts of ice.

Actions to reduce the harms from ice are focused on:

- supporting Queensland families
- minimising the impact on individuals
- protecting and supporting frontline workers.

Ice use can have a distressing impact on families and significant others including children. Problematic use and severe dependence can contribute to poor family functioning (such as impacting safe and responsive parenting), conflict and violence, and financial and legal difficulties. Families, particularly parents, and carers need practical information and support with a focus on:

- identifying that there is a problem
- what they can do
- where they can go to for help and support.

People use and misuse legal and illegal drugs for many reasons. This can be to relax and socialise, cope with stress or difficult life situations, curiosity and experimentation or to avoid physical and/or psychological pain and discomfort.

Relapse is common among people trying to change their alcohol and other drug use.

While people are using or trying to change their substance use, individuals, families, communities, health and other service providers have a duty of care to help keep people as safe as possible. There is a range of harm reduction measures that help raise awareness and knowledge and assist people to change behaviour and make more informed choices. Outcomes of harm reduction interventions may include:

- reducing health and medical problems associated with the method of use—injecting drug use and its risks of injury and disease
- avoiding involvement in the criminal justice system through diversion programs
- maintaining personal, workplace and public safety.

The adverse effects of ice are impacting those involved in the delivery of frontline services to the community. Safely managing the violence and psychosis sometimes associated with ice use is amongst the challenges being faced on a daily basis by police officers, ambulance officers, doctors, nurses, alcohol and other drug treatment service providers, child safety workers, housing officers, corrective services officers, detention centre employees, community care and support providers.

### CASE STUDY

**Lives Lived Well is delivering an interim service model in Logan and surrounds for families impacted by ice and other drugs, pending the construction of six residential Family Recovery Units in August 2018. Lives Lived Well is delivering intensive outreach to families who are subject to ongoing child protection intervention.**

**Lives Lived Well will provide drug and alcohol interventions, including for ice use, and counselling support for up to three months to enable children to remain safely at home, where possible. The service will create access to functional recovery expertise through lifestyle education and brokered services. An intensive six-week group program for parents and carers will also be available for families.**

# Supporting Queensland families

## Actions

Expand support services for families involved in the child protection system to overcome ice issues. **(Department of Child Safety, Youth and Women)**

Establish live-in recovery units and support coordinated outreach and intensive case management support for families in Logan and surrounds, impacted by ice and other drugs, subject to ongoing child protection intervention through \$1.7 million in funding over three years to Lives Lived Well. **(Department of Child Safety, Youth and Women)**

Help families develop strategies that effectively support their ice addicted family member, and assisting with access to services and support. **(Department of Child Safety, Youth and Women)**

Establish a trial youth residential care service in Brisbane for high risk young people aged under 17 years in out-of-home care. The service will accommodate six young people at a time and provide intensive support for their complex needs, including mental health and substance use. **(Department of Child Safety, Youth and Women)**

Expand access to specialist support programs and services through Family Drug Support for Queensland families and significant others affected by ice and other drug use, particularly in regional areas. **(Queensland Health)**

Continue to deliver training and resources to clinicians working in specialist alcohol and other drug services to support the delivery of family-inclusive practices. **(Queensland Health)**

Continue to promote, develop and disseminate factual and credible harm reduction information and resources to support Queensland families to understand and manage substance use. **(Queensland Health)**

Continue to prevent violence against women and their children through the implementation of the *Queensland Violence Against Women Prevention Plan 2016–2022* (the Plan) that sends a clear, decisive message that gendered violence in all its forms is not acceptable, and must not be normalised or ignored. The Plan, together with the *Domestic and Family Violence Prevention Strategy 2016–2026*, provides the Queensland framework to address all forms of gender-based violence against women. **(Department of Child Safety, Youth and Women)**

Progress priority legislative changes to the *Child Protection Act 1999* that introduce a contemporary information sharing regime to enable ‘specialist service providers’ to share information about children and families so support provided by non-government agencies can be better coordinated. Consideration will occur to determine whether future legislative changes are necessary to strengthen actions that can be taken when a parent has substance misuse issues, such as directions to undertake testing, treatments or programs. **(Department of Child Safety, Youth and Women)**

Improve information sharing about risks to children, and strengthen cross-agency processes such as the Suspected Child Abuse and Neglect (SCAN) system. **(Department of Child Safety, Youth and Women, Queensland Police Service and Queensland Health)**

Invest in resources to ensure that families experiencing challenges can access appropriate support in a timely manner to avoid unnecessary contact with the statutory child protection system. Family and Child Connect services are being funded in 20 catchments across Queensland to assist families to engage with the services they need to safely care for their children at home. Intensive Family Support services are being funded in the same catchments to expand the range of options for families with multiple and complex needs requiring support for a period of up to nine months. These services are funded to operate as part of a network of local agencies, including drug and alcohol services, to ensure that families receive holistic responses to their various needs. **(Department of Child Safety, Youth and Women)**

## Minimising the impact on individuals

### Actions

Maintain Needle and Syringe Programs across the state, including delivery of harm reduction support.

**(Queensland Health)**

Promote, develop and disseminate targeted, factual and credible information and resources to help people using substances to reduce harms including through peer networks and health, youth and related services. **(Queensland Health)**

Report on outcomes and implementation of Queensland reviews into intervention, support and referral from the criminal justice system. **(Department of Justice and Attorney-General, Department of Child Safety, Youth and Women, Queensland Police Service, Queensland Corrective Services and Queensland Health)**

Continue to divert minor or moderate illicit drug offenders from the criminal justice system for assessment, education and treatment through drug intervention programs. **(Queensland Police Service, Department of Justice and Attorney-General and Department of Child Safety, Youth and Women)**

Commence the Queensland Drug and Alcohol Court from the Brisbane Magistrates Court, to provide specialist and intensive multi-agency treatment and support for offenders with severe alcohol and other drug issues associated with their offending. The whole-of-government initiative seeks to enhance community safety through the rehabilitation of offenders and will include access to treatment, regular court hearings to monitor progress, regular drug testing and access to supported accommodation. **(Department of Justice and Attorney-General in collaboration with Queensland Corrective Services, Queensland Police Service, Queensland Health, Legal Aid Queensland and Department of Housing and Public Works)**

Expand roadside drug testing to perform up to 75,000 tests within the next four years. **(Queensland Police Service)**





# Protecting and supporting frontline workers

## Actions

Deliver training and resources to support the capability of frontline services, with a focus on GPs, general health and hospital staff to respond to people affected by ice, and support their own safety and wellbeing. **(Queensland Health)**

Continue to implement the 20 recommendations from the *Occupational Violence Prevention in Queensland Health's Hospital and Health Services Taskforce Report* (May 2016), led by the Statewide Occupational Violence Implementation Committee, which provide a broad range of long term and inter-agency measures to help improve staff and patient safety. **(across Queensland Government departments)**

Continue to prevent violent attacks against paramedics as a result of the finalisation of the implementation of the 15 recommendations from the *Queensland Ambulance Service Paramedic Safety Taskforce Report* (April 2016), led by the Paramedic Safety Implementation Oversight committee, which provided the overarching strategy to stop violent attacks against paramedics. **(Queensland Ambulance Service)**

Continue to promote the *Zero Tolerance: No excuse for abuse* campaign through social media platforms and deliver ongoing resources, training and improvements in technology to support paramedic safety. **(Queensland Ambulance Service)**

Invest in specialised online ice training resources for frontline workers including child safety workers and housing and public works employees with the potential for rollout to domestic and family violence support providers. This online training module aims to increase staff skills and knowledge of ice's attributes and effects, and assist them to recognise and respond to the signs of ice use in the community. **(Department of Child Safety, Youth and Women and Department of Housing and Public Works)**

Enhance police and ambulance procedures to ensure that where practicable, hospital emergency departments are advised that police or ambulance officers are bringing a person potentially affected by ice to the facility. This will enable appropriate protocols to be put in place prior to the patient's arrival. **(Queensland Health, Queensland Ambulance Service and Queensland Police Service)**

Ensure training products are available for police officers explaining the effect of ice on individuals and an electronic information package to assist in identifying ice and other illicit drugs. **(Queensland Police Service)**

Continue to deliver a mandatory online training module on ice for Child Safety staff undertaking investigations and assessments and working with families on Interventions with Parental Agreement. Similar online training for domestic and family violence support providers will be explored. **(Department of Child Safety, Youth and Women)**

Appointment of a Special Adviser on Drugs to assist Child Safety practice and workforce development for government and non-government Child Safety workers. **(Queensland Health and Department of Child Safety, Youth and Women)**

# National Ice Action Strategy

The Queensland Government continues to work closely with the Commonwealth Government and other states and territories to progress actions under the *National Ice Action Strategy* (endorsed by the Council of Australian Governments on 11 December 2015) in response to the Final Report of the National Ice Taskforce. The goal of the *National Ice Action Strategy* is to reduce the prevalence of ice use and resulting harms across the Australian community.

The *National Ice Action Strategy* guides the development and implementation of initiatives nationally across five priority areas. These include:

- support for families and communities
- targeted prevention
- investment in treatment and workforce
- focused law enforcement
- better research and data.

The Queensland Government's actions and progress to support national and local implementation of the *National Ice Action Strategy* are outlined throughout this document.

Recent progress under the *National Ice Action Strategy* has focused on initiatives across prevention, treatment and law enforcement, and building capacity of both the community and organisations to address ice at a local level. Key initiatives include:

- establishment of up to 220 Local Drug Action Teams (LDAT) across Australia. Currently, funding has been provided to establish 14 LDATs in Queensland. LDATs will be supported to develop locally focused action plans to implement evidence based prevention activities with a focus on school education, employment pathways, increased access to mental health services and support for young people.
- a national drugs campaign to raise awareness about the health and social risks associated with illicit drug use. The current phase of the campaign has a focus on young people who are at risk of using ice, and who are beginning to be exposed to illicit drugs, and parents of these young people.
- additional alcohol and other drug treatment services commissioned through the Primary Health Networks across Australia.
- completion of a pilot of a National Criminal Intelligence System. The pilot highlighted the benefits realised when law enforcement and national security agencies have a unified view of national criminal intelligence and information holdings.
- establishment of the Clinical Centre for Excellence for Emerging Drugs of Concern to support clinical research into new treatment options and assist with training of health professionals and evaluating treatment effectiveness.

# Help and support

Across Queensland, there is a range of support services to assist people affected by substance misuse and related problems, their families, carers and significant others. These services include, but are not limited to:

## Early intervention and mental health support

### Talk with your local GP

(including a Mental Health Treatment Plan)

### beyondblue

1300 22 4636 or [www.beyondblue.org.au](http://www.beyondblue.org.au)

### eheadspace

1800 650 890 or [www.eheadspace.org.au](http://www.eheadspace.org.au)

### Kids Helpline

1800 55 1800 or [www.kidshelpline.com.au](http://www.kidshelpline.com.au)

### Lifeline

131 114 or [www.lifeline.org.au](http://www.lifeline.org.au)

### MensLine Australia

1300 78 99 78 or [www.mensline.org.au](http://www.mensline.org.au)

## Counselling, treatment and referral services

### Alcohol and Drug Information Service (ADIS)

A free, 24/7 anonymous and confidential telephone information, counselling and referral service for anyone concerned about their own or someone else's alcohol or other drug use, including help to find appropriate treatment services.

1800 177 833

### Counselling online

A free, 24/7 counselling service for people using alcohol and other drugs, their family members and friends.  
[www.counsellingonline.org.au](http://www.counsellingonline.org.au)

### Family Drug Support

Help and support for families affected by alcohol and other drug use.

1300 368 186

[www.fds.org.au](http://www.fds.org.au)

If you are concerned about your own or someone else's drug use,  
contact the **Alcohol and Drug Information Service on 1800 177 833.**