

ICE
REGIONAL
COMMUNITY
ENGAGEMENT
SUMMIT

Outcomes Report

Department of the Premier and Cabinet

Queensland Government

August 2017



Queensland
Government

Introduction

On 27 April 2017, the Queensland Premier and Minister for the Arts, the Honourable Annastacia Palaszczuk MP, hosted the Ice Regional Community Engagement Summit in Rockhampton.

There is evidence that the use of crystal methamphetamine ('ice') is increasingly prevalent in regional Queensland. The drug can cause significant harm, and organised crime is involved in its production, supply and distribution. It is impacting on many individuals, families, frontline services and Queensland communities.

Earlier in 2017, the Premier met with Rockhampton families whose loved ones were struggling with a dependence on ice.

In February 2017, the Queensland Government released [Action on Ice](#), a draft action plan outlining current government initiatives and seeking Queenslanders' feedback and ideas on addressing ice. The draft plan will be finalised in late 2017, following further community engagement and consultation.

As a result of this community consultation, the Government has announced an interim response to address the immediate needs of families and communities across the State. As part of the 2017–18 Queensland Budget, an additional \$18 million will be contributed to *Action on Ice* with measures that increase awareness, support families and better equip frontline service providers to respond to ice use and harms in Queensland.

This is an addition to the Government's investment of \$43 million over five years under *Connecting Care to Recovery 2016-2021* to increase specialist alcohol and other drug services and \$6 million to establish new and enhance existing Drug and Alcohol Brief Intervention Teams and additional specialist alcohol and other drug treatment clinicians across six Hospital and Health Services in Queensland.



Brittany Lauga MP and local support group leader Debbie Ware speaking with the Hon. Annastacia Palaszczuk MP, Premier of Queensland

processes will ultimately inform the final *Action on Ice* plan.

The summit was convened to better understand the impacts of ice, particularly on rural, regional and remote communities. The summit focused on identifying what is currently working, what could be improved, what gaps are evident, and importantly, how Government can support local community-led initiatives. The summit will be followed by a series of smaller regional roundtables to further consult with communities across Queensland. The consultation

At the summit, the Premier was joined by the Honourable Cameron Dick MP, Minister for Health and Minister for Ambulance Services; the Honourable Shannon Fentiman MP, Minister for Communities, Women and Youth and Minister for Child Safety; and the Honourable Bill Byrne MP, Member for Rockhampton and Minister for Agriculture and Fisheries and Minister for Rural Economic Development. The Member for Keppel, Brittany Lauga MP also attended. Mr John-Paul Langbroek MP, Shadow Minister for Health and Ambulance Services, represented the Opposition. Mayors and councillors from the Livingstone Shire Council and Rockhampton Regional Council also attended.

In opening the summit, the Premier spoke of the local families she had previously met and the experiences with ice they had shared with her, and acknowledged her Government's commitment to tackling the supply, use and harms of ice throughout the State.

“Today’s summit is a really clear first step...in listening, acknowledging that there is a problem, and saying that together as a community, we can do more.” Premier Anastacia Palaszczuk MP

The Premier also encouraged delegates to submit a response to the consultation on the *Action on Ice* draft plan, advising that the outcomes from the summit would be a key input.

Summit overview

The summit involved keynote speeches from people on the frontline, a panel discussion and question and answer session, and concurrent workshop sessions. The summit also included a smaller ‘lived experience’ evening session exclusively for local community members with a personal experience with ice.

More than 150 delegates attended the summit, drawn from government and non-government organisations, both state-wide and local.

Further information about each of the summit components is provided below.

Guest speakers

Three guest speakers provided context for delegates, discussing ice from a variety of frontline perspectives.

Cameron Francis, Principal Consultant at Dovetail, Queensland Health, provided information about ice and its impacts including:

- as the level of purity in methamphetamine increases (such as in ice) the adverse impact on people who use, can be exacerbated, including risk of experiencing psychosis
- because ice is often smoked, it can be easier to initiate use, and ice use is also highly reinforcing
- traditional treatment approaches are effective but treatment service models need to be flexible to meet the specific needs of people who use ice, such as longer periods of withdrawal and recovery
- for the first time, Queensland was seeing an increase in ice use in regional areas compared with relatively static prevalence in south east Queensland.



Cameron Francis, Queensland Health, addressing delegates

Tony Trimmingham, Chief Executive Officer, Family Drug Support Australia, provided information about his experiences as a father and in supporting families affected by substance misuse over many years including:

- the importance of forums such as the summit, noting they give communities a voice, and help politicians listen and understand the impact of drug misuse on individuals and their families
- the importance of families staying connected to their loved ones who are experiencing problematic substance use, acknowledging the negative impacts isolation can have on an individual's recovery
- some practical information about how families and communities can respond to an individual, including responding to aggressive behaviour
- how mandatory treatment can be an ineffective intervention, acknowledging that individuals experiencing problematic substance use must want to help themselves before embarking on their recovery
- how flexible modes of treatment are required to support an individual's recovery, while maintaining other aspects of their lives including, employment, housing, and caring for their loved ones
- the importance of hope while supporting people in recovery.

A community member with lived experience of ice and other substance dependence, who now works in the health sector, shared an honest and powerful story about his own experience with ice misuse, from its beginning in his teens through to his recovery as an

'[Ice] doesn't discriminate. No one's immune from it. It's not "their" problem or "that" problem – it's our problem. It's everyone's... it takes a whole community approach to really tackle it.' Former ice user

adult. He is now five years into his recovery and supporting other individuals through their recovery. His inspirational personal account revealed that with hindsight, he had identified some vulnerabilities as a result of experiences in childhood that contributed to his experimentation with drugs and subsequent problematic use over many years.

He emphasised there was no such thing as a 'textbook' ice 'addict', and that most people who misused drugs attempted recovery multiple times before succeeding. He noted the ease of relapse, and the influence – both positive and negative – of a person's peer network on their ability to recover. When discussing treatment, he highlighted the importance of ensuring General Practitioners responding sensitively and appropriately to individuals who reveal substance misuse. His powerful personal insights set the tone for rest of the summit.

Panel discussion and Q&A session

Four Queensland Government panel members spoke briefly about the nature of their agencies' involvement in addressing the impacts of ice.

Representing the Queensland Police Service (QPS), Police Commissioner Ian Stewart discussed the significance of:

- intelligence-led policing strategies when tackling ice
- collaboration between state and federal police, as well as other significant crime bodies to ensure a reduction in the supply of ice
- gaining some control over the use and sale of precursor chemicals integral to drug manufacturing
- increased investment in roadside drug testing to increase road safety
- education of frontline police officers to more effectively respond to ice users.



Mike Shearer, DCCSDS, Associate Professor John Allan, Queensland Health, Kathleen Florian, Crime and Corruption Commission, and Commissioner Ian Stewart, QPS, on the panel

Representing the Crime and Corruption Commission, Kathleen Florian, Executive Director, Crime Operations, outlined the role of the Commission and what its intelligence revealed about ice in Queensland, including:

- ice is the fastest growing illicit commodity market, causing the greatest harm in Queensland in terms of individuals, prevalence, and organised crime involvement
- domestic production has decreased, with importation and purity having increased
- waste water analysis of three centres in south east Queensland shows increasing methamphetamine use over the last five years, though Queensland results were more favourable than for some other States
- when compared to 18 other countries, Australia ranks second behind Slovakia for per capita methamphetamine usage
- the drug price has halved in metropolitan areas over the last year, but remains higher in regional areas
- the Commission's role in tackling ice includes major and organised crime investigations, gathering intelligence, coercive hearings, proceeds of crime and research.

Representing Queensland Health, Associate Professor John Allan, Executive Director, Mental Health, Alcohol and Other Drugs Branch, discussed health-related components to addressing ice misuse, including:

- how no single intervention works when treating individuals using ice; that treatment is challenging for health professionals and is approached on a case-by-case basis
- counselling using approaches such as motivational interviewing and cognitive behaviour therapy can be effective, combined with sleep, food, exercise, time and social support
- in 2016–17 \$6 million has been re-invested by Queensland Health in new clinical positions, Drug and Alcohol Brief Intervention Teams, community engagement and prevention programs and statewide workforce education and training, to respond to ice
- under *Connecting Care to Recovery 2016-2021: A plan for Queensland's State-funded mental health, alcohol and other drug services* released in October 2016, new investment of \$43 million over five years has been allocated to increase access to, and expand the range of alcohol and other drug treatment services provided by, non-government organisations in Queensland
- well-coordinated health and community support services are vital to ensuring individuals and families can access equitable and appropriate services.

Representing the Department of Communities, Child Safety and Disability Services, Mick Shearer, Regional Executive Director, outlined how ice was impacting on families and communities, including:

- ice is now a predominant factor in the child safety system, with a third of parents with children in statutory care indicating they had used ice
- earlier intervention is the focus, with Family and Child Connect Services now established across the State through non-government organisations
- roll out of nurses in services to help families engage with the right supports

- the more integrated the service system can be, the better this can be for children and families – but that more work is needed to achieve this.

'The stigmatisation and ambivalence that can come from when you don't know what to do is really important [to address]. So education, information, and giving people the confidence [to seek treatment] is a really important part of the strategy.' Associate Professor John Allan

After outlining their respective agencies' involvement in tackling ice, the panel took questions from the floor. Issues canvassed included decriminalisation; the over-reliance on residential treatment as an intervention; the importance of 'the right response for the person'; the needs of Aboriginal and Torres Strait Islander people and families; and the need for first responders to have access to information to better respond to those in need. There was also an acknowledgement of the increasing complexity of alcohol and other drug service provision, changing drug trends and increasing poly-drug use, the need for increased investment in longer term, evidence-based treatment models, and recognising the long-term nature of recovery and that people cycle in and out of the service system.

Concurrent sessions

After a networking lunch, delegates participated in one of four smaller group sessions, each focusing on a discrete topic area. Each group was expertly facilitated by a key stakeholder relevant to the topic area, as follows:



Jeff Buckley, Queensland Health, facilitating the Health System Responses concurrent session

- **Criminal Justice System** – facilitated by Steve Gollschewski, Deputy Commissioner, Specialist Operations, Queensland Police Service
- **Health System** – facilitated by Jeff Buckley, Director, Statewide Clinical Support Services, Queensland Health
- **Supporting Communities** – facilitated by Matthew Armstrong, Practice Lead, Department of Communities, Child Safety and Disability Services
- **Discrete Indigenous Communities** – facilitated by Helena Wright, Deputy Director-General, Culture and Economic Participation, Department of Aboriginal and Torres Strait Islander Partnerships.

The first hour of this session was dedicated to issue identification. Groups identified gaps across sectors, discussed the current initiatives within the draft *Action on Ice* plan, and considered how these initiatives could be better implemented in rural, regional and remote areas.

Issues identified by the **Criminal Justice System** group included:

- the importance of drug diversion and getting first offenders into support services
- barriers to information sharing between agencies particularly in the youth justice sector
- the lack of police powers to stop and search without suspicion on designated drug supply routes.

Issues identified by the **Health System** group included:

- ice misuse is a multi-faceted problem, with a range of options required to respond to people experiencing problematic ice use, their families and communities
- a service system which is not coordinated makes it difficult to link individuals and families to resources, particularly across rural and remote areas of the State
- the need for increased culturally responsive services for Indigenous Queenslanders is required, which includes Aboriginal and Torres Strait Islander people's involvement in the design of these responses.

Issues identified by the **Supporting Communities** group included:

- stigma and social exclusion makes it hard for families to reach out
- trauma and the associated issues of domestic and family violence and significant consequences, as well as the flow on effects of poverty, unemployment, homelessness, family breakdown and wellbeing
- poor impacts on childrens' wellbeing and safety and risks to young people of becoming criminalised

Issues identified by the **Discrete Indigenous Communities** group included:

- the need for culturally appropriate education and awareness about ice and its impact
- concerns about the availability and accessibility of culturally appropriate health and social services both in and out of community
- the need for flexible models of care and support services, as well as flexible community policing.

The second hour of this session was dedicated to finding solutions to the issues identified. Each group was asked to agree on their top eight solutions and to plot them on a difficulty versus impact spectrum matrix. This allowed the group to identify all solutions, but also be able to indicate those most likely to have a high impact with a low degree of difficulty. The four resulting matrixes are attached at Appendix A. At the end of this session, each concurrent group facilitator reported back to the larger group to share the issues and solutions their group identified. This was an important opportunity for all summit delegates to hear the common themes identified by each group.

Key solutions identified across the four groups included:

- better information about how and where to access help
- information and education, including culturally appropriate, about ice and its impacts
- better information sharing between agencies
- ensuring clients are directed to the appropriate service and/or program
- flexible and accessible service responses, particularly in regional areas
- family inclusive practices across services sectors
- enhanced access to culturally appropriate community support services
- decriminalisation of ice use.



Delegates participating in the concurrent sessions

Lived experience session

Following the main summit program, the Premier, the Honourable Bill Byrne MP, and Brittany Lauga MP, hosted a private closed session with more than 30 people from the region with a lived experience of ice use. This included people who had used ice themselves, as well as family members. The lived experience session provided a unique opportunity for people to speak openly and directly with the Premier about the impact of ice on their lives.

The Premier heard a number of personal stories throughout the session, including thoughts about what is and is not working in the service system, and what could be done to help families cope with a loved one using ice. People also identified what was being done locally through support groups and networks.

'I don't think there is a way that [ice] doesn't affect your life.'

Liam, former ice user

The lived experience session was a reminder of the personal impact that the drug ice has on people and the ripple effect on families, friends, networks and local communities.

Conclusion

The Rockhampton Ice Regional Community Engagement Summit was the beginning of a process to ensure Government has a full understanding of the issues of ice use for regional communities.

The summit clearly identified that ice is having a significant impact across many parts of Queensland – on individuals, families and communities. Its effects on individuals, families and communities is often disproportionate when compared with other drugs.

It is also presenting an ongoing challenge to frontline services such as health, police and child safety, and law enforcement agencies at state and federal levels.

Discussions at the summit confirmed that the level of ice use and associated harms, as well as the involvement of organised crime in ice production, supply and distribution meant that a coordinated, whole-of-government and community response is needed to address this problem.

The issues raised at the summit will be taken into account in finalising the draft plan *Action on Ice*.

Consultation with the community will continue with further regional community engagement processes planned to occur across the State over the coming months.

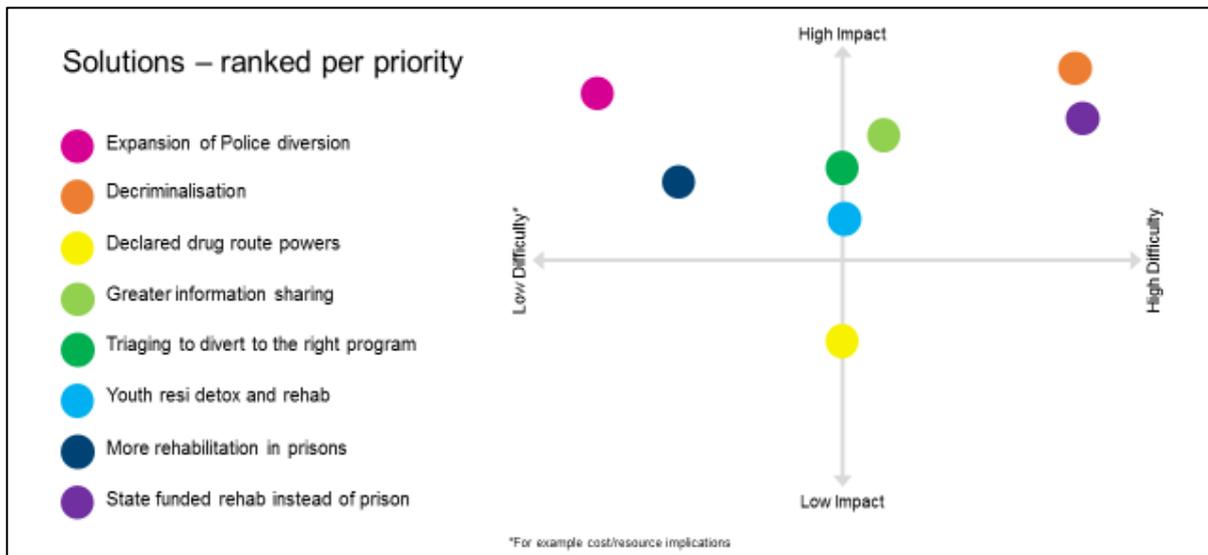
Communities can also participate in the discussion by having a say on the *Action on Ice* draft plan at getinvolved.qld.gov.au. Written feedback is sought by 31 October 2017



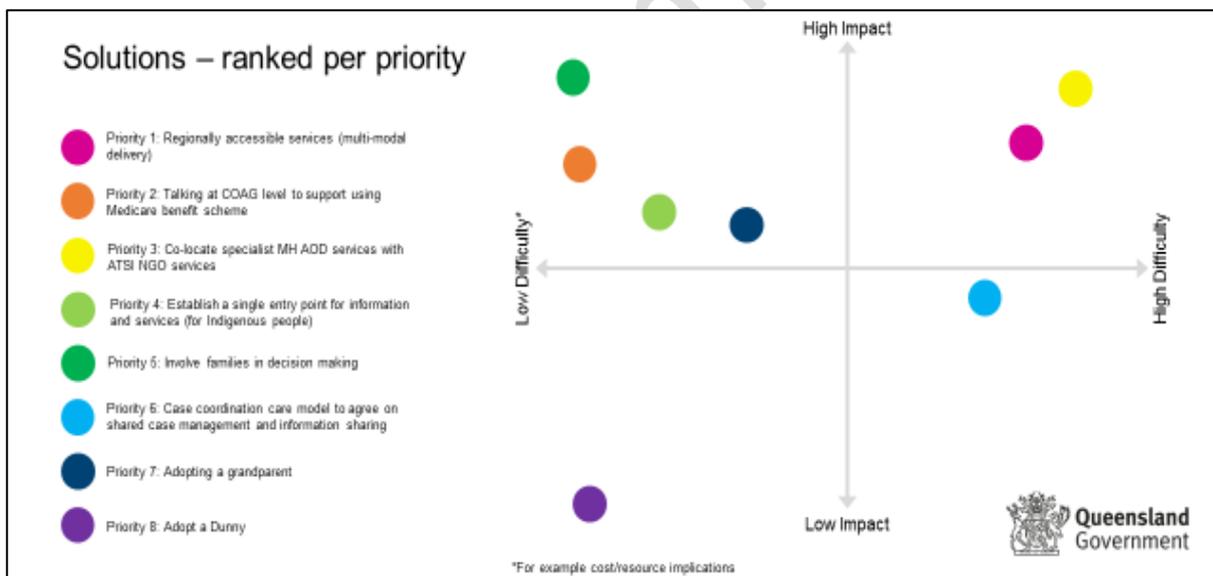
Delegates at the summit

Appendix A

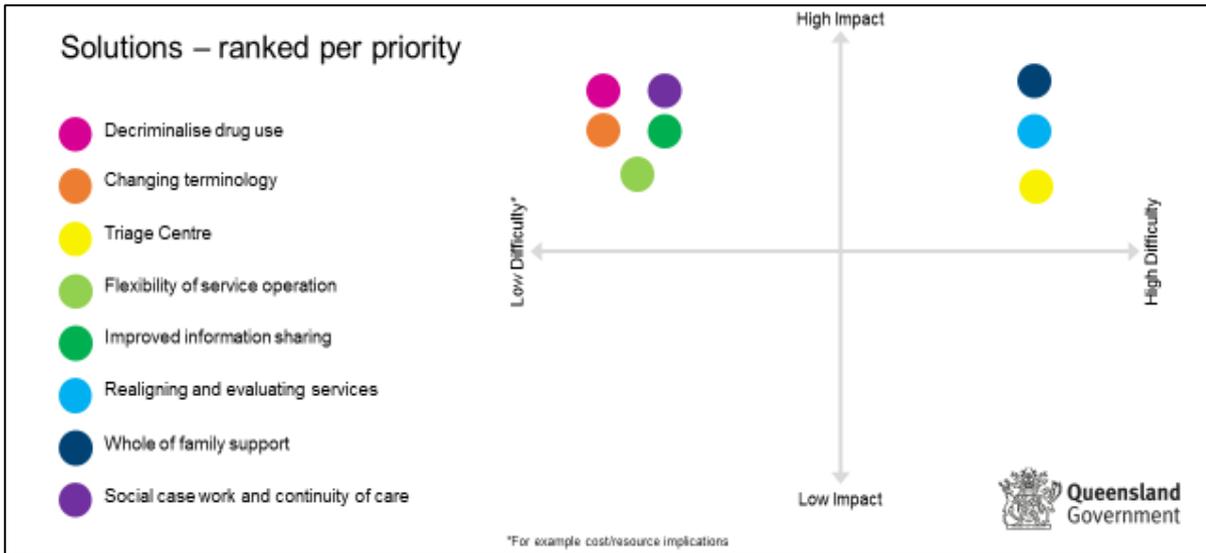
Solutions identified by the **Criminal Justice System** group included:



Solutions identified by the **Health System** group included:



Solutions identified by the **Supporting Communities** group included:



Solutions identified by the **Discrete Indigenous Communities** group included:

