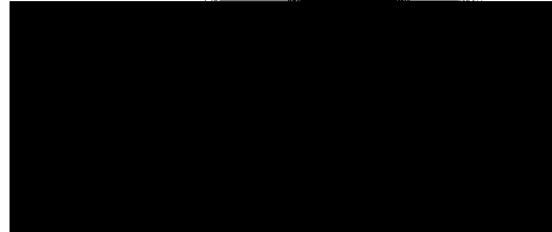


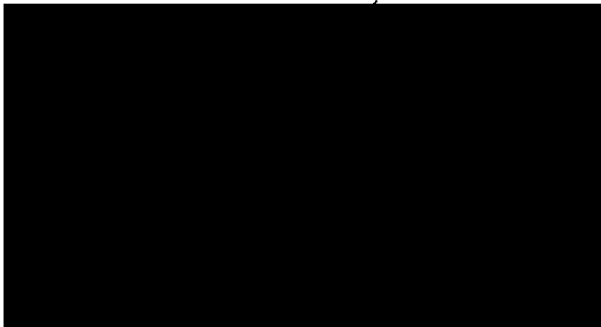
**IN THE MATTER OF THE ROYAL COMMISSION
INTO FAMILY VIOLENCE**

ATTACHMENT JA-23 TO STATEMENT OF JUDITH DORENE ABBOTT

Date of document: 14 July 2015
Filed on behalf of: State of Victoria
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This is the attachment marked "**JA-23**" produced and shown to **JUDITH DORENE ABBOTT** at the time of signing her Statement on 14 July 2015.



**An Australian Legal Practitioner within
the meaning of the Legal Profession Uniform Law (Victoria)**

ICE

ACTION

FRAMEWORK

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Executive summary

Ice is hurting Victorian communities. It is a drug that doesn't discriminate and its impacts are being felt across the state.

The 2014 *Parliamentary Inquiry into the supply and use of methamphetamines, particularly 'ice', in Victoria*, painted a stark picture of the damage being caused by ice and the challenges Victoria faces in trying to address its supply and use.

The Victorian Government recognises that the complex and wide-ranging issues associated with ice require a special focus. That is why the Government committed to delivering an Ice Action Plan for Victoria within the first 100 days of coming into office.

The plan has been delivered.

This document supports the Ice Action Plan by providing a clear and comprehensive framework to help government, service providers and the community work together to deliver a coordinated and effective response to ice.

The development of the plan and the framework has been informed by the advice of the Ice Action Taskforce. Chaired by the Premier, the Taskforce has brought together Ministers and experts from Victoria Police, justice, health, youth and legal services to provide advice on the key issues and priorities for action. The Specialist Workforce Advisory Group has supported the Taskforce, providing specific advice on workforce issues.

In developing the plan, the Taskforce has been guided by the findings and recommendations of the Parliamentary Inquiry, which has provided a comprehensive evidence base to support the Taskforce's deliberations.

The Ice Action Plan delivers \$45.5 million in new investment to tackle some of the most pressing issues. But this is only the beginning.

The Victorian Government looks forward to continuing to work with the Taskforce, service providers and the community to reduce the demand, supply and harms from ice.

Our plan

The Ice Action Plan delivers a package of \$45.5 million in new investment. The Victorian Government will continue to build on this investment to deliver a long term response that reduces the impact of ice in Victoria.

Helping Families

\$4.7 million in additional support for families and communities to prevent and address ice use.

New dedicated Ice Help Line – a one-stop shop that directs families and health professionals to the support they need.

Supporting Frontline Workers

\$1 million for training courses to give frontline workers the skills they need to deal with users and expand clinical supervision training.

More Support, Where it's Needed

\$18 million to expand drug treatment, focusing on rehabilitation in rural areas.

\$1.8 million for Needle and Syringe Programs (NSPs) to make harm reduction more effective.

Prevention is Better Than a Cure

Supporting skills and creating more jobs.

Education campaigns that target people who are most at risk.

Smarter use of technology.

Reducing Supply on Our Streets

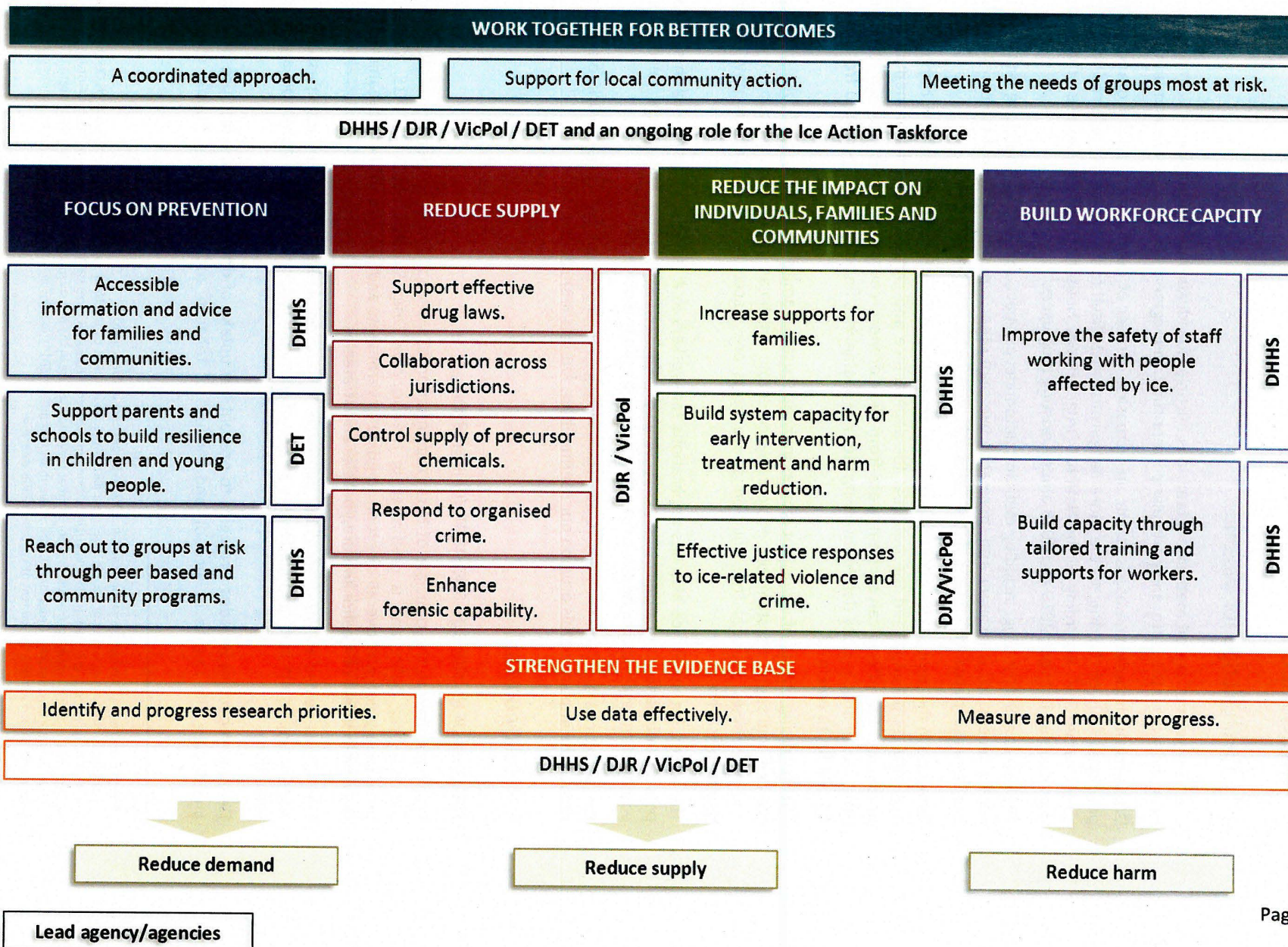
\$4.5 million to expand Victoria Police's forensic analysis capability to shut down clandestine laboratories.

Safer, Stronger Communities

\$15 million for new drug and booze buses to get ice users off the road.

\$500,000 to support the work of people who know their communities best.

Framework for action



1. Introduction

1.1 The challenge for Victoria

The rising use of crystal methamphetamine is hurting individuals and communities. Its impacts are being felt across the state, and particularly in our rural and regional and Aboriginal communities.

While methamphetamine use is stable, an increasing number of people are shifting from using the powdered form of the drug to the more dangerous crystallised form, commonly referred to by the street name, 'ice'. According to the National Drug Strategy Household Survey, the use of ice more than doubled between 2010 and 2013 among existing drug users.^{1,2}

The use of any illicit drug, including methamphetamine, can have serious short and long term health consequences. Ice is stronger and more addictive than other types of methamphetamines. Its use has been associated with drug-induced psychosis, violence and aggression.

Increases in the purity of ice over the last five years have significantly increased the risk of both short and long term harms, and the potential for dependence and chronic physical and mental health problems.³ The effects can be fatal. Data from the Coroners' court shows that between 2010 and 2012, acute drug toxicity deaths involving methamphetamines (including ice), increased from one in 25 deaths, to one in 11.

The damaging effects of ice do not stop at individual users. Family members in particular are often the care and support system for people using ice, a role which can take a heavy emotional, physical and sometimes financial toll. Children of ice users are placed at risk of serious physical and psychological harm.

The increasing use of ice also has implications for workers in a range of sectors. Health services, police, ambulance and other emergency services, the courts, teachers and others need to be equipped to respond confidently to people affected by the use of ice.

Ice is a serious problem. We need to act. The challenge for all of us is how we best work together to reduce the impacts of this drug on our communities, families and young people.

1.2 Policy context

National Drug Strategy and harm minimisation

A commitment to the principle of harm minimisation has been a consistent feature of Australian national drug policy and is reaffirmed in the *National Drug Strategy (NDS) 2010-15*. The NDS provides a vision and overall direction to guide governments and non-government organisations in the development of alcohol and drug policies and strategies.

The NDS is guided by an overarching approach of harm minimisation, which encompasses three equally important and complementary pillars of demand reduction, supply reduction and harm reduction.

Demand reduction includes strategies to prevent the uptake of drugs, delay the first use of drugs, and reduce the misuse of alcohol, and the use of tobacco and other drugs. Supply reduction

¹ From 22 per cent of methamphetamine users in 2010 to 50 per cent of users in 2013.

² According to the annual survey of people who inject illicit drugs undertaken by the National Drug and Alcohol Research Centre (NDARC) (the Illicit Drugs Reporting System (IDRS)), in 2014 Victoria experienced the biggest increase in the proportion of injecting drug users using ice, with 75 per cent of injecting drug users reporting that they had used ice in the last six months compared with 55 per cent in 2013.

³ Parliamentary Law Reform, Drugs and Crime Prevention Committee 2014, *Inquiry into the supply and use of methamphetamines, particularly 'ice', in Victoria*. Parliament of Victoria, Melbourne, p.lx

strategies include enforcing the prohibition of illegal drugs and regulating and enforcing access to legal drugs, such as alcohol, tobacco, pharmaceuticals and other drugs. Harm reduction strategies seek to reduce the adverse health, social and economic impacts of drug use on communities, families and individuals.

Consistent with the NDS, Victoria's Ice Action Plan combines demand, supply and harm reduction strategies to support the goal of minimising the harm associated with ice.

Work is also being progressed at the national level to consider the challenges posed by ice. In December 2014, the Commonwealth Government established a new body, the Australian National Advisory Council of Alcohol, to provide advice on a range of national drug and alcohol issues. At the time it was established, the Council was directed to examine, as a priority, the issues facing Australia in relation to methamphetamines, particularly the rising use of ice. Victoria will continue to work with the Commonwealth to promote an integrated response to the issue.

1.3 Our approach

Building on the evidence

Parliamentary Inquiry into the supply and use of methamphetamines

The *Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria*, undertaken by the Parliamentary Law Reform, Drugs and Crime Prevention Committee in 2014, painted a stark picture of the damage being caused by ice and the challenges Victoria faces in trying to address its impacts.

The Committee's investigation was wide-ranging and involved extensive research and consultation. The Committee's final report was tabled on 3 September 2014. The report included 54 recommendations covering a broad spectrum of issues, including strategies to address the manufacture, supply and distribution of ice; prevention and early intervention responses; support for frontline workers; issues in treatment and support for ice users and their families; harm reduction strategies; strategies to address drug related crime; and research priorities.

Consistent with the Victorian Government's commitment to deliver an Ice Action Plan, one of the Parliamentary Inquiry's key recommendations was that a statewide action plan be developed to address the many and complex issues associated with ice. The Parliamentary Inquiry's report provided a comprehensive evidence base which has informed the development of the Ice Action Plan, and will continue to inform the Victorian Government's longer term policy response to ice and other drugs.

Listening to our experts

Ice Action Taskforce and Specialist Workforce Advisory Group

An Ice Action Taskforce, chaired by the Premier, the Hon Daniel Andrews MP, was established to develop the Ice Action Plan. The Taskforce has brought together a wide range of experts, including representatives from alcohol and other drug (AOD) services, mental health services, youth services, police, the courts, community legal services, Aboriginal service providers and research bodies. Working alongside the Taskforce, a Specialist Workforce Advisory Group has provided specific advice on actions required to support the health and safety of affected staff and build workforce capacity.

The Taskforce and Workforce Advisory Group have lent their experience and expertise to build on the evidence presented in the Inquiry's report, and provide advice to the Victorian Government on the key issues, priorities and actions required to address ice use in this state. A list of the members of both the Taskforce and the Workforce Advisory Group is included at Appendix B.

2. Our plan

2.1 A framework for action

The complex and wide-ranging issues associated with ice require special focus. This document provides Victoria with a clear and comprehensive plan that will help government, service providers and the community work together to deliver a coordinated and effective response.

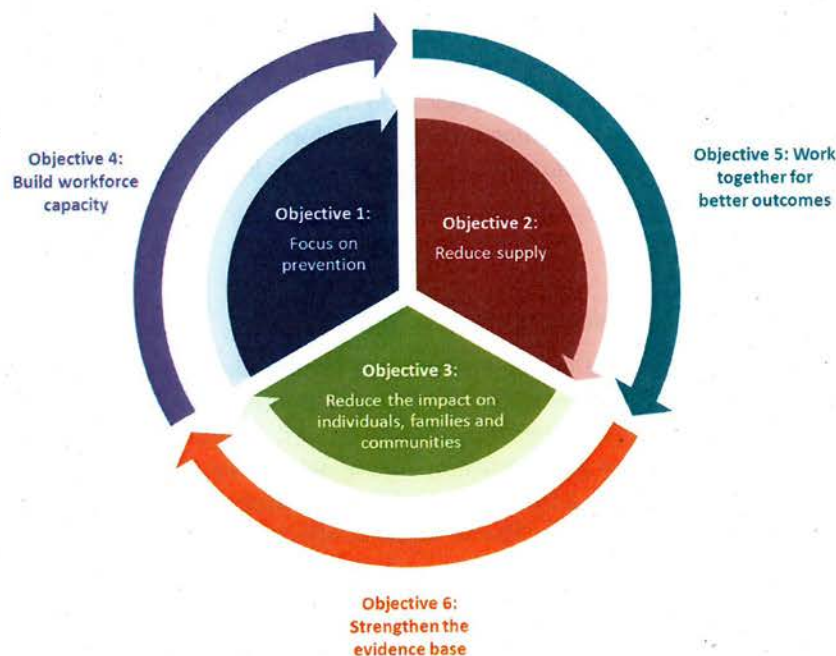
Figure 1 illustrates the framework that will guide the Victorian Government's response to ice. At the centre are objectives that support the three pillars of harm minimisation:

- **Objective 1** – focusing on prevention to reduce the demand for ice.
- **Objective 2** – targeting the manufacture, supply and distribution of ice.
- **Objective 3** – focusing on strategies to reduce the harm caused by the drug to individuals, families and communities.

The objectives of demand, supply and harm reduction are supported by three enabling objectives:

- **Objective 4** – building workforce capacity, to ensure Victoria's workers have the protection, training and support they need to respond confidently to people using ice.
- **Objective 5** – ensuring actions are coordinated – across government and with agencies and communities working on the ground – and responses recognise the different needs of Victoria's diverse communities.
- **Objective 6** – an underpinning commitment to strengthen the evidence base and build our understanding of 'what works' in policy and practice to deliver the best outcomes for Victorians, now and into the future.

Figure 1: Framework for action



2.2 Guiding principles

In developing the Ice Action Plan, a set of principles were developed, to guide priorities for action. These principles are outlined below.

Priorities for action should focus on interventions that:

- fall within the Victorian Government's responsibilities and areas in which the state is best placed to effect change
- are consistent with the principles of harm minimisation, which combine supply, demand and harm reduction measures
- have a strong focus on prevention and early intervention
- provide targeted responses that build on broader approaches to drug prevention and treatment
- build on existing programs and service delivery platforms, to help drive integrated responses, recognising that people affected by ice often experience other challenges and may require a range of supports for their recovery
- equip families and community members to effectively support people affected by ice, and manage its impacts
- respond to the particular needs of Victoria's diverse communities, including Aboriginal communities, culturally and linguistically diverse (CALD) communities, and Lesbian, Gay, Transgender, Bisexual and Intersex (LGBTI) communities
- support workforce and community safety
- are evidence based and able to demonstrate sustainable outcomes.

2.3 Priorities for action

There is much work already underway. This plan builds on this work and identifies what else needs to be done. Drawing on the work of the Parliamentary Inquiry, and advice from the Taskforce and Specialist Workforce Advisory Group, key priorities for action have been identified which set out how we will work together to tackle ice.

Objective 1

Focus on prevention through accessible information and advice for families and communities, supporting parents and schools to build resilience in children and young people, and reaching out to young people outside the formal school system and other groups most at risk through peer based education and other community programs.

Objective 2

Reduce the supply, manufacture and distribution of ice by enhancing Victoria's drug laws, ongoing collaboration with other jurisdictions, ensuring controls of precursor chemicals, responding to organised crime, and enhancing capability for forensic analysis of clandestine drug laboratories.

Objective 3

Reduce the impact of ice on individuals, families and communities through increased support for families, greater capacity for early intervention, specialist drug treatment services and effective harm reduction interventions, and supporting effective justice responses to ice and other drug-related crime.

Objective 4

Build workforce capacity by addressing occupational violence and providing tailored training and supports for frontline workers.

Objective 5

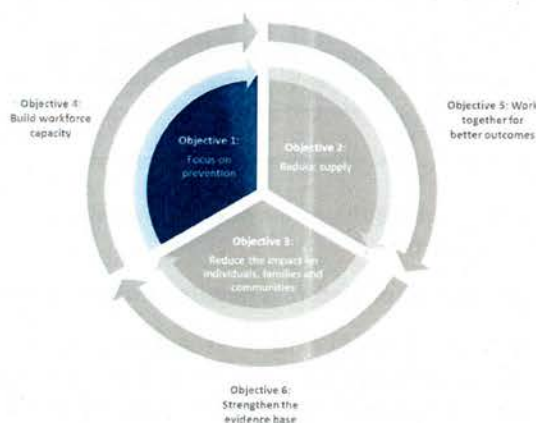
Work together for better outcomes by facilitating a coordinated approach across government, and in partnership with local communities and service providers, to support tailored responses that meet the needs of Victoria's diverse communities and groups most at risk.

Objective 6

Strengthen the evidence base by identifying and progressing research priorities, supporting the effective use of data, and ongoing monitoring and evaluation of policies and programs.

3. Victoria's Ice Action Plan

Objective 1: Focus on prevention



The issues and challenges

Prevention is a critical component of an effective response to ice. Prevention encompasses a range of strategies to prevent or delay the uptake of drugs. The most effective strategies are those that build resilience and reduce the risk factors that can lead to drug abuse.

Prevention ideally starts in the early years with programs that support the development of healthy and resilient children who know how to make positive choices. Effective school-based drug education should be embedded in whole-school approaches to promoting health and wellbeing. Recognising that school engagement is a key protective factor for young people, schools need to be equipped to identify and respond to young people at risk of disengaging or otherwise in need of support.

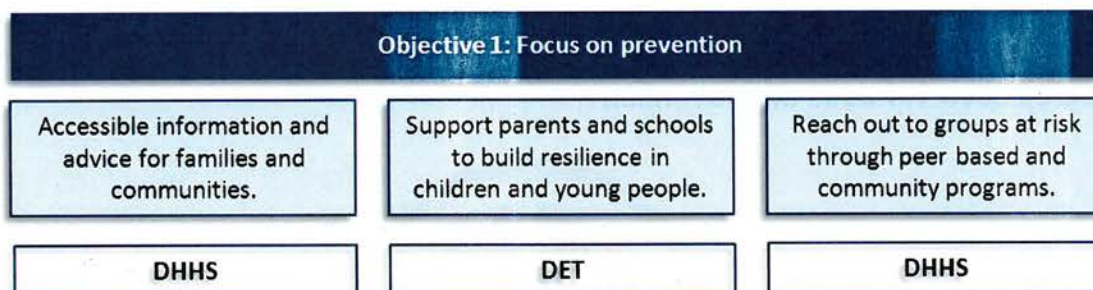
While school-based education is important, most people who use ice first use the drug in their late teens. The highest use is among males aged between 20 and 29 years. It is therefore important that a range of strategies are used to provide young people outside the formal school system, and other groups particularly at risk of substance abuse, with credible information – including harm reduction messages – about the dangers of ice and other drugs.

Education strategies are most effective when they are tailored to reflect the culture and context surrounding drug use in different communities. This includes strategies to engage Aboriginal communities, LGBTI communities, people experiencing homelessness and people experiencing mental illness.

Peer education and outreach models are recognised as being particularly effective. Partnerships with sports clubs and other community groups provide another useful strategy to support the delivery of locally relevant information.

Families and communities are calling for straightforward, accurate information about ice, its effects and how to respond. While a range of resources currently exist, more can be done to promote the information and make it more accessible so that families and communities know where to go when they need help or advice.

Priorities for action



The Victorian Government recognises that prevention is critical to addressing ice and other drug use in the long term. This plan supports:

Accessible information and advice for Victorian families and communities

The Victorian Government has committed to investigating community awareness and education campaigns about the risks and harms of ice, and where to get help. Campaigns will be informed by the evidence on 'what works' in community education, focusing on credible, targeted messaging for the groups we know are most at risk.

The development of a dedicated Ice Help Line will provide Victorian families and communities with direct access to information, advice and support over the phone. The Ice Help Line will build on the range of existing information and support services including DirectLine, DrugInfo, Youth Drug and Alcohol Advice, and the Family Drug Helpline. Opportunities to further align these services to address the specific needs of families and community members will be explored, as will options to make better use of technology and online resources, including self-management tools for early intervention.

Support for parents and schools to help children and young people make good life choices

A range of services are available to support parents in developing appropriate parenting practices, including Maternal and Child Health Services and telephone counselling, Integrated Family Services, and the Parentline telephone counselling service.

For schools, the Department of Education and Training's (DET) *Building Resilience: A Model to Support Children and Young People* is a comprehensive resource that supports a practical, whole-of-school approach to equipping young people with the skills they need to make good life decisions.

Victoria is proud to have a world-leading school drug education curriculum for students in Years 7 to 9, which is freely available to all secondary schools across the state. Developed by the Victorian Government in collaboration with the University of Melbourne, *Get READY* is a comprehensive, evidence-based whole-school program, recognised as international best practice.

Recognising that school engagement as a critical protective factor for young people, it is important that school communities are equipped to identify and intervene when young people are at risk of disengagement. Two particular programs assisting schools to build capacity for early intervention are:

- SAFEMinds, an early identification and intervention resource that supports schools to identify young people showing signs of distress and refer them to appropriate services
- MAKINGtheLINK, a program that aims to educate young people in how to seek help and identify and intervene with peers at risk. Developed by Turning Point Drug and Alcohol Centre, the program is currently being trialled in Victoria.

Other strategies to build awareness of risks associated with drug use amongst school aged children will also be explored.

The Victorian Government will also continue to monitor the effectiveness of these programs and explore opportunities for further roll out, including opportunities arising from the Victorian Government's forthcoming GPs in Schools pilot initiative.

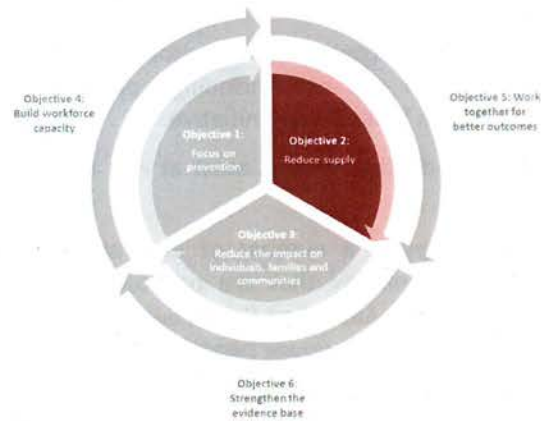
Reach out to young people and other groups most at risk through peer based and community programs

The Victorian Government supports a number of innovative programs that provide targeted education to groups in the community that are particularly at risk, including peer education delivered at dance festivals and the Australian Drug Foundation's *Good Sports* ice initiative. Other strategies to provide outreach services to young people will also be explored.

The Government has funded a range of Aboriginal-specific education and awareness initiatives, and will continue to invest in this area. This includes working in partnership with Aboriginal Community Controlled Health Organisations to develop and deliver targeted interventions for high risk groups (for example, young people) and tailored information and support for families.

The Government will also continue to support the delivery of targeted information and support for Victoria's LGBTI communities, including alcohol and drug support provided by the Victorian Aids Council, and peer education to men who have sex with men about the HIV risks associated with ice use.

Objective 2: Reduce the supply of ice



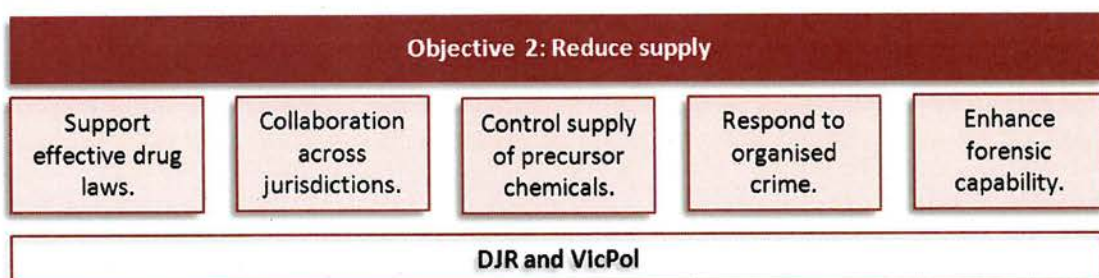
The issues and challenges

The global market for ice is growing rapidly, particularly in Asia and Oceania, and Australia has become a lucrative market for the drug.⁴ Ice consumed in Australia is both imported and locally produced. Precursor chemicals⁵ for large-scale manufacture of ice in Australia are sourced locally, through diversion from local industries, and from overseas.⁶

Effective supply control relies on strong cooperation across jurisdictions, both within Australia and internationally.

Some of the key challenges faced in reducing the supply of ice include responding to global supply issues, such as the increasing use of online drug markets for the sale of ice; appropriately controlling the supply of precursor chemicals, given their legitimate use for other purposes; tackling local distribution networks, which play a critical role in the broader supply chain; responding to the role of organised crime groups, including outlaw motorcycle gangs (OMCGs); and ensuring Victoria's laws operate effectively with the legislative response of the Commonwealth Government and other states and territories.

Priorities for action



⁴ Parliamentary Inquiry, Chapter 4 (p.65-74).

⁵ Ephedrine and pseudoephedrine.

⁶ Access to precursor chemicals from both sources is a likely contributor to the success of domestic production.

Recognising these challenges, Victoria has a number of strategies in place to target the manufacture, supply and distribution of ice. The Government will continue to support:

Effective drug laws

The Victorian Government has committed to strengthening the law to tackle the local manufacture and distribution of ice. New offences will be introduced, targeting people who traffic ice to school students or deal around school premises, publish instructions for how to make ice, allow premises to be used as clandestine ice laboratories, and use violence or threats to force another person to traffic ice.

Strong collaboration across jurisdictions

The Government and Victoria Police are involved in a range of national and international forums and multi-agency taskforces to address global and domestic supply, manufacture and distribution issues. At the national level, this includes the Ministerial Law, Crime and Community Safety Council, CrimTrac, Senior Officers Group on Organised Crime, the Intergovernmental Committee on Drugs, and the Precursor Advisory Group. Victoria Police also participates in a number of multi-agency taskforces including Icarus, Trident and the Joint Organised Crime Taskforce.

Control the supply of precursor chemicals

At both the state and federal level, there are a range of legislative and regulatory controls on the supply of precursor chemicals. The Victorian Government also supports a number of other policy responses, such as information provided on a voluntary basis to the Project STOP database by Victorian pharmacies and the completion of End User Declarations (EUDs) by manufacturers and suppliers of precursor chemicals and equipment.

The Government continues to regularly review the efficacy of precursor controls and, where necessary, will continue to work with industry, Victorian Police and the Commonwealth Government on the most effective ways to prevent illicit use of these chemicals.

Respond to organised crime and commercial drug trafficking

The Victorian Government continues to support legislative and policy responses to organised crime and commercial drug trafficking, including the establishment of an unexplained wealth scheme and serious drug offender asset confiscation scheme in 2014.

The Government awaits the Victorian Law Reform Commission's review of the use of regulatory regimes to help prevent organised crime and criminal organisations entering into or operating through lawful occupations and industries. The Government will continue to engage in national discussions regarding organised crime and unexplained wealth laws and monitor the implementation of recent changes to the law to make sure they are effective.

Enhancing drug profiling and intelligence capability

In response to the increasing demand for scientific examinations of clandestine drug laboratories, the Victorian Government is providing \$4.5 million to expand Victoria Police's Forensic Drug Branch. This additional investment will increase Victoria Police's drug profiling and intelligence capability, enhancing capacity to address the local manufacture of ice and other illicitly manufactured drugs.

Objective 3: Reduce the impact of ice on individuals, families and communities



The issues and challenges

The toll of families and children

Family and friends are often the informal care and support system for people using ice. The stress and stigma associated with their loved one's ice use is often significant, and the behavioural changes associated with ice use can be bewildering and distressing.

Families want accurate information about ice, its effects and how to respond to a family member who is using the drug. Many also need support in their own right. It is also critical the services recognise the support needs of children, who are placed at risk by their parents' ice use.

Barriers to treatment and support for people using ice

While many people who use ice do not need specialist treatment, the number of regular, dependent users is increasing. More people seeking treatment from specialist drug treatment services are reporting ice as their primary drug of concern.

There are a number of factors associated with ice use that can pose barriers to people receiving the care and support they need. Stigma associated with illegal drug use can prevent people from seeking treatment. In addition, many people who use ice may not believe they have a drug issue. Further barriers can be created by the behavioural and physiological effects of ice use, which can include aggression and high levels of agitation.

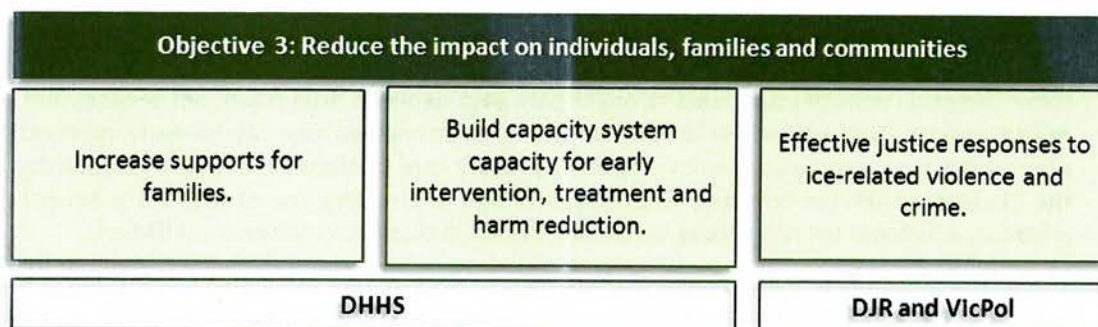
These issues have implications for all parts of the healthcare system, from general practitioners (GPs) and other primary care providers who may be the first people to see people with an emerging ice issue, through to hospitals and specialist drug treatment services.

Responding to ice-related crime

The link between illicit drug use and crime continues to be a concern for the community. Frontline policing strategies are increasingly premised on the basis that drug-related crime – particularly when it is a consequence of drug dependence – is most effectively addressed in partnership with treatment, education and other community services.

Justice responses that focus on preventing and addressing the underlying causes of crime are increasingly recognised as being more effective than traditional law enforcement approaches (such as fines or imprisonment) for addressing low level drug offending.⁷ Greater efforts are being made to divert offenders, particularly young or vulnerable offenders, from the justice system into appropriate treatment services.

Priorities for action



Increase supports for families

The Victorian Government recognises that families are often the first to identify a family member's problematic drug use, and currently funds a range of services for families affected by alcohol and drug use including family drug support groups and phone and web based services.

This plan delivers \$4.7 million in additional support for families bearing the brunt of ice. This investment will support the development and delivery of innovative training to help families know when there is a problem and what to do, and will expand support for those affected by a family member's drug use. Around 1000 Victorians a year will be able to complete the training program, and over 1000 extra Victorian families will benefit from the expanded family support services. The Ice Help Line will also provide families with direct access to information, advice and support over the phone.

In addition, the Government will continue to work on a number of fronts, from targeted education and outreach programs, through to the range of responses and strategies in place to support and care for children and young people exposed to parental drug use who cannot remain safely at home. Specialist AOD services working with people with ice use issues will continue to consider the needs of family members, including the needs of dependent children.

Build system capacity for early intervention, treatment and harm reduction

Expanded treatment services

This plan will deliver \$18 million in new investment to expand drug rehabilitation services to help people get the support they need to recover from the effects of ice and other drugs. Recognising the disproportionate impacts that ice is having on rural and regional communities, this investment will focus on increasing the availability of drug rehabilitation services in rural Victoria through the delivery of innovative, non-residential service models.

At the same time as new investments are made in drug treatment, the Government will continue to work with the sector to explore how service delivery can be enhanced to best meet the needs of people seeking help for ice and other drug use.

⁷ Parliamentary Inquiry, Chapter 21 (p.456).

Effective harm reduction interventions

The plan also recognises the important role of harm reduction strategies, in particular strategies to address the risks of injecting ice use. The Victorian Government currently makes significant investments in harm reduction activities targeting injecting drug users, and this plan will deliver an additional \$1.8 million for Victoria's Needle and Syringe Programs (NSPs) to expand strategies to raise awareness about the risks of injecting use. This will complement existing investments in harm reduction, a range of which are targeted to specific at risk populations.

Enhancing capacity for early intervention

The Government will also explore opportunities to further engage primary healthcare providers in harm reduction activities and build stronger pathways between drug treatment services and other health settings. This will include looking at options to strengthen capacity for early intervention in general practice, community health and other primary care platforms (working in partnership with the Commonwealth Government, where appropriate) and making use of the GPs in Schools Pilot initiative, which will see GPs visiting secondary schools in disadvantaged areas of Victoria.

The Government will also investigate opportunities to provide treatment and support services on an outreach basis into locations where at risk groups can be found, including mental health services and those services targeted to at risk and/or disengaged youth. The Government will also continue working with the AOD sector and mental health services to address the needs of complex clients, recognising that a range of people need both services to support their recovery.

Responding to ice-related violence and crime

Frontline policing strategies

Frontline policing strategies are a critical part of the response to ice and other drug-related crime. Victoria Police has recently developed a strategy to guide the agency's response to the challenges posed by ice. The *Methylamphetamine Strategic Approach* was implemented in June 2014 and places a strong focus on prevention and partnership, working together at the local level with health, mental health and other frontline services.

Supporting effective justice

Victoria has a range of justice diversion programs available across the state, from those deployed by Victoria Police that focus primarily on the diversion of entry level offenders, through to longer-term, intensive treatment programs aimed at drug offenders facing jail time.

Court-based interventions include the Criminal Justice Diversion Program (CJDP)⁸, CREDIT/Bail Support Program, and the Court Integrated Services Program (CISP)⁹. The Assessment and Referral Court (ARC) List, the Family Drug Treatment Court and Drug Court of Victoria provide the highest level of intervention to individuals with very complex issues.^{10,11} The Victorian Government will continue to look for ways to expand the reach of court-based support and specialist programs to make their successful elements more widely available.

Community Legal Centres (including the Victorian Aboriginal Legal Service) provide support to participants in the CISP, ARC List and Drug Court. The Victorian Government will continue to support

⁸ This program seeks to assist those with drug problems to be diverted from further entrenchment in the criminal justice system when the risk to community safety is low.

⁹ CISP is available to provide assessment and treatment of complex issues, including drug addiction, during the bail phase of a criminal proceeding.

¹⁰ Both the Drug Court and ARC List provide the most intensive intervention available to the Court, with support matched to the level of need and complexity of participants.

¹¹ See Chapter 21 (p.458-480) of the Parliamentary Inquiry for more detail about Victoria's diversion programs and the outcomes of reviews and evaluations.

the role these services play in helping participants tackle the range of civil law issues arising from their problem ice use, such as housing and tenancy issues.

Treatment and support for offenders

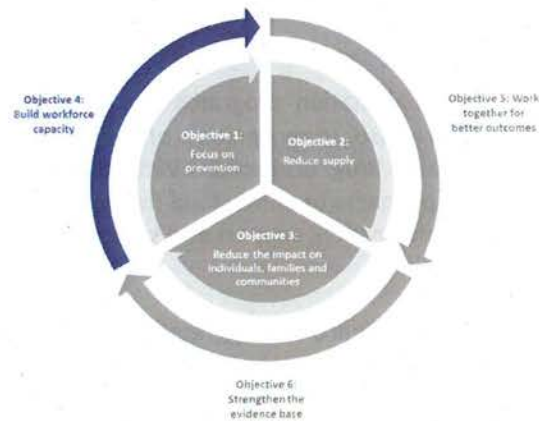
A number of treatment and rehabilitation programs are available for offenders in community corrections, in prison and post-release. In recognition of the increasing number of male prisoners presenting with ice as their primary drug, Corrections Victoria is piloting its 'Ice Effects' program in early 2015. The program assists prisoners to understand the post withdrawal effects of long term ice usage, and provides them with information, support and self-management strategies.

Safer communities

This plan also recognises that the violence and aggression that can be associated with ice poses a serious risk to community safety. That is why the Victorian Government is providing \$15 million for new drug and booze buses to target ice-fuelled drug driving and make Victoria's roads safer. A dedicated education complex will also help young drivers understand the aftermath of bad decisions and unsafe drivers, and all learner drivers will receive defensive driving training.

The Government also has a range of strategies in place to address ice-related violence on our streets and entertainment precincts, including the use of Liquor Accords, which support collaborative approaches to improving safety and amenity in and around licensed premises, and developing options for reducing the harms of alcohol and other drugs on licensed premises.

Objective 4: Build workforce capacity



The issues and challenges

The nature of ice use means that, over time, users and their families, can come into contact with many different workers across the service system.

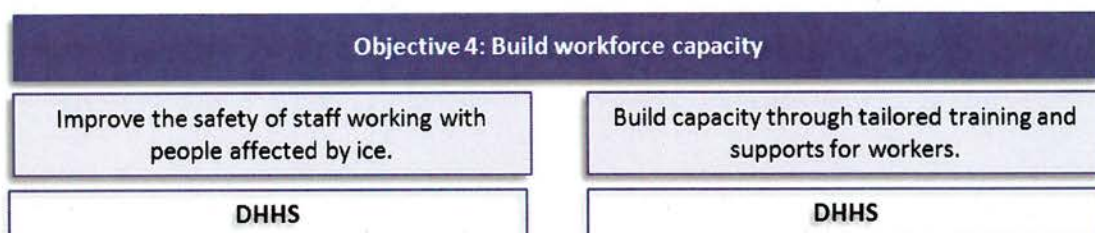
The potential for aggression and violence caused by ice means that the occupational hazards can be significant for staff when dealing with users, particularly for frontline staff, who are often the first to respond to ice users who may be exhibiting violent or aggressive behaviour.

There are also a range of challenges in the sharing of information between different service providers which can exacerbate the risks faced by first responders. Differences between systems can contribute to these challenges.

Workers from a range of sectors have also identified a need for more training that equips them to respond to the challenges posed by ice, including the knowledge and skills to manage risk and provide appropriate support. While a range of different training courses have been run for different groups, there is value in supporting a common level of understanding across different workplaces of the issues associated with, and responses to ice.

Supervision and mentoring for AOD treatment workers and mental health workers also has an important role to play to help knowledge and skills become embedded in practice.

Priorities for action



Improve safety

Much work is underway in Victoria to support health services to provide safe and secure workplaces and address occupational violence. This includes work through initiatives such as the *Improving safety and security in Victorian hospitals program*, and the *Developing safe and supportive school environments* initiative, which provides resources and training for school staff.

Recent legislation has also been introduced in Victoria to create strong penalties for violent offences against emergency workers in the course of performing their duties.

The Victorian Government is committed to further improve workplace safety and will establish a \$20 million *Health Service Violence Prevention Fund* to improve facilities in hospitals and mental health services, making them safer for staff, patients and visitors. Further consideration may also be given to options for other community-based organisations.

The Department of Health and Human Services (DHHS) also will also work with Victoria's public hospitals to implement a range of initiatives to enhance reporting of violent incidents and improve internal post-incident responses.

The Department of Justice and Regulation (DJR) will work with Victoria Police and DHHS to investigate options to ensure first responders receive the necessary dispatch information to protect their safety.

Tailored training and supports

A number of initiatives have been undertaken to build workforce capacity in Victoria, for example: state-funded training delivered by Odyssey House to a range of frontline service workers, ice-specific training provided to judicial officers and Children's Court staff, alcohol and drug modules offered to a range of frontline workers, and the delivery of police induction, learning and development programs.¹²

Specific state-funded training to staff of Aboriginal Community Controlled Health Organisations, mental health first aid training for Aboriginal Community Controlled Health Organisations, and tailored ice-specific materials for Aboriginal youth has also been delivered.

New investments in training and clinical supervision

The Government recognises that further work is required to support workers to receive appropriate ice-specific education and training. This plan includes investment of \$1 million to expand workforce training and support.

This will include development of a common methamphetamine training program for affected staff, including development of course curriculum, training materials and an online module that can be accessed widely. In developing this course, careful consideration will be given to how to incorporate content on responding to diverse individual and community needs, including Aboriginal people, and at risk and disadvantaged groups.

Options for the delivery of training delivery will also be required, recognising that different workplaces and settings will have different training needs (for example, rural and regional workers).

In addition, the Government will expand investment in clinical supervision for AOD treatment workers, and mental health workers, to both enhance overall supervision practices and help embed this training.

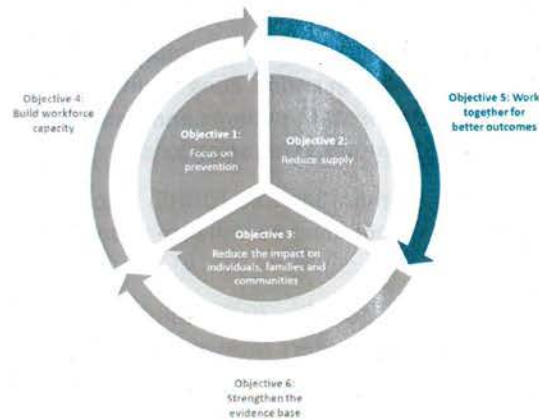
Building specialist capability

Opportunities to strengthen addiction medicine capability within the Victorian health system will also be explored, recognising that access to specialist expertise and support is an important part of supporting the broader health workforce and achieving good outcomes for complex clients.

Engagement with the Commonwealth Government will also be critical to support the workforce in this area, recognising that for medical practitioners and others, the Commonwealth plays a key role in shaping training, supports and career pathways.

¹²Note this training incorporates how to respond to people affected by drugs, including ice.

Objective 5: Work together for better outcomes



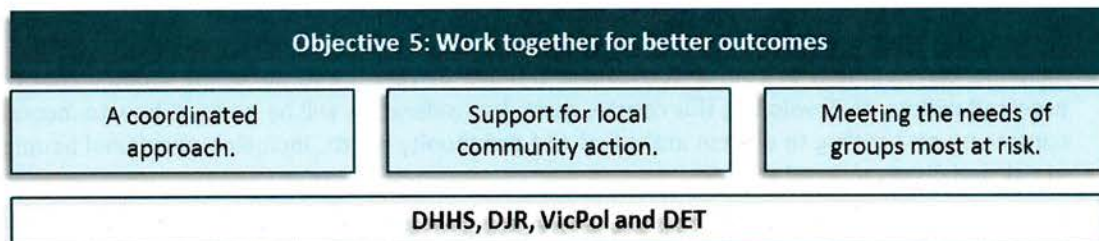
The issues and challenges

The challenges posed by ice are not ones we can solve alone. The response requires collective effort across all levels of government, in partnership with service providers and communities.

A lack of coordination of effort can lead to duplication of resources and be a barrier to effective responses. Service integration and coordination, and information sharing is critical to ensure that clients known to multiple service providers receive a joined-up response.

Place-based approaches have demonstrated the value of local responses. Communities are often able to bring together community members with a range of stakeholders to develop and implement strategies that meet local needs.

Priorities for action



A coordinated approach

There is much activity already underway to support improved coordination between levels of government and partnership with local communities and service providers. The Victorian Government will continue to work with, and advocate to, the Commonwealth Government across a range of portfolios including health, human services, law enforcement, intelligence and research. National committees such as the Intergovernmental Committee on Drugs will be another important aspect of progressing a response that, where necessary, utilises national approaches.

Multiple Victorian Government portfolios have been involved in the development of the Ice Action Plan and collaborative work will continue to contribute to better initiatives across portfolios, for example, justice and health responses and mental health and AOD services.

The Government will continue this work through a collaborative governance approach which will support the implementation of the Ice Action Plan, including an ongoing role for the Ice Action Taskforce in monitoring its progress.

Support for local community action

To build on a number of existing successful place-based responses, the Government has committed \$500,000 to establish Community Ice Action Groups that will assist communities to conduct forums, produce and develop communications, promote education opportunities and evaluate initiatives and interventions. Investments in training for family and community members will complement the work of these groups.

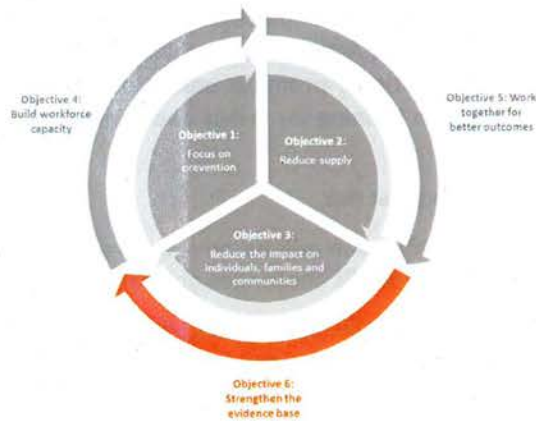
Meeting the needs of groups most at risk

Fundamental to the success of this plan will be how we work together to understand and design strategies that can best meet the specific challenges of local communities and/or at risk populations.

For Aboriginal communities, for example, active and genuine partnership with Aboriginal Community Controlled Health Organisations will be essential so that community members get what they need, when they need it.

In other areas, these partnerships may involve connecting into services that are already working with disadvantaged or other groups within the community that experience barriers to receiving information and support. The Victorian Government will continue to support the delivery of information and advice that meets the needs of Victoria's diverse communities.

Objective 6: Strengthen the evidence base



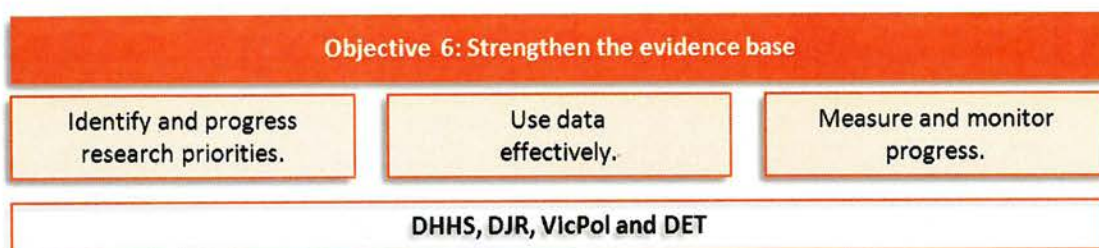
The issues and challenges

The Victorian Government's long term response should be guided by the best available evidence. While a range of drug related research activities are underway across Australia, there are a number of areas that would benefit from further research.¹³ Strategies also need to be in place to make sure research findings flow into practical outcomes for the community.

Statistical data also plays a critical role in informing government and service providers' response to ice. Improvements to statistical data collections can support a better understanding of the patterns of use over time. Timely and systematic data sharing across government agencies helps enable informed and effective responses to ice and other drugs.

Finally, evaluation will have an important role to play in supporting ongoing improvement in policy and practice, by informing our understanding of 'what works'.

Priorities for action



This plan supports ongoing efforts to strengthen the evidence base that informs policy and practice relating to ice and other drugs. The priority areas for action are:

Identify and progress research priorities

The Victorian Government, in collaboration with the Commonwealth Government and national research bodies, will continue work to build the evidence base to inform future policy and practice relating to ice and other drugs. In particular, this includes ongoing participation in the Inter-Governmental Committee on Drugs, which provides policy advice to relevant Ministers on drug-related issues. The Government will also continue to work with leading research agencies such as Turning Point Alcohol and Drug Centre to support the translation of research into practice.

¹³ Parliamentary Inquiry, Chapter 30.

Use data effectively

There are both national and state data collections that provide information on the harms related to the use of alcohol, and illicit and pharmaceutical drugs in Victoria. This data provides a foundation for the effective monitoring of the changing prevalence and extent of harm relating to methamphetamines over time.

The Crime Statistics Agency (CSA) has recently commenced operations and, in collaboration with Victoria Police, will consider how data holdings can be used to report on ice and other drug-related crime across different locations. Improvements in the collection and analysis of drug data will help improve integrated service delivery responses.

The Victorian Government will continue to support the collection and analysis of alcohol and drug-related data (for example, data relating to ambulance attendances), as well as the website AODStats.org.au, which provides the public with general alcohol and drug data for Victoria.

Measure and monitor progress

This plan seeks to reduce the impact that ice is having on Victorian communities. The Ice Action Taskforce will have an ongoing role in monitoring the implementation of the Ice Action Plan. Implementation of the plan will include the development of strategies to monitor progress and measure success, including the development of performance indicators, to drive improvements in service quality and program delivery, and inform the development of future policy and practice.

4. The way forward

The delivery of the Ice Action Plan is an important step in addressing the challenges associated with ice, but it is only the first step.

It provides us with a road map to build on the significant work already underway and guide us in working together to tackle this drug and the harm it causes.

This plan identifies where government is making immediate, additional investments to progress those things that just can't wait.

It recognises that the Victorian Government has a pivotal role to play, but that families, communities, service providers and the Commonwealth Government have an important role to play too. We have to do this together. We have to be targeted. And we have to stay focussed.

The Victorian Government will continue to consider how it best supports the directions of this plan. The Taskforce will have an important role to play in monitoring and providing advice on progress and impact. Across government, a range of portfolios will be accountable for progressing key directions identified in this plan.

The Government looks forward to continuing to work with the community, service providers and the Taskforce to implement coordinated and effective responses to ice in Victoria.

Appendix A: Ice Action Taskforce – Terms of reference

Overview

The Andrews Labor Government is establishing an Ice Action Taskforce to deliver an Ice Action Plan for Victoria within the first 100 days of government, in response to the increased harm being experienced from use of the drug ice.

In developing the plan, the Taskforce will be guided by the findings of the Victorian Parliament's *Inquiry into the supply and use of methamphetamines, particularly 'ice', in Victoria*, which drew on a wide range of expert submissions and public hearings.

The Taskforce will examine responses being led by different communities across Victoria, and consider evidence from other jurisdictions.

Aim

The primary purpose of the Ice Action Taskforce is to develop an Ice Action Plan by 14 March 2015.

The Taskforce will examine strategies to reduce the demand, supply and harm associated with ice use, including regulatory, law enforcement, prevention, education and treatment responses.

The Taskforce will particularly examine responses that:

- target the manufacture and supply of ice
- reduce ice-related crimes, including ice-fuelled violence
- focus on preventing ice use and building awareness of ice-related harm
- highlight best practice in treatment services
- support family members, in particular children, affected by the use of ice by others
- support the health and safety of frontline service workers and their capacity to carry out their roles and responsibilities when working with people affected by ice
- address the particular impacts of ice on regional communities, and Aboriginal and Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Victorians, and
- effectively coordinate the responses of government agencies, law enforcement, community groups and service providers.

The Ice Action Taskforce will be chaired by the Premier of Victoria and include representatives with ice expertise so Victoria can better respond to the impacts of ice.

A Specialist Workforce Advisory Group will work in parallel to the Taskforce and advise it on issues affecting police, doctors, nurses, paramedics and health, community and support services workers

Appendix B: Ice Action Taskforce – Membership

Ice Action Taskforce	
The Hon Daniel Andrews MP	Premier
The Hon Jill Hennessy MP	Minister for Health
Mr Martin Foley MP	Minister for Mental Health
Mr Gavin Jennings MLC	Special Minister of State
The Hon Wade Noonan MP	Minister for Police
The Hon Martin Pakula MP	Attorney-General
Deputy Commissioner Lucinda Nolan	Deputy Commissioner, Victoria Police
Magistrate Anthony Parsons	Presiding Magistrate, Drug Court of Victoria
Professor Patrick McGorry AO	Director, Orygen Youth Health and Orygen Youth Health Research Centre
Mr Sam Biondo	Executive Officer, Victorian Alcohol and Drug Association
Ms Melanie Raymond	Chair, Youth Projects
Major Brendan Nottle	Salvation Army
Ms Liana Buchanan	Executive Officer, Federation of Community Legal Centres
Mr Rudolph (Rudy) Kirby	Chief Executive Officer, Mallee District Aboriginal Services
Mr John Ryan	Chief Executive Officer, Penington Institute
Professor Dan Lubman	Director, Turning Point Alcohol and Drug Centre
Specialist Workforce Advisory Group	
Ms Bella Anderson	Branch Committee of Management, Health and Community Services Union
Dr Tony Bartone	President, Australian Medical Association Victoria
Ms Karen Batt	State Secretary, Community and Public Sector Union Victoria
Ms Pip Carew	Assistant Secretary, Australian Nursing and Midwifery Federation Victorian Branch
Mr Ron Iddles	Secretary, The Police Association
Mr Steve McGhie	General Secretary, Ambulance Employees Australia of Victoria
Ms Cheryl Sobczyk	Senior Manager, Bendigo Community Health Services