QAIHC Position Paper

in response to the national ice taskforce

QAIHC
Queensland Aboriginal and Islander Health Council

QISMC

purpose

The purpose of this document is to provide the Queensland Department of Health (QH) (inclusive of Minister Cameron Dick) a representative position paper to support a collaborative approach to the pending National ICE Taskforce interim paper to be released in June 2015.

Collaboration between the QH and the Queensland Aboriginal and Islander Community Controlled Health Services (AICCHS) Sector (inclusive of QAIHC) will be paramount in addressing the growing concern of Aboriginal and Torres Strait Islander people using methamphetamine (ICE) in communities.

It should be noted: this document provides an option-based approach to address and work with the AICCHS and QISMC Sectors in tackling ICE in Aboriginal and Torres Strait Islander communities across Queensland.

Prepared July 2015 by the Policy, Innovation and Service Development Team

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introduction

Queensland Aboriginal and Islander Health Council (QAIHC) and its Affiliate, the Queensland Indigenous Substance Misuse Council (QISMC) is calling for urgent action to combat the rising use of ICE in the state's Aboriginal and Torres Strait Islander communities.

QAIHC espouses the need for a comprehensive strategy to deal with rising rates of ICE use and articulate the need for partnerships to be developed between the Queensland AICCHS and QISMC Services, Government departments, non-government organisations and the communities in order to develop and implement such a strategy.

Whilst QAIHC and QISMC cannot [currently] provide epidemiological evidence that asserts Aboriginal and Torres Strait Islander populations are experiencing an ICE 'epidemic', we reflect our member organisation's collective experiences and views regarding their concerns about the impacts of ICE in a number of urban, regional, rural and remote communities. QAIHC seeks a commitment to undertake dedicated and relevant research into the nature, prevalence and culture of methamphetamine use in Queensland in Aboriginal and Torres Strait Islander communities.

Informal evidence was collected to support this Options Paper. QAIHC and QISMC have been advised that;

- *families and communities are experiencing increased violence from family members who are using ICE;*
- *the number of child protection orders have risen as a result of a parent or a caregiver using ICE;*
- *there is a lack of specialised [and specific] rehabilitation, counselling and support services (for current or previous ICE users) and affected family members;*
- *young people using ICE in communities is increasing, and*
- *ICE is being manufactured in some communities and then sold to community members.*

Aboriginal and Torres Strait Islander people are at higher risk of complex trauma because of the legacy of colonisation, historical policies, loss of land and identity and the ongoing racism and discrimination. People with complex trauma histories are more vulnerable to developing dependence on methamphetamines due to the neuropsychological effects of the drug in making people feel strong and powerful, as opposed to the powerlessness and vulnerability associated with trauma histories. Therefore, dealing with the ongoing legacy of complex trauma is critical to reducing drug and alcohol related harm including harm from methamphetamines. It will also be critical to ensure that the Alcohol and Other Drug (AOD) service system is trauma informed[1].

Addressing the social determinants of health including improving early childhood outcomes, addressing the educational deficits and increasing employment will be just as important to a long term response to methamphetamine use as will be developing enhanced services[1].

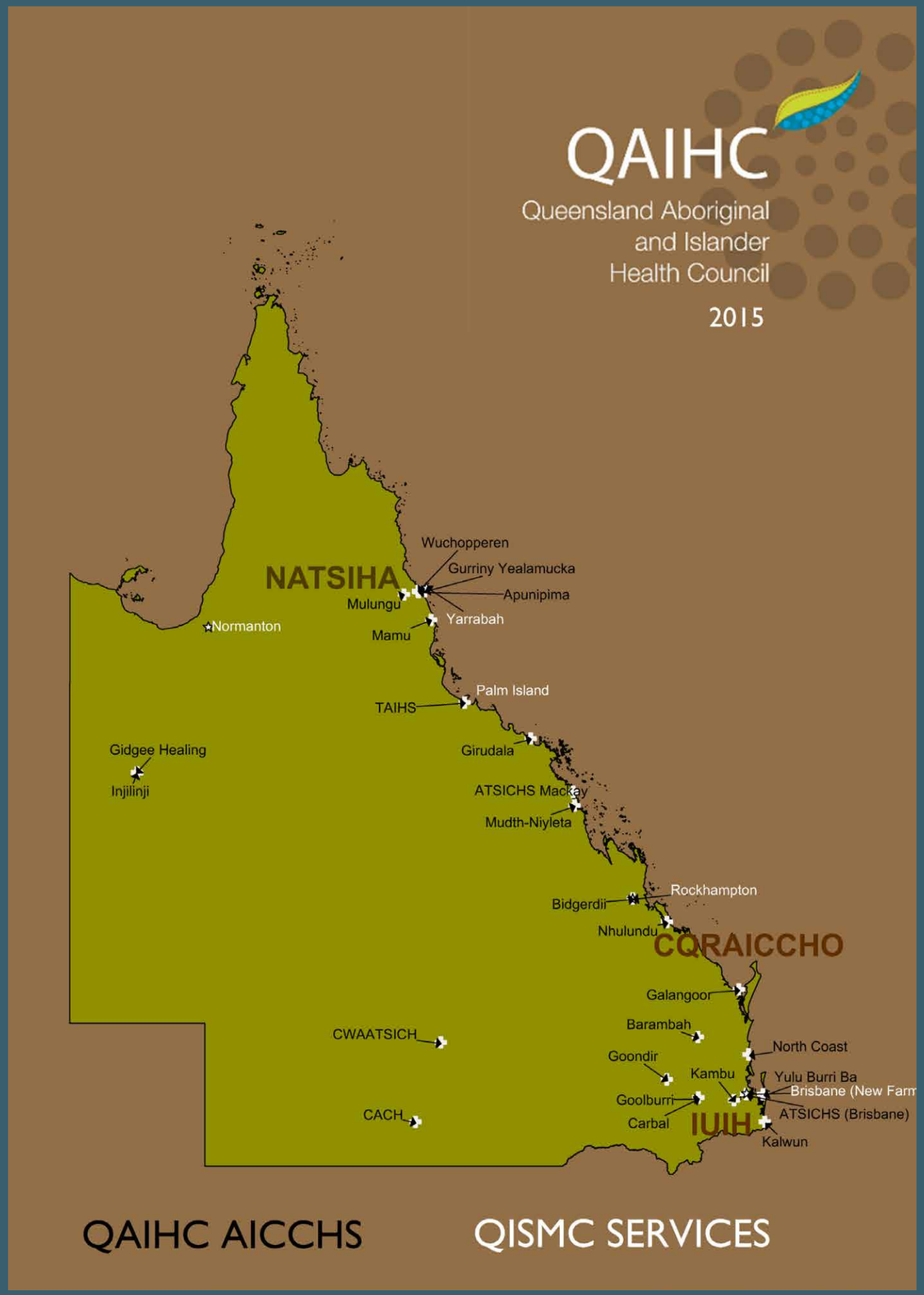
The need to ensure that access to services and resourcing is effective, peer-led and culturally responsive for people with problematic ICE use is integral. Furthermore, increasing community awareness, training and professional development for front line staff and enhancing service provision is also critical.

Any actions need to adopt a harm minimisation approach to the problematic use of ICE. Resourcing will require both the Commonwealth and States to establish new funding allocations with no diversion of funds from existing programs.

AICCHS provide culturally appropriate and multidisciplinary models of comprehensive primary healthcare, and are in the prime position to represent the specific and unique needs of Aboriginal and Torres Strait Islander people in Queensland. These services are essential in complementing public mainstream hospital and health services. All support services must address physical health, child and maternal health and social and emotional wellbeing in addition to substance use services. These services are critical in reducing readmission and keeping individuals out of hospital care.

Across the various communities within Queensland, organisations are initiating strategies to address the use of ICE within their remit. Whilst it is early days, the need to collaborate and develop partnerships across the human services sectors is paramount to success, both short and long term.

1 Fisher, Dr Janina, 2015. Working with the neurobiology of trauma. Webinar series 2015. The Trauma Centre, Justice Resource Institute, Brookline. MA, USA.



Queensland Aboriginal and Islander Health Council

The Queensland Aboriginal and Islander Health Council (QAIHC) is the state peak body representing the Aboriginal and Islander Community Controlled Health Sector in Queensland at the State and National levels. QAIHC provides advocacy and service support to its 24 Member Services and encourages innovation and continuous quality improvement as core initiatives to enhance Aboriginal and Torres Strait Islander peoples to access comprehensive primary health care.

QAIHC's objective is to provide a collective opinion on behalf of our respective Member Service and their constituents, whilst also promoting and progressing the wellbeing and human rights of Aboriginal and Torres Strait Islander Queenslanders.

QAIHC Membership

QAIHC has a total of forty-one (41) Full, Regional and Associate Members across Queensland;

- Twenty-four (24) Full Members which represent all Aboriginal and Torres Strait Islander Community Controlled Health Organisations across Queensland;
- Three (3) Regional Members which include the Central Queensland Regional Aboriginal and Islander Community Controlled Health Organisation (CQRAICCHO); Institute for Urban Indigenous Health (IUIH) and Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA).
- Twelve (12) Associate Members which do not provide primary health care services but are responsible for the provision of specific Aboriginal and Torres Strait Islander health related programs and services. (Residential Rehabilitation Services; Training Organisations; Queensland Indigenous Substance Misuse Council etc.)

QAIHC also holds key roles on a number of state and national committees and advisory groups, some of these include:

- Queensland Mental Health Commission Advisory Council Aboriginal and Torres Strait Islander Committee
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- Cultural Advisory Committee – North West Remote Health
- Queensland Aboriginal and Torres Strait Islander Health Partnership (DoH; QH; QAIHC & CheckUp)
- Queensland AOD Sector Network – (QH; QNADA; Dovetail; MHAOD (QH))

QAIHC Role

QAIHC is committed to developing and supporting the community controlled health sector in Queensland in a peak body role.

The following support is integral to success:

- Promotion, development and expansion of comprehensive primary health care through Community Controlled Health Services;
- Liaison with Government, non-government and private sectors on Aboriginal and Torres Strait Islander health, including research;
- Building the capacity of Community Controlled Health Services and communities in planning, development and delivery of comprehensive primary health care to their communities; and
- Assessing health needs of Aboriginal and Torres Strait Islander communities between the Community Controlled Health Sector, Government and non-Government Health Sectors.

QAIHC is also the Queensland Affiliate of the National Aboriginal Community Controlled Health Organisation (NACCHO) and works closely with the Aboriginal and Torres Strait Islander Community Controlled Substance Misuse Sector, auspicing the operation of its peak body –QISMC.

QISMC

The Aboriginal and Torres Strait Islander community controlled AOD sector in Queensland and in particular, residential rehabilitation services; have experienced very challenging times over the past few years. A significant number of Aboriginal and Torres Strait Islander community controlled organisations [delivering residential rehabilitation and other AOD and Social and Emotional Wellbeing (SEWB) treatment programs to Aboriginal and Torres Strait Islander people and communities] have been reduced.

Since 2011 QISMC membership has been reduced from eleven (11) to five (5) services, due to organisations being defunded or not refunded. QISMC services are reporting an increase in demand of clients presenting with more complex issues including co-morbidities (mental health and chronic disease) and poly drug addiction.

QISMC provides strategic direction on state and national reference groups and networks, these include:

- Queensland Mental Health Commission Project Reference Group – Alcohol and Other Drugs Action Plan;
- Queensland AOD Sector Network – (QH; QNADA; Dovetail; MHAOD (QH))
- Australian National Advisory Committee on Alcohol and Drugs (ANACAD)

Residential Rehabilitation Services Members of QISMC

The following entities are not QISMC Members however provide residential rehabilitation and other AOD services to Aboriginal and Torres Strait Islander clients across Queensland.

Non-Government Organisations

- **Central Qld Indigenous Development Ltd (Rockhampton & Woorabinda)**
- **Shanty Creek Therapeutic Community (Lives Lived Well)**
- **Stagpole Street Rehabilitation – Townsville (Blue Care)**
- **Blue Care Cape York Family Centre – (Blue Care)**

QAIHC is only aware of one dedicated AOD position (funded by Dept. of the Prime Minister & Cabinet (PM&C)) in AICCHS in Queensland.

Queensland Health provide Drug and Alcohol services in 21 discrete communities to address the impacts of high rates of alcohol and other drug use, particularly mental illness due to psychoactive substance use. QAIHC see an opportunity to involve these positions at both a strategic and operational level; in order to support and integrate how these positions can add value to current community led service models and programs.

Funding agreements between QISMC services and PM&C are currently being finalised, therefore we are unable to advise of the total number of beds available across the State.

QAIHC is concerned with both the lack of residential rehabilitation services across Queensland as well dedicated positions within the AICCHS sector to support and provide substance misuse services to individuals but with specific reference to those that are ICE affected. Direct feedback from Members, identify the urgent need to access and enhance current evidence based training to deal with both the specific rehabilitation needs and first response needs of individuals using ICE. QAIHC would seek to develop a sector led training program accessible to our Members Services to meet the growing demands of the sector.

To ensure that individuals who are discharged from residential rehabilitation services do not relapse and return, the need for ongoing support and counselling in the community is critical to individuals' rehabilitation[1].

The AICCHS sector is the most effective sector to provide the range of services which would be required to support an individual during recovery and rehabilitation. These services can address physical health concerns; mental health and social and emotional wellbeing services (depression, anxiety and psychosis); family support programs, including child and maternal health programs.

1 Lee, N., Johns, L., Jenkinson, R., Johnston, J., Connolly, K., Hall, K. & Cash, R. (2007). Clinical Treatment Guidelines for Alcohol and Drug Clinicians. No 14: Methamphetamine dependence and treatment. Fitzroy, Victoria: Turning Point Alcohol and Drug Centre Inc.

National Taskforce

The Australian Government is currently focusing on ICE due to its prevalence in contemporary Australian [and international] societies. The recently established National Ice Taskforce has been charged with working with states and territories under strict terms of reference with a strong focus on [the following][4]:

- Take a comprehensive stock-take of existing efforts to address ice at all levels of government;
- Receive submissions from community consultations and expert groups to ensure all Australians affected by ice have the opportunity to be heard;
- Identify potential gaps in knowledge specifically around treatment models, associated criminal activity and the impact of ice on vulnerable groups, including people living in regional Australia and Aboriginal and Torres Strait Islanders;
- Identify specific initiatives that are currently providing good outcomes for the community;
- Examine ways to ensure existing efforts to tackle ice are appropriately targeted, effective and efficient;
- Provide advice on appropriate primary prevention activities, informed by evidence and best practice;
- Consider options to improve levels of coordination and collaboration of existing efforts at the local, regional and state and territory; and
- Develop a package or recommendations to be actioned as part of developing a broader National Strategy for Action on Ice.

One of the key messages that the Taskforce heard around the country was the importance of efforts being locally relevant and responsive to the needs of Aboriginal and Torres Strait Islander population groups.

Taskforce Chair Ken Lay stated that "for social problems like these, law enforcement isn't the answer". QAIHC concur with this view. For the Ice Strategy to be effective, it must be grounded in public health best practice and must not unduly focus on policing and application of the criminal law.

The recent National Ice Taskforce Consultations have generated a significant amount of interest and attention across various communities within Queensland. The issue with this is that many organisations are working in isolation from other key stakeholders and with limited or no additional resources.

QAIHC is requesting the opportunity to undertake a comprehensive stock-take of existing efforts to address ice across all Aboriginal and Torres Strait Islander health and non-health related services operating within Queensland. We see the need for a state-wide roundtable as a priority in order to discuss the issue of harm reduction, demand and supply relevant to methamphetamine use.

4 Department of the Prime Minister and Cabinet. (26 June 2015). Australian Government – Department of the Prime Minister and Cabinet. Retrieved from National Ice Taskforce – Terms of Reference: http://www.dpmc.gov.au/taskforces/national-ice-taskforce/terms-reference

Family Violence

As reported the *Not Now, Not Ever Domestic and Family Violence Report 2015*, the annual cost of domestic and family violence to the Queensland economy is estimated to be between $2.7 billion to $3.2 billion.

'Violence and abuse is reported as being so prevalent in some communities as to have become normalised – the people who live there consider violence to be a part of 'every day' life. The lack of support services and poor access to the justice system compound the violence and make it virtually impossible for victims, who are predominantly women and children, to escape'.

Family violence has a significant impact on the short and long-term health and welfare of Aboriginal and Torres Strait Islander individuals, families and communities. **The *Overcoming Indigenous Disadvantage Key Indicators 2014 Report* revealed that in 2012-13, after adjusting for different population age structures, Aboriginal and Torres Strait Islander hospitalisations for non-fatal family violence-related assaults for females were 34.2 times the rate for non- Indigenous females and for Indigenous males were 28.3 times higher the rate for non- Indigenous males[5].**

Evidence from our member services indicate that there is a growing concern in communities regarding ice related violence by family members against intimate partners and broader family networks.

QAIHC has been advised that families are experiencing violence from ICE users within their families – with the main perpetrators of violence being men against women. Additionally a number of service providers have reported an increased threat of violence towards services that provide a range of human and social services. Home visits and program delivery have in some cases had to be reviewed in order to protect the safety and wellbeing of employees of organisations.

Sisters Inside pointed to the significant level of trauma and abuse suffered by Indigenous women beginning in childhood. **Many face high levels of ongoing family violence which have been connected to their offences and convictions with 80 per cent of women prisoners. In a NSW study it was noted their offending was a direct consequence of their victimisation. The effects of repeated victimisation are well documented and can lead to low self-esteem, anxiety, depression, other mental health issues and substance abuse[6].**

These factors are all correlated with increased risk of offending and in the case of substance abuse can constitute an offence in itself. Therefore many Aboriginal and Torres Strait Islander women and girls are not only stuck in cycles of abuse as victims, but also get stuck in cycles of offending in an effort to cope with their difficult life situations[7].

Any strategies employed must also address the domino effect on individuals, families and communities as a result of the high usage of ICE in communities. These include systems such as housing; child protection; education and employment.

5 Productivity Commission, Overcoming Indigenous Disadvantage Key Indicators 2014 Report, Australian Government, 2014, http://www.pc.gov.au/research/recurring/overcoming-indigenous-disadvantage/key-indicators-2014/04-key-indicators-2014-chapter4.pdf

6 http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Legal_and_Constitutional_Affairs/Completed_inquiries/2010-13/justicereinvestment/report/c04 (cited 07072015)

7 Sisters Inside, Submission 69, pp6 -7, http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Legal_and_Constitutional_Affairs/Completed_inquiries/2010-13/justicereinvestment/report/c04 (cited 07072015)

Criminal Justice System

There is an overrepresentation of Aboriginal and Torres Strait Islander peoples in the Australian Justice System which is evidenced by an increase of Aboriginal and Torres Strait

Islander incarceration rates of 57% between 2000 and 2013 – with no significant changes in that time period for non-Indigenous incarceration[8].

The Queensland Aboriginal and Torres Strait Islander Legal Service (A&TSILs) reported a noticeable shift in the types of offenders and offending in the last 12-18 months across Queensland. A&TSILS' criminal lawyers have anecdotally reported a noticeable increase in the number of offences that are Ice related. A&TSILS Throughcare Project provides intensive case management to Aboriginal and Torres Strait Islander people to support those who have been in prison or youth detention to transition back into the community. The Throughcare project is showing strong success as a crime reduction programme. QAIHC commends A&TSILS Throughcare project and would like to explore opportunities to formalise this project as a value add service to support transition back into community and prevent recidivism [and for those affected by ice usage] and a to reduce potential for relapse and harm.

Sisters Inside pointed to the increasing incarceration rate of Indigenous women and stated that not only are Indigenous women the most over-represented population in prison, they also have the fastest growing rate of imprisonment. **Nationally, the increase in incarceration rates between 2000 and 2010 was greater for Aboriginal and Torres Strait Islander women than any other cultural group. Over the last decade there was a 58.6 per cent increase in incarceration for Indigenous women compared with a 22.4 per cent increase for non-Indigenous women[9].**

For female offenders, there is a stronger association between incarceration and drug and alcohol dependency than for male offenders. The Women in Prison Advocacy Network submitted that the reason for this was that 'women are more inclined to abuse substances as a form of self-medication or coping mechanism for the psychological and emotional distress correlated with their historical trauma'.[53] The historical trauma itself may have been the result of the alcohol and drug abuse of a partner, with the partner becoming more aggressive and physically violent[10].

The increased incarceration of women has a direct impact on child protection systems, which already have high rates of Aboriginal and Torres Strait Islander children in out of home care. The need to prioritise parents transitioning from prison, the access services which support reunification, including housing, employment, education and substance misuse treatment services is integral to keeping families together.

Treatment

Community stakeholders have noted treatment options as non-existent; with Aboriginal and

Torres Strait Islander peoples being treated for ice in correctional centres, whereas,

"People are flicked from drug and alcohol services to mental health services, and often end in the justice system. In the justice system there are unsafe IV practices. People take these drugs and unsafe practices of usage back to communities".[11]

Correctional facilities as a form of detoxification and/or rehabilitation only widen the gap and health disparity between Aboriginal and Torres Strait Islander people and non-Indigenous people. An increase of Aboriginal and Torres Strait Islander people being incarcerated (with reference to the aforementioned quote) and taking unsafe practice back into the community denotes a lack of effective ice treatment in correctional centres.

8 Davidson, H. (2015) 'Indigenous jail population has risen due to cuts, Close the Gap committee says', The Guardian, 11 February 2015, Accessed: 30 June 2015, Available URL: http://www.theguardian.com/australia-news/2015/feb/11/indigenous-jail-population-has-risen-due-to-cuts-close-the-gap-committee-says

9 Sisters Inside, Submission 69, pp6 -7, http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Legal_and_Constitutional _Affairs/Completed_inquiries/2010-13/justicereinvestment/report/c04 (cited 07072015)

10 North Australian Aboriginal Family Violence Legal Service, Submission 55, p. 3; http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Legal_and_Constitutional_ Affairs/Completed_inquiries/2010-13/justicereinvestment/report/c04 (cited 07072015)

11 Ibid 8

queensland aboriginal and torres strait islander crystal methamphetamine (ice) investment strategy

A desktop analysis undertaken by the Queensland Aboriginal and Islander Health Council (QAIHC) and Queensland Indigenous Substance Misuse Council (QISMC) regarding the current national and state investment in the Alcohol and Other Drug sector, identified the requirement for an increase in the capacity of Aboriginal and Islander community-controlled health and related services is needed in order to address the comprehensive, holistic health and well- being of individuals, families and communities affected by Alcohol and Other Drugs [more specifically the use of ICE].

The QAIHC Options Paper provided to the Health Minister, Cameron Dick MP and other key stakeholders identified a number of researched and robust initiatives that could be employed by QAIHC and QISMC. These initiatives have been developed and allocated against the National ICE Taskforce Areas for Actions as identified in their COAG Communique:

1. Target primary prevention

2. Improve access to early intervention, treatment and support services

3. Support local communities to respond

4. Improve tools for frontline workers

5. Focus law enforcement actions

6. Improve and consolidate research and data

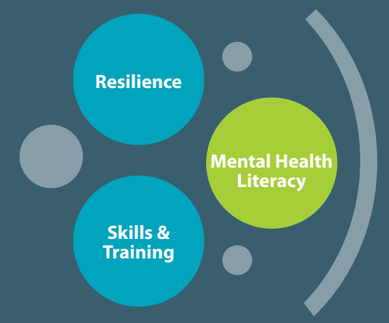
This options paper does not replace the need for local engagement and investment. As a state peak organisation, QAIHC proposes that all of these options would be aligned to regional and local planning, design and provision of services.

QAIHC and QISMC propose the following initiatives staged over a three year timeframe as an approach to supporting approximately ten (10) identified communities across Queensland. These communities were identified from consultations across the State as priority areas due to the fact that ICE has already had an impact on individuals, families and broader community. Within these communities, QAIHC and QISMC have services available to localise the implementation of initiatives contained within this document.

The following regions and communities are identified as potential pilot sites for these activities:

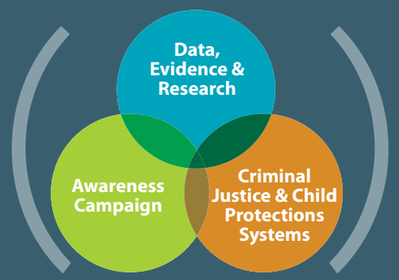
North and North West	Mornington Island; Mackay, Normanton
Far North	Innisfail; Hopevale; Aurukun
Central	Gladstone; Hervey Bay
South West / South East	Cunnamulla, Stradbroke Island

QAIHC and QISMC ICE model have three integral components:



Community

Trainings and skills development will lead to increased mental health literacy which in turn creates individual, family and community resilience.



Partnerships

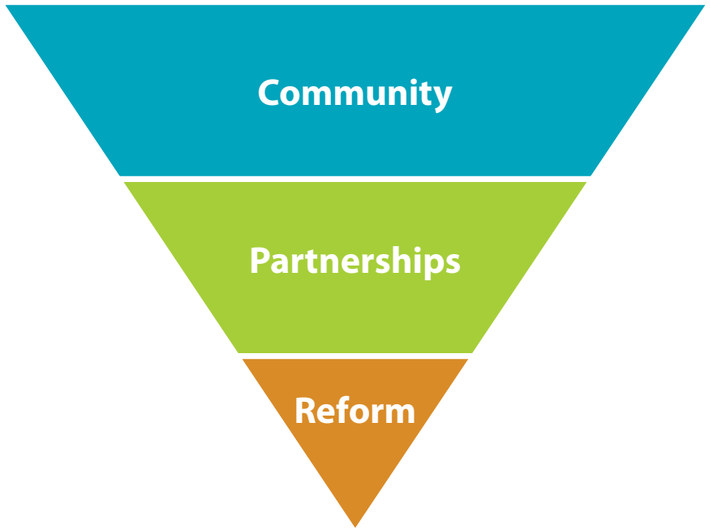
Effective and responsive partnerships to achieve coherence and synergies between key stakeholders.

Reform

Evidence from initiatives to inform changes either legislative; funding models; service integration.

The ICE Model reflects the principles of: accountability, transparency and access to information, participation, sustainability, and collaboration across sectors and levels of government. It also provides all stakeholders with a coherent and practical approach to implementing the identified actions in order to strengthen both their personal and organisational capacity in addressing the issue of ICE across our Aboriginal and Torres Strait Islander communities.

mapping of implementation model to taskforce action areas



- Target primary prevention
- Improve access to early intervention, treatment and support services
- Support local communities to respond
- Improve tools for frontline workers

- Focus law enforcement actions
- Improve and consolidate research and data

Evidence from initiatives to inform changes either legisltative; funding models; service integration.

Recommendations

QAIHC and QISMC require a significant investment to increase the capacity of Aboriginal community-controlled health services to address the comprehensive, holistic health and well- being of individuals affected by the use of ICE. The QAIHC Options listed (Table 1) provides a considered and extensive outline of initiatives that could be employed in addressing the National ICE Taskforces Terms of Reference objectives.

This options paper does not replace the need for local engagement and investment. As a state peak organisation, QAIHC proposes that all of these options would be aligned to regional and local planning, design and provision of services.

The options proposed are aligned to the National ICE Taskforce Terms of Reference objectives. These options can also address the needs of individuals across the continuum of services ranging from prevention to treatment to aftercare.

QAIHC/QISMC proposed actions and initiatives

	QAIHC/QISMC Proposed Actions (Year One)
Community	1. Coordinate the implementation and evaluation of statewide AMHFA training across identified communities that are reporting the harmful effects of ICE usage in partnership with AICCHS Member Services; QISMC Services and Indigenous Mayors;
Community	2. Resource Allocation to communities to facilitate approximately 6 AMHFA Workshops per annum per community. ($500 per workshop inclusive of training materials/ catering/room hire etc.) Establish a baseline of responses to initiatives aimed at reducing the harms associated with ICE use.
Community	3. Facilitate community conversation to discuss local solutions to addressing the impact of ICE on communities; • Aboriginal and Torres Strait Islander ICE DVD – Community Views • Facilitate community conversation to discuss solutions/awareness across ten sites • Develop a report on community consultations to inform future awareness activities'/ programs
Partnerships	1. QAIHC and QISMC to host a state-wide roundtable on the 11 September 2015 at the Queensland to undertake a comprehensive stock-take of existing efforts to address ICE across all Aboriginal and Torres Strait Islander health and non-health related services operating within Queensland. (QAIHC In-kind)
Partnerships	2. Develop formal partnerships at state and regional levels to support the collaboration and coordination of services and efforts at local levels. (QAIHC In-Kind)
Partnerships	3. Engage with ATSI MH AOD Lead Clinicians throughout Queensland to drive improvement in responding to the harmful effects of ICE and further link to Aboriginal Medical Services to ensure continuity of care
Partnerships	4. Host quarterly creative councils with priority stakeholders to review and enhance planning, collaboration and evaluation of efforts.
Partnerships	5. Include the ICE Options Paper as an activity within the Queensland Aboriginal and Torres Strait Islander Health Partnership Agreement.
Reform	6. Ensure that AICCHOs' have access to evidence based clinical guidelines; education; training and support that is required for managing individuals affected by ICE.
Reform	7. Source and deliver evidence based, trauma informed training for front-line staff in the provision of ICE related services across the Aboriginal and Torres Strait Islander health sector.

QAIHC/QISMC proposed actions and initiatives

	QAIHC/QISMC Proposed Actions (Year Two)
Community	1. Provide the Lighting the Dark Suicide Prevention initiative across an additional 10 sites and revisit inaugural communities with refresher course in collaboration with Titans 4 Tomorrow.
Community	2. A coordinated and resourced Aboriginal and Torres Strait Islander methamphetamine / ICE prevention campaign aimed at informing/raising awareness and educating individuals, families, communities and service providers.
Community	3. Use social media as an avenue to promote community messages and identify the risks associated with ICE usage.
Partnerships	4. Identify and promote referral pathways that enhance access to wrap around services that support individuals, families and communities.
Partnerships	5. Formalise the Throughcare Project as a value add service to support transition back into community and prevent recidivism and for those affected by ice usage reduce potential for relapse and harm.
Partnerships	6. Support the criminal justice system with resources to promote and enhance health literacy around the use of ICE and related health concerns.
Partnerships	7. Facilitate an ICE Roundtable to ensure ongoing engagement and discussions between government, non-government and community leaders.
Reform	8. Develop a set of indicators to measure the current demand, referrals, and outcomes for clients requiring ICE related services.
Reform	9. Create a central data collection service for all alcohol and other drug related harms that is integrated across Queensland Government departments and nongovernment organisations. (paper based in the first instance)

QAIHC/QISMC proposed actions and initiatives

	QAIHC/QISMC Proposed Actions (Year Three)
Reform	1. Explore opportunities to remodel the way mental health, social and emotional wellbeing services and substance misuse services are provided in AICCHOs
Reform	2. Support system wide reform to ensure continuity of care in responding to drug related harm and delivering services that are fit for purpose
Reform	3. That a system of monitoring of drug and alcohol treatment outcomes is developed across all alcohol and other drug treatment providers

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