

# NATIONAL ICE ACTION STRATEGY

2015



## National Ice Action Strategy 2015

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978-1-925238-08-2 National Ice Action Strategy 2015 (Hardcopy)

978-1-925238-09-9 National Ice Action Strategy 2015 (PDF)

978-1-925238-10-5 National Ice Action Strategy 2016 (HTML)

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The Parties have confirmed their commitment to the National Ice Action Strategy as follows:

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Prime Minister of the Commonwealth of Australia

11 December 2015

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# INTRODUCTION

Ice use in Australia is a complex problem, and deeply concerning.

In April 2015, the Commonwealth Government established a National Ice Taskforce to report on actions needed to address increasing ice use in Australia.

The Taskforce found that ice presents a unique challenge for Australia.

As a synthetic drug that is both imported and locally produced, it is difficult to disrupt its supply. Ice is readily available at a relatively affordable price.

Ice is commonly smoked or injected. Smoking ice gives the illusion that the drug is safer and is more socially acceptable. Yet, it is a potent stimulant that, for some people, can trigger psychological issues or violent aggressive behaviour, putting others in danger.

There is limited data or research available specific to ice, either in Australia or internationally. This Strategy refers to data and research on methamphetamine and broader categories of drugs where ice-specific data is unavailable.

**Methamphetamine:** a synthetic drug that stimulates the body's central nervous system

**Ice:** a colloquial name for the crystalline form of methamphetamine

Broader categories of drugs:

**Meth/amphetamine:** includes methamphetamine and other types of amphetamines

**Amphetamine-type stimulants:** includes methamphetamine and other types of amphetamines, including Ecstasy/MDMA

The goal of the National Ice Action Strategy is to reduce the prevalence of ice use and resulting harms across the Australian community.

This Strategy includes achievable actions across a range of areas that will help governments, service providers and communities to work together to reduce the supply and use of ice in Australia, and the harm it causes to the community.

The Commonwealth Government will provide additional investment to the National Ice Action Strategy, which will significantly strengthen the response to ice use in Australia, building upon the wide range of existing efforts already being undertaken by all governments.

State and territory governments are committed to tackling drugs like ice and will continue to progress initiatives and consider making additional investments in their own jurisdiction where appropriate.

The overall objective of the Strategy is to prevent people from using ice in the first place, help those who are using to stop, and to reduce the harms the drug is causing to users and the community.

The Strategy will ensure that:

- Families and communities have better access to information, support and tools to help them to respond to ice.
- Prevention messages are targeted at high-risk populations and accurate information about ice is more accessible.
- Early intervention and treatment services are better tailored to respond to ice and meet the needs of the populations they serve.
- Law enforcement efforts are better targeted to disrupt the supply of ice.
- Better evidence is available to drive our responses to ice.

# ICE USE IN AUSTRALIA

## MORE PEOPLE ARE USING ICE, MORE OFTEN

Reported use of ice has more than doubled since 2007: an estimated 200,000 Australians reported that they used ice in 2013, compared to an estimated 100,000 in 2007. More recent evidence — such as arrests, wastewater analysis and border detections — indicates that use continues to grow.

As ice use has risen, so too has the impact it causes. The number of hospitalisations related to methamphetamine increased five-fold between 2009–10 and 2013–14, and the number of specialist drug treatments provided for meth/amphetamines almost tripled over the same period.

Doctors, nurses, ambulance workers, police officers and other frontline workers are all reporting a significant increase in the number of ice users they encounter in their work.

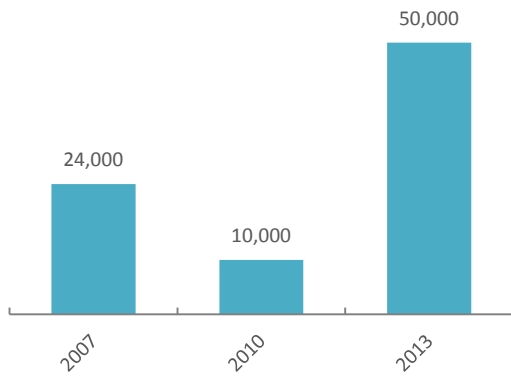
The use of ice is unevenly distributed across Australia. Young adults, people who are unemployed, and those who identify as homosexual or bisexual all report using ice at greater rates than the general population. Concerns are also held for vulnerable or at risk groups including young people and Indigenous people.

Smoking is seen as more socially acceptable by newer and younger users, while the proportion of people injecting the drug remains high. Both smoking and injecting have a high risk of dependence. There is a range of additional harms associated with injecting, such as transmission of blood-borne viruses.

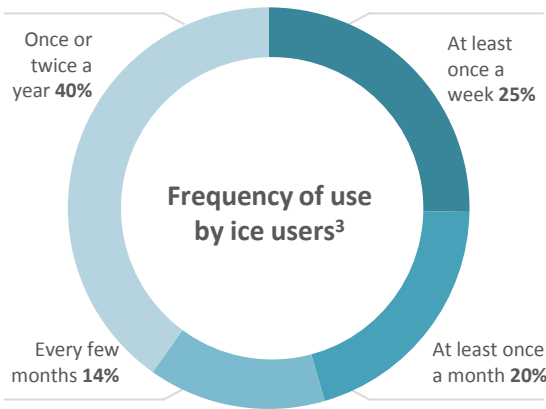
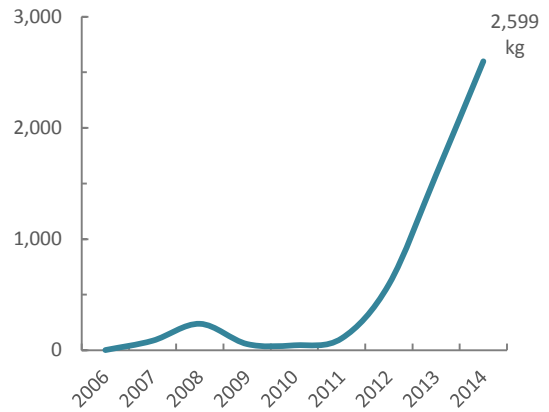
Ice is also commonly used in combination with alcohol and other illicit drugs like cannabis.



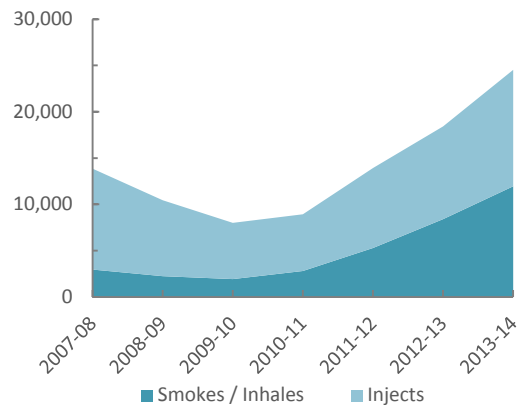
### Number of people using ice at least weekly<sup>1</sup>



### Kilograms of ice seized at the Australian border<sup>2</sup>



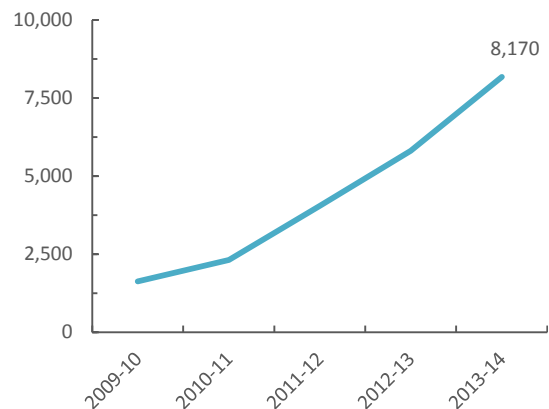
### Method of use by people receiving treatment for meth/amphetamines<sup>4</sup>



### Australian populations with high rates of ice use<sup>5</sup>

Population	Rate of use (%)
General population	1.1
Males aged 30–39	2.1
Females aged 20–29	2.7
Living in remote locality	3.1
Males aged 20–29	3.3
Unemployed	3.4
Identifying as homosexual or bisexual	5.4

### Number of methamphetamine related hospital separations<sup>6</sup>



# THE IMPACT OF ICE

## ICE IS A POWERFUL STIMULANT

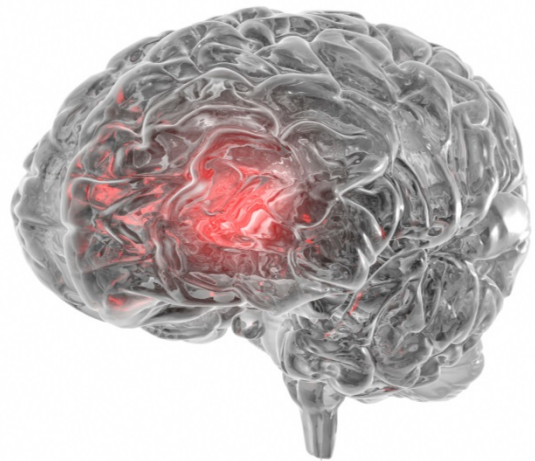
The purity of ice and other forms of methamphetamines is increasing and has reached the highest ever reported level.

Ice triggers a rapid release of dopamine in the brain. While producing a euphoric rush and increased alertness for many users, it can also trigger violent and aggressive behavior in some users.

Ice can cause psychological disturbances such as panic, extreme anxiety, agitation, paranoia, hallucinations and delirium.

The acute effects of ice can be followed by a 'crash' as the effects of the drug wear off, manifesting in a deep exhaustion that may last for several days.

Heavy, long term ice use is thought to damage the brain causing impaired attention, memory and motor skills.



## ICE USE IS CAUSING DISPROPORTIONATE HARM IN THE COMMUNITY

1.1 PER CENT OF AUSTRALIANS REPORTED USING ICE IN 2013

THE NATURE OF ICE MEANS ITS IMPACT ON SOCIETY IS SIGNIFICANT

**Risky behaviours** including unsafe sex, the sharing of needles by injecting users, and driving under the influence of drugs.

**Personal costs** including risk of dependence, physical and mental health issues, involvement in crime, loss of employment and housing and disruption to education.

**Distress for children, families and communities** including family breakdown, financial distress and concern over users' erratic and at times violent behaviour.

**Potential risk to frontline workers** including health, welfare and law enforcement workers, from aggressive behaviour of users and exposure to dangerous chemicals from labs.

**Concern in regional and remote communities** as ice becomes an increasing problem – with these populations particularly vulnerable due to isolation and socioeconomic pressures.

**Organised crime** supported by the profits from the sale of ice. More than 60 per cent of Australia's most significant organised criminal groups are involved in the methamphetamine market.

**Environmental impacts and property damage** caused by the chemical process used to manufacture ice in clandestine laboratories.

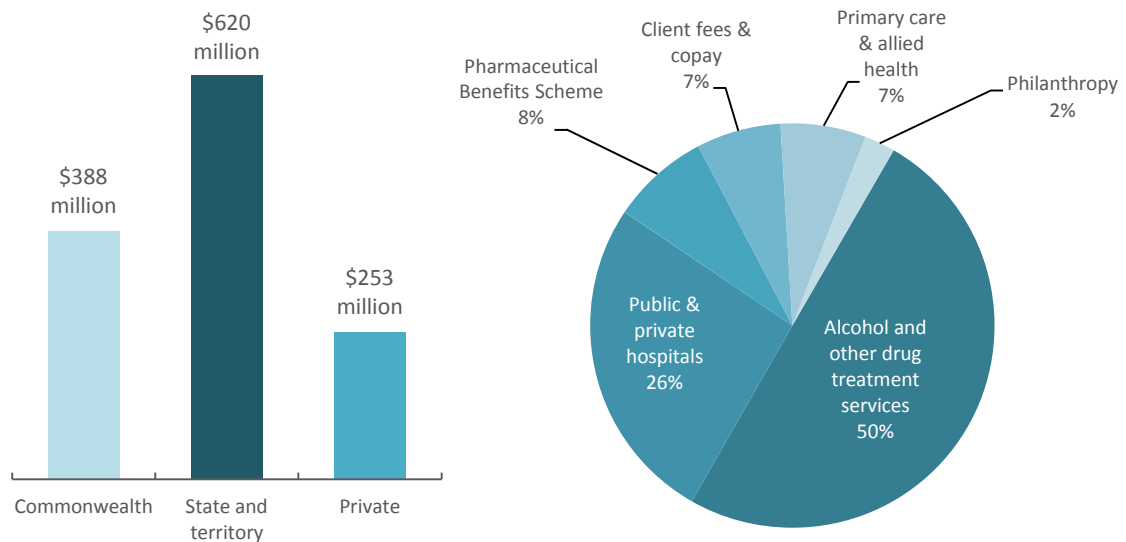
# EXISTING EFFORTS

AUSTRALIAN GOVERNMENTS AND COMMUNITIES ARE ALREADY TAKING ACTION TO TACKLE ICE AND OTHER ILLICIT DRUGS

## Prevention

- Online and telephone information, support and counselling hotlines are run in each state and territory
- Media campaigns about ice and methamphetamine have been run nationally and in some jurisdictions
- School-based alcohol and other drug education programmes are run in each state and territory
- Community development programmes are run in some states and territories to coordinate primary prevention responses
- Some discrete community-level campaigns about ice have been implemented
- States and territories and employers run programs aimed at preventing alcohol and other drugs, including ice, in workplaces

## Australian spending on alcohol and other drug treatment, funder and source 2012–13<sup>8</sup>



### Treatment and harm reduction

- Online counselling is available and methamphetamine-specific self-help models have been trialled
- Drug treatment services provide counselling, rehabilitation and withdrawal services
- Stimulant-specific services and therapeutic day rehabilitation are available in some areas
- Diversionary programs are available across states and territories to divert some offenders into treatment
- Indigenous Australians may access treatment in Indigenous-specific or mainstream services
- Needle and syringe programmes are run in each state and territory
- Drug driving tests are in use in many jurisdictions
- Brief interventions and counselling can be accessed through primary care and other related health and support services
- Drug and alcohol treatment programmes are delivered in prisons and the correctional system

### Law enforcement and supply reduction

- Jurisdictions conduct cooperative operational activities to disrupt importations, manufacture and distribution and target organised crime groups
- Legislation at Commonwealth, state and territory levels controls manufacture, trafficking and possession
- Local policing addresses drug use and disrupts supply activities in communities
- Offenders are prosecuted for drug related crime
- Domestic and border controls restrict the availability of chemicals and equipment used to manufacture ice
- Intelligence and international cooperation disrupts shipments of ice into Australia
- Screening of cargo and mail at the border to detect illicit drugs including methamphetamine
- Law enforcement detects and shuts down clandestine laboratories used to make ice
- Proceeds of drug crimes can be seized in all jurisdictions

## EXISTING ACTIVITIES AGAINST DRUG MISUSE ARE COORDINATED THROUGH THE NATIONAL DRUG STRATEGY

Australia's overarching approach to dealing with drugs is set out in the National Drug Strategy, which is a product of collaboration between Commonwealth, state and territory governments, and the community sector.

The National Drug Strategy strives for a balanced, evidence based approach to tackling drug use in the community that incorporates law enforcement, prevention, early intervention and health care strategies.

The National Ice Action Strategy will form a key part of a revised National Drug Strategy 2016–2025 which is currently being finalised.

The National Organised Crime Response Plan 2015–2018 outlines a number of initiatives that governments will pursue over the next three years to address the supply of ice in the community, as part of Australia's broader response to serious and organised crime.

The National Law Enforcement Methylamphetamine Strategy facilitates a nationally coordinated operational response to ice by defining roles and aligning responsibility for enforcement, intelligence collection and awareness.

State and territory governments also respond to drug misuse through their own drug and alcohol strategies.

Some jurisdictions have ice-specific action plans, and others are in the process of introducing and implementing strategies that respond to ice and other dangerous types of stimulants.

**The Commonwealth** undertakes a range of activities to reduce the supply, demand and harm associated with illicit drug use, including ice.



Under the National Drugs Campaign, the Commonwealth funds awareness-raising activities, advertising and social media campaigns to reduce young people's motivation to use illicit drugs.

The Commonwealth also provides funding to help people stop using ice, through specialist drug and alcohol treatment services, including Indigenous-specific services, the Pharmaceutical Benefits Scheme, the Medicare Benefits scheme, primary health care and other programmes.

School-based drug education, support for vulnerable families and communities, and research to improve our understanding of trends around emerging drugs of concern, such as ice, are also key parts of the Commonwealth's current efforts.

The Commonwealth's activities also include efforts at the border to stop ice and its precursor chemicals from arriving in Australia, and working closely with international partners to gather intelligence to reduce the supply of ice to Australia.

The Commonwealth also works with the states and territories to combat serious and organised crime groups involved in the manufacture and distribution of ice within Australia, including in regional and remote communities.

**New South Wales**, as part of the *Premier's Package of Ice Reforms*, is investing \$7 million in establishing three new Stimulant Treatment Program clinics and \$4 million for non-government treatment and rehabilitation services.



NSW is also tripling the number of roadside drug tests, halving the threshold required to charge dealers with possessing large commercial quantities of ice, requiring mandatory state-wide online recording of pseudoephedrine sales in pharmacies and developing a community education package on ice.

**Victoria**, as part of its *Ice Action Plan*, has made additional investment in a range of areas, including new treatment services, family drug support activities, community ice action groups, a family drug education programme and training for frontline workers.



The state is increasing the presence of drug testing police units to reduce the impact of drugs like ice on the road toll. It has also introduced new offences into Parliament that give police additional powers to arrest anyone involved in the illicit trade, including new offences relating to drug trafficking around schools.

**South Australia**, under its *Alcohol And Other Drugs Strategy*, provides a range of responses to address illicit drug issues such as ice, including: enhancements in specialist treatment services and programs; expanded routine screening and brief intervention; expanded provision of sterile injecting equipment; the development of clinical guidelines for the management of methamphetamine; and increased support for vulnerable families through the Family Services Program.



The state is also using analysis of wastewater to identify trends in the level of illicit drug use, including ice.

**Western Australia**, under its *Drug and Alcohol Interagency Strategic Framework*, is addressing ice use through investment in its treatment services for all alcohol and other drug problems and the reprioritisation of Department of Education funding to develop ice specific education resources and programs.



Meth Transport Teams will be established in Western Australia which will target the supply routes of methamphetamine into the state.

**Queensland**, through the development and implementation of the *Queensland Alcohol and Other Drugs Action Plan* and the *Queensland Mental Health Drug and Alcohol Services Plan*, is addressing ice use and investing in a range of service responses for alcohol and other drug problems.



Immediate investment has been directed to additional service responses tailored to meet local community needs and populations vulnerable to ice use including young people, Indigenous people, and people living in rural and remote communities. Increased investment in Drug and Alcohol Brief Intervention Teams will support emergency department staff and provide screening, assessment, intervention and referral for people affected by ice and other substances.



**Tasmania**, as part of its *Drug Strategy*, has increased the funding available for residential rehabilitation facilities for users of ice and other drugs, with a specific increase in the services available in the North West.



Tasmania also provides Child Health and Parenting Services which help families get help to ensure their children get the best start in life, which helps reduce the likelihood they will use ice or other drugs.

**Australian Capital Territory**, under its *Alcohol, Tobacco and Other Drug Strategy*, has invested over \$700,000 in accredited methamphetamine training for frontline alcohol and other drug workers and additional capacity for drug treatment services.



**Northern Territory** is addressing the impact of ice use through a combination of supply, demand and harm reduction strategies. By utilising existing stakeholder relationships, immediate priority actions are: providing support for schools and parents to speak with young people about the harms of drugs; providing accessible and evidence-informed material to increase community understanding about the effects of drug use; producing communication strategies that target those most at risk; and improving access to telephone information, counselling, treatment and follow-up services.



The Northern Territory is also increasing the availability of workforce development for frontline workers in the health and community services sector, including methamphetamine-specific training to help deal with the ice problem. The *NT Joint Law Enforcement Ice Strike Force* is working to interrupt the supply of ice into the territory.

# THE CHALLENGE OF TACKLING ICE

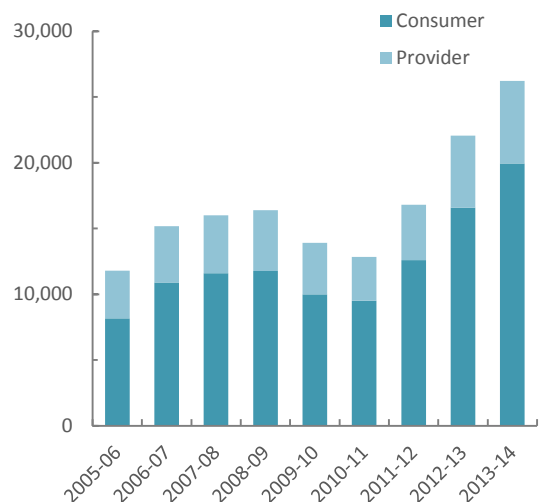
## DESPITE CURRENT EFFORTS THE MARKET FOR ICE REMAINS STRONG

Australia’s law enforcement agencies have responded strongly to disrupt the supply of ice. Increased cooperation has assisted in the detection and seizure of record amounts of ice at the border.

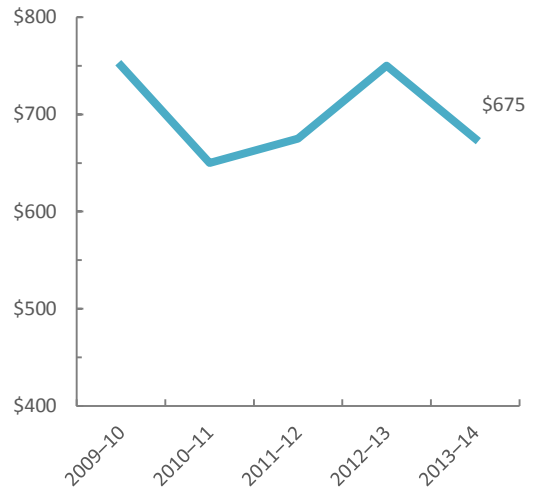
The annual weight of amphetamine-type stimulant seizures increased more than five times from 2009–10 to 2013–14. Domestically and at the border, over four tonnes were seized in 2013–14 — worth an estimated street value of more than \$3 billion. The number of arrests relating to amphetamine-type stimulants within Australia have risen sharply in recent years.

Large seizures of amphetamine-type stimulants should push up prices, but despite the significant efforts of law enforcement agencies, the market for ice and other forms of methamphetamine remains strong due to persistent demand. Ice is still easy to get and its price remains stable.

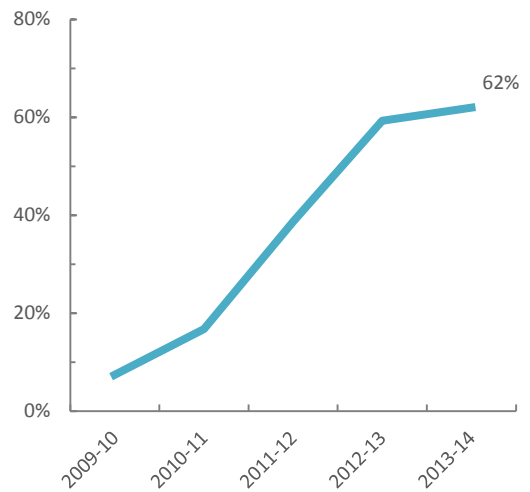
**Arrests for amphetamine-type stimulant drug offences<sup>9</sup>**



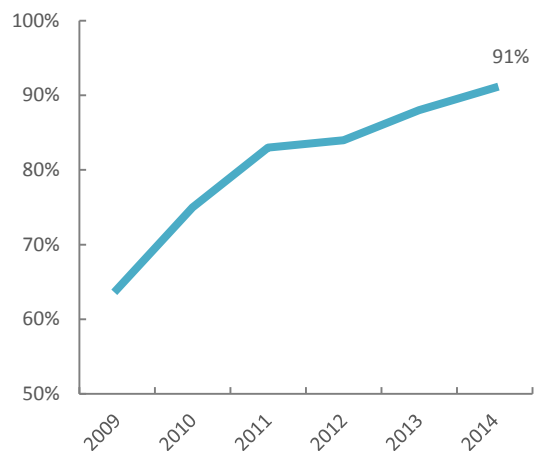
National annual median street price for one gram of ice<sup>10</sup>



National annual median purity of domestically seized methamphetamine<sup>11</sup>



Australian injecting drug users reporting that it is easy or very easy to access ice<sup>12</sup>



## THE SUPPLY OF ICE IS RESILIENT

### **Production and supply methods are flexible**

As a synthetic substance, ice production is not dependent on plant-based material and there is a wide range of chemicals that can be used to manufacture it.

One disrupted source of supply of ice, or the precursors used to make it, is easily replaced by another.

### **Imports are hard to intercept**

Ice imports are increasingly difficult to detect as concealment methods become more sophisticated.

### **Strong involvement from organised crime**

There is increasing cooperation, both within Australia and internationally, between organised crime groups involved in the ice trade, including outlaw motorcycle gangs. Organised crime leaders shield themselves from detection and prosecution.

### **High Australian price compared with other countries provides incentives for organised crime**

The price of ice in Australia is more than twice that in the United States and more than six times that in China. This contributes to strong profit incentives for organised crime.

While the wholesale price of methamphetamine has reduced in recent years, the street price has remained relatively constant, increasing the profits for organised crime groups.

## MANY FACTORS DRIVE THE DEMAND FOR ICE

### **Ice is a powerful yet relatively affordable drug**

Many people start using ice because they believe it is a powerful stimulant that increases confidence and energy at a relatively affordable price – at \$50 per dose in some parts of Australia, it can be cheaper than a night on alcohol. The street price is also considered good value because the product is increasingly pure.

### **Ice is widely available**

Ice users report that the drug is easier to obtain than five years ago, and that it can be obtained very quickly. According to one Australian study, the time taken to purchase drugs was typically short—a median of 15 minutes.

### **Repeated use can easily lead to dependence**

A significant proportion of ice users report using the drug at least once a week (25.3 per cent). Ice is more likely to cause dependence than many other drugs and has a very long withdrawal and recovery phase.

### **A strong effect can be achieved through smoking**

The effects of ice can be achieved through smoking, not just through injecting, giving the illusion the drug is safer and making its use appear more socially acceptable.

### **Social networks play a key role**

Social networks appear to make up at least half of methamphetamine transactions at the retail level. This contributes to the 'network effect': more people accessing and using the drug leads to greater promotion and exposure, which in turn increases its popularity.

# TREATING ICE CAN BE A LONG AND DIFFICULT PROCESS

## Dependent ice use is challenging to treat

The withdrawal, treatment and recovery period for dependent ice use is prolonged and clinically different from other drugs. However, similar to other illicit drug users, many dependent ice users also have co-occurring mental health issues, or multiple drug misuse issues, that further complicate treatment.

## Ice users tend to delay treatment

There is an average time-lag of around 5 years between first problematic use and when people seek help for ice. Many users only seek help once they have developed a long-term or severe dependence.

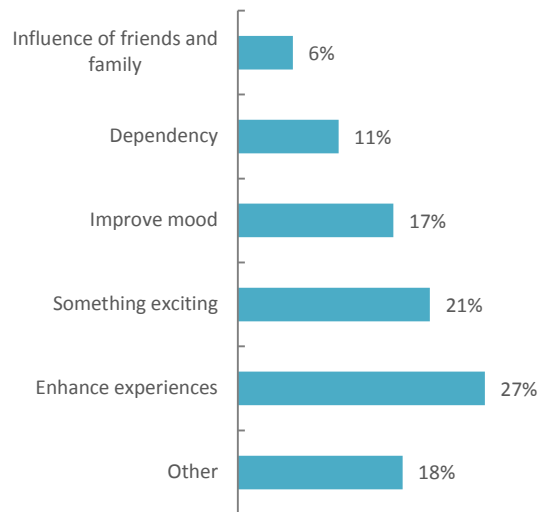
## Not all services are configured for ice

Many services are able to treat people with alcohol, cannabis and heroin dependency. Ice users have different treatment needs and some services may not yet be configured to provide effective treatment.

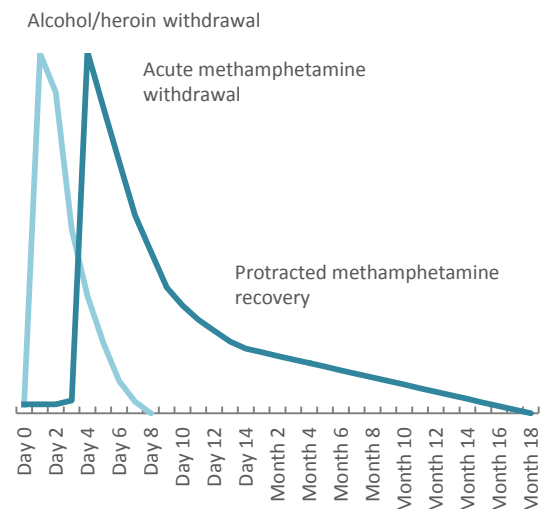
## Rates of relapse are high

As with many illicit drugs, relapse following treatment for ice use — including residential rehabilitation and withdrawal management — is very common. For ice it can be as high as 80 to 90 per cent.

## Reasons given for continued ice use by ice users<sup>13</sup>



## Estimated intensity of withdrawal periods<sup>14</sup>



# OUR STRATEGY

## THE HARM ICE USE CAUSES AUSTRALIA WILL BE REDUCED THROUGH FIVE AREAS OF ACTION

The immediate priority is to provide more support to those Australian families and communities who are suffering the most harm from the increasing use of ice.

The largest gains to be made in solving Australia's ice problem will come from reducing the demand for the drug. To properly curb the demand for ice, we need to target prevention efforts towards high-risk populations, increase investment in treatment with improvements in how treatment programmes are delivered.

Law enforcement will remain critical in helping to stop the supply of ice. We need to build on recent successes in arrests and seizures of ice by increasing the use of intelligence and international cooperation, as well as directly targeting organised crime groups and criminal networks.

Finally, governments need to improve data and evidence to inform their responses, particularly to ensure that any increase in effort and investment goes to areas of highest need. Regular reporting on progress will allow governments to track the impact of our efforts.

A number of initiatives will require joint Commonwealth–state action, while others involve Commonwealth or state-only action.

## Support for families and communities

Communities need access to information and resources in order to make the most difference in developing solutions that are right for their local population.

Families, teachers and students need to know where they can go for the right information and guidance about ice, so they can respond appropriately and confidently.



## Targeted prevention

We can complement our already significant existing efforts in school-based prevention and education activities by doing more to target those most at risk of using ice. We need to use existing local networks and supports, such as sporting clubs, to deliver prevention and education messages when and where they are needed.

We need to expand our efforts in high-risk workplaces so they are better able to prevent ice use and respond to ice when it emerges as an issue.



## Investment in treatment and workforce

We need to improve the way we deliver services to ice users by ensuring that people seeking help can access a range of flexible treatment options that are suited to their needs.

We can better support frontline workers to help them manage and treat ice in by providing national evidence-based guidelines and training.



## Focused law enforcement

We can enhance our already substantial law enforcement efforts to disrupt the supply of ice in Australia through better use of intelligence and international engagement.

We can respond more effectively to the domestic manufacture and distribution of ice by targeting organised crime groups and criminal networks involved in the ice trade, and strengthening controls on precursor chemicals used to make ice.



## Better research and data

Our efforts need to be informed by improved data and research to enhance our knowledge about drugs like ice. These expanded data and evidence sources will help inform how governments respond to ice and other emerging drug trends.



# OUR ACTIONS

## FAMILIES AND COMMUNITIES

- Establish up to 220 new Community Drug Action Teams across Australia. The teams will bring together community groups to reduce drug related harms at a local level.
- Launch the ‘Positive Choices’ web portal to deliver up-to-date, accessible, and relevant information on ice to community organisations, parents, teachers and students.
- Establish a national phone line that will serve as a single point of contact for individuals and families seeking to receive information, counselling and other support services for dealing with ice use and other drugs.

## PREVENTION

- Deliver evidence-based targeted communication activities, including through social media and other innovative media.
- Support more than 1,200 community sporting clubs to deliver prevention messages about ice, including sporting clubs in remote Indigenous communities.
- Develop strategies to increase prevention and education about ice in high-risk industries such as mining, construction and transport.

## TREATMENT AND THE WORKFORCE

- Increase investment in the alcohol and other drug sector, including for Indigenous-specific drug and alcohol services.
- Expand the Counselling Online programme to provide a national online counselling service for people affected by substance misuse.
- Establish a new national treatment framework that clarifies government roles and improves planning across the sector, so that communities have the types of services they need.
- Increase the links that exist between Primary Health Networks and health care providers and community services to improve continuity of care.
- Support expanded training to promote the use of the Alcohol, Smoking and Substance Involvement Screening Test and Brief Intervention tool nationally to provide screening and brief interventions for ice and other drug problems.
- Enhance the delivery of early intervention and post-treatment care through Primary Health Networks.
- Implement a pilot quality framework to provide consistent and appropriate treatment in accordance with best practice.
- Add new items to the Medicare Benefits Schedule to increase the availability of care through addiction medicine specialists.
- Renew and disseminate a national suite of evidence-based guidelines to assist frontline workers to respond to ice in their workplace.
- Renew and disseminate National Comorbidity Guidelines for alcohol and drug treatment services to assist with managing co-occurring alcohol, drug and mental health conditions.



## LAW ENFORCEMENT

- Strengthen international cooperation through developing a new international supply disruption strategy.
- Strengthen the eligibility criteria of the Aviation Security Identification Card and Maritime Security Identification Card schemes to target serious and organised crime.
- Achieve greater national consistency of controls on precursor chemicals and equipment used to manufacture ice.
- Develop and implement a national electronic End User Declaration system.
- Develop a pilot infrastructure platform to inform the design and development of a National Criminal Intelligence System.
- Run a national Dob in a Dealer campaign to encourage the public to report information on drug manufacture and distribution in their community.
- Develop a national cooperative scheme to target the unexplained wealth of people involved in serious and organised crime.
- Work through existing structures to disrupt the production and supply of ice in regional and remote areas.
- The Northern Territory to pilot the Swift, Certain and Fair Sanctions model and share the results with other jurisdictions.
- Conduct a national review of drug diversionary programmes to inform best practice approaches and options for improving and expanding existing arrangements.

## RESEARCH AND DATA

- Establish a National Centre for Clinical Excellence in treatment, research and training for emerging drugs of concern, with an initial focus on ice.
- Invest in research into medication for ice addiction and also into methamphetamine use in Indigenous communities.
- Create a new Australian Crime and Justice Research Centre to provide a coordinated national law enforcement and justice research and intelligence picture on illicit drug markets like ice.
- Increase the quality and quantity of drug use data in Australia by:
  - increasing the frequency and quality of population prevalence data
  - enhancing national treatment data
  - continuing the Drug Use Monitoring in Australia programme
  - continuing wastewater testing
  - expanding the Ambulance Project.

# GOVERNANCE AND IMPLEMENTATION

## **Improved governance**

In response to Recommendation 32 of the National Ice Taskforce's Final Report, a new Ministerial Drug and Alcohol Forum will be formed to oversee the development, implementation and monitoring of Australia's national drug policy framework, including the National Ice Action Strategy, from 2016.

This Forum will consist of health and justice Ministers with responsibility for alcohol and drug policy and law enforcement and report directly to COAG.

## **Implementation and Reporting**

The implementation and monitoring of the National Ice Action Strategy is the responsibility of all governments, and will be a key component of the next National Drug Strategy (currently under development).



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**2015**