



BEYOND 2008 REGIONAL REPORT:

AUSTRALIA AND NEW ZEALAND

NGO Regional Consultation

Australia and New Zealand

March 2008

AUSTRALIA

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NEW ZEALAND

Regional Lead Organisation: New Zealand Drug Foundation (NZDF)

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AUSTRALIAN NATIONAL COUNCIL ON DRUGS

AT THE HEART
OF THE MATTER,
NZ DRUG
FOUNDATION.
Te Tūāpapa Tarukino o Aotearoa

ACKNOWLEDGEMENTS

This regional report was prepared by Allen & Clarke Policy and Regulatory Specialists on behalf of the New Zealand Drug Foundation (NZDF) and members of the Australian National Council on Drugs (ANCD) Secretariat on behalf of the ANCD. In particular, we thank Ms. Brigid Borlase (Allen & Clarke) and Ms. Amanda George and Ms. Tracey Kristiansen (ANCD) for preparing the report. We thank Ms. Martina Melis and Mr. Ross Bell from the NZDF, and Mr. Gino Vumbaca from the ANCD for their comments.

The Australian review included interviews with 42 NGOs—we thank Ms. Cate Cocks, Ms. Amanda George and Ms. Tracey Kristiansen for conducting these telephone interviews. We also thank Ms. Julie O’Donnell for administrative assistance.

The New Zealand consultation meeting was organised by Ms. Krista Matheson (NZDF), with assistance from Ms. Melony Clark (Allen & Clarke), and involved representation from NGOs and government officials. We thank the speakers and participants for their attendance and valuable contribution to the discussions.

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ABBREVIATIONS USED

ADCA	Alcohol & other Drugs Council of Australia
ANCD	Australian National Council on Drugs
AOD	Alcohol and other drugs
ATS	Amphetamine-type-stimulants
BZP	Benzylpiperazine
CAYAD	Community Action on Youth and Drugs
CND	Committee on Narcotic Drugs
EACD	Expert Advisory Committee on Drugs
ECOSOC	United Nations Economic and Social Council
INCB	International Narcotics Control Board
ILO	International Labour Organisation
MSIC	Sydney Medically Supervised Injecting Centre
NEP	Needle Exchange Program (New Zealand)
NGO	Non-government organisation
NSP	Needle and Syringe Program (Australia)
NZDF	New Zealand Drug Foundation
UN	United Nations
UNAIDS	Lead United Nations AIDS Body
UNDOC	United Nations Office on Drugs Control and Crime
UNESCO	United Nations Educational, Scientific and Cultural Organization
VNGOC	Vienna NGO Committee
WHO	World Health Organisation

GLOSSARY OF TERMS

Hapū: Sub-tribe

Hauora: Health, encompassing physical, emotional, spiritual and mental health

Iwi: Tribe or nation

Kaupapa Māori: kaupapa refers to principle(s); therefore kaupapa Māori services are services which are based on Māori principles of inclusion of (for example) whānau and acknowledgement of whakapapa (ancestry and forebears), te reo Māori and tikanga Māori, access to traditional healing and guidance from kaumātua (elders)

NGO peak body: An Australian NGO established to represent the views of NGOs within a given jurisdiction

Pakeha: New Zealander of non-Māori descent (most commonly European)

Taha Māori: refers to a Māori perspective or world view

Te reo Māori: the Māori language

Tikanga Māori: refers to the Māori way of doing things; tikanga can refer to customs, conventions, protocols and methods

Tino rangatiratanga: refers to concepts of self-determination, absolute sovereignty, autonomy

Whānau: Māori family, noting that this includes the extended biological family and can be applied to groups joined by experience, spiritual links, a common need, shared journey or other bonds

EXECUTIVE SUMMARY

This report presents the findings from the consultations held in Australia and New Zealand as part of *Beyond 2008*, a project of the Vienna NGO Committee on Narcotic Drugs. *Beyond 2008* is a rare opportunity for grass-roots expertise to contribute to a global drug policy process.

The Australian and New Zealand consultation round was one of thirteen held in nine regions across the world. All consultation rounds were focused on *Beyond 2008*'s three objectives:

1. to highlight tangible NGO achievements in the field of drug control;
2. to review best practices related to collaborative mechanisms between and among NGOs, governments and UN agencies; and
3. to adopt a series of high order principles as a guide for future deliberations on drug policy matters.

Australian and New Zealand participants demonstrated a high degree of consistency across all three objectives, noting that there has been significant NGO contribution to drug control in the last ten years; however challenges (structural, political, social and ideological) remain,

and create barriers to realising the full extent of improvements that could be made around drug control.

Participants in both countries noted that collaboration and coordination are critical to effectively minimising drug-related harm. One of the key emerging points was the need to take a holistic, health and well-being approach to drug control, requiring collaboration at local, national and global levels, and across a wide range of sectors and agencies. For many, *Beyond 2008* was their first opportunity to participate in a UN drug policy development process.

Australian and New Zealand participants were remarkably consistent in their recommendations for high order principles, most notably that the UN Drug Control conventions should adopt a harm minimisation framework, and should explicitly protect human rights.

Such changes within UN drug policy would be considered a success by most participants who gave their highly valuable time to this endeavour. Despite resource limitations, NGOs want opportunities to be further involved and to contribute their wealth of expertise and knowledge well beyond this review process.

INTRODUCTION

In 1998, the United Nations General Assembly Special Session (UNGASS) was held to develop proposals for future global drug control. The result was the establishment of ambitious targets to be achieved by 2008. The General Assembly called governments and non-government organisations (NGOs) to work together to assess the drug problem, identify viable solutions and implement appropriate policies and programmes. In 2006, the Commission on Narcotic Drugs (CND) called for increased NGO participation in the tenth anniversary of the 1998 UNGASS, reviewing progress toward the targets set in 1998, and to initiate discussion on the future of international drug policy.

To obtain input from NGOs across the globe, the VNGOC, in partnership with UNODC and through Regional Lead Organisations, held thirteen regional consultations. All were focused on discussion around three key objectives:

1. to highlight tangible NGO achievements in the field of drug control;
2. to review best practices related to collaborative mechanisms between

and among NGOs, governments and UN agencies; and

3. to adopt a series of high order principles as a guide for future deliberations on drug policy matters.

Each consultation is being developed into a regional report. These reports will be considered at an international consultation meeting in Vienna in July 2008, and then be summarised and submitted to CND in 2008 and 2009.

This report presents the findings from the consultations held in Australia and New Zealand.

METHODOLOGY

The consultations in Australia and New Zealand each had different methodologies. Due to budgetary limitations and the geographical scope of the country, the Australian review process involved individual telephone interviews with 42 NGOs across the country.

The New Zealand consultation involved 45 participants in a face-to-face forum, as per the UN methodology. However, a distinct feature of the New Zealand consultation was involvement of both NGO representatives and government officials as observers. The Australian and New Zealand methodologies are discussed in further detail in Appendices 1 and 2, respectively.

Detailed individual reports of Australia and New Zealand consultations will be located at:

www.ancd.org.au

www.drugfoundation.org.nz

It is important to note that the answers to each question contained within this report do not necessarily reflect the

views of all participants. Responses varied, but efforts have been made to identify the key themes that emerged from analysis of the qualitative responses. Participants did not see or comment on a draft copy of this report before completion.

NOTE ON RESPONDENTS AND PARTICIPANTS

Throughout the report the authors have referred to “participants” or “respondents” rather than “NGOs:” the New Zealand consultation meeting included government officials as well as NGO representatives. Where the term NGO or NGOs is used, it refers to specific organisations; to comments resulting from the Australian consultation; or to comments that came from NGOs present at the New Zealand consultation.

NOTE ON INTERNAL CONSISTENCY

Some responses noted in this report may appear to be inconsistent, for example participants commenting on both increased

collaboration, and also negative effects of increased NGO competition for funding, and politicisation of the sector. These types of responses highlight the variety of opinions held by participants, and also indicate that relationships between parties in the AOD sector are subject to a range of influences and can change depending on the situation they are operating in.

NOTES REGARDING AUSTRALIAN GOVERNMENT

The Australian system of government encompasses the National (Federal) Government and State/Territory Governments for each of the six states and two territories in Australia. There are more than 700 councils across Australia (smaller legislative bodies that make by-laws). Almost no comments were made concerning involvement at the local level. However, most respondents provided comments regarding both Federal and State/Territory Government involvement.

The Australian Federal Government changed at the election held on the 24 November, 2007. This report reflects responses about the Federal Government prior to the new government being elected.

COMMENT ON PACIFIC REPRESENTATION

Participants at the New Zealand consultation meeting noted that there was limited representation from the Pacific community in New Zealand¹ (see Appendix 2); however they also noted that the Pacific had been included in the Asian region and that Fiji was the only Pacific Island nation represented in the *Beyond 2008* process. This report from the Australia and New Zealand cannot, therefore, be assumed to represent Pacific views on the UN Drug Conventions, or to provide comment on domestic approaches to drug control, drug policy and services available in Pacific Island countries and territories.

¹ In the New Zealand context, Pacific peoples include those born in New Zealand and Island-born people who have emigrated to New Zealand. The distinct histories, cultures, languages and social structures of all Pacific nations need to be recognised within the term "Pacific peoples."

OBJECTIVE 1: NGO ACHIEVEMENTS

KEY POINTS

- Changes since the 1998 UNGASS have been largely positive and support a more inclusive and balanced approach to drug policy, though challenges remain around NGO access to resources and funding, workforce development, and politicisation of the sector.
- There is limited scope or need for alternative development projects in the region.
- Demand reduction successes include needle exchange, pharmacotherapy and culturally-relevant practices and programmes; however there is significant opportunity to improve the scope, coverage and effectiveness of demand reduction initiatives.

1.1 DEVELOPMENTS OVER THE LAST 10 YEARS

1.1.1 COMMON THEMES

There were some identifiable common themes across the two countries concerning how NGO activities in the field of drug control have developed in our region since 1998. These were:

- Increased professionalism in the alcohol and other drug (AOD) sector;

- Expansion of treatment services;
- Movement towards culturally relevant practices; and
- Support for a harm minimisation framework.

1.1.1.1 INCREASED PROFESSIONALISM

The AOD sector in the region now draws more from research to implement evidence-based practice, has received more recognition and is generally viewed as more credible compared with the past.

An increase in networking opportunities (through conferences, meetings etc) was also expressed, as was an increase in collaboration across sectors. Additional comments (Australia) included an increased emphasis on quality assurance and accreditation in regard to meeting standards and achieving minimum outcomes. Similarly, in New Zealand, the advent of the Health Practitioner's Competency Assurance Act 2003 was seen by participants as having made a positive impact.

Respondents noted greater collaboration across NGOs in both countries, with a sense of greater unity expressed in the Australian review.

Finally, additional funds meant that monitoring processes had improved, and had increased the accountability of NGOs (Australia), while more funding in the area of research was mentioned by participants during the New Zealand consultation. Additional comments were raised concerning workforce development and professionalism in Australia and these are discussed in Section 1.1.2.

1.1.1.2 EXPANSION OF SERVICES

There were some responses common to both countries concerning the expansion of treatment services. These included pharmacotherapy treatments and wider access to treatment services for those that required them. Needle exchange was the predominant example in New Zealand, as was the expansion by NGOs into production of redible educational material of a high quality.

1.1.1.3 CULTURALLY RELEVANT PRACTICES

The development of culturally relevant practices was seen across the region. In Australia, participants acknowledged the development of services for specific population sub-groups, such as those from a particular ethnic origin and attempts to address language barriers. However, such developments were more frequently cited in the New Zealand consultation—examples included kaupapa Māori services (by and for Māori), as well as ensuring that mainstream services were accessible and responsive to Māori and Pacific peoples.

1.1.1.4 HARM MINIMISATION PHILOSOPHY

During the New Zealand consultation, participants mentioned the country's harm minimisation philosophy. This overarching framework is based upon the three pillars of supply reduction, demand reduction and harm reduction. While Australian NGOs did not specifically highlight this as a recent development, this same philosophy is also the basis for drug policy in Australia and was commented upon in responses to other questions. Some participants in both countries expressed the tension between the

harm minimisation philosophy and an abstinence-based ideology that they felt was predominantly embraced by the government. In Australia, this tension was felt at the Federal Government level, rather than the State/Territory Government level.

1.1.1.5 CHALLENGES

NGOs across the region reported common challenges concerning a lack of development in some areas of the AOD sector. Briefly, these were:

- lack of services to meet demand;
- the need for more workforce development, particularly in relation to improved training programmes (and more opportunities to engage in such programmes);
- lack of funding relative to other health sectors, such as mental health;
- competition across NGOs for funding that limits collaborative relationships; and
- the politicisation of the AOD sector and its potential impact upon funding contracts.

1.1.2 AUSTRALIA

Developments mentioned during the Australian review included increased funding from both state and federal sources, although this was still considered less than other health areas, and that funds had not necessarily been directed appropriately. The expansion of treatment and other services, especially diversion programmes was also noted, as was greater involvement of consumers in service planning and research.

Overall, there has been a move towards holistic treatment approaches (although not as rapidly as some would like). An increase in the number of clients accessing treatment services was noted, with the treatment of those with complex issues (such as those with a forensic background) reported as being more common than in the past.

Although retention issues and stress within the workforce were noted, improvements in staff salaries, the ability to recruit staff with directly relevant qualifications and training, and to examine workforce issues and development more rigorously were all noted as positive developments.

In terms of NGO development, the establishment of NGO peak bodies in each Australian state and territory to complement the already established national peak body—the Alcohol and other Drugs Council of Australia (ADCA)—were considered positive developments. The formation of the Australia National Council on Drugs (ANCD) in 1998, which is a broad and independent expert voice that provides advice on drug and alcohol matters directly to the Prime Minister, was also highlighted as a positive development.

Less positively, the issue of the AOD sector becoming more politicised over the last 10 years was raised. Noted effects of this included that the government may selectively choose NGOs for participation in decision making processes and/or some NGOs must operate more conservatively to be in line with government views. It was felt that this was related to funding, with the feeling that this has, to a certain extent, held back the sector from improving itself and developing different methods of overcoming drug and alcohol issues.

1.1.3 NEW ZEALAND

In New Zealand, examples of sector development during the last 10 years

included greater capacity building among NGOs. This has enabled NGOs to develop skills for advocacy and lobbying (noting that participants felt there is still room for further development in all these areas). In addition, an improved research capacity was expressed which has led to a greater body of knowledge to draw from and greater emphasis on evidence-based practices, as highlighted above. Finally, New Zealand respondents referred to an increase in consumer involvement and this included training and accreditation to become involved in service provision.

1.2 ALTERNATIVE DEVELOPMENT PROJECTS

The UNGASS review process included a question regarding examples of alternative development projects undertaken by, or involving NGOs, in the region. This question was not applicable for the Australian review and was therefore excluded. However, it was asked during the New Zealand consultation. Participants mentioned one programme which attempted (with apparently limited success) to provide an alternative to intergenerational cannabis cultivation in some parts of the country.

1.3 THE MOST EFFECTIVE DRUG DEMAND REDUCTION PROJECTS OR SERVICES

1.3.1 COMMON THEMES

Respondents were asked what they considered were the most effective demand reduction developments in the region within the last ten years. Examples common to each country included the following:

- pharmacotherapy treatments;
- Needle Exchange Programmes (NEPs; referred to as Needle and Syringe Programmes [NSPs] in Australia);
- the move towards culturally relevant practices in the AOD sector; and
- some education initiatives. With regard to education efforts, many NGOs in both countries questioned the effectiveness of current school-based drug education programmes. Furthermore, in Australia, several participants were critical of mass media campaigns since they were seen as ineffective, with some respondents referring to them as scare campaigns. Yet, what *was* seen as effective across both countries were peer-based education initiatives.

1.3.1.1 EVIDENCE FOR EFFECTIVENESS OF THESE DEVELOPMENTS

Unfortunately, NGOs in both countries provided minimal details concerning specific evaluations of demand reduction initiatives in the region. However, general comments included that the sector recognised the need for evidence-based approaches and that often, evaluations were a necessary component of any funding contractual arrangement. As such, the sector had seen improvements in monitoring and reporting practices (as explained in Section 1.1).

1.3.2 AUSTRALIA

In Australia, use of methadone and buprenorphine as treatments for opiate addiction were seen as particularly effective, a view backed by formal evaluations conducted in the country. Other treatment examples highlighted the diverse views of participants and included rehabilitation based on abstinence outcomes, outreach programmes (like home detoxification), residential treatment and after-care programmes to prevent relapse.

There were contrasting views regarding the efficacy of school drug

education programmes, but the recent amphetamine-type stimulants (ATS) campaign was one example noted as an effective education initiative. Participants noted the need for proper plans for action and formal evaluations as part of any education initiative.

Less frequently, programmes working with high-risk children to help stop inter-generational drug use were mentioned as having been very effective. Unfortunately, further details concerning the evaluations for these were not provided. Some suggested that Australia is still not very focused on early intervention.

Other responses not thus far mentioned included the developing discussions about potential drug testing in schools and the Sydney Medically Supervised Injecting Centre (MSIC)—examples that again illustrate the vastly different views held by some participants in the sample.

1.3.3 NEW ZEALAND

The development of NEPs as an effective initiative was emphasised by participants, noting that their establishment has been correlated with lower and less frequent levels of injecting drug use in the country. As noted, the development of

culturally relevant practices was also more relevant to New Zealand. Specific examples included services provided by Community Action on Youth And Drugs (CAYAD). CAYAD is a government-funded project that began in five sites in the late 1990s, and is now established in 23 sites around New Zealand. CAYAD teams (many of them operating in a kaupapa Māori context) partner with key agencies to deliver services to promote effective policies concerning youth and drugs, reduce harm and demand, and develop positive opportunities for young people. Partnerships with whānau, hapu and iwi, and with Māori research organisations are examples of how CAYADs provide culturally relevant services.

Finally, participants identified the need for and support of locally relevant action, for example initiatives focusing on the high use of party pills in Christchurch. Participants felt that such instances were seen as more effective than a blanket nation-wide approach that is unable to focus on specific local or regional issues.

OBJECTIVE 2: IMPROVED COLLABORATIVE MECHANISMS

KEY POINTS

- Participants' engagement with central government is limited. Government processes, and participants' limited resources do not always support effective dialogue and consultation.
- Ideological differences between government and non-government sectors can be a barrier to effective engagement.
- Participants reported minimal engagement and limited awareness of ways to work with UNODC and other UN agencies; however they have practical ideas for improving engagement with the UN, and are clear about what they can contribute, and what they want to receive from collaboration and engagement with central government and the UN on drug policy issues.

2.1 GOVERNMENT ENGAGEMENT WITH NGOS

2.1.1 COMMON THEMES

While New Zealand and Australia have different structures of government, NGOs reported similar experiences in engaging with different levels of government, and similar challenges that can limit NGO participation in national drug policy development.

2.1.1.1 LIMITED ENGAGEMENT WITH CENTRAL GOVERNMENT

Participants in both countries reported that they have limited direct engagement with Federal (Australia) and Central (New Zealand) Government. NGOs noted that for many, engagement is primarily concerned with contractual funding arrangements rather than on dialogue about drug policy or strategy issues.

NGOs reported a perception that the voice and opinion of their sector is not always respected by government, and this is reflected in the ways that government does (or does not) engage with them.

Both governments do involve NGOs in consultation on policy issues; however the methods of consultation do not always support meaningful NGO input.

2.1.1.2 CHALLENGES

NGOs in both jurisdictions reported facing similar challenges with regard to engaging with government. Briefly, these were:

- consultation timeframes that are too short;
- limited or no feedback on NGOs' submissions or contributions to consultation;
- limited resources to enable participation in discussions (for example, time, personnel, skills and funding limitations);
- dealing with the 'tough on drugs' approach supported by the central governments, with a perceived favour towards abstinence-based approaches; and
- limited access to and knowledge of opportunities to participate in consultation and policy development opportunities.

These challenges are explored in more detail in Section 2.4.

2.1.2 AUSTRALIA

The structure of Australian Government allowed comparisons between engagement with Federal and State/Territory Government—there were almost no comments regarding engagement at the local government level.

2.1.2.1 FEDERAL GOVERNMENT

Although involvement was less than with the State/Territory Government, NGOs generally felt that the Federal Government engaged them well in the development of drug policy, strategy and practice. For example, NGOs are generally included in government consultations around funding models (explicit examples included in Australian specific report) where NGOs reported that their expertise and knowledge was valued. One reported exception was the Northern Territory Intervention² where some felt there had been inadequate consultation with those involved. The authors assume that these comments referred to inadequate consultation with Indigenous representatives and leaders of affected communities.

The ANCD, and its subcommittees, were mentioned as a source for effective engagement due to their direct line to the Prime Minister. However, participants

² This intervention occurred when the Federal Government announced national emergency measures in June 2007. The intervention was intended to protect Aboriginal children in the Northern Territory from sexual abuse, and stemmed from the release of the Northern Territory Government Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse's report: *Little Children are Sacred*. The report can be accessed at: http://www.nt.gov.au/dcm/inquirysaac/pdf/bipacsa_final_report.pdf Information on the intervention can be found at: <http://www.facs.gov.au/nter/>

suggested that community user groups should be represented in the ANCD membership.

2.1.2.2 STATE/TERRITORY GOVERNMENT

Relationships with the State/Territory Government were generally stronger, and considered to be partnership-based. Examples included involvement with statewide committees and advisory committees that provide the opportunity for feedback into new policies, training, funding and procedures, as well as the opportunity to comment on policies, funding arrangements and the development of standards. In addition, since the states/territories deliver treatment services, NGOs felt that their dialogue was particularly respected at this level. The place of peak NGO bodies, which represent NGOs in each state and territory, was seen as a strong linking point with government.

2.1.2.3 ADDITIONAL CHALLENGES

Despite positive developments, some additional challenges were raised and included:

- an over-reliance on NGOs for the provision of services;

- few opportunities for collaboration with other NGOs; and
- the need for more respect for NGOs, and wider consultation and transparency—these challenges are discussed in further detail in Section 2.4.

2.1.3 NEW ZEALAND

In general, New Zealand participants reported less positive experiences of engaging with central government, citing the challenges noted above, but with more emphasis than their Australian counterparts. Participants noted that the Expert Advisory Committee on Drugs (EACD) provided a way to engage with policy making at a national level; however they felt that the EACD could make more use of NGOs' expertise, and could improve engagement with NGOs.

Participants noted that mainstream engagement methods (consultation meetings, calls for written submissions, and appearance before select committees) do not always support effective consultation with Māori and Pacific peoples, and limits their input into policy and service development. This is of particular importance due to the disproportionate burden of drug-related harm affecting these communities.

New Zealand participants noted very limited engagement of NGOs and treatment services by local government (city and regional councils).

2.2 ENGAGEMENT WITH THE UNODC AND OTHER UNITED NATIONS AGENCIES

2.2.1 COMMON THEMES

There were strong similarities (and no significant differences) in the experiences of NGOs in Australia and New Zealand when considering engagement with the UN. This is an area that presents significant opportunities for improving knowledge, engagement and access on both the UN and NGO sides.

2.2.1.1 MINIMAL ENGAGEMENT, LIMITED AWARENESS

NGOs in both Australia and New Zealand reported very limited engagement with any UN agencies. It should be noted that in general, Australian NGOs reported a higher degree of engagement with the UN, although still on a very limited basis. The one common experience was that some NGOs had been involved with UNAIDS (in New Zealand this was through the NEP).

2.2.1.2 ACCESS TO UN AGENCIES

NGOs in both countries generally have a limited understanding of UN procedures and policies. Perhaps as a result, NGOs reported or made reference to a lack of awareness of how they could effectively engage with UNODC or other UN agencies. In both countries, NGOs had the perception that engagement with the UN is a central government function.

Of the limited number of responses regarding engagement provided, the Australian review noted the role of an Australian, Major Brian Watters on the International Narcotics Control Board (INCB). Additional examples included having, or knowing of, regular contact with the UNODC (which was highlighted as responsive when contacted regarding an issue); NGO involvement with WHO; UNODC treatment network ('Treatnet'); and UN contact at the regional, rather than country level.

General comments revealed during the Australian consultation included views that the UN was very conservative and influenced heavily by US policy. However, the potential for deeper engagement with the UN was seen as beneficial, with a preference for any involvement to be less ad hoc.

2.3 NGO INVOLVEMENT IN PREPARATORY WORK FOR UN DRUG CONTROL MEETINGS

Unsurprisingly, based on the response above, participants in both countries reported very limited experience of direct involvement with preparatory work for UN meetings. Any reported contact tended to be indirect (for example through central government), and therefore on the margins of either nation's input into the development of UN drug control policy.

A very limited number of Australian respondents either had been involved in the preparatory work for UN meetings or else, knew of another NGO's engagement. The UN agencies identified as having had some involvement with Australian NGOs were UNESCO, ILO, WHO, UNAIDS and ECOSOC. Participants reported, however, that NGOs are only marginally involved in work with UN agencies. All but one of the NGOs at the New Zealand consultation meeting reported that *Beyond 2008* was the first time they have had direct involvement in preparatory work for UN meetings.

UNAIDS was the only UN body that had contact with NGOs in both Australia and New Zealand (see Section 2.2).

2.4 IDEAS FOR EFFECTIVE NGO ENGAGEMENT IN DRUG POLICY, STRATEGY AND PRACTICE

Despite the similar experiences noted in Sections 2.1 to 2.3, NGOs in Australia and New Zealand responded quite differently when asked what they wanted from engagement with government and the UN.

2.4.1 COMMON THEMES

Briefly, the common suggestions for improving engagement between NGOs, government and the UN were:

- transparency of processes, including NGOs input into consultation on policy development and feedback on submissions ;
- NGOs representation at national and international meetings;
- uniformity between NGOs and government, such as the alignment of language and terminology;
- recognition of and respect for NGOs expertise and knowledge;
- utilisation of information technologies, such as email forums and online surveys to improve access for NGOs, particularly for those in non-metropolitan areas; and

- the need for more resources to enable NGOs to engage effectively, including development of skills within NGOs.

2.4.1.1 WHAT NGOS CAN GIVE THROUGH COLLABORATION AND ENGAGEMENT

NGOs in both countries felt that they had a lot to contribute, and would welcome the opportunity to do so. Briefly, the key common areas were:

- grass roots (local) knowledge;
- reality checking of policies and strategies: will it work on the ground?;
- information on emerging trends;
- access to communities and different perspectives, such as that of the client, the family and support persons; and
- adding an NGO perspective to international deliberations (adding weight and depth to the New Zealand and Australian representations).

There was a clear indication that NGOs believe their experience and expertise are under-utilised at present.

2.4.1.2 WHAT NGOS WANT FROM COLLABORATION AND ENGAGEMENT

NGOs in both Australia and New Zealand cited respect for, and recognition of, their expertise, as an important outcome of engaging with government and the UN. They also noted that they need more resources and support to effectively engage in drug policy processes.

2.4.2 AUSTRALIA

Australian NGOs primarily noted that they wanted to achieve the best outcome for their clients, with strategies and more learning opportunities to help achieve this. Australian respondents were keen to collaborate widely with other NGOs, the government, the UN, and researchers, to identify and use opportunities for workforce development. They also noted the need for a greater emphasis (in all parts of the AOD sector) on the use of an evidence-base to underpin policies and practices. Other suggestions were mentioned by a very limited number of participants and are outlined in the Australian specific report.

NGOs noted that they can provide information in a timely manner, enabling the government and UN to respond to emerging trends. NGOs can offer independent and wide-ranging perspectives, and can share

innovative and creative practices that stem from being typically under-resourced. Importantly, NGOs can link with and advocate for marginalised groups.

2.4.2.1 ENDORSEMENT OF PREVIOUSLY MADE RECOMMENDATIONS

Most Australian participants knew of previously made recommendations to improve collaboration between NGOs and the UN, outlined by the UN's Cardoso report and included in their readings prior to interview. The most commonly endorsed previously made recommendations were as follows:

- having a transparent dialogue;
- encouraging NGO representatives on national delegations; and
- the UNODC supporting more transfer of experiences and networking on legislative experiences, prevention and treatment.

Less commonly, participants highlighted the need for a consistent dialogue; establishment of thematic networks on drug-related issues; giving NGOs a higher profile at the CND; that the relationship between the UNDOC, CND and NGOs should be results-based and monitored via a joint monitoring, consultation and planning group with NGO

representation; and finally, that basic information about the CND and its mechanisms be transparent.

2.4.2.2 ADDITIONAL IDEAS

Aside from those noted in the common themes section, Australian NGOs thought resources for travel to attend consultation forums would be beneficial, with the caveat that they must report back as part of any funding agreement. They felt that efforts to ensure NGO engagement should not be tokenistic; for example, it was felt that ongoing opportunities for NGO input should be available after *Beyond 2008*.

2.4.2.2.1 PROPOSALS TO YIELD A REPRESENTATIVE NGO SAMPLE

Australian NGOs nominated strategies for recruiting a representative NGO sample for engagement with the government and the UN. Key perspectives for inclusion were identified as research; clinical/treatment; user-groups; Indigenous Australians; NGOs with frontline experiences; law enforcement and health agencies and NGOs from metropolitan, regional, rural and remote geographic areas.

Participants identified some structural ideas to support a representative sample:

- Representation through peak bodies— this was despite a stated concern regarding their ability to represent all views. The national peak NGO body, ADCA and the ANCD were each mentioned.
- Selection of those NGOs that have demonstrated positive outcomes which included either NGOs that operate in line with the UN objectives, conduct evaluations of their methods or those that reflect Australia’s drug philosophy.
- Convenience sampling (where anyone who is able to participate can participate). This was suggested due to the reality of time and financial pressures. However, utilisation of information technologies was seen as a way to increase the likelihood of obtaining a representative sample using this method.

Other less frequent responses are highlighted in the Australian specific report.

2.4.3 NEW ZEALAND

Seeking and valuing input from a taha Māori perspective and from Pacific peoples was a strong theme in response to this question. Participants noted that consultation and

engagement processes need to be culturally appropriate and accessible.

New Zealand respondents focused on structural and practical approaches to improving engagement with government. The presence of government officials at the meeting may have given rise to some of the practical suggestions, as groups discussed what would be feasible within current timeframes and resources within government, NGOs and other groups. Suggestions included improved feedback on submissions made to government processes; use of a clear, common language between NGOs and policy makers; regular drug summits to promote networking and awareness of engagement opportunities; and a commitment by NGOs to put forward all views, not to solely focus on reporting points on which they reach consensus.

Participants noted that formally identifying and supporting peak bodies, such as the New Zealand Drug Foundation and Needle Exchange New Zealand, could improve engagement with government and the UN.

New Zealand’s Misuse of Drugs Act 1974 is due for revision in 2008–09. Participants were generally positive about the opportunity that this review presents in terms of NGO and provider participation in a process which is centrally important to their work, and to the welfare of their clients.

OBJECTIVE 3: HIGHER ORDER PRINCIPLES

KEY POINTS

- Participants noted that there are a number of statutory measures that are in line with the Conventions; however these come with significant negative impacts. Both Australia and New Zealand have made use of the flexibility provided for by the Conventions, particularly with regard to health-driven responses to drug use, for example needle exchange.
- Supply-side controls overshadow demand reduction and harm minimisation approaches in both countries, resulting in perceived negative effects. The majority of participants are uncertain about the relative effectiveness of supply control when compared to demand reduction and harm minimisation, noting that a balanced approach is the ideal.
- There are unintended negative consequences associated with legislation and policies that are consistent with the Conventions. It is not clear to what extent those policies and statutes are driven by the domestic context or by the countries' obligations under the Conventions.
- The key principles identified by participants were:
 - application of a health and well-being focus to drug policy;
 - consideration of drug use as part of the wider social, economic, cultural and political context;
 - adoption of a harm minimisation framework;
 - primacy of human rights in all drug policy;

- balancing supply control, harm minimisation and demand reduction; and
- direct NGO involvement.

There was strong agreement on the general themes emerging from this discussion. While differences were cited by NGOs from either country, these tended to be in the application or expression of themes, rather than fundamental variations in current approach or suggested ways forward.

It should also be noted that NGOs from both countries identified a lack of clarity on the degree to which measures such as drug control legislation, controls, policies and strategies have been driven by the Conventions. Most participants had no prior knowledge, or very limited knowledge of the three Drug Control Conventions, prior to participation in the global *Beyond 2008* review. Some felt that the policies and statutes in place in Australian and New Zealand are responding to specific national needs and conditions, while fulfilling the Conventions' requirements is a secondary concern.

3.1: LEGISLATION SUPPORTING ACHIEVEMENT OF DRUG CONTROL CONVENTION OBJECTIVES

3.1.1 COMMON THEMES

NGOs cited a number of legislative and other control measures that support the Conventions' objectives. They were also asked to consider both the positive and negative effects of these controls.

3.1.1.1 LEGISLATION THAT SUPPORTS THE CONVENTIONS

NGOs cited border control measures and controls on preventing the trafficking of illicit substances into the countries and particularly those measures aimed at precursor substances as examples of relatively strong and very visible legal measures to control supply. They also noted that there are rigorous systems concerning prescription and supply of controlled drugs for therapeutic use.

3.1.1.2 NEGATIVE IMPACTS ASSOCIATED WITH LEGISLATION AND CONTROLS

Participants identified a range of negative impacts. The majority of participants felt that the negative results significantly

outweighed the positive. Examples cited in both countries were:

- the Conventions may be used politically to justify a zero tolerance stance, such as for indiscriminate criminalisation;
- increased costs associated with border control and policing;
- creation of black markets for prescription drugs (thereby transferring the problem from the importation of illicit substances to the diversion of legal pharmaceuticals);
- creation of a cycle of harm for drug users due to penal sanctioning resulting in their imprisonment;
- the marginalisation and misrepresentation of harm minimisation as an effective approach to drug control;
- limited access to some drugs for medicinal uses (e.g. limiting availability of cold and flu medications containing pseudoephedrine may have an adverse effect on those who would benefit from its use as intended); and
- Limited or no legal access to cannabis for medicinal purposes—some participants noted that there is strong existing evidence that justifies its use.

3.1.2 AUSTRALIA

Some participants felt that Australian legislation has failed to achieve the objectives of the Conventions since there is still a significant drug problem in Australia. However, participants questioned the degree to which legislation could or has affected this situation.

Differences in drug legislation across Australian states/territories and philosophical differences between the Federal and State/Territory Governments were cited as making it difficult to comment on conformity to the Drug Control Conventions. Participants mentioned the use of pharmacotherapy treatments for opiate addiction as an example of legislation that has supported achievement of the objectives of the Conventions. Yet, as already noted, most cited negative impacts and in addition to those already mentioned, these included the following:

- a lack of funding directed towards demand and harm reduction initiatives;
- limited focus towards what many considered was a necessary health-focused approach;
- a lack of consumer choice in options for drug dependency since doctors are

unable to prescribe some medications; and

- the inability to proceed with several initiatives where the Conventions were cited as an impediment. These included a proposed heroin trial in the Australian Capital Territory³ and the permanent establishment of the MSIC.

3.1.3 NEW ZEALAND

New Zealand participants noted that the review of the Misuse of Drugs Act 1974 provides an opportunity to fulfill the objectives of the Conventions in a more progressive and innovative way.

The Needle Exchange Programme (NEP) in New Zealand has expanded significantly since the 1998 UNGASS. It should be noted that some participants felt this has occurred despite the perception in some quarters that the NEP

³ This trial was proposed after a four-year feasibility study and aimed to determine whether both injectable heroin and oral methadone would be a more effective form of treatment for the maintenance of opioid dependence than oral methadone alone (Bammer & Douglas, 1996). In 1997, the Australian Ministerial Council on Drug Strategy voted in favour of the trial, but the Federal Government would not change their legislation to allow it to proceed (Hall, Kimber and Mattick, 2002). See:

- Bammer, G., & Douglas, R.M. (1996). The ACT heroin trial proposal: an overview. *Medical Journal of Australia*, 164, 690-692.
- Hall, W., Kimber, J., & Mattick, R. (2002). Breaking the deadlock over an Australian trial of injectable opioid maintenance. *Medical Journal of Australia*, 176, 72-73.

conflicts with New Zealand’s obligations under the Conventions.

3.2: USE OF FLEXIBILITY WITHIN THE CONVENTIONS

3.2.1 COMMON THEMES

Each signatory to the Conventions retains some flexibility when formulating their own domestic policies. Participants in Australia and New Zealand reported similar perceptions of the degree of flexibility provided by the Conventions, and on the use of such flexibility (for example instances where legislation is not fully enforced; where legislation exceeds the Conventions and use of discretionary measures). These responses can be grouped under three main headings.

3.2.1.1 DIVERSION PROGRAMMES

Legislation in both countries allows for diversion (primarily for minor or first time drug offences); however, it is not evenly applied in either jurisdiction. In Australia, a wide range of diversion programmes are generally available and these include diversion into optional treatment through to court-ordered treatment (where the individual has very limited choice). However, Drug Courts and Court Based Diversion programmes do not necessarily operate in all areas. They are particularly rare in

rural and remote areas (where significant populations of Indigenous Australians live), and are up to the discretion of the individual magistrate. Diversion is generally not available for alcohol-related offences⁴.

In New Zealand, respondents reported an example of diversion being routinely used in metropolitan area, while it has never been used in a neighbouring centre with a high deprivation index and a high Māori and Pacific population.

Respondents in both countries noted the value of diversion as cost-effective in the long-term when compared with incarceration; reducing exposure to the prison environment and therefore reducing the cycle of harm; and improving collaboration between Police, the justice system, and health services.

3.2.1.2 OFFICER DISCRETION

While it was not mentioned during the Australian consultation, police officers in both countries can apply discretion for minor drug infringements, such as possession of small amounts of cannabis (such discretion does not operate in all Australian jurisdictions).

⁴ This is correct for those programmes funded under the Illicit Drug Diversion Initiative where alcohol is the only drug that requires treatment.

Participants in New Zealand noted that discretion is not evenly applied and can vary considerably between officers, and between geographic areas depending on, for example prevailing attitudes and variations in officer training and guidance given to officers.

3.2.1.3 NEEDLE AND SYRINGE EXCHANGE PROGRAMMES AND PHARMACOTHERAPY TREATMENTS

Needle and syringe exchange programmes (NEP/NSPs) exist in both countries and were often cited as examples of successful harm minimisation interventions. Some respondents in both countries noted ongoing frustration with an inability to extend needle and syringe exchange into prisons.

The widespread availability of pharmacotherapy treatments (methadone or buprenorphine) was generally noted in a positive light, despite the risks of diversion into the black market for illicit sale and use. Participants may have mentioned these initiatives with regard to flexibility due to the initiatives being viewed by some as contrary to the objectives of the Conventions. (Pharmacotherapies are available in New Zealand but were not specifically mentioned during the consultation.)

3.2.2 AUSTRALIA

Although the majority of Australian participants viewed instances where flexibility in the Conventions was used as appropriate, a smaller number felt that such instances represent a failure to enforce Australia's obligations under the Conventions. Examples that were provided on both sides included diversion programmes, the MSIC, pharmacotherapy treatments, trials of naltrexone implants, and NSPs.

When asked to consider areas in which legislation exceeds obligations under the Conventions, Australian respondents referred to instances that most thought demonstrated flexibility, such as NSPs, use of pharmacotherapy treatments and diversion programmes. New Zealand respondents interpreted the question somewhat differently and focused on examples of punitive measures (see below). However, the change to the Disability and Discrimination Act to exempt illicit drug users was mentioned as being unfortunate.

3.2.3 NEW ZEALAND

New Zealand participants cited the NEP as a key example of successful application of flexibility within the Conventions; however it

should be noted that some respondents felt that the programmes had developed in spite of rather than because of obligations under the Conventions.

An example of flexibility in legislation is the introduction of an additional class (Restricted Substances category, colloquially known as “class D” in the schedule of controlled drugs under the Misuse of Drugs Act 1974). Benzylpiperazine (BZP) is currently the only drug in this schedule, leading some participants to note that the schedule is under-utilised. Giving some weight to this argument, BZP has recently been reclassified as a class C1 controlled drug under the Misuse of Drugs Act. The upcoming review of the Misuse of Drugs Act was noted as an opportunity to further explore the boundaries of the flexibility around drug control legislation and related policy.

New Zealand participants focused on punitive measures that exceed the intent of the Conventions. While noting that there are no particular penalties that exceed the requirements under the Conventions, participants felt that New Zealand is at the upper end in terms of rates of incarceration and length of sentences for drug-related offences. The limited treatment options and

lack of access to sterile injecting equipment in prisons was given as another example.

3.3 EMPHASIS ON SUPPLY-SIDE CONTROLS

The majority of participants in both countries felt that there is an over-emphasis on supply side controls in the Conventions, mirrored by policy and practice in New Zealand and in Australia (primarily at the Federal Government level). As with other questions in this section, there was a common lack of clarity about the extent to which the Conventions drive national drug control strategies.

3.3.1 COMMON THEMES

3.3.1.1 LACK OF BALANCE ACROSS THREE PILLARS OF DRUG CONTROL

Generally, participants highlighted that an over-emphasis on supply-side controls has led to less attention, funding and resources for demand reduction and harm reduction activities.

Although there were some differing viewpoints expressed in Australia, both countries generally felt that there was a need to focus on all three pillars to achieve balance, and also to ensure that good practice principles apply evenly across all three. For example, participants in both countries noted that while

the emphasis is off demand reduction, some of the highest profile and best resourced demand reduction activities are not always designed and delivered in ways that are consistent with evidence on effective approaches.

3.3.1.2 LACK OF EMPHASIS ON TREATMENT AS OPPOSED TO SUPPLY CONTROL

Participants in both countries felt that treatment needed more of a direct focus but was overshadowed by supply control. One specific aspect of this issue was supply control efforts resulting in restrictions on availability of therapeutic drugs (or alternatives to those drugs), including some used for the treatment of drug dependence.

3.3.1.3 LIMITATIONS OF ACCESS TO THERAPEUTIC DRUGS

Participants in both countries noted that supply side controls were limiting access to drugs which, when used as intended, benefit a large number of people. Restriction or removal of access to opiate-based analgesics and pseudoephedrine were given as examples (Pseudoephedrine is a cold and influenza treatment that may be diverted for use as a precursor in the manufacturing of methamphetamine.) In Australia, the cancellation of the proposed heroin trial for the

Australian Capital Territory was mentioned again here.

3.3.1.4 QUESTIONING THE EFFECTIVENESS OF SUPPLY CONTROL

Participants wanted to see more frequent and more rigorous evaluations to provide evidence for supply reduction initiatives. For example, it was highlighted that demand reduction efforts are often subjected to intensive scrutiny, and this should be applied to other areas of drug control. Some questioned the impact of supply control since, when supply control is effective (for example, border detections), people often merely switch to other drugs. Examples of this included a move to meth/amphetamines during Australia's "heroin drought" in 2001, and use of "homebake" in New Zealand as heroin is difficult to obtain.

3.3.2 AUSTRALIA

Australian participants commented on the balance between different types of demand reduction activities. They specifically highlighted:

- the inadequate focus on after-care to prevent relapse due to lack of funding. It was emphasised, however, that funding

should *not* be redirected from treatment to after-care;

- a lack of funding for and geographic coverage of treatment services and need for a broader range of treatment services (inpatient, outpatient, and/or outreach);
- the need for a more health focused, holistic approach to treatment; and
- emphasis on drug education initiatives that are consistent with good practice and raise community awareness.

Less commonly, participants felt that the supply-side focus has not affected the development of demand reduction efforts, because Australia is committed to all three pillars of its harm minimisation philosophy and there have been improvements in demand reduction activities (such as in school programmes, media campaigns and launch of a government booklet regarding talking with children about drugs). An emphasis on supply reduction was seen by some participants as necessary—for example, it plays an important role in forming relationships with South East Asian neighbours who have a strong supply control focus. Supply reduction initiatives were noted as being intensive and expensive and as such, Police and Customs cost-benefit analyses

were seen as positive developments to justify spending.

3.3.3 NEW ZEALAND

Participants in New Zealand noted that supply reduction activities do not appear to be evaluated as rigorously as demand reduction or harm reduction measures. They felt that given the large resources that go into supply control, it should be examined for effectiveness.

New Zealand participants also noted that reliance on supply control measures alone are not consistent with a health-focused approach to drug control.

3.4 UNINTENDED CONSEQUENCES OF ADHERENCE TO THE CONVENTIONS

The majority of responses in both countries cited negative unintended consequences. Many of the responses to this question are similar to those outlined in Section 3.1.

3.4.1 COMMON THEMES

3.4.1.1 STIGMATISATION OF AND DISCRIMINATION AGAINST DRUG USERS

The Conventions were seen as limiting the ability to take a holistic and humane approach to drug control, resulting in, for

example, perpetuation of the drug user stereotype leading to social exclusion and inequality through, for example, incarceration and lack of access to appropriate treatment services.

3.4.1.2 LIMITING THE USE OF HARM REDUCTION APPROACHES

Participants generally felt that the supply-side emphasis of the Conventions is reflected in domestic law and policy in both countries. They felt that obligations under the Conventions have been used (politically and ideologically) as an excuse to avoid (or at least not fully engage in) a harm minimisation approach. This point also included the belief that adherence to the Conventions limits the ability for agencies to employ a health and well-being approach to drug control policy, law and service delivery.

3.4.1.3 RESTRICTED ACCESS TO THERAPEUTIC DRUGS

As noted above, participants felt that harm or discomfort resulting from supply restrictions on certain drugs is an unintended result of adherence to the Conventions.

3.4.2 AUSTRALIA

No Australian participants cited any positive unintended consequences of adhering

to the Conventions, although some did note that the flexibility inherent in the Conventions gives some power back to individual countries.

Negative consequences ranged from very specific examples (failure to develop the proposed heroin trial; use of drug detection dogs at public events), to broader areas of concern. These include a perception that the Conventions are too restrictive and that they imply that all drugs cause equal harm.

As outlined above, some respondents felt that the adherence to the Conventions has resulted in less funding for demand reduction initiatives and research. Participants noted that this has resulted in a focus on enforcement as the primary drug control tool.

A minority of Australian participants took a different standpoint, namely a perspective that Australia has not adhered to the Conventions strongly enough, with the MSIC mentioned as one example, although others were in support of it—this highlights the diverse views within the sample.

3.4.3 NEW ZEALAND

New Zealand participants tended to focus on the unintended consequences of the current legal framework for drug control. As noted previously, participants found it difficult

to determine the extent to which domestic policy and legislation is driven by the Conventions.

One group of New Zealand respondents noted the creation of an illicit cannabis economy in some parts of the country was not necessarily negative, despite being a breach of the Conventions. There is anecdotal evidence that some small communities are supported by cannabis crops. Some participants felt that these communities—being some of the most deprived in the country—could suffer economically if cannabis production was legalised.

With regard to identifying and addressing the unintended consequences, respondents felt that the review of the Misuse of Drugs Act 1974 may provide an opportunity to clarify the relationship between the UN Conventions and domestic legislation and policy. This may in turn result in more innovative approaches and better use of the flexibility in the Conventions to limit unintended harm.

3.5 PRINCIPLES AND PROCESSES FOR DRUG CONTROL POLICY DEVELOPMENT AT NATIONAL AND UN LEVELS

3.5.1 COMMON THEMES

Participants in Australia and New Zealand were remarkably consistent in their identification of principles that should underpin drug control policy nationally and globally. The key principles identified are outlined below.

3.5.1.1 USE OF A HEALTH AND WELL-BEING FOCUS

Drug control is not solely a justice and law issue. To be effective, drug control measures must have the drug user's well-being as the central focus, requiring that governments and other agencies identify and address issues such as unintended consequences of particular drug policies. In Australia, some participants commented that while the Conventions were written with the underlying principle to ensure the 'health and welfare of mankind', this was not reflected in their application. The suggestion that a clear policy distinction should be made between trafficking/production and use/dependency was noted. It was also noted that drug use is treated so differently from other health domains and that this should not be the case.

3.5.1.2 THE CONSIDERATION OF DRUG USE AS PART OF THE WIDER SOCIAL, ECONOMIC, CULTURAL AND POLITICAL CONTEXT

Participants felt that drug use and drug control cannot be seen separately from the wider determinants of health and well-being for individuals, communities and societies. This principle is closely linked with taking a health and well-being focus, looking beyond the immediacy of an individual's drug use. The adoption of the WHO concept of health was highlighted during the Australian review. Looking towards the Ottawa Charter for Health Promotion was a suggestion raised in both countries.

3.5.1.3 ADOPTION OF A HARM MINIMISATION APPROACH

Participants felt that drug control needs to take a harm minimisation focus, and to be very clear about what harm minimisation means to support informed discussion and consistent use of the term at national and international levels.

Harm minimisation, with reference to the three pillars underlying the regional drug philosophy, was seen by the majority of participants as a means of applying a health

and well-being rather than a punitive approach to drug control.

Responses under this heading also highlighted the need for effective treatment to balance the emphasis on supply control.

3.5.1.4 PRIMACY OF HUMAN RIGHTS

Participants in both countries felt that respecting human rights is a principle that should underpin all drug control measures. They identified the need for both Australia and New Zealand to observe the UN Convention on Human Rights when considering drug control, and also to speak out about drug control regimes that do not respect and preserve human rights.

Participants in both countries felt that human rights considerations should have primacy over drug control conventions, preventing countries the excuse of breaching human rights obligations on the basis of adhering to drug control conventions.

3.5.1.5 BALANCING SUPPLY CONTROL, HARM MINIMISATION AND DEMAND REDUCTION.

As noted previously, respondents felt that the Conventions should reflect a balance between the three key approaches to drug control.

3.6 IMPLEMENTATION AND REVIEW OF PRINCIPLES

3.6.1 COMMON THEMES

Unfortunately, responses to this question were limited and inconsistent. This may reflect the methodologies used or participants' lack of familiarity with UN structures and processes, making it difficult for them to make detailed suggestions about how high level principles should be implemented.

The suggestions that follow come from the Australian consultation; however it should be noted that suggestions were expressed by a limited number of participants. Readers should also refer to the Australian response in Section 2.4, relating to receiving input from a representative sample of NGOs since participants provided detail there concerning how a representative sample of NGOs should be made.

The one common suggestion was the NGOs should be involved through consultation and direct input into the development of drug control policies at national and global levels.

3.6.2 AUSTRALIA

Suggestions that were raised during the Australian review included NGO involvement that specifically incorporated representation of

client groups, drug users and different geographical regions (see Australian response under Section 3.1), and encouraging collaboration between NGOs and government.

Collaboration between nations was identified as an important way to ensure that problems are not simply moved from one country or region to another. Examples of collaborative efforts included sharing law enforcement information and expertise, and the development of shared information systems. In addition, collaboration with various UN agencies, such as WHO and UNAIDS should be incorporated to utilise their expertise, particularly with reference to the suggested greater health focus within the Conventions.

Australian respondents also noted the importance of establishing audit processes after countries become a signatory to a Convention. Respondents felt that NGOs could have a useful role as watchdogs in this process. The need for NGOs to oversee the application of principles was highlighted by some participants, noting that strengthening NGO presence on advisory committees, and use of peak bodies such as the ANCD could be effective mechanisms.

3.6.3 NEW ZEALAND

There were no additional comments unique to the New Zealand review.

BEYOND 2008: INDICATORS OF SUCCESS

During the Australian consultation, participants were asked to complete this sentence: “*Beyond 2008* will have been a success for my region if it...”

Some identified Australian responses are likely applicable for New Zealand since they were raised elsewhere during the consultation process. These included the integration of NGOs into UN decision making processes, improved structures for funneling and providing information, ongoing workforce development and the adoption of a greater health and welfare focus within the UN and government as a consequence of the review. Generally, NGOs want this process to initiate an ongoing dialogue between NGOs and the UN to utilise the wealth of expertise and knowledge NGOs can provide.

Australian participants provided further comments, with most related to additional funding or collaborative efforts as a consequence of the review. For example, if this review influenced integrated and long-term support for people with substance abuse issues that would also be considered a success, as would be a greater emphasis on

evidence-based practices. Some broad ideal outcomes were noted, but overall, the main view that was identified was initiating a process for real change. This, and other indicators are described below.

TREATMENT

More funding directed towards treatment to increase treatment options, a reduction in waiting times and the development of medical treatment options were all highlighted, as was equal access to treatment for all, with particular emphasis for those who are homeless, mothers and children and Indigenous Australians, with the establishment of safe environments explicitly highlighted.

CHANGES WITHIN THE AUSTRALIAN AOD SECTOR

Generally, participants hoped the review would lead to workforce development opportunities with the aim to achieve adequate staffing, especially within rural/regional areas. Additionally, this process could be used as an opportunity to strengthen ties with the Asia-Pacific region.

There were very diverse views presented here likely related to the broad representation of ideologies within the sample. For example, a very limited number of participants wanted an increase in punitive measures like mandatory treatment whereas others generally highlighted the need for the adoption of holistic and health-oriented approaches, as expressed above.

CHANGES WITHIN UN OPERATIONS

For most, this opportunity was the first to engage with the UN and provide input into UN processes. Their input revealed that they want an Australian representative elected onto the VNGOC. Other comments were more general, with the primary change NGOs want being the review to lead to the adoption of a new global agreement for future drug policy, strategy and practice that reflects the suggested principles presented. Furthermore, the development of guidelines for supply reduction, with input from all countries, was noted.

CONCLUSIONS FROM THE AUSTRALIAN/NEW ZEALAND CONSULTATION

This review was the first opportunity for many participants to be involved in drug policy at an international level. NGOs want to be included in government and UN decision making, with many reflecting on their hope that future opportunities to participate after *Beyond 2008* will be available. Yet, NGOs need support to equip themselves with the necessary resources and knowledge of government and UN processes to effectively engage in consultation at all levels.

Consistently throughout this review process, the need for a greater health and well-being focus within the UN and its Drug Control Conventions was raised. Similarly, primacy of human rights and more attention directed towards demand and harm reduction

efforts were commonly highlighted. All of these developments would generally be considered positive outcomes from this review. In doing so, perhaps this will avoid the negative impacts and unintended consequences of adherence to the Conventions that were mentioned within this report.

What was apparent from this process is the wealth of expertise and experience that NGOs can provide to government and UN drug policy discussions. Many NGOs expressed their thanks for this opportunity to have their voice heard at an international level. We also thank the CND for initiating this process and hope such opportunities continue well into the future.

APPENDIX 1. AUSTRALIAN CONSULTATION METHODOLOGY

Due to budgetary restrictions and the cost associated with covering the wide geographical scope of NGOs in Australia, the Australian review necessitated a revision of the original face-to-face regional consultation proposed by the VNGOC. Accordingly, telephone interviews were conducted with individual NGOs instead of a group face-to-face consultation. The process for the Australian review is outlined in greater detail below.

NGO SELECTION

A total of 142 NGOs were invited to participate in the review through a letter addressed from the Chairman of the ANCD, Dr. John Herron. The letter stated that two steps needed to be completed as a participant: firstly, completion of the online NGO questionnaire and secondly, a structured telephone interview with a member of the ANCD Secretariat.

The NGOs were selected through multiple procedures—nominations received from ANCD members, NGOs listed in

government funding announcements and through the ANCD Mapping Project⁵ [which provides an overview of both government and NGO alcohol and other drug (AOD) services across Australia]. Importantly, the final listing included NGOs from each Australian jurisdiction, both regional and urban areas, as well as a wide range of services. Attempts were made to ensure that the list reflected cultural and ethnic diversity.

RESPONSE RATE

Phone calls were made to each invited NGO to determine whether they would like to participate in the project. Of the 142 NGOs invited, 42 participated (29.6%). A telephone interview was then scheduled during the period 5–23 November, 2007. However, one interview was held in January 2008.

INFORMATION PACKS FOR PARTICIPANTS

It was very important that each participant had a good understanding of the background information and questions pertaining to each of the three *Beyond 2008*

⁵ See

http://www.ancd.org.au/publications/pdf/rp10_mappi ng.pdf

objectives. This was even more important for the Australian review process because the qualitative information was not acquired through discussion groups, and no presentations were given to participants prior to their responses (as per the standard regional consultation format). As such, information packs were developed and sent to each participant (see Australian specific report). These information packs contained the following:

- Letter outlining the steps of the project;
- An introduction to the information pack which included details on the contents of each part and a reminder of their interview date and time;
- Part 1: a summary of the UNGASS working papers
 - The inclusion of this part was important because we wanted to ensure that participants had a good basic understanding of the project and UN objectives before reading the working papers in full. This summary was highly useful in lieu of a presentation and discussion;
- Part 2: UN working papers for Objectives 1 and 2;
- Part 3: UN working papers for Objective 3; and
- Part 4: the main questions that were to be asked during the telephone interview
 - The explicit listing of these questions was designed to aid the quality of the responses we would receive during the interview. Participants were able to follow the questions during the interview and prepare their answers prior to interview. For some of the more involved questions, the UN documentation for each question was included to make the question clearer. Some of the wording for selected questions was altered slightly from those listed in the UN documentation because of the different methodology used and the need to place each question within an Australian context.

INTERVIEWS

An interview script was written. This contained all of the UN questions (with some modifications, as previously noted). In addition, some other questions were asked if the participant required further information and/or did not address the components of each question in their response. These additional questions were based on the text

provided by the UN regarding what each question sought to obtain. For example, one UN question was:

- “How do you feel NGOs might be more effectively engaged in the development of policy, strategy and practice in the field of drug control?”

Additional questions for this primary question which may have been asked included:

- “How do you think a representative selection of NGOs could be made to give this input?”
- “What do you think NGOs want from collaboration and engagement?”
- “What can NGOs give to collaboration and engagement?”

This process helped to ensure that each question yielded an informed response which may not have been obtained in some instances where the question was limited to the primary question.

Each of the three interviewers were involved with the development of the interview script. Training was received through participating as an observer (with

permission of the participant) in the first two to three interviews of a fellow interviewer.

A maximum of 90 minutes was allocated to each interview. Participants were reminded at the commencement of their interview that while their name, organisation and contact details would be listed in the final report, their responses to the interview questions were anonymous and no comment would be attributed to a particular person in the report. This helped to ensure that the responses were an accurate reflection of the participant’s viewpoints.

ANALYSIS

Ms. Amanda George and Ms. Tracey Kristiansen (ANCD Secretariat) independently reviewed the participants’ responses to each question and identified the key themes that emerged. These were then compared for commonalities and discrepancies. There was a broad spectrum of responses but nonetheless, key themes were generally able to be identified.

AUSTRALIAN SPECIFIC REPORT

A more detailed report of the findings from the Australian consultation is in development and will be available from the ANCD website (www.ancd.org.au)

APPENDIX 2. NEW ZEALAND CONSULTATION METHODOLOGY

PARTICIPANT SELECTION

The New Zealand Drug Foundation, as the host organisation in New Zealand, was responsible for selecting and inviting participants for the *Beyond 2008* consultation. The Foundation used a variety of methods to identify and invite participants. Invitations were made to:

- All needle exchange programmes;
- All CAYAD providers;
- Public health services;
- Consumer representatives (consumers of treatment services) in paid positions;
- Youth health and development agencies;
- Pacific representatives;
- New Zealand representatives of relevant aid organisations, for example Amnesty International and World Vision; and
- Representatives of relevant Government agencies: Health, Police, Justice and the Law Commission.

In addition, the Foundation worked with the National Committee for Addiction Treatment (NCAT) to identify and invite

providers of treatment services. Two representatives of the Australian National Council on Drugs (ANCD) attended the meeting.

A full list of New Zealand participants and observers is attached as Appendix 4.

It should be noted that there is no established, comprehensive national network for drug policy issues in New Zealand, making it necessary for the Foundation to use a number of strategies to identify and approach potential participants.

The Foundation issued 152 invitations in November 2007, and followed up in January 2008. Forty-five invitees attended the consultation. There was no funding available to assist attendance, travel or accommodation. This is likely to have been a barrier to attending, particularly for NGOs and other providers from areas outside Wellington, and may have accounted for under representation from Pacific providers in particular. Auckland city is home to the largest population of Pacific peoples in the world, therefore there is a need to include Pacific views in New Zealand perspectives of

international drug policy. Pacific providers and community representatives are often under-resourced, however, and experience many competing demands on their time and expertise.

INFORMATION FOR PARTICIPANTS

Participants received an information package prior to the meeting. It contained:

- a brief introduction to *Beyond 2008*;
- an overview of the UN Drug Conventions;
- information on the Global NGO forum and UN NGO committees;
- a detailed overview of the objectives for *Beyond 2008*, including questions and issues for discussion; and
- a copy of a paper from the International Drug Policy Consortium entitled *The United Nations Review of Global Policy on Illegal Drugs – An Advocacy Guide for Civil Society* (December 2007).

PROCESS

To build the context for the meeting, participants were invited to listen to key speakers on drug policy from the local and international perspectives. They were then

split into small groups to discuss and report back on the key questions associated with each of the three *Beyond 2008* objectives.

Notes from presentations (including questions from the floor) and participants' reports were used to inform the development of the New Zealand sections of this report, and to contribute to the common themes when examined alongside findings from Australia. A New Zealand-specific report has been developed, and will be available on the New Zealand Drug Foundation website: www.drugfoundation.org.nz

It should be noted that due to the different methodologies, some discussions took a different focus in each country. The general impression was that Australian participants may have had a more in-depth knowledge of the Conventions and *Beyond 2008* due to the use of one-on-one interviewing.

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