

## **Australia, New Zealand and Pacific Regional Consultation Summary**

Consultation involved over 870 workers from social and health related services, some people who use drugs and their family members, people in recovery, education sector groups and some from justice/law enforcement. These provided an opportunity to examine domestic drug policy, international innovations and the opportunity the 2016 UNGASS presents to consider global drug policy and reach consensus to reduce harm.

**WHAT WORKS BEST** – those actions that comply with the following principles:

- Primary goals of drug policy to be reducing drug-related harm, promoting and protecting health and well-being – including minimising harm arising from criminal justice-based responses to drug use
- Governments and civil society working directly with communities impacted by drug harm and empowering and supporting communities to devise their own tailored solutions – this is particularly important for indigenous communities
- Broad, holistic approaches that address the underlying social issues that lead to drug-related harm including reducing inequality, poverty, social alienation and racism and increasing resilience
- Data and research must underpin drug policies and also guide expenditure. This requires consistent collection and analysis/reporting of data.
- There is a need to prioritise ‘best practice’ in decision making, based on evidence of effectiveness as the principal criterion; this means that some common activities need to be modified or ceased.
- The various UN drug policies need to be aligned with other UN Conventions that should take precedence; including human rights, the rights of the child and rights to health.

**MAIN CHALLENGES:**

- Retention of a focus on health of individuals and communities as the drug policy priority.
- Consistency of funding for treatment services to allow for and sustain trained workers who can deliver the most effective responses
- Funding of prevention; given that it can be hard to show fast return on investment
- Increasing numbers of drug users in custody where basic measures to reduce drug related harm do not currently exist (clean injecting equipment, access to the most effective treatment and sound follow up after release).
- Political inertia in moving drug policy legislation away from criminal justice approaches towards public health and social support-based approaches
- The lack of equivalence in access to health and other services for all citizens with increasing inequalities in our community.
- Disproportionate numbers of Aboriginal and Torres Strait Islanders involved in drug use and their significant over representation in alcohol and other drug related health and social harm indices.
- Disproportionate drug-related harm occurring to Māori and Pacifica peoples including over representation for offences in the criminal justice system and for negative health and social outcomes. The stigma and discrimination that remains even when Australia’s National Drug Strategy and New Zealand’s National Drug Policy avow concern for the health and well-being of people who use drugs.
- Rise in new psychoactive substances and the need for innovative responses including early warning systems and a particular current concern in Australia with crystal methamphetamine (‘Ice’)

Action-orientated recommendations for the UNGASS roundtables (See Full report for others)

1. Drugs and Health:

- Increased focus and funding on prevention and demand reduction/treatment measures and a re-balancing/equity of resources and attention towards these measures.
- Strategies that reduce harm also prevent further health and other harmful impacts on the lives of people who use drugs and those around them. These need to be more vigorously pursued.
- Funding should be increased and mechanisms improved for proven harm reduction approaches including needle exchange programmes, the availability of the lifesaving opioid overdose drug naloxone and new hepatitis C treatments
- There is an urgent need to significantly increase in the amount and quality of evidence-based treatment available; without this it will not be possible to meet any of the global targets associated with drugs.
- Internationally controlled drugs must be available for medical purposes to all peoples; including for pain relief, palliation and for drug treatment.
- Co-occurring conditions including mental health and social problems are both antecedents and consequences of drug use that must be addressed.
- Certainty should be given regarding funding, so that service provision remains evidence grounded, positive and effective. Treatment funding should match treatment needs assessed using data/evidence.

2. Drugs and Crime:

- Balance is required in spending between law enforcement/interdiction and the availability of prevention/treatment responses for individuals. Cost-effectiveness research re drug related interventions should be used.
- Justice reinvestment approaches and diversion from the criminal justice system, including decriminalisation of drug use, is needed
- More innovative and compassionate approaches should receive funding and attention including restorative justice methods and drug treatment courts if they can be made accessible to all.
- Drug treatment and social support for offenders should be better integrated into all criminal justice approaches as a key harm reduction intervention, including post sentence
- Corrections facilities should be sufficiently funded to provide or access both mental health and drug-related treatment options as necessary for inmates; including transition to active follow up on release.

3. Cross-cutting issues:

- The death penalty is never appropriate for drug related offences.
- The human rights conventions should be privileged over the drug conventions.
- Babies and children should be a focus in efforts to prevent harm to others. e.g. primary support to prevent removal of children & mother and baby units in prisons, diversion for young offenders.
- Indigenous rights and treaties need to be honoured in formulating drug policy and assessing drug harms and responses – i.e. the Treaty of Waitangi between Māori and the Crown (government)
- Innovative approaches are needed to be put in place to address emerging challenges such as new psychoactive substances – e.g. drug early warning systems, dissemination of information including to drug users, drug checking services.
- There is a need to sustain peak bodies to ensure ongoing civil society voice, since implementation of drug policy must be a shared responsibility and occur at all levels.