



60th Session of the United Nations Commission on Narcotic Drugs

New Zealand National Statement delivered by Hon Peter Dunne, Minister of Internal Affairs, Associate Minister of Health, and Associate Minister of Conservation

Mr Chairperson, distinguished delegates.

Thank you for the opportunity to deliver a statement at this sixtieth meeting of the Commission on Narcotic Drugs.

I am delighted to return to Vienna and to express New Zealand's support for the work of the CND and the United Nations Office on Drugs and Crime.

I had the privilege of attending the UNGASS meeting in New York last year where the Outcome Document was discussed.

I have been particularly pleased with developments in recent years to see the shift away from treating drug issues as primarily a law and order responsibility, to a health focus.

However, I still believe that we need to be bolder.

I have previously talked about compassion, innovation and proportion as three fundamental pillars of drug policy, and which New Zealand has integrated in its National Drug Policy.

We do not have the perfect set of interventions and approaches in place, but our National Drug Policy provides a framework for testing and improving over time to meet the aspirations we have set out.

It also aligns well with the Outcome Document, as we view drug issues as being first and foremost health issues.

Viewing drug policy primarily as a health issue has profound implications.



It means establishing and ensuring access to essential medicines, including controlled drugs, while minimising risk of diversion and misuse.

This challenge plays out differently in different countries.

For New Zealand, there are growing calls to make cannabis-based products more available for medicinal use on compassionate grounds despite the fact that the evidence of effectiveness is still underwhelming.

To strike a balance, we have established a pathway for New Zealand patients to access cannabis-based products for therapeutic purposes based on efficacy data and clinical judgement.

Although there are problems with accessibility of these products due to strict import and export controls, we are working to ensure that well-manufactured cannabis-based products may be able to be imported.

Viewing drug policy as a health issue also means ensuring access to quality addiction treatment and harm reduction services.

I see opioid substitution therapy and clean needles for people who inject drugs as essential elements of a harm reduction approach.

New Zealand has proudly operated its opioid substitution therapy programme for more than forty years and its needle exchange programme for nearly forty.

The New Zealand Needle Exchange Programme was the first national needle exchange programme in the world.

Of course, health is more than just the absence or treatment of ill health.

Promoting and protecting health and wellbeing is part of our National Drug Policy's overarching goal of minimising drug-related harm.

This is important because it recognises the wider social and environmental context for minimising drug-related harm, building resilience and responding to the reasons why people use drugs.



It requires a people-centred approach where a range of government agencies – health, police, correctional services, social services (including housing) and others – work together to respond to individual, family and community needs.

Another key focus is to get our legal balance right. In our National Drug Policy, the New Zealand government has made commitments to review certain aspects of our legal framework for controlling and regulating drugs, to identify opportunities for health-based responses.

These reviews will cover: our expert advisory committee responsible for making drug classification assessments; our framework for personal possession and other low-level offences; and access to controlled drugs for therapeutic uses.

Last year we sought the views of the New Zealand public on the appropriate regulation of drug utensils.

Our view was that the current prohibition of possessing drug utensils is inconsistent with a harm minimisation approach.

There was unanimous support for change.

Submitters told us harm reduction should be the top priority.

They described current arrangements as ineffective, with penalties out of proportion to those for drug possession.

They also pointed out that adding barriers to accessing drug utensils effectively increases rather than minimises harm.

The views raised by submitters will be taken into account in the legislative review processes scheduled to take place over the course of this year and next year.

In the coming months we will also be looking at the actions in our National Drug Policy to ensure we continue to have the balance right.

Although the principles-based framework is set for five years, the policy is a living document with the flexibility to accommodate change.



So we will refresh actions by the end of the year, taking into account emerging evidence about what works.

Innovation is essential when we are trying to prevent harms from ever-changing drugs.

Our home-grown innovations include initiatives funded annually through the seizure of the proceeds of criminal activities.

Last year, this funding from criminal proceeds supported a range of new initiatives including a pilot of a whole school approach to reduce substance-related harm.

I have chosen to mention this pilot because of its bearing on a National Drug Policy objective to delay the uptake of alcohol and other drugs by young people.

We know that early intervention can have life-long consequences for young people.

We also know that sometimes, changing how we approach drugs is the best way to reduce the harm that can come from their use.

I will end as I started by coming back to the three words that sum up our principles-based approach to drug policy in New Zealand – compassion, innovation and proportion.

We will probably never have the level of evidence to know just how well all of our interventions are working.

However, if we keep in mind those three key words, we will go a long way in integrating health-centred approaches to drug policy.