



Submission to:

Committee for Law Reform
Drugs & Crime Prevention

Friday
13 June 2014

INQUIRY INTO THE SUPPLY AND USE OF
METHAMPHETAMINES

PARTICULARLY 'ICE'
IN VICTORIA

DEVELOPING AN
ACTION PLAN FOR
INITIATIVES & SOLUTIONS

A submission for tackling
the Methamphetamine epidemic.

Report composition culminating information,
key deliverables and outcomes derived from
High Level Summit on Methamphetamine
on 5-6 June 2014

MELBOURNE, VIC



Acknowledgement to Country

We acknowledge the Kulin nation as the Traditional Owners of the land upon which we live and work and pay our respect to their Elders, past and present and the Elders of all other Traditional Land Owner nations.



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1. About Rangatira Management Consultancy

Rangatira Management Consultancy (Rangatira) is a recently founded business which evolved from an apparent need to effect strategies for change against the rapidly-increasing problem of Methamphetamine use and abuse in Australia.

Through the development and implementation of policy changes at both a State and Federal level, the success and efficacy of key outcomes will be achievable and sustainable. The ensuing impact on Australian society will be evident, manifesting key outcomes of ***Demand Reduction, Treatment*** and ***Supply Reduction***.

Embodied within this is a guiding vision to preserve the cultural integrity and prosperity of Australian society.

Rangatira Mission

Raising public awareness of Methamphetamine is the overriding mission of Rangatira. Upholding this mission serves to ensure that Australian society has a heightened sense of the social issues and deleterious effects brought about by Methamphetamine and which threaten the very construct of Australian society.

Combined with values and principles fundamental to and inherent throughout the business of Rangatira, the delivery of a range of specialist services fulfills the requirement of all that is espoused within the vision and mission of the business. One such specialist service is the delivery of High-Level Summits.

Rangatira Services

The presence of Rangatira in the Victorian AOD sector was pronounced with the inception of a High-Level Summit on Methamphetamine, which took place on 5-6 June 2014 in Melbourne. Contribution to and participation in the Summit was sought from Practitioners, Proprietors, Professionals, Politicians, Policy Writers, Parliamentary Secretaries and Department Executive Directors. Recognising the sheer magnitude of the 'ICE' epidemic in Victoria, the primary focus of the Summit was the development of an ***Action Plan for Initiatives and Solutions to tackle the problem of Methamphetamine***.

The Summit event was considered to be ground-breaking, unique and innovative in its endeavour to help shape the future of Drug Reform in Victoria. This submission thus represents the culmination of the information presented, digested, processed and gained by all who were involved in the Summit – either as a Proprietor, Presenter or Participant.



2. The 'ICE' Epidemic

Facts and figures disseminated by the National Drug Strategy Survey (AIHW 2012) and the Australian Crime Commission (2014) inform us of the extent of the 'ICE' epidemic. Noticeably, Australia has one of the highest rates of use of methamphetamine in the world, particularly amongst developed countries, increasing 10% since 2011; drug seizures are at record levels and the weight of amphetamine-type drugs detections has increased 230% from 2010/11 to 2012/13.

The Requirement for Combative Action

The deleterious effects of Methamphetamine are well-known, affecting not only the individuals who consume this insidious drug, but also having adverse effects on families and communities and in turn, society at large. Strategies to combat this problem, out of necessity, must be twofold.

Firstly, from a State and Federal level, there must be top-down strategies whereby the development and implementation of Government-initiated policies effect changes vital to counteract Methamphetamine, filtering down into the community. For example, the enactment of Laws which challenge and hinder processes and procedures typical of the Methamphetamine trade. Regulatory controls for the manufacture and/or importation of precursor substances is one such strategy.

Secondly, from a societal level, there must be bottom-up strategies whereby the development and implementation of practices at the level of the community effect changes vital to counteract Methamphetamine, filtering up to the State and Federal levels.

The relationship between the top-down and bottom-up strategies are mutually inclusive, producing a cycle of development and implementation wherein both approaches are constantly sustaining each other, adopting strategic change as and when required.

From a Socio-Political perspective, the very fabric of Australian society is destined for catastrophic consequences if the 'ICE' epidemic continues to be ignored. Current regimes which focus primarily on harm reduction are clearly ineffective in isolation, resulting in a Methamphetamine epidemic of disastrous proportions that continues to rise. A quick glimpse of available statistics worldwide provides enough evidence alone to realise the problem is in fact pandemic amongst several nations. Anecdotal evidence further substantiates this claim. For Australia, the risks associated with the Methamphetamine subculture are far greater given the already disproportionate percentages cited in statistical reports in regards developed countries (ACC 2014; AIHW 2012).

The need for combative action against Methamphetamine is indisputable. Complacency is well past its expiry date and the paramouncy of efficient and effective strategies must escalate.



3. High-Level Summit on Methamphetamine

A High-Level Summit convened by Rangatira on 5-6 June 2014 in Melbourne was well-received and much insight was gained from those who gave generously of their time and intellect to both present and participate in the Summit. The overarching theme was *“How do we begin to tackle the problem of Methamphetamine in Victoria? Developing an Action Plan for Initiatives and Solutions”*. Structure for the two days converged on the three pillars typical of strategic policy advancement relative to Methamphetamine – namely **Demand Reduction, Treatment** and **Supply Reduction**.

Guided by the aforementioned three pillars, focus was given to a SWOT analysis of the supply and use of Methamphetamine in Victoria, where strengths, weaknesses, opportunities and threats became the focal point for determining key deliverables and outcomes for tackling the Methamphetamine epidemic.

Analysing Outcomes and Deliverables

1. Demand Reduction

Perhaps the most prominent key deliverable to emerge from the Summit in regards Demand Reduction was **Education**. The apparent lack of awareness that exists amongst society in general is a contributing factor to the ignorance of the extent of the ‘ICE’ epidemic, as well as the perceived lack of commitment prevalent amongst the general community in regards the need for change.

With **Education** being the overarching umbrella for **Demand Reduction** going forward, there is a profound acceptance that this needs to expand beyond a blanket approach which might conceivably be a “one-size fits all” solution. Rather, it needs to consider the numerous variables that come into effect when dealing with Australian society in its broadest sense, as well as those sub-cultures that make up the various communities at both a State and Federal level. Specifically, Methamphetamine Awareness Education would need to be customized and targeted, addressing those variables that typically impact on sub-cultures of society, including but not limited to:

- a. Youth
- b. Families
- c. Cultural e.g. Aboriginal, Maori & Pacific Island

2. Treatment

Harm minimization is currently the prevailing methodology that exists amongst Addiction Treatment service providers in Victoria. Whilst this approach certainly has its benefits (and no doubt staunch advocates will stand firm by these), as with any service provision it also comes with disadvantages. Those who advocate for complete abstinence, also staunch to



their preferred methodology of an “*all or nothing*” approach to Addiction Treatment, will likewise stand firm by their preferred approach.

The general consensus, however, regardless of the preferred methodology, is that change is necessary if the ‘ICE’ epidemic is to be combatted. The pros and cons that exist between these varying doctrines need to be weighed against each other and aligned to regulatory policies, practices and procedures which are founded on outcomes, thus ensuring results based accountability by Addiction Treatment service providers. This in turn manifests the efficacy of Addiction Treatment services being delivered in the community and reduced rates of recidivism – be it directly in regards relapse, or indirectly in regards other socio-political measures of the impact of Methamphetamine, e.g. criminal justice, health, education, human services.

3. **Supply Reduction**

Preventative measures is the key deliverable and outcome to emerge under this pillar. For the most part, this pillar is governed necessarily by changes at the level of policy and significant of a top-down process. Vital to the success of **Supply Reduction** is the enactment of new Laws, rules and/or regulations that inhibit the Methamphetamine trade at the supply end.

Economic theorists will be quick to point out the dogmatic perception that typifies models of demand and supply. As long as the demand exists, supply will abound. Therefore, any limitations that are Government-initiated and imposed accordingly will be a contributing factor to **Supply Reduction**. Coupled with effective strategies to amplify **Demand Reduction, Supply Reduction** conceivably becomes more achievable.



4. Key Recommendations

A number of key recommendations were derived from the High-Level Summit and are proposed herein as a preliminary **Action Plan for Initiatives and Solutions** to tackle the problem of Methamphetamine, particularly 'ICE', in Victoria.

An Action Plan for Initiatives & Solutions – DEMAND REDUCTION

1. **RECOMMENDATION: Aggressive Targeted Marketing Campaigns**

Raising the awareness in the community is of paramountcy if the demand for Methamphetamine is to be reduced significantly. Similarly, focus must also be given to the Australian population in incarceration, especially if the offending is directly correlated to the supply and use of Methamphetamine. This recommendation must necessarily include the following components:

a. Methamphetamine Awareness Education for **Youth (Community)**

- Overarching theme of “**Pro-Brain, Pro-Choice, Pro-Control**”
- Television advertising campaign during prime time segments for **Youth**
- Publications conveying messages in a language relative to the **Youth** market
- Presentations to **Youth** groups targeting schools
- Promotional services at major **Youth** events, e.g. Good Life Festival
- Production of live theatre/play for **Youth** market
- Production of Methamphetamine documentary targeted at **Youth**

b. Methamphetamine Awareness Education for **Youth (Incarcerated)**

- Targeted television specifically for incarcerated **Youth** capitalizing on the captive audience during “lockdown” times, i.e. an education channel dedicated specifically for youth in prison
- Publications conveying messages in a language relative to the **Youth** market and correlated to criminal offending
- Presentations to incarcerated **Youth** groups targeting Corrections facilities
- Production of live theatre/play for incarcerated **Youth** market in Corrections facilities
- Production of Methamphetamine documentary targeted at incarcerated **Youth**

c. Methamphetamine Awareness Education for **Families**

- Television advertising campaign during prime time segments for **Families**
- Publications conveying messages in a language relative to the **Family** unit
- Presentations to **Families** through community bodies, e.g. church, sports
- Promotional services at major **Family** events, e.g. Moomba Festival
- Production of Methamphetamine documentary targeted at **Families**



d. Methamphetamine Awareness Education for **Ethnic Groups**

- Television advertising campaigns for **Ethnic** channels
- Publications conveying messages in multiple language formats relative to **Ethnic Groups**
- Presentations to **Ethnic Groups** through community bodies, e.g. church, sports
- Promotional services at major **Ethnic Groups** events, e.g. cultural festivals and events
- Production of Methamphetamine documentary targeted at **Ethnic Groups**

e. Methamphetamine Awareness Education for **Educators**

- Workshops to educate the educators and specific to the delivery of Methamphetamine Awareness Education for targeted audiences (as defined above)
- Empowering **Youth** to lead **Youth** focus groups
- Seminars and Workshops tailored to suit specific sectors, e.g. public and private sector employees whose roles are within the AOD sector
- Seminars and Workshops for State Agencies to develop, implement and promote multi-faceted, integrated methodologies to combat Methamphetamine



An Action Plan for Initiatives & Solutions – TREATMENT

1. RECOMMENDATION: Enhancing Addiction Treatment Delivery Methodologies

Addiction Treatment is plagued with relapse and recidivism rates that question the integrity and efficacy of the programmes being delivered in the community. Whilst every effort is made by service providers to deliver quality, the variables which affect the Drug Addict are so diverse in their characteristics and at times extreme in their construct, that practitioners are undoubtedly faced with a difficult job fighting the disease of Addiction.

Apparent in the seemingly paradoxical regimes of Harm Reduction (minimizing the impact of Addiction) versus Abstinence (complete abolition of Addiction Behaviour) is an obvious solution which serves as a compromise between these methodologies. Both methodologies have their merit. Similarly, both have their defeats. The missing link however may in fact be the approach of the delivery rather than each methodology itself.

A holistic approach to service delivery is proposed as a more effective strategy for Addiction Treatment, incorporating once again integration and multi-faceted approaches which necessarily bring together the various State Sector Agencies who have an inevitable role to play in the provision of Addiction Treatment. Recommendations for Treatment must therefore necessarily include the following components:

- a. **Outcomes Focused Service Delivery and *Results Based Accountability***
 - Government-funded Service contracts to incorporate more stringent requirements to ensure deliverables are met and outcomes achieved
 - Funding payable on outcomes achieved
 - Rigorous reporting methods from Service Providers to State Sector Agencies
 - Reserved placement for strictly Methamphetamine-affected Addicts (as opposed to co-morbidities)
 - Collaborative partnerships developed between State Sector Agencies, collecting and sharing information pertaining to Addiction Treatment services nationally (state and inter-state) as well as international prospects

- b. **Government-funded *Treatment Centres***
 - Establishment of more ***Treatment Centres*** to meet the increase in demand for Addiction Treatment projected to coincide with the onset of policy effecting change to **Demand Reduction** and **Supply Reduction**
 - Increased funding made available to existing ***Treatment Centres*** who meet new and improved requirements and adhere to rigorous reporting methods, thus ensuring ***Results Based Accountability***
 - **Addiction Treatment Plans** to be developed and implemented in conjunction with Medical Professionals and Addiction Specialists and in accordance with regulatory controls and monitoring to ensure ***Results Based Accountability*** by Service Providers



- Collaborative partnerships developed between State Sector Agencies, collecting and sharing information pertaining to Addiction Treatment services nationally (state and inter-state) as well as international prospects
- c. **Government-funded *Recovery Centres***
- Establishment of post-Treatment ***Recovery Centres*** to establish a long-term pathway for Addiction Treatment (particularly where Treatment Centre programmes are short-term, i.e. less than 6 months in duration)
 - Increased funding made available to existing ***Treatment Centres*** who extend their provision of services to incorporate post-Treatment ***Recovery Centre*** pathways
 - Collaborative partnerships developed between State Sector Agencies, collecting and sharing information pertaining to Addiction Treatment ***Recovery Centres*** services nationally (state and inter-state) as well as international prospects
- d. **Government-funded *Reintegration Pathways***
- Establishment of post-Treatment ***Reintegration Pathways*** to establish a solid foundation for those exiting ***Treatment Centres*** and/or ***Recovery Centres*** and returning to the community
 - Increased funding made available to Service Providers who develop and implement ***Reintegration Pathways***, particularly for Methamphetamine-affected Addicts
 - **Continuing Care Plans** to be developed and implemented in accordance with regulatory controls and monitoring to ensure ***Results Based Accountability*** by Service Providers
 - Collaborative partnerships developed between State Sector Agencies, collecting and sharing information pertaining to Addiction Treatment ***Reintegration Pathways*** and pertaining to the provision of services which aid reintegration (e.g. Education, Health, Human Services, Justice, Police, Courts)
- e. **Community-based *Addiction Service Pathways***
- Establishment of community-based ***Addiction Service Pathways*** to promote Treatment, Recovery and Reintegration
 - Promotion of established Recovery Fellowships (such as Alcoholics Anonymous and Narcotics Anonymous) to encourage reciprocal relationships amongst Recovering Addicts, thus strengthening community relationships and ***Addiction Service Pathways***
 - Establishment of new Recovery Fellowships (such as 'ICE' Maidens for Methamphetamine-affected women) to encourage reciprocal relationships amongst Recovering Addicts, thus strengthening community relationships, support groups and ***Addiction Service Pathways***
 - Collaborative partnerships developed between State Sector Agencies, collecting and sharing information pertaining to ***Addiction Service Pathways*** specific to each State Sector Agency (e.g. Education, Health, Human Services, Justice, Police, Courts)



An Action Plan for Initiatives & Solutions – SUPPLY REDUCTION

1. RECOMMENDATION: Regulatory Controls and Preventative Measures

The enactment of new Laws, rules and/or regulations which serve to impede the Methamphetamine trade at the Supply end is a priority if there is to be any significant reduction. The following components summarise some strategic objectives in support of this recommendation:

- a. Legislative enactment for ***Precursors used to manufacture Methamphetamine***
 - Limiting the importation of ***Precursors***
 - Regulatory controls imposed to monitor the importation, sale and distribution of ***Precursors***
 - Punitive measures denouncing illicit practices procuring ***Precursors***
 - Integrated preventative measures across all sectors (Health, Education, Human Services, Police, Border Protection) which uphold legislative changes relative to ***Precursors***

- b. Regulatory controls for ***Pharmaceutical products purchased over the counter and used to manufacture Methamphetamine (e.g. products containing pseudoephedrine)***
 - Compulsory database to monitor the purchase, distribution and sale of ***Pharmaceutical products***
 - Reporting mechanism direct to Police disseminating information on a regular basis, highlighting trends and high risk areas (distributors and consumers) of ***Pharmaceutical products***
 - Reporting mechanism tool specific to General Practitioners and Pharmacists with potential for application nationally
 - Legislative changes restricting prescriptions for ***Pharmaceutical products*** – the onus of responsibility lying at the Doctoral level of the Medical Profession and reinforced by Pharmacists at point of sale
 - Removal of ***Pharmaceutical products containing Pseudoephedrine*** to impede over the counter sales and providing a substitute product as a counteractive measure (e.g. pseudoephedrine-free products)
 - Collaborative partnerships developed between State and Federal Police and Customs & Border Protection Services, collecting and sharing information pertaining to ***Pharmaceutical products*** both nationally (state and inter-state) and internationally (import/export)

- c. Methamphetamine Awareness Education for ***Key Stakeholders***
 - Raising awareness through education for ***Key Stakeholders***, e.g. employees of the State (Police, Border Protection, Health)
 - Strengthening border protection management through enhanced intelligence methodologies and heightened awareness amongst ***Key Stakeholders***
 - Collaborative partnerships developed between ***Key Stakeholders***, collecting and sharing information pertaining to ***Supply Reduction*** both nationally (state and inter-state) and internationally (import/export)



An Action Plan for Initiatives & Solutions – MINISTERIAL PORTFOLIO -‘ICE’ REFORM

1. RECOMMENDATION: Establishment of new Ministerial Portfolio for ‘ICE’ Reform

The establishment of a new **Ministerial Portfolio for ‘ICE’ Reform**¹ is considered a vital component to effect strategies for change against Methamphetamine. Given the epidemic nature of the Methamphetamine problem in Victoria, a **Ministerial Portfolio** devoted solely to addressing all issues associated with Methamphetamine is warranted. Presumably, all information gathered and processed as a result of the current **‘Inquiry into the supply and use of Methamphetamines, particularly ‘ICE’, in Victoria’** substantiates this proposition further.

The following components summarise strategic objectives supporting this recommendation:

a. Establishment of *Ministerial Portfolio for ‘ICE’ Reform*

- Funding allocated to establish a new **Ministerial Portfolio** responsible for complete management of the development, implementation and progress of strategies aligned to an **Action Plan for Initiatives and Solutions**
- Key performance indicators to include the effective management of responsibilities devolved to Sector Portfolio Ministers, aligned to an **Action Plan for Initiatives and Solutions**
- Direct reporting policies, practices and procedures established between presiding Minister of the newly formed **Ministerial Portfolio for ‘ICE’ Reform**, and the State Premier
- Establishment and management of a subordinate **Steering Committee**, tasked with developing, implementing and progressing strategies aligned to an **Action Plan for Initiatives and Solutions** and which reports directly to the presiding Minister of the newly formed **Ministerial Portfolio for ‘ICE’ Reform**
- Direct reporting policies, practices and procedures established between presiding Minister of the newly formed **Ministerial Portfolio for ‘ICE’ Reform**, the newly formed **Steering Committee** and Sector Portfolio Ministers (Health, Education, Human Services, Justice, Police, Courts)
- Collaborative partnerships developed with Sector Portfolio Ministers (Health, Education, Human Services, Justice, Police, Courts) to ensure integrated strategies aligned to the proposed **Action Plan for Initiatives and Solutions**

b. Establishment of *Steering Committee*

- Funding allocated to establish a **Steering Committee** comprising leading Professionals and experts tasked with the responsibility to develop, implement and progress strategies aligned to proposed **Action Plan for Initiatives and Solutions**
- Rigorous reporting policies, practices and procedures to ensure compliance with established Terms of Reference and key deliverables and outcomes

¹ Refer to proposed Parliamentary Hierarchy – Sector Portfolios, included as Appendix I of this report



- Direct reporting policies, practices and procedures established between presiding Minister of the newly formed **Ministerial Portfolio for 'ICE' Reform**, the newly formed **Steering Committee** and Sector Portfolio Ministers (Health, Education, Human Services, Justice, Police, Courts)
- Collaborative partnerships developed with Sector Portfolio Ministers (Health, Education, Human Services, Justice, Police, Courts) to ensure integrated strategies aligned to the proposed **Action Plan for Initiatives and Solutions**



5. Conclusion: Results Based Accountability

The supply and use of Methamphetamines, particularly 'ICE', is problematic throughout Australia. The extent of the problem is so extreme as to render the matter an epidemic. Empirical evidence substantiates the many and varied effects brought about by Methamphetamine, all of which have a negative impact on individuals, families, communities and Australian society in its broadest sense. Anecdotal evidence portrays a situation that is more catastrophic than any imagery or stigma conjured up by statistics alone.

Recognising the sheer magnitude of the 'ICE' epidemic in Australia prompted a High-Level Summit on Methamphetamine which specifically addressed tackling the problem. A selection of keynote speakers, all leading Professionals sourced nationally and internationally and recognised for their success and contribution within the AOD sector, gave generously of their time and intellect to deliver expert advice and guidance in their specialist areas respectively.

Targeted to Professionals whose roles and responsibilities sit within and/or are focal to the AOD sector (including Education, Health, Human Services, Justice, Police and Courts), the Summit was an invitation to all such personnel whom we believe are able to contribute significantly to the research and development of an Action Plan for Initiatives and Solutions.

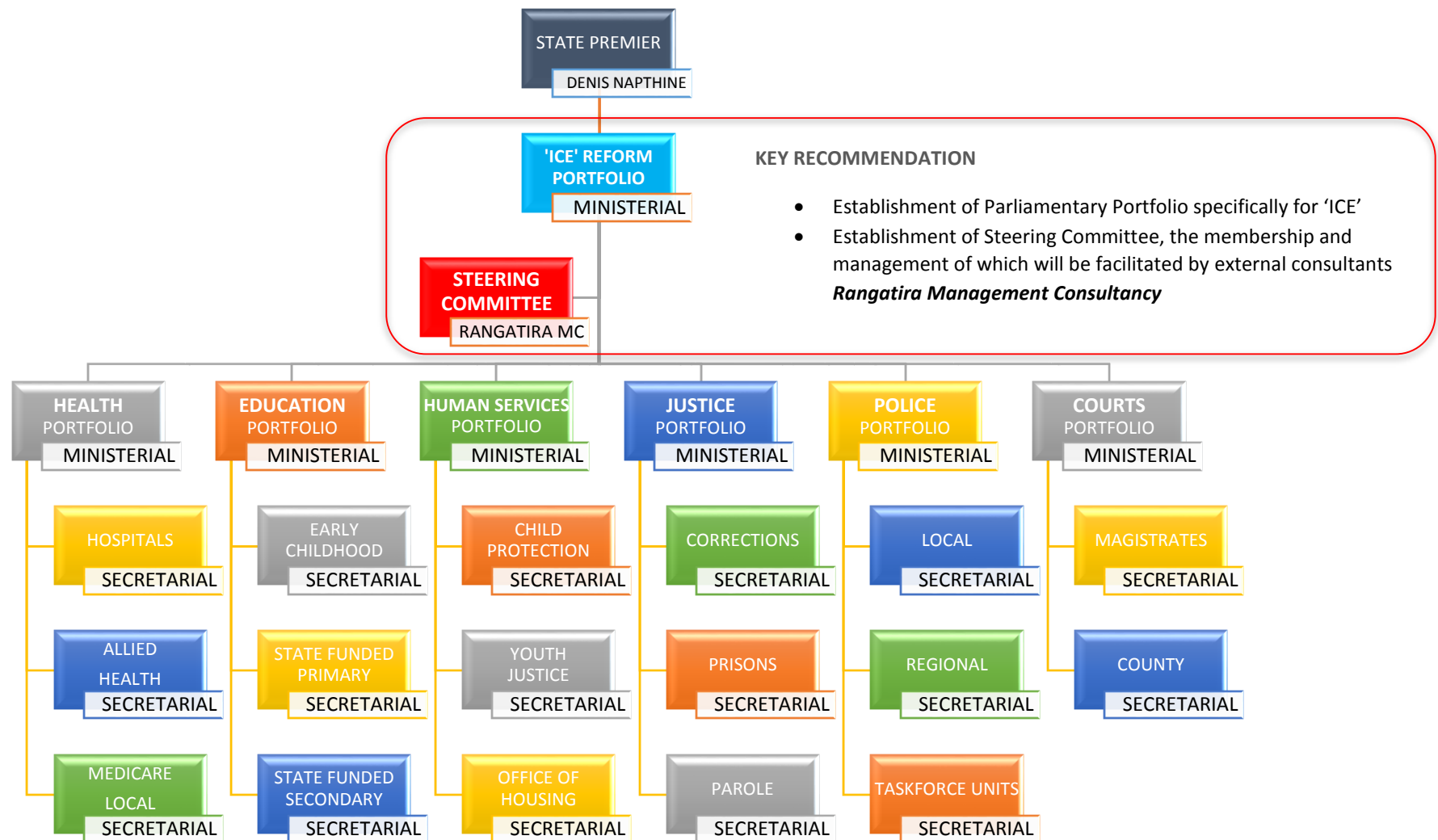
The Summit was considered to be ground-breaking, unique and innovative and was generally well-received. Much insight was gained by all who attended. Accordingly, this submission is the culmination of the information presented, digested, processed and learned by all who were involved. Against this background, we have endeavoured to develop a preliminary **Action Plan for Initiatives and Solutions** to tackle the problem of Methamphetamine, particularly 'ICE', and help shape the future of Drug Reform in Victoria.

Focusing the future on Outcomes

In summary, there is no doubt that any future development and implementation of an **Action Plan for Initiatives and Solutions** to tackle the 'ICE' epidemic in Victoria must, out of necessity, focus on key deliverables and outcomes. Transparency and accountability will be fundamental to any strategies to effect change against Methamphetamine. The benefits to be gained by the success and efficacy of key outcomes through the development and implementation of policy changes is realistic, achievable and sustainable. The ensuing impact on Australian society will be apparent, manifesting results based accountability aligned to the three pillars upon which Methamphetamine-focused strategies are founded – namely, **Demand Reduction, Treatment** and **Supply Reduction**.

The need for change is timely and *“the time is always right to do what is right”* (Martin Luther King Jr.)

6. APPENDIX I: PARLIAMENTARY HIERARCHY – SECTOR PORTFOLIOS





6. APPENDIX II: Endnotes

A number of leading Professionals and experts attended the High-Level Summit, spanning the full spectrum of State Sector Agencies as well as representing a range of Community Service Providers prominent in the AOD Sector. The importance of the cross-sector representation is determined an important aspect of and a contributing factor to the success of the High-Level Summit. Accordingly, an overview of attendees is deemed to be of utmost importance in the compilation of this submission and thus conveyed below.

High-Level Summit Attendees – PRESENTERS

1. **SIMON RAMSAY:** Chair – *Parliamentary Law Reform Drugs & Crime Prevention Committee;*
2. **MIKE SABIN:** *Current Member of Parliament (NZ); Former Founder & CEO - MethCon Group Ltd, specialising in drug education and policy; Former Police Detective and Methamphetamine Clandestine Drug Laboratory Officer (NZ); Affiliated with leading global drug policy forums including World Federation Against Drugs (Sweden); United Nations Office on Drugs & Crime; International Task Force on Strategic Drug Policy; Drug Free America Foundation (US)*
3. **DR. JENNIFER PILGRIM:** *Research Fellow – Dept. of Forensic Medicine, Monash University*
4. **MAGISTRATE ANTHONY PARSONS:** *Drug Court of Victoria*
5. **KRISTY ROWE:** *Program Manager – Drug Court of Victoria*
6. **JOSEPHINE BAXTER:** *Executive Officer – Drug Free Australia; Vice President – World Federation Against Drugs; Member – International Task Force on Strategic Drug Policy*
7. **SHANE VARCOE:** *Executive Director – Dalgarno Institute (Coalition of Alcohol & Drug Education)*
8. **DR. SHALINI ARUNOGIRI:** *Consultant Psychiatrist – Turning Point*
9. **DR. MATTHEW FREI:** *Clinical Head – South Eastern Alcohol & Drug Services; Head of Clinical Services – Turning Point Alcohol & Drug Centre and EHADS; Monash University Adjunct Lecturer – Department of Psychology & Psychiatry*
10. **DR. BRADLEY GRANT:** *Director (Strategic Intelligence Assessments) – Australian Customs & Border Protection*

High-Level Summit Attendees – EMCEES

1. **CARMEL GUERRA:** *Founder & CEO – Centre for Multicultural Youth (CMY); Convener – National Multicultural Youth Advocacy Network (MYAN); Member – Australian Multicultural Council, Refugee Resettlement Advisory Council, Youth Parole Board*
2. **GARRY PRIGG:** *Former Chairman & CEO – Cerebral Palsy Education Centre; Founder & CEO – Fundraising Consultants International (FCI); Founder & CEO – International Consultants to Business (ICB)*



High-Level Summit Attendees – PARTICIPANTS

1. Allied Health
2. Ambulance Victoria
3. Australian Customs & Border Protection – Commonwealth
4. Centre for Multicultural Youth (CMY)
5. Corporate Business
6. Dalgarno Institute
7. Department of Forensic Medicine
8. Department of Human Services – Youth Justice
9. Department of Justice
10. Drug Court of Victoria - Dandenong
11. Drug Free Australia
12. Eastern Access Community Health
13. Eastern Health
14. First Step Up Program
15. Law Reform Drugs & Crime Prevention Committee
16. Medicare Local
17. Melbourne Family Court
18. Migrant Settlement Communities
19. Ngwala
20. Office of Housing
21. Private Practice Family Therapists
22. Private Psychiatrists
23. Private Psychologists
24. Streets of Freedom
25. Turning Point Alcohol & Drug Services
26. Victorian Aboriginal Health Service
27. Victorian Indigenous State-Wide Homelessness Network (VISHN)
28. Victoria Police Eastern Region – DTU Unit ED1
29. Yarra Valley Community Health
30. Youth Health and Rehabilitation Service (YHARS)
31. World Federation Against Drugs



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