

***Challenge: Drug treatment and health services continue to fall short of meeting needs and deaths related to drug use have increased***

**Introduction:**

Of all the challenges facing the UNODC, the question of how international treaties can help to raise the efficacy of health services in preventing deaths looms amongst the largest. SSDP Australia contends that if we wish to progress on this front, an urgent shift is needed in our understanding of how healthcare can be better provided. Current dialogue that frames those who use drugs as a victims or non-actors only serves as a tool for alienation, as a result greatly restricting the capacity for international treaties and initiatives to reach those within localised communities at risk of harm.

Instead, if we wish to prevent drug-related deaths from occurring, UNODC policy must adopt an inclusive harm reduction strategy; one which truly works alongside people who use drugs and empowers them to look after their own safety, rather than forcing safety upon them and their communities from the outside. To show how such methodologies impact communities, this stakeholder report will look at two local issues SSDP Australia and its affiliated organisations have been closely involved in. The first is in Australia's ineffective responses to deaths at festivals, where successive local and federal governments have supported zero-tolerance criminalisation policies in lieu of harm reduction ones. The second is in the opening of a safe injecting room in Melbourne, wherein harm reduction

techniques have been successfully, if partially, implemented to save many people who use drugs from potentially fatal overdoses. In comparing these two cases, SSDP hopes to show how supporting communities in implementing harm reduction health services can prevent deaths. With this, we urge the UNODC to take note of the impact caused by focusing policing and “prevention” policies over harm reduction health services.

### **Case 1: Overdoses at Festivals**

Across Australia, there has been a consistent zero-tolerance line towards recreational drug use at festivals and events. Such an attitude has been noted since the 1990s, where Australian governmental policy largely sought to align with hardline tactics utilised in the USA.[1] Following this line, throughout the 21<sup>st</sup> century almost all preventative work made to minimise deaths has not been focused upon health or education services; rather, it has been given over to policing efforts such as drug busts, detection dogs, and stop and searches.[2]<sup>[3]</sup> Despite a small portion of funding being delivered to peer-based harm reduction services in some states (DanceWize in Victoria & NSW), policing operations are still rampant and these services are chronically and acutely under-resourced to fulfill their mandate. Deaths at Australian festivals trended upwards, peaking in the 2010s as MDMA related deaths spiked.[4] Furthermore, drugs have remained intimately entwined with music and arts festivals, with the 2019 Global Drug Survey showing that over 97% of self-reported Australian festival attendees had taken illicit substances within the previous 12 months.[5] With this, we can not only see that efforts to police festivals and events have been an unmitigated failure – they have been working in the face of the communities they’re purporting to help.

While the COVID pandemic and concurrent lockdowns and restrictions meant that there was a lull in festival deaths between 2020-2021, attitudes, actions, and, subsequently, results have seen little change with the resumption of large-scale events. 2023 and early 2024 have already seen several deaths and mass hospitalisation events.[6],[7],[8] In response to these events, local authorities have instead committed to doubling down upon tactics which saw overdose deaths increase in the previous decades. Victoria state police decide to commit further down the path of “prevention”, increasing police activity at events and utilising greater numbers of detection dogs.[9] This tactic came in spite of the Victorian police’s own statistics which claimed that dogs were less than 50% effective,[10] and the ineffectiveness of such augmented policing tactics by Victoria’s northern neighbour New South Wales (NSW).

In response to overdoses at festivals, there has been a clamour of voices pushing for harm reduction strategies – the most prominent of which being onsite reagent testing. Medical practitioner Unions such as the Australian Medical Association and the Victorian Ambulance Union have called for such testing, asking local governments to update their policy to save lives.[11] Such policies have broad support amongst people who use drugs, with 88% of those who take commonly tested drugs backing an adoption of onsite testing. Academic studies reviewing the rate and nature of deaths have also shown support, concluding that its implementation would most likely save lives.[12] Yet despite this support from organised medical groups, those at risk, and academic institutions, the state governments who control these measures are still largely resistant to them. While Queensland has followed the Australia Capital Territory in opening trial fixed testing sites,[13] the governments of both Victoria and NSW, the most populous states, have had historically hostile positions on the matter.

This reticence has been extremely frustrating for harm reduction groups, and in rejecting these positions governments offer little more than a redoubling of manifestly failed prevention methods. Instead of beginning by asking communities what they need to stay safe, they have pursued an agenda of dictating to people who use drugs how their health is best protected. This disregard of the right to participation in healthcare leaves policy detached from the reality in which people who use drugs live. As a result, health services that would prevent many deaths have remained in the dark as casualties mount.

## **Case 2: Supervised Injection Rooms**

Much like in the case of festival deaths, casualties amongst opiate users have climbed since the 2000s. According to the Pennington Institute's annual overdose report, between 2001 and 2021 in Australia heroin deaths jumped from 101 to 297 per year, methadone deaths from 95 to 186, and fentanyl/pethidine/tramadol deaths from 14 to 134.[14] More broadly, they showed that while the population has only increased by 33%, accidental drug deaths have gone up by 77%[15]. Evidently, policy of prevention has largely failed in the goal of preventing drug deaths. Clearly, new policy to directly look after people who use drugs directly was desperately needed. While an uphill struggle, progress has been seen in the implementation of harm reduction policy when a safe-injecting room was opened in 2018 in Melbourne, eighteen years following the opening of Sydney's supervised-injecting centre.. In these centres, people who inject drugs can

take their substances with sterile needle supplies and staff to ensure they do not overdose. As a result, not only are they protected in case of overdose, used needles are kept out of circulation within communities to minimise disease transmission.

The work done by both of these facilities in preventing deaths has been nothing short of exemplary. From its opening until 2022, Sydney's safe injecting centre monitored 1,232,951 injections with 17,960 clients.[16] In 10,890 overdoses, not a single fatality has occurred. Similarly, in the short time the Melbourne room has been active, not a single fatality arisen in over 430,000 visits. In working with the injecting community in lieu of criminalising them, centres such as these encourage their involvement and help ensure that health services can actually reach them. Modelling by a Victorian government report on the Richmond safe injecting room estimated that up to 63 lives have been saved by it,[17] a figure which would make a significant difference in the Pennington institute's casualty statistics. The centres also provide a vital point of contact for people who inject drugs to obtain referrals, and facilitate access to healthcare, housing, and other key welfare services. These facilities have been able to provide care to help with secondary, yet equally vital, issues, including homeless support, opioid pharmacotherapy, and the commencement of Hepatitis C treatment for 356 clients by the end of 2023.[18] By broadly avoiding dictating to people who inject drugs how their safety is best looked after, just two safe injecting centres have managed to have a tangible impact in the fight against accidental overdoses.

This is not to say that the implementation of these rooms has been perfect. Bills that sought to allow pregnant and under 18 individuals to use the facilities have been rejected in Victorian Parliament,[19] leaving some of the most vulnerable unable to access the healthcare provided. Forgetting

that the injecting rooms exist purely for the fact that they save lives, not as a broad condoning nor condemnation of the use of illicit substances, governments rule in favour of general public discomfort and forget the communities and individuals who are actually at risk. The central issue that remains is how social stigma and moralising approaches take precedence over healthcare evidence which shows that harm reduction methodologies saves lives. Socially driven public opposition to these projects remains their greatest obstacle, both in their genesis and their success. Exemplifying this, despite the unmitigated success of the first Melbourne centre in saving lives, efforts to open a second in the city have become mired in opposition. Many local businesses, local councils, and local residents push back against their opening, reasoning that such places make their areas 'honeypots' for people who inject drugs [20] - despite academic reports countering such claims.[21] Clearer leadership is needed if we are to continue the proven good work done by these centres. Governments and authoritative bodies must be clearer in standing up and fighting for the health of marginalised people, showing the way by countering stigma and reassuring communities, both of people who use drugs and those hosting fears of them, of their safety and the broad positive impacts. Otherwise, lazy narratives which alienate people who use drugs from healthcare will continue, as inevitably will the ever climbing overdose death tolls from the Pennington Institute.

### **Analysis & Conclusion:**

Within these local cases we can see several central understandings form, the first being the failure to this date of policing and prevention tactics from halting rises in deaths. The Australian Government's focus on stopping potentially dangerous substances from reaching people who use drugs has been unsuccessful, with attempts to reduce supply unable to mitigate threats to public health. Leading on from this, there has been a failure of

leadership in identifying a system not fit for purpose and actively engaging with alternative solutions. Despite evidence being provided by academics, those with lived experience, and even the government's own modelling, there has been an ingrained reticence in Australia to moving over to a harm reduction platform. With moral stigma and a broad apathy, authorities have ignored recommendations provided on what saves the lives of people who use drugs. Space has instead been given to the views of those outside of the groups who are suffering the deaths, subsequently causing policing and criminalisation to take precedence over effective healthcare. Communities of people who use drugs have their health needs dictated to rather than asked of them. This paternalistic approach limits people's agency and leads to their alienation from care.

When considering drug use and treatment as a matter of healthcare, human rights and the rights to health as stated by WHO and the OHCHR become pertinent. The relationship between accessibility and discrimination in particular needs to take centre stage, as perhaps the largest issue held by people who use drugs is that their health comes second to social stigmas against them. As researchers, data, and those with lived experiences consistently show the merits of harm reduction methodologies, one of the largest barriers to positive reform becomes ensuring that they are listened to. People who use drugs are discriminated against, as, while in other sectors of healthcare such information comes first, their rights to health provisions are secondary to social moral considerations. With this in mind, it is of little wonder why deaths continue to rise as health services fall short of meeting their needs. While both practical knowledge and willing engagement from communities and individuals at risk already exist, legislative barriers are formed to slow their implementation as state and federal governments lean instead on prohibition, prevention, and policing.

SSDP urges UNODC to look closely at itself, how it frames and prosecutes its mandates, if it wishes to stop deaths and hold to the UN commitments on the right to healthcare. Aside from greater emphasis on harm reduction methods, it must take a greater role in leading international efforts in such a way that destigmatises people who use drugs. Their criminalisation drives them away from the services they need to ensure their health, causing further harm in lieu of saving lives. Communities of people who use drugs should be considered as actors within their own healthcare, working alongside and empowering them to better fill their healthcare needs as they understand them. UNODC must ensure that prevention strategies do not take precedence over those of harm reduction, as Australian communities have already keenly felt the failure of such efforts. A leadership position must be taken up to redouble pressure placed upon national governments, as many find it too easy to ignore the plights of people who use drugs, fighting for care with little support. Otherwise, grassroots community action will continue to be the only place that health advocates can engender meaningful progress to supply harm reduction services, leaving UNODC as vestigial to effective healthcare reform.

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