# AUSTRALIAN government RESPONSE

## Call for submissions: Report on Drug Policies and Responses: A right to health Framework on hard reduction

Australia thanks the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health for their invitation to provide a submission to inform the Report on Drug Policies and Responses: A right to health framework on harm reduction.

**Harm reduction definition**

Most common, harm reduction refers to polices, programmes and practices that aim to minimise the negative health, social and legal impacts associated with drug use, drug policies and drug laws. For the purpose of the report, the Special Rapporteur defines harm reduction in a broader sense, including the policies, programmes, and practices that aim to minimize the negative health, social and legal impacts associated with various behaviours and related policies and laws.

**Questions**

1. *While the concept of harm reduction has traditionally been applied to drug use, the Special Rapporteur is taking a broadened approach to harm reduction. What types of harm reduction policies, programmes, and practices are in place in you community, and what is their purpose or aim? How successful have they been at achieving that aim? Please provide data, as possible.*

The overarching framework for preventing and minimising the harms associated with alcohol, tobacco and other drug use in Australia is the National Drug Strategy 2017 – 2026. The Strategy outlines a national commitment to harm minimisation though the balanced adoption of effective evidence-based demand, supply and harm reduction strategies.

The implementation of the National Drug Strategy 2017-2026 is a shared responsibility of the Commonwealth, state and territory and local governments.

State and territory governments are largely responsible for funding and implementation of drug related services and programs including specific harm reduction strategies such as drug checking, safe injecting spaces and drug diversion programs. Local governments also have an important role in responding to local needs and supporting community activity and partnerships.

Reducing alcohol and other drug harm is also one of the seven focus areas in the National Preventive Health Strategy 2021-2030. The National Preventive Health Strategy includes a target for ‘at least a 15% decrease in the prevalence of recent illicit drug use (≥14 years) by 2030). The Strategy also includes a focus area on reducing tobacco use and nicotine addiction, with a target to achieve a national daily smoking prevalence of less than 10% by 2025 and 5% or less for adults (≥18 years) by 2030.

The Australian Government has made significant efforts to reduce the harms associated with alcohol, tobacco and other drug use, including funding prevention activities in a variety of settings so to support individuals and communities to take early action and reduce risk behaviours.

Examples of such initiatives such as the Local Drug Action Teams and the Good Sports Program, which operate in secondary schools, sports clubs, online, and broader communities. Early intervention activities, including the Hello Sunday Morning program, the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) and linked Brief Intervention (BI), Positive Choices, Cracks in the Ice portals, and Path2help, have also been developed and refined to provide early and tailored support to individuals, families and friends affected by drug and alcohol use.

The Government also supports a diverse range of national treatment projects aimed at addressing issues related to alcohol and drug use. These projects include Counselling Online, Smart Recovery, the Network of Alcohol and other Drug Agencies women's project, and the Australian Therapeutic Communities Association. These projects promote holistic and evidence-based treatment options that cater to the unique needs of priority population groups.

Path2help, Hello Sunday Morning and the Alcohol, and the ASSIST-BI tool have contributed to a shift in service seeking. Through enhanced screening, more tailored sources of information and support are being provided to appropriately meet the needs of families, friends and individuals impacted by drug and alcohol. These tools help detect AOD risk factors at an early stage where treatment modalities such as counselling can be utilised as opposed to more intensive forms of treatment such as residential rehabilitation.

Australia’s Take Home Naloxone Program is a nationally delivered program that makes naloxone (a medicine that temporarily reverses the effects of opioids) available for free, without the need for a prescription, to people who may experience, or witness, an opioid overdose or adverse reaction, thereby reducing harms.

Through the program naloxone is available nationally from participating community and hospital pharmacies as well as other sites such as alcohol and drug treatment centres, custodial release programs and needle and syringe programs.

Hepatitis C is transmitted through blood-to-blood contact. In Australia, hepatitis C is most commonly transmitted through the use of unsterile injecting equipment. There are heightened risks for transmission in custodial settings due to the higher rates of chronic infection, reinfection, and transmission and the ongoing failure to offer equivalence of care to people in prisons, including comprehensive access to evidence-based harm reduction, including sterile injecting equipment, as a means of prevention.

The *Sixth National Hepatitis C Strategy 2023-2030* will soon be published and will guide Australia’s strategic response to eliminating hepatitis C as a public health threat by 2030. This strategy is informed by progress made under the *Fifth National Hepatitis C Strategy 2018-2022* and aims to provide equitable access to safe, affordable, and effective prevention, harm reduction, education, testing, and treatment, including appropriate person-centred care and support.

Harm reduction and demand reduction are the primary methods of hepatitis C prevention for people who inject drugs, including needle and syringe programs, peer education, opioid agonist treatment, and other treatments for injectable drugs or dependence. The strategy supports harm reduction through:

* + education and prevention;
	+ testing, treatment, and management;
	+ equitable access to and coordination of care and support;
	+ workforce;
	+ Addressing stigma and creating an enabling environment; and
	+ Data surveillance, research, and evaluation

Through the implementation of the *Fifth National Hepatitis C Strategy 2018-2022*, Australia has made significant progress towards meeting the goal of elimination, especially among people who inject drugs. Treatment uptake in people who inject drugs is the leading success story of the national response, where among an estimated 75 000 people who inject drugs regularly in Australia, the number with chronic hepatitis C infection declined from 32,619 in October 2015 to 12,679 in October 2019. The majority (78% in 2015 and 2019) of people who inject drugs reported having ever been tested for hepatitis C, while the proportion of those diagnosed who were treated increased from 3% in 2015 to 47% in 2019. Among those treated, the proportion of those assumed to have been successfully cured increased from 27% in 2015 to 88% in 2019. This progress reflects the commitment to harm reduction and treatment among people who inject drugs.

1. *How do legal frameworks affect the harm reduction policies, programmes, and practices (whether related to drug use or otherwise) that are available in your community, country or region? Are there laws or policies that either facilitate or serve as a barrier to adopting or implementing certain harm reduction policies, programmes, and practices? Aside from legal and regulatory barriers, are there other obstacles in place? Please provide specific examples.*

Responsibility for Australia’s drug policy and legal framework, including the control of illicit drugs and precursor chemicals, is shared between Commonwealth and states and territories, and across intelligence, law enforcement, justice and health portfolios:

* + The Commonwealth health portfolio has responsibility for national demand and harm reduction initiatives and is responsible for import and export permits for controlled substances.
	+ Commonwealth justice, law enforcement and intelligence portfolios share responsibility for supply reduction and law enforcement initiatives, as well as the enforcement of Commonwealth illicit drug offences.
	+ States and territories have primary responsibility for the laws governing the possession and use of illicit drugs within their jurisdictions, including laws relating to decriminalisation, as well as supply, demand and harm reduction initiatives.

Close collaboration between jurisdictions at all levels of government and across health, intelligence and law enforcement is key.

Needle and Syringe Programs (NSPs) have long been a central feature of Australian harm reduction strategies to support people who inject drugs and were first trialled in Australia in 1986 as a response to growing HIV infections, particularly among injecting drug users. NSPs were endorsed by all states and territories in 1987 as a cost-effective, public health measure to prevent and/or reduce the spread of blood borne viruses, including hepatitis C.

NSPs are currently available in over 4000 sites across Australia through several different models, such as primary outlets, mobile and outreach services, and automated vending machines. Despite prisons becoming the primary settings of hepatitis C transmission, Australian prisons do not yet offer regulated access to sterile injecting equipment.

This is despite positive international data showing that NSPs in prisons demonstrated a reduction in overdose numbers, greater engagement with drug treatment, improved relationships between staff and prisoners, and increased awareness of the transmission of BBV. There are a number of barriers to overcome to implement NSPs in Australian prisons. These include:

* + custodial and health staff resistance due to safety issues;
	+ staff re-training requirements;
	+ conflicts between corrections policy and harm minimisation policy;
	+ identification of drug users through their participation in a NSP and the risk of further targeting by staff; and
	+ operational/distribution issues.

Concerns for staff safety stem from an incident in 1990, where an NSW correctional officer contracted HIV after being stabbed with a syringe that contained HIV-infected blood, and who later died of AIDS in 1999. This incident has significantly contributed to ongoing fear regarding the introduction of NSPs in prisons and appears to have hampered attempts to successfully implement a NSP in Australia.

1. *How does the jurisdiction in place in your region/country state approach the criminalisation (or decriminalisation) of drug use? Please provide disaggregated data, including but not limited to gender, age race/ethnicity, states of poverty, sexual orientation and the number of persons deprived of liberty for drug possession or consumption.*

Under Commonwealth legislation, the manufacture, possession, sale, and use of drugs is a criminal offence, however decisions regarding decriminalisation of small amounts of illicit drugs for personal use are a matter for the states and territories.

All Australian jurisdictions have some form of de facto or discretionary decriminalisation through diversionary schemes or programs for the possession of small amounts of drugs. Law enforcement officials or courts may choose to respond to instances of drug possession without pursuing criminal penalties.

One jurisdiction, the Australian Capital Territory, has recently (28 October 2023) implemented a decriminalised approach for those found to be in possession of small amounts of some illegal drugs for personal use. Under this measure people found to be in possession of a small quantity of drugs may be required to attend a health education and information session or have the option of paying $100 fine. The measure will be independently evaluated after two years. Further information is available from: <https://www.health.act.gov.au/about-our-health-system/population-health/drug-law-reform#:~:text=The%20reforms%20aim%20to%20divert,of%20paying%20a%20%24100%20fine>.

In the Northern Territory (NT), and South Australia (SA) criminal penalties do not apply for individuals who possess or use cannabis up to a certain weight. A civil penalty or fine is applied.

Data from the Alcohol and Other Drugs Treatment Services National Minimum Data Set (AODTS NMDS) indicates that in 2021-22:

* 1. 14,543 treatment episodes were provided to court diversion clients
	2. 11,078 treatment episodes were provided to police diversion clients
	3. For comparison, 183,434 treatment episodes were provided to non-diversion clients. Details are available from: <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/alcohol-other-drug-treatment-services-australia/contents/diversion-in-australia>
1. *Beyond reducing the adverse health, social, and legal consequences of drug use, what other areas can benefit from harm reduction polices, programmes, and practices in furtherance of the right to health and related human rights? Examples may include, but are not limited to, the decriminalisation of sex work, the decriminalisation of abortion, and safe sex programmes.*

*Access to safe abortion services*

* Supporting, protecting, and promoting the health and wellbeing of all Australian women and girls, including through safe and affordable access to sexual and reproductive health services is a key priority for the Australian Government.
* The National Women’s Health Strategy 2020–2030 (Strategy) outlines a national approach to improving health outcomes for all women and girls, particularly those at greatest risk of poor health, and aims to reduce inequities in health outcomes. The Strategy proposes action in five priority areas including maternal, sexual, and reproductive health.
* One of the key measures of success of the Strategy is equitable access to pregnancy termination services.
* Access to abortion care is a crucial part of healthcare, and the Australian Government provides support for pregnancy termination services through public hospital funding, Medicare Benefits Schedule rebates for relevant services, including telehealth consultations, and subsidies for the cost of medicines under the Pharmaceutical Benefits Scheme.
* In Australia, abortion is legal in all jurisdictions, however, the laws relating to access to termination services is the responsibility of state and territory governments. Laws relating to pregnancy termination vary between jurisdictions, including the legal conditions under which a termination can be performed and the requirements for patients to access termination services.

*Injury prevention*

In 2018, 4.5% of the total disease burden in Australia was due to alcohol use, making it the fifth leading risk factor contributing to disease burden.; while 15% of total injury-related burden is attributed to alcohol use. Alcohol-related injury accounted for 5.7% of all injury hospitalisations and 14% of injury deaths among Australians in 2019–20. Alcohol misuse can have cross-cutting impact on a range of injury types including but not limited to accidents involving vehicles, poor mental health, family domestic and sexual violence, accidental drowning, and falls. The Government is developing a National Strategy for Injury Prevention which is expected to be released in 2024. Harm reduction approaches will need to address awareness of these injuries as well as contributing elements such as alcohol.

1. *What type of harm reduction policies, programmes, and practices, as well as mental health and other support (e.g. housing, legal, social, educational, and economic) are available fore people who use drugs in the community, institutions, or detention facilities? Please share examples of the impact of criminalisation, discrimination, stereotypes and stigma on the different groups of the population age. Persons in situation of homelessness, migration, or poverty, sex workers, women, children, LGBTIQ+ persons, persons who are detained or incarcerated, persons with disabilities, Indigenous Peoples, Black persons, persons affected by HIV or hepatitis, and persons living in rural areas, etc)*

Policy and programmes under the *Fifth National Hepatitis C Strategy 2018-2022* providesupport for a person who injects drugs with hepatitis C through:

* Community based settings
* These settings play a number of different roles, including testing, treatment, and ongoing care; they provide linkages to appropriate healthcare and other social and health support services; and they provide access to appropriate and safe health promotion and education.
* Peer based drug user organisations
* These organisations provide access to de-stigmatised, peer-based support, information, education, advocacy, harm reduction services, and services that aim to reduce the transmission of hepatitis C associated with drug use.
* Community Hepatitis Organisations
* State and territory-based community hepatitis organisations provide information on hepatitis-related prevention, harm reduction and referral, the promotion of testing, peer support, education, training, individual and systemic advocacy, and information sharing.
* Sex Worker peer organisations
	+ Sex worker peer organisations provide essential prevention education conducted by peers as well as critical linkages to testing, treatment, and ongoing management and care.
* Multicultural BBV and STI Services
	+ Multicultural BBV and STI services Multicultural BBV and STI services work with culturally, ethnically, and linguistically diverse communities to ensure equitable access to specific BBV and STI related healthcare, health promotion, education, and community development. They also forge important relationships with the broader BBV and STI and healthcare sectors to advocate for better health and wellbeing outcomes for culturally, ethnically, and linguistically diverse communities.
* Needle and syringe programs
* Needle and syringe programs are critical for prevention, ensuring that people who inject drugs have access to a range of supports, including sterile injecting equipment, peer support, harm reduction education and health promotion, and linkages and support to access healthcare.

These policies and programs will continue to be supported under the *Sixth National Hepatitis C Strategy 2023-2030.*

* In Australia, services provided in institutions and detention facilities are the responsibility of state and territory governments. This includes services provided in hospitals, mental health specific acute and long-term inpatient units, and correctional facilities.
* Under the National [Mental Health and Suicide Prevention Agreement](https://federalfinancialrelations.gov.au/agreements/mental-health-suicide-prevention-agreement), the Commonwealth and state and territory governments have agreed to work together to pursue whole‑of‑government approaches to mental health and suicide prevention across a range of priority areas including policy and service responses to misuse of alcohol and other drugs.
* There are a range of community-based services available for people in the seeking support for co-occurring mental health and substance misuse, including support for priority cohorts. These include:
	+ [**Medicare rebated mental health services**](https://www.health.gov.au/our-work/better-access-initiative) under the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative which aims to improve outcomes for people with a clinically diagnosed mental disorder through evidence based treatment.
	+ [**Primary Health Network (PHN)**](https://www.health.gov.au/our-work/phn) commissioned suicide prevention and stepped care mental health services. Individuals can contact their local PHN. Details are on the Department of Health and Aged Care website.
	+ [**Head to Health National Phone Service**](https://www.headtohealth.gov.au/head-to-health-services), providing an easily accessible entry point for advice, assessment and referral into and between mental health services.
	+ [**Head to Health Adult Mental Health Centres**](https://www.headtohealth.gov.au/head-to-health-services), one in each state and territory, with a commitment from jurisdictions to co-fund further centres and satellites, provide an entry point for adults to access mental health services and supports in communities.
	+ [**headspace services**](https://headspace.org.au/) young people aged 12-25 can access for free or low-cost holistic mental health support.
	+ [**Head to Health website**](https://www.headtohealth.gov.au/), which provides a gateway to digital mental health information, including information for substance misuse.
* The Australian Government is committed to supporting, protecting and promoting the health and wellbeing of all Australians, including keeping Australians safe. We know that victim-survivors of family, domestic and sexual violence can experience physical injuries including lifelong disability and traumatic brain injuries, as well as anxiety, depression, alcohol and drug use disorders and other negative health issues that continue to affect them throughout their lives. Many victim-survivors, including those from higher-risk population groups such as First Nations people, LGBTIQ+ people, and people from culturally diverse, migrant and refugee backgrounds, will not disclose their trauma due to personal stigma or feelings of shame, unfair social stigma, discrimination, and lack of access to, or poor experiences with service systems.
* A key priority for the Government is the implementation of the next *National Plan to End Violence against Women and Children 2022-2032* (National Plan). The National Plan will guide actions across Commonwealth, state and territory governments to support victims and survivors of family, domestic and sexual violence and provides the foundation for a whole-of-society approach to end gender-based violence in one generation.
* Within the Department of Health and Aged Care portfolio the Government is investing $48.7 million over four years from 2022-23 to support victims and survivors of family, domestic and sexual violence and child sexual abuse to navigate the health system. This funding supports the National Plan, by providing increased support to primary care providers to assist in the early identification and intervention of family, domestic, sexual violence and child sexual abuse.
* Stigmatising language associated with drug use reinforces negative stereotypes and can influence judgement and shaming. The fear of stigma and the negative connotations associated with drug use can prevent people from accessing treatment and support and can contribute to poorer treatment outcomes.
* Australia’s Mindframe Program provides guidance to the media and other stakeholders to communicate safely, respectfully and responsibly about drugs and alcohol and recognises that inaccurate and dehumanising language plays a significant role in the process of stigmatisation.
1. *Are there alternative measures to institutionalisation or detention? For example, are there outpatient or impatient facilities available in your country for people using drugs? Please provide additional details (are they compulsory, voluntary; number available in urban and rural areas, entity in charge, type of support provided and type of staff working in these facilities/centres)?*

Yes. In Australia, both outpatient and inpatient treatment facilities are available for people who use drugs. These services are largely voluntary (differs across jurisdictions).

Both public (small or no fee) and private services are available. Many services are overseen by the non-government sector, with funding provided by the Commonwealth or state/territory governments. Funding may also be provided by non-government entities including philanthropic donations. Services are available in both metropolitan and regional settings (though may be more accessible in metropolitan settings).

Treatment facilities will be staffed by a range of professionals, including (but not limited to) medical practitioners, nurses, psychologists, councillors, social workers, Aboriginal Health Workers, Certificate 4 qualified AOD workers, peer / lived experience workers and youth workers.

1. *Are there programmes of research and innovation related to harm reduction from a right to health perspective (e.g. needle and syringe programmes, supervised injection and drug use facilities, opioid substitution therapy, and others beyond the are of drug use) including outreach and education programmes, in your community, country or region? Please provide good practices and examples.*

The Australian Government supports important organisations in their efforts to increase people's understanding of evidence-based harm reduction techniques and safe injecting techniques to lower the risk of blood borne virus transmission. These efforts aim to educate individuals on the proper use of sterile equipment. The *Vein Care Guide*, co-funded by the Commonwealth, is developed by Australia Injecting and Illicit Drug Users League is an example of an innovative educational tool.

Two major opioid dependence treatment reforms took effect on 1 July 2023:

* + 2023-24 Budget funding of $377.3 million over 4 years (and $98.4 million ongoing) has supported the implementation of a new ODT Community Pharmacy Program that funds pharmacy services associated with in-pharmacy and take-away dosing of patients and for on-site pharmacist administration of buprenorphine injections.
	+ ODT medicines can now be dispensed in the same way as other medicines under the Section 100 Highly Specialised Drugs (HSD) Program (Community Access) arrangements, with regulated co-payments and protected by the PBS Safety Net.

The reforms have benefitted the vast majority of patients that access medicines from a community pharmacy and this will increase over time due to equitable access to the PBS co-payment and Safety-Net arrangements.

Implementation of approaches presented in the National Drug Strategy, including funding, legislation and programs, is the responsibility of relevant agencies in Commonwealth, state and territory jurisdictions. The mix of actions adopted in individual jurisdictions and the details of their implementation may vary to reflect local and/or national circumstances and priorities.

* + For example, needle and syringe programs, safe injecting facilities and pill testing services are available in some Australian States and Territories, however they are the responsibility of jurisdictional governments and not the Commonwealth.