

# Peer-led Harm Reduction for Events Policy Statement



v1. November 2023

## Summary

Peer-led harm reduction services (e.g. DanceWize) at events promote safer drug use and partying, and reduce drug and health-related harms at festivals. SSDP Australia believes that peer-led services are the most appropriate to deliver harm reduction at festivals, as their lived or living experience ensures they are perceived as credible, legitimate, approachable, and trustworthy to the community the services are designed to support. These services are led by people who party and understand party scenes, and are a vital point of contact for people who require support but feel uncomfortable approaching medical staff, police, security or other services due to widespread stigma and criminalisation. Peer-led harm reduction services provide evidence-based education, and manage supervised care spaces for people who need a safe space, are feeling overwhelmed, and/or require support related to drugs, harassment and assault, and other adverse experiences. They also rove around festivals in high-visibility clothing to monitor festival crowds, supply harm reduction materials (e.g., earplugs, water) to punters and relay situational information to the event support crew. Peers support patrons to receive support from service providers, and engage in advocacy and training to a range of service providers.

## Policy Demands

1. **All Australian state and territory governments should provide appropriate funding and support for peer-led harm reduction education and support services at festivals and events.**
  - **Funding for existing peer-led harm reduction services** for events should be **increased** to promote the health and wellbeing of communities and increase access to education and support.
  - Peer-led harm reduction services should be **legislated** for **all events** that are **large scale** and/or are anticipated to **involve increased risks** to patron wellbeing; and peer organisations must be centred in the development of such legislation.
  - Peer-led harm reduction services should be **adequately funded to coordinate and operate at events** which are located in **rural, regional, and remote areas**, as well as events that **operate over long hours, nights, weekends, and over multiple days**.
  - For states and territories with a lower number of local festivals and events, **governments** should consider **providing funding to support inter-state collaboration**, such as mentorship, training, resourcing, and support offered by existing service providers.
  - Peer-led harm reduction services should be **adequately funded to engage culturally and linguistically diverse (CALD) communities, people who are neurodivergent, people with disabilities, and Aboriginal and Torres Strait Islander peoples**.
  - Peer-led harm reduction services should be **adequately funded to respond to sexual assault and harassment, and mental health crises or challenges**.
2. **People with lived and living experience** should be centred in **all harm reduction services**, and wherever possible, **peer-led services should be prioritised in funding**.
3. **Law enforcement and security** should **support event-based harm reduction programs**.
4. **Law enforcement and security** should **consult peer-led harm reduction services to develop guidelines and procedures** on engaging with patrons **using harm reduction frameworks**.
5. **Law enforcement and security** should **receive peer-led briefings and trainings** on **harm reduction services** and on working within **harm reduction frameworks**.

6. **Law enforcement and security should maintain reasonable distance from harm reduction services** operating at events and in nightlife to **promote service access**.
  - **Law enforcement should not be located** at the entry of or enter harm reduction and medical services unless formally requested, and **should remain at least 10 metres away**.
7. **Law enforcement and security should not**, as a matter of course, **evict patrons** from events **without appropriate assessment and support** from an available harm reduction service.
  - **Law enforcement and security should not**, as a matter of course, **evict patrons who have accessed a harm reduction service**.
8. **Law enforcement should provide harm reduction and medical services with up-to-date information** regarding searches, seizures, charges, and emerging drug trends.
9. Peer-led harm reduction **supervised care spaces** should be **adjacent to medical services** and deliver best practice **integrated referral models of care**.
10. **Harm reduction** at festivals and events should be **adequately resourced by event organisers**, including **consultation with peer-led harm reduction services** in the planning of operations, and the inclusion of harm reduction service providers in pre-event, on-site, and post-event meetings and de-briefs.
11. **Event organisers should actively advertise harm reduction services** before, during, and after events, including in **pre-event and post-event messaging**, and through **on-site maps and sufficient signage**.
12. Peer-led harm reduction services should be **permitted to display harm reduction information**, including educational signs and posters, **inside and outside of their spaces** to facilitate service engagement.
13. **Event organisers should employ best practice harm reduction** during **ingress/egress and within event spaces**, including environmental design.
  - **All state and territory governments should commit to exploring integrated harm reduction services that support patron wellbeing upon exiting licensed areas and after event cessation**.
14. **Peer-led harm reduction services and on-site medical** at events should be **adequately funded and supported to provide test strips and self-administered urine kits** to patrons who are concerned about **drink spiking**.
15. **Peer-led harm reduction services should be adequately funded and supported to provide harm reduction education and reagent testing kits**.
  - **Peer-led harm reduction services should be supported to provide reagent testing kits and testing strips both on-site and outside of events**, to people concerned about the contents and/or purity of their substances.
16. **Peer-led harm reduction services should be adequately funded and supported to operate as an on-site needle and syringe program (NSP)**.
  - **Peer-led harm reduction services should be supported to provide safe disposal of equipment**.
17. **Peer-led harm reduction services and on-site medical** at events should be **appropriately funded to carry naloxone on-site** and should **undergo nationally recognised training in administering naloxone** to respond to an opioid overdose.
18. **A supervised care space** operated by peer-led harm reduction services **should be considered a harm reduction area**, where intoxicated patrons may rest and receive required care without licensees or agents of licensees being at risk of penalty.
19. A **patron should have a reasonable excuse for remaining within or reentering the vicinity of a licensed area** if a **health professional has advised** that there is a **reasonable fear for their safety** if they do not remain in, or re-enter the vicinity of the area.