

Submission to: Special Rapporteur on the right to health

Submitted by: Students for Sensible Drug Policy Australia

Submission from: Australia (Member State)

Email: hello@ssdp.org.au

Drug policies and responses: a right to health framework on harm reduction

Dear Special Rapporteur,

Students for Sensible Drug Policy Australia (SSDP Australia) is grateful for the invitation to submit to this Inquiry and supports the decision to explore harm reduction in the context of human rights. SSDP Australia is Australia's only national youth- and student-led community organisation that empowers and represents young people to bring change to drug policy. Young people are the most likely age group to use illicit drugs,¹ and are highly supportive of drug policy reform,² yet we are the least likely to be involved in decision-making about drug-related policies and programs. We belong to an international network and student and youth-led organisations, and represent a grassroots Australian network of students, young people, and their allies working towards meaningful drug policy reform that is grounded in evidence, compassion, and human rights.

SSDP Australia firmly believes that people who use drugs should be afforded the same rights as all people. SSDP Australia neither condemns nor condones drug use. As an organisation, we understand the complexities associated with drug use and policy matters, and are informed by the evidence of what works and does not work, and the expertise of the communities with lived and living experience of drug use.

¹ Australian Institute of Health and Welfare (AIHW) (2020) National Drug Strategy Household Survey (NDSHS) 2019. Drug Statistics series no. 32, PHE 270, Canberra AIHW. [Available here.](#)

² Lancaster C, Ritter A & Matthew-Simmons F (2013) Young people's opinions on alcohol and other drugs issues. National Drug and Alcohol Research Centre, University of New South Wales. [Available here.](#)

Q1 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 your community, and what is their purpose or aim? How successful have they been at achieving that aim? Please provide data, as possible.

Australia's two medically supervised injecting services are the only injecting or consumption rooms available in Australia, despite advocacy across jurisdictions for additional services. The services provide integrated healthcare for clients, including nursing, sexual health, and HIV and HEP C prevention and care. With relevance to Q2, we note that the availability of these services is restricted by existing legislation.

The Uniting Sydney Medically Supervised Injecting Centre (MSIC) was opened as a harm reduction service in 2001 in response to the 1990s heroin epidemic which saw continuing BBV transmission and a rise in opioid overdose death.³ In 21 years of operation the service has supervised 1,232,951 injections by 17,960 registered clients, and managed 10,890 overdoses without any fatalities. Through the early intervention of providing oxygen and airway management, only 20% of overdoses required the administration of naloxone. Between 2010 and 2020, only 76 out of the more than 7000 overdoses managed by MSIC required an ambulance. Over the past 23 years, MSIC has demonstrated that the supervision of injecting drug use reduces mortality overdose, and significantly improves outcomes for clients. Additionally, the Supervised Injecting Room (MSIR) in Melbourne began a trial in 2018 in response to a high number of heroin overdose fatalities.⁴ Similarly to MSIC, the MSIR service effectively managed 5,907 overdoses with no fatalities, with modelling suggesting that approximately 63 fatalities were averted since the opening of the service.

In New South Wales, Section 36A(1) of Part 2A of Drug Misuse and Trafficking Act states that the responsible authorities are able “to issue only one licence in respect of only one premises”.⁵ The legislation restricts the number of services to one and the location of the MSIC facility to be fixed in a specified place under the Licence Agreement. These legal frameworks impact the provision of additional harm reduction services needed to address increasing opioid overdose harms and deaths.⁶

[DanceWize](#) and [DanceWize NSW](#), are two connected yet independent peer-led harm reduction services operating at music festivals and events in Victoria and New South Wales (NSW). Australia has a number of grassroots services in festival and nightlife spaces, although the DanceWize

³ Day CA, Salmon A, Jauncey M, Bartlett M & Roxburgh A (2022) Twenty-one years at the Uniting Medically Supervised Injecting Centre, Sydney: addressing the remaining questions. *The Medical Journal of Australia* 217(8): 385-387. [Available here.](#)

⁴ Medically Supervised Injecting Room Review Panel (2023) *Review of the Medically Supervised Injecting Room*. State of Victoria: Department of Health. [Available here.](#)

⁵ NSW Health & NSW Justice (2016) NSW Ministry of Health Report on the Statutory Review of Part 2A of the Drug Misuse and Trafficking Act 1985 (NSW). [Available here.](#)

⁶ Day CA, Salmon A, Jauncey M, Bartlett M & Roxburgh A (2022) Twenty-one years at the Uniting Medically Supervised Injecting Centre, Sydney: addressing the remaining questions. *The Medical Journal of Australia* 217(8): 385-387. [Available here.](#)

programs are the only services with notable funding and consequential sustainability. In recent years, NSW has seen significant reform and acknowledgement of the value of peer-led harm reduction services at festivals across Australia. Following a Coronial Inquest into festival deaths in 2018-2019 in NSW,⁷ the implementation of the Music Festivals Act 2019 (NSW) stipulated the presence of peer-led harm reduction services at any festival determined to be high-risk or 'subject'.⁸ There are extensive challenges associated with these highly regulated nightlife scenes,⁹ but we highlight the incredible contribution of these services as leaders on a state, national, and international level, and note that evaluations of existing and best practice harm reduction approaches in festival settings are currently underway. Peer-led harm reduction has proven essential in reducing drug and festival-related harms (including, but not limited to, overdose, mental health, heatstroke, sexual violence, and drink spiking).

Q2 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.

Recent reviews of Australia's legal and human rights approaches to drugs and people who use them have highlighted poor policy and practice.¹⁰ For example, in the Global Drug Policy Index,¹¹ Australia received an overall score of 65/100, as well as the following scores on measures related to human rights and harm reduction:

- 59/100 on human rights approaches;
- 54/100 on proportionality of the criminal justice response;
- 25/100 on equity of the impact of criminal justice responses;
- 25/100 on imprisonment for non-violent drug offences;
- 33/100 on decriminalisation;
- 33/100 on equity of access to harm reduction; and
- 44/100 on equity of access to controlled medicines for pain and suffering.

There are multiple breaches of human rights principles that can be observed in the way Australian governments respond to drugs.^{12,13} Stigma and discrimination further impede the realisation of rights

⁷ Grahame H (2019) Inquest into the death of six patrons of NSW music festivals. State Coroner's Court of New South Wales. [Available here.](#)

⁸ *Music Festivals Act 2019 No 17*(NSW). [Available here.](#)

⁹ Students for Sensible Drug Policy Australia (2022) Submission to 'Exploring liquor licensing reform options'. Liquor & Gaming NSW. [Available here.](#)

¹⁰ Seear K (2023) 'Inquiry into Australia's Human Rights Framework: Submission No. 30', Australian Research Centre into Sex, Health and Society. Parliament of Australia. [Available here.](#)

¹¹ Global Drug Policy Index. [Available here.](#)

¹² Hill P (2020) 'Australian Civil Society Committee on United Nations Drug Policy submission to the third UPR Review, focusing on Australia's human rights obligations with respect to drug policies, laws, and their implementation'. [Available here.](#)

¹³ Students for Sensible Drug Policy Australia (2023) 'Inquiry into Australia's Human Rights Framework: Submission No. 130', Parliament of Australia. [Available here.](#)

for all people identified as belonging to a drug using community.¹⁴ Research also shows that stigma can operate like a ripple effect, not just affecting the person known as a ‘drug user,’ but by association, their entire family and support network.^{15,16,17,18} We also note that the right to healthcare is still frequently breached for people who use drugs, with stigma, judgement, and direct or indirect discrimination shaping interactions with general practitioners and other medical professionals, including within specialised drug and alcohol services.¹⁹

The infringement of the human rights of people who use drugs can further magnify harms for other already marginalised groups including people with diverse genders and sexualities, Aboriginal and Torres Strait Islander Peoples, migrant communities, and young people. Moreover, Australia’s punitive responses to drug use have been well-documented through research, coronial inquests, government inquiries, and investigative journalism on incarceration and detention.²⁰ The rights that are afforded - or not, as the case may be - to specific communities is further complicated when drug criminalisation intersects with existing social and economic disparities. Moreover, the intersections between drug prohibition, colonialism, racism, and stigma, manifest in Australia’s treatment of our First Nations peoples through drug and criminal policies. “It is well-documented that Aboriginal and Torres Strait Islander people are profoundly over-represented in the Australian criminal justice system. In relation to illicit drug use, Aboriginal and Torres Strait Islander people are some 8 to 10 times more likely to be incarcerated than non-Indigenous people who use illicit drugs.”²¹

Additionally, there has been a high number of coronial recommendations, recommendations from government inquiries, and private consultation findings, in addition to large and growing evidence base and advocacy movements, that have repeatedly named drug checking as a priority policy, with no government response across almost all Australian jurisdictions (see Q8 for more detail).

Q3 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, status of poverty, sexual orientation and the number of persons deprived of liberty for drug possession or consumption.

¹⁴ Alcohol and Drug Foundation (2021) ‘The power of words.’ [Available here.](#)

¹⁵ McCann T & Lubman D (2018) ‘Stigma experience of families supporting an adult member with substance misuse,’ *International Journal of Health Nursing*, 27. [Available here.](#)

¹⁶ McCann T & Lubman D (2018) ‘Helping seeking behaviours and facilitators for affected family members of a relative with alcohol and other drug misuse: A qualitative study,’ *Journal of Substance Abuse Treatment*, 93. [Available here.](#)

¹⁷ Gethin A, Trimmingham T, Chang T et al. (2016) ‘Coping with problematic drug use in the family: An evaluation of the Stepping Stones program,’ *Alcohol and Drug Review*, 35. [Available here.](#)

¹⁸ Orford P (1994) ‘Empowering family and friends: a new approach to the secondary prevention of addiction,’ *Alcohol and Drug Review*, 14. [Available here.](#)

¹⁹ Sutherland R *et al.* (2023) *Experiences of stigma while visiting healthcare services among people who use drugs in Australia, 2022.* National Drug and Alcohol Research Centre, University of New South Wales: Sydney. [Available here.](#)

²⁰ See for example, Incarceration Nation (SBS). [Available here.](#)

²¹ Harm Reduction Australia (2023) ‘Inquiry into Australia’s Human Rights Framework: Submission No. 126’, Parliament of Australia. [Available here.](#)

Across Australia, there are diverse policy approaches towards drug use, which across all jurisdictions remain distinctly criminal. Drug criminalisation is embedded in a range of diverse policies and legislation all of which directly subvert harm reduction and often stand in contradiction to recent, positive policy change. Across all jurisdictions, there is an absence of harm reduction policies and frameworks, which creates a barrier for urgently needed reform.

Different diversionary tactics are deployed in each jurisdiction; always disparately and largely reliant on police discretion, including infringement notices, ‘three strike’ laws, and mandatory treatment or education. Recently, however, the Australian Capital Territory (ACT), introduced a decriminalisation policy that adopts a model of civil sanctions (fines), with threshold quantities established for discerning between supply and personal use quantities. Across each Australian jurisdiction - and the recent ACT reforms are no exception - there is substantial concern over threshold quantities, which do not accurately depict the realities of substance use (i.e., are too low or reflect unrealistic quantities).^{22,23,24} Moreover, the model of replacing criminal sanctions with fines retains the involvement of the criminal system in responding to drugs, both through the involvement of police in administering sanctions, and through the reversion to a criminal offence should people not pay their fine. Since monetary sanctions disproportionately impact marginalised and lower-socioeconomic people, these fines exacerbate the social impacts of poor policy.²⁵ However, we note that the ACT has seen substantial success with their cannabis decriminalisation (and partial legalisation regarding home growing), particularly with respect to reduced stigma and reduced involvement of the criminal system in policing cannabis use and possession.

We have detailed different human rights and harm reduction considerations related to Australian drug policies and practices in an Australian Civil Society Committee on United Nations Drug Policy report on the third Universal Periodic Review (UPR).^{26,27,28,29} Specifically, Australian Commonwealth, state, and territory drug policies, laws, and their implementation, breach human rights obligations, including but not limited to: the right to the highest attainable standard of health, the principle that medical treatment must be voluntary, the right to privacy, the right of freedom from arbitrary arrest and detention, and the principle of proportionality.

²² Manderson D (2022) Thresholds: First gradually, then suddenly?. *International Journal of Drug Policy* 106: 103753. [Available here.](#)

²³ O'Reilly K, Kowalski M, Barratt MJ & Ritter A (2022) Distinguishing personal use of drugs from drug supply: approaches and challenges. *International Journal of Drug Policy* 103: 103653. [Available here.](#)

²⁴ Canberra Alliance for Harm Minimisation and Advocacy (2021) ‘Submission to: Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021’, Submission No. 39. *Select Committee on the Drugs of Dependence (Personal Use) Amendment Bill 2021*. [Available here.](#)

²⁵ Walsh T (2005) Won't pay or can't pay? Exploring the use of fines as a sentencing alternative for public nuisance type offences in Queensland. *Current Issues in Criminal Justice* 17(2): 217-238. [Available here.](#)

²⁶ Hill P (2020) ‘Australian Civil Society Committee on United Nations Drug Policy submission to the third UPR Review, focusing on Australia’s human rights obligations with respect to drug policies, laws, and their implementation’. [Available here.](#)

²⁷ Harm Reduction International (2022) ‘What is harm reduction?’ [Available here.](#)

²⁸ United Nations (2015) ‘The Universal Declaration of Human Rights’. [Available here.](#)

²⁹ Australian Human Rights Commission (2023) The International Covenant on Civil and Political Rights – Human Rights at your fingertips. [Available here.](#)

As detailed by Harm Reduction Australia, Australia has a number of policies which require interrogation against human rights principles:³⁰

- the criminalisation of personal use and possession of drugs;
- the absence of harm reduction in prisons;
- the structural, cultural, physical, and other barriers to AOD treatment;
- the implementation of roadside drug testing;
- the lack of availability of drug consumption and safe injecting facilities;
- the use of drug detection dogs and strip searching;
- the lack of access to pill testing/drug checking; and
- the lack of clarity in ‘Good Samaritan’ laws with regard to overdose reversal.

We highly recommend reviewing the policy paper released in 2022 by the Victorian Aboriginal Legal Service, ‘Harm Reduction Not Harm Maximisation’, which draws on diverse data and comprehensively details drug criminalisation, harm reduction, and public health, in the state of Victoria, with an analysis of relevant international practices.³¹

Q5 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 for 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 e.g., 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.).

The criminalisation of possessing injecting paraphernalia has resulted in substantial disparities between people who are incarcerated and the general population outside of prison. More than half of young adults in Australian prisons have a history of injecting drug use, and up to 70% of people who inject drugs continue injecting while incarcerated.³² However, people who inject drugs are stripped of their rights while in prison to access the same quality healthcare available in their communities.³³ This also includes, but is not limited to, an absence of needle and syringe programs and opioid-assisted therapies. The lack of comprehensive harm reduction services in prisons has led to increased high-risk practices in these settings such as needle sharing and use of

³⁰ Harm Reduction Australia (2023) ‘Inquiry into Australia’s Human Rights Framework: Submission No. 126’, Parliament of Australia. [Available here.](#)

³¹ Victorian Aboriginal Legal Service (2022) ‘Harm Reduction Not Harm Maximisation: An Alternative Approach to Drug Possession’. Policy Paper. [Available here.](#)

³² Walker S *et al.* (2020) ‘A spray bottle and a lollipop stick’: an examination of policy prohibiting sterile injecting equipment in prison and effects on young men with injecting drug use histories. *International Journal of Drug Policy* 80: 102532. [Available here.](#)

³³ Merone L *et al.* (2022) A complex increase in hepatitis C virus in a correctional facility: bumps in the road. *Australian and New Zealand Journal of Public Health* 46(3): 377-381. [Available here.](#)

equipment made from unsterile objects such as lollipop sticks.³⁴ Furthermore, although they constitute a smaller proportion among people who inject drugs, young people are more likely to experience injecting-related harms due to more frequent injecting, higher levels of sharing needles, and high-risk injecting practices.^{35,36,37} Furthermore, up to 30% of people in prison carry Hepatitis C, and up to 60% of people in prisons who inject drugs carry Hepatitis C, compared to less than 1% of people outside of prison.³⁸ This is despite Australia having the lowest rates of HCV in the world due to the early implementation of NPSs.³⁹ We note the relevance of the recently released consensus statement by the Harm Reduction in Prisons Working Group as a key source of community and other integral evidence for the intersections between harm reduction, human rights, and imprisonment.⁴⁰

The place of harm reduction programs in relation to mental health services is complex; a case study exists in Victoria with the current implementation of recommendations from the 2019 Royal Commission into Mental Health.⁴¹ While these call for greater involvement of people with lived and living experience of substance use and addiction, and the integration of the mental health and AOD systems, the lack of a harm reduction policy framework or a state-level drug strategy mean Victoria's limited harm reduction programs are now at risk of domination by a mental health system which continues to define its engagement with people who use drugs through the lens of substance use disorder and subsequent notions of abstinence. Attempts to align the concept of "dignity of risk" with harm reduction are underway, yet complex and potentially fraught. While current mental health reforms are addressing human rights in the mental health space (e.g., abolition of seclusion and restraint practices), and while national and state BBV strategies refer specifically to harm reduction and human rights, the active criminalisation,⁴² and stigmatisation,⁴³ of people who use drugs continues.

Q8 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 area of drug use), including outreach

³⁴ Walker S *et al.* (2020) "A spray bottle and a lollipop stick": an examination of policy prohibiting sterile injecting equipment in prison and effects on young men with injecting drug use histories. *International Journal of Drug Policy* 80: 102532. [Available here.](#)

³⁵ Duvnjak A *et al.* (2015) *No One Likes Using The Dirties: A Study Into The Re-use of Injecting Equipment in Australia*. Canberra: Australian Injecting and Illicit Drug Users League. [Available here.](#)

³⁶ Horyniak *et al.* (2013) The relationship between age and risky injecting behaviours among a sample of Australian people who inject drugs. *Drug and Alcohol Dependence* 132(3): 541-546. [Available here.](#)

³⁷ Department of Health (2018) *Fifth National Hepatitis C Strategy 2018-2022*. Australian Government: Department of Health and Aged Care. [Available here.](#)

³⁸ Kirby Institute (2021) 'Surveillance and Treatment of Prisoners with Hepatitis C (SToP-C)'. [Available here.](#)

³⁹ Merone L *et al.* (2022) A complex increase in hepatitis C virus in a correctional facility: bumps in the road. *Australian and New Zealand Journal of Public Health* 46(3): 377-381. [Available here.](#)

⁴⁰ Harm Reduction in Prisons Working Group (2023) 'Consensus Statement: Strengthening Injecting-Related Harm Reduction in Prisons'. [Available here.](#)

⁴¹ *Royal Commission into Victoria's Mental Health System*. State of Victoria. [Available here.](#)

⁴² Crime Statistics Agency (2023) 'Latest Victorian crime data: Recorded Offences'. [Available here.](#)

⁴³ Sutherland R *et al.* (2023) *Experiences of stigma while visiting healthcare services among people who use drugs in Australia, 2022*. National Drug and Alcohol Research Centre, University of New South Wales: Sydney. [Available here.](#)

and education programmes, in your community, country, or region? Please provide good practices and examples.

Australia's national roll-out of take-home naloxone and increased access to and training in administering naloxone for first responders has been a huge step towards meaningful harm reduction.^{44,45} Additionally, in an Australian first, police officers in Western Australia have become the first in the southern hemisphere to be trained in the delivery of naloxone, and equipped with a nasal spray as part of their role as first responders. After a one-year trial with 365 officers (now 500), participants in the program reported increased confidence in their ability to identify and reverse an opioid overdose, and either agreed (31%) or completely-agreed (61%) that those at risk of witnessing an opioid overdose should carry naloxone. Additionally, the pilot saw 16 overdose reversals by police as first responders, and a reported increase from 66% to 99% of participants that would administer naloxone when needed.⁴⁶

Following the success of two mobile, state-sanctioned drug checking trials,^{47,48,49,50,51,52} the Australian Capital Territory government funded a pilot fixed site drug checking service (CanTEST) located centrally in Canberra as a partnership between [Directions Health Services](#), the [Canberra Alliance for Harm Minimisation and Advocacy \(CAHMA\)](#), and [Pill Testing Australia \(PTA\)](#).⁵³ Evaluation and monthly results have shown that CanTEST has successfully tested 1000 samples as of 20 May 2023, has provided hundreds of health and drug brief interventions, has identified new and dangerous substances in circulation, and has created a space where service users can dispose of substances found to be dangerous.^{54,55,56} CanTEST releases monthly reports on the substances they identify, as well as drug alerts and community health notices on dangerous substances in circulation. Additionally, as of February 2023, the Queensland government announced their decision to approve pill testing/drug checking at mobile (e.g., at a festival) and

⁴⁴ The National Naloxone Reference Group (2021) 'Summary of Take Home Naloxone in Australia', Centre for Research Excellence into Injecting Drug Use. [Available here.](#)

⁴⁵ Australian Government (2023) 'About the Take Home Naloxone program'. Commonwealth of Australia: Department of Health and Aged Care. [Available here.](#)

⁴⁶ Agramunt S & Lenton S (2023) Evaluation of the Western Australian Police Force Naloxone Pilot: a summary of the main findings. National Drug Research Institute and enAble Institute, Curtin University, Perth, Western Australia. [Available here.](#)

⁴⁷ Olsen A, Wong G & McDonald D (2019) *ACT pill testing trial 2019: program evaluation*. Australian National University, Canberra. [Available here.](#)

⁴⁸ Byrne S, Gock A, Cowling A & Faunce TA (2018) 'Australia's First Official Illicit Pill Testing at Canberra's Groovin' the Moo Music Festival: Legal Hurdles and Future Prospects.' *Journal of Law and Medicine* 26(1): 54-60. [Available here.](#)

⁴⁹ Barratt MJ, Bruno R, Ezard N & Ritter A (2018) 'Pill testing or drug checking in Australia: acceptability of service design features.' *Drug and Alcohol Review* 37(2): 226-236. [Available here.](#)

⁵⁰ Day N, Criss J, Griffiths B, Gujral SK, John-Leader F, *et al.* (2018) 'Music festival attendees' illicit drug use, knowledge and practices regarding drug content and purity: a cross-sectional survey.' *Harm Reduction Journal* 15(1): 1-8. [Available here.](#)

⁵¹ Groves A (2018) "'Worth the test?'" Pragmatism, pill testing and drug policy in Australia.' *Harm Reduction Journal* 15(12): 1-13. [Available here.](#)

⁵² Makkai T, Macleod M, Vumbaca G, Hill P, Caldicott D, *et al.* (2018) *Report on Canberra GTM Harm Reduction Service*, Harm Reduction Australia, Canberra. [Available here.](#)

⁵³ Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) (2023) CanTEST Health & Drug Checking. [Available here.](#)

⁵⁴ Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) (2023) CanTEST Health & Drug Checking. [Available here.](#)

⁵⁵ Olsen A *et al.* (2022) CanTEST Health and Drug Checking Service. Australian National University: Canberra, ACT. Program Evaluation: Interim Report. [Available here.](#)

⁵⁶ McLeod MD, Algar JL, Lawes DJ, Carroll AJ & Caldicott D (2023) 'Identification of three unexpected new psychoactive substances at an Australian drug checking service'. *Analytical Chemistry* [in press]. [Available here.](#)

fixed sites (e.g., at a permanent central location).⁵⁷

In absence of available laboratory drug checking, SSDP Australia's Safer Partying Initiative (SPI) is a collaborative program run since 2016 on higher education campuses across Australia to provide harm reduction information and reagent testing kits directly to students. The first of its kind nationally, the SPI aims to deliver peer-led brief interventions and provide free reagent testing kits to students in need. The initiative brings together students, student unions, universities, harm reduction organisations, SSDP Australia campus teams, and SSDP Australia.

Additionally, we note that there is an increasing focus in Australia on engaging people who use and inject performance and image enhancing drugs (PIEDs) in harm reduction services, and improving community knowledge around safer consumption and injecting practices. Australia's needle and syringe exchange programs provide a key site for accessing these diverse populations who often do not identify as people who inject drugs or interact with other communities of people who use or inject drugs.

Thank you for the opportunity to contribute to the development of the HRC report on the right to health.

Yours sincerely,



Nick Kent
Co-National Director
E: nick@ssdp.org.au
M: +61 490 813 093



Baillee Farah
National Research Coordinator
E: baillee@ssdp.org.au
M: +61 450 811 536

Students for Sensible Drug Policy Australia
E: hello@ssdp.org.au
W: <https://www.ssdp.org.au>

⁵⁷ The Queensland Cabinet and Ministerial Directory (2023) 'Pill testing gets the green light'. [Available here.](#)