

 HR23

In April 2023, delegates who attended HR23 created a Conference Declaration specific to the Australian context.

The declaration is intended to align our many voices so that we might be more clearly heard when advocating for change.

In creating this declaration, we have conducted an online poll and workshops, aimed at identifying our collective priorities and developing simple yet powerful language to communicate them.

There will be further opportunities to refine the priority statements that accompany the declaration. We see this declaration as the start of a conversation that we hope you will all continue.

# DECLARATION



  
TUESDAY 18.04.2023

BEYOND HARM:  
BUILDING AN AUSTRALIAN CONSENSUS  
DECLARATION FOR DRUG LAW REFORM  
WORKSHOP AT HR23  
PHOTOS COURTESY OF CONOR ASHLEIGH, 2023

# The Harm Reduction International 2023 Australian Conference Declaration

We recognise and celebrate the unique and valuable contribution that people who use drugs make to society.

This declaration unites and aligns our many voices. We deserve and demand equitable health and social outcomes for people who use drugs.

We recognise and we hold the shared priorities to:

**1. Ensure people who use drugs are permanently resourced to lead and self-determine through genuine inclusion and representation**

2. Dismantle colonial systems and structures

**3. End criminalisation and prohibition of drug use**

4. End stigmatisation, discrimination and racism

**5. Ensure equitable access to and individual choice throughout the full range of health, harm reduction and related services**

In advocating for these changes, we recognise the need to:

**1. Ensure genuine equitable health and human rights for people who use drugs as determined by people who use drugs**

2. Be community-led and driven by the diverse voices, knowledge and experience of people who use drugs including Indigenous Peoples, young people, women, people of colour, people in

custodial settings, queer\* and other marginalised groups

**3. Ensure Indigenous Peoples and groups lead the work of decolonisation, including the International Indigenous Drug Policy Alliance and the Blak Harm Reduction Network**

Our priorities are detailed in the accompanying list of advocacy statements.

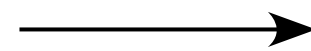
We commit to continuing to refine our language and understanding when using these statements, so that we may be united in advocating for community-led change through our many efforts.

# ADVOCACY STATEMENTS

STATEMENT A:

Invest in progressive, community-led harm reduction responses and in building the capacity to develop them.

## CURRENT PROBLEM



Australia was once a world leader in harm reduction pioneering needle and syringe programs during the HIV crisis in the 1980s and investing in community-based responses to drug use – nipping the spread of HIV in the bud.

While we remain ahead of the pack with a thriving peer organisation ecosystem, access to effective harm reduction programs and investment in new approaches is limited and community capacity is not consistent.

## FUTURE OUTCOMES

This will lead to:

- **Locally owned solutions with better equity of access**
- **Stronger, empowered communities with more capacity**
- **More harm reduction responses that are sustainable and effective**



STATEMENT B:

**Clarify current language and keep harm reduction community-controlled**

**CURRENT PROBLEM**



Harm reduction is often confused with harm minimisation and harm prevention, however, these terms speak to vastly different values and approaches.

1) Harm reduction approaches aim to respect people's autonomy by empowering them to make informed decisions regarding their health and well-being, without requiring reduced use - often delivered in a peer-to-peer context.

2) Harm prevention, refers to the prevention of drug use and demand.

3) Harm minimisation, in an Australian context, refers to an overarching approach that also involves demand and supply reduction strategies that are inherently outside the control of affected communities.

**This semantic complexity drives confusion and results in the subjugation of harm reduction in language, policy and service provision.**

**FUTURE OUTCOMES**

**The successes of harm reduction have been driven by the affected community.**

STATEMENT C:

**Decolonisation through the implementation of an Aboriginal AOD peak body**

**CURRENT PROBLEM**



The over representation of Aboriginal people within racist, oppressive and traumatising systems are our biggest issue.

There are a multitude of colonial policies in place, determining what is best for Aboriginal people.

**An Aboriginal AOD peak body allows Mob to centre the voices that need to be heard, and advocate in a way that follows the Aboriginal ways of knowing, doing and being.**

**FUTURE OUTCOMES**

**By Mob for Mob**

- **Self-determination (at all levels- policy, planning, commissioning etc) at local level.**
- **Discourse on Aboriginal and Torres Strait Islander peoples well being understood**
- **Grass roots innovation informing policy**



## STATEMENT D:

# Drug strategy funding is evidence informed and directed towards enhancing the health and wellbeing of community

### CURRENT PROBLEM



Despite the strong evidence for the effectiveness of harm reduction and drug treatment, these remain underfunded while funding is overwhelming devoted to law enforcement, responses which have been demonstrated to increase drug related harm.

### FUTURE OUTCOMES

- **All government funding is directed to evidence informed interventions that support the best health and human rights outcomes for people who use drugs and their communities**
- **First Nations communities are provided with adequate funding to develop culturally appropriate services**





STATEMENT E:  
**Change the government’s laws, policies and approach to enforcement to end the criminalisation of people who use drugs**

**CURRENT PROBLEM**

Government’s laws and policies and their enforcement cause harm to people who use drugs and people who experience drug dependency by failing to apply a health and wellness approach.

**FUTURE OUTCOMES**

**More connected communities and improved quality of life due to:**

- **Reduced stigma**
- **More open and honest conversations**
- **Less contact with police, justice and less incarceration**
- **Removing barriers to healthcare, employment, housing, education and travel**
- **Reallocation of government funds**
- **Quantity of drugs does not alone determine criminality**

STATEMENT F:  
**Repair the harms of drug criminalisation and promote drug user liberation, safety, and wellbeing.**

**CURRENT PROBLEM**

Australia’s national drug strategy mischaracterises and inequitably funds harm reduction. While harm reduction is evidence-based it’s not wholly community driven is in incongruity with supply reduction in the absence of a legal supply of drugs.

**FUTURE OUTCOMES**

- **Policy frameworks, strategy pillars and service delivery systems that promote drug user liberation, safety and wellbeing**
- **Reparation commission, and truth and reconciliation commission**



## STATEMENT G:

**Promote community awareness that many Australians use drugs, and live happy, healthy lives.**

### **CURRENT PROBLEM**



The majority of Australians who use drugs do so safely, because drugs themselves are not inherently harmful. It is stigma, punitive policies, lack of access to health services and other forms of inequity that create harm.

### **FUTURE OUTCOMES**

**More positive attitudes to drug use and people who use drugs in the community.**



## STATEMENT H:

**Create a truly community-led drug strategy with all states and territories investing in meaningful community engagement with people who use drugs, their families, carers and supports.**

### **CURRENT PROBLEM**



States and Territories have not partnered with people who use drugs and relevant sectors to develop jurisdictional drug strategies that recognise the equal weight harm reduction should play in responses to drugs. Without expert guidance, jurisdictions across Australia rely on responses where law enforcement and other outdated approaches have the greater share of resources.

### **FUTURE OUTCOMES**

- **A strategy that is innovative, evidence-based, equitable, flexible, responsive, based on community needs, person centered and is frequently evaluated and reviewed**
- **Localised to specific regional and geographic considerations, inclusive of all groups impacted and involving meaningful partnerships**

## STATEMENT I:

**Support and implement lived/living experience workers to become integrated in all systems.**

### **CURRENT PROBLEM**



Lived and living experience workers are not adequately supported or implemented in healthcare and AOD services. This leads to stigma, unfair health outcomes, social isolation, connection with discriminatory systems (*police, polices, government*) plus more. We need lived/living experience workers across the board especially in groups who are treated unfairly by biased systems (*Indigenous, CALD, young people, elderly FV & DV victim survivors*).

### **FUTURE OUTCOMES**

#### **For lived/living workers:**

- **reduction of stigma and discrimination**
- **pay and better supported positions**
- **'safe' working environment** (supervision, reflection)
- **Implementation of lived/living workforce across the board**

#### **For those accessing services:**

- **Better health/social services**
- **Reduction in health issues**
- **Better support for First Nations, CALD and young people** (specific peer positions)

## STATEMENT J:

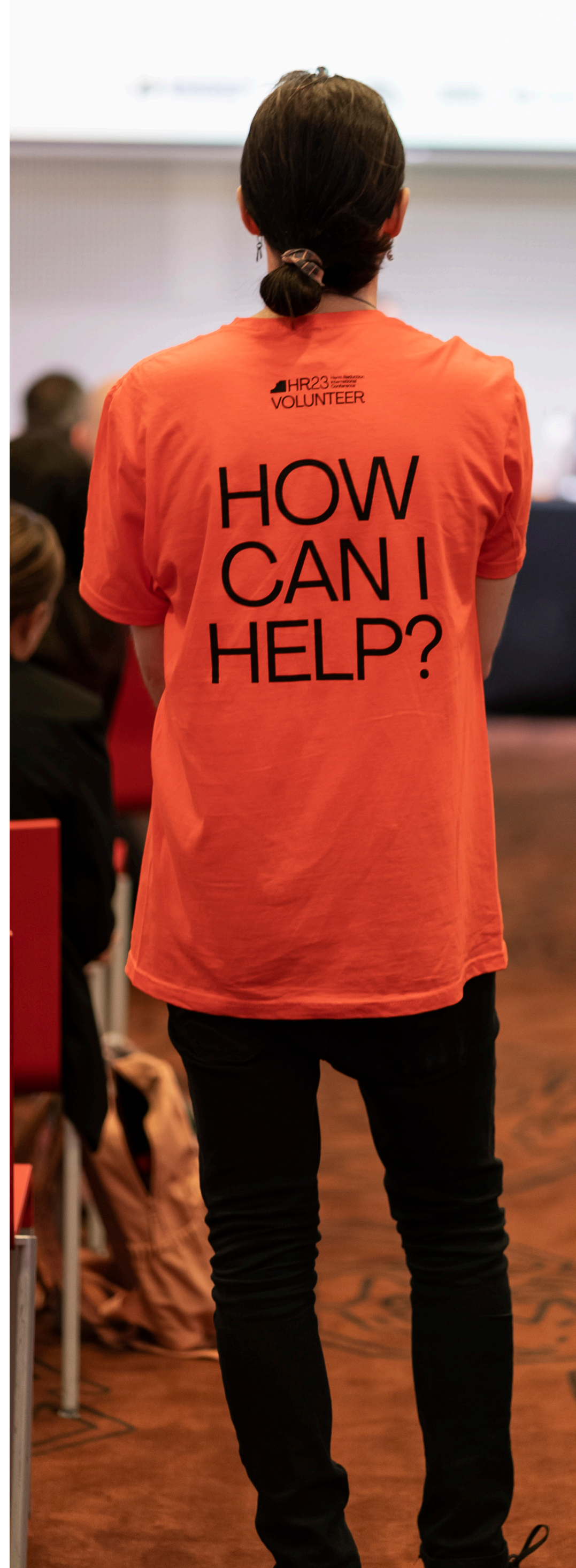
**Reform healthcare by eliminating discriminatory systems and stigma to enable rights-based, person-centred care for people who use drugs**

### **CURRENT PROBLEM**

People who use drugs face many barriers in accessing healthcare resulting in inadequate, inappropriate and irrelevant healthcare which fails to meet their needs. Healthcare accessed by people who use drugs often causes harm, stigmatises people, creates fear of healthcare services and discriminates against people who use drugs.

### **FUTURE OUTCOMES**

- **People who use drugs are empowered to access and choose healthcare services relevant to their needs and situation across all settings by eliminating barriers**
- **All healthcare services and systems provide safe, relevant, rights-based care to people who use drugs**



## STATEMENT K:

**Develop policies and strategies to deliver the full range of harm reduction activities for all settings, populations and geographical areas**

### **CURRENT PROBLEM**

There is a lack of equity in accessing the full range of harm reduction measures across all settings, populations and geographical areas, in particular for people in custodial settings; rural, regional and remote Australia.

### **FUTURE OUTCOMES**

- **Equitable access to all harm reduction measures across all settings, populations and geographical areas**
- **Needs based sustainable funding to enable the achievement of the above outcome**
- **Leave no one behind**
- **Nothing about us without us** (ie: policy development and planning to be inclusive of affected communities)



STATEMENT L:  
Design and evaluate models for regulated supply

**CURRENT PROBLEM**



There are many unknown, unregulated and dangerous drugs (*dose/ quantity/strength*) circulating in the community. There is also a lack of knowledge amongst people who use drugs about what they're using.

**FUTURE OUTCOMES**

- **Reduced harm, overdoses and deaths, stigma, social burden**
- **Increase health and wellbeing**
- **No change in dependency or harmful use rates at population level**
- **Reduce the black market**



STATEMENT M:  
Voices of young people are active and heard in the development of drug policy and reform

**CURRENT PROBLEM**



Young people represent the largest demographic of people who use drugs in Australia yet are largely left out of discussions regarding drug policies that directly affect them.

**FUTURE OUTCOMES**

- **Involving young people in policy discussions that affect them and their community and their voices being listened to**
- **Young people's lives not being tarnished by a criminal record**
- **Policies being better designed for people across age ranges**
- **A more politically empowered cohort of people**



STATEMENT N:

**Utilise best-practice language to reduce stigma and discrimination and acknowledge the benefits of drug use**

**CURRENT PROBLEM**



Current language comes from a context dominated by prohibitionist logic: Australia's systems and cultures generally equate selected drug use with harm. This approach actively stigmatises and criminalises their use and does not acknowledge the benefits of drug use (*people use drugs for many positive reasons, including for pleasure, for spiritual purposes, for enhanced interpersonal connection, for energy increase, relaxation or self-care*).

**FUTURE OUTCOMES**

**FUTURE OUTCOMES:**

- **Existing language guides are used so that we benefit from learning and research**
- **More people able to access harm reduction and so there is less harm (less people die)**
- **People are more likely to seek healthcare** (physical, mental, emotional)
- **There is lessened discrimination, including from healthcare providers**
- **There is acceptance of pleasure in mainstream discussion and of people for who they are**

STATEMENT O:

**Provide adequate aid and support in the Asia-Pacific region with communities of people who use drugs**

**CURRENT PROBLEM**



Australia's drug-related efforts in the Asia-Pacific region heavily focus on supply reduction measures and lack in supporting the implementation of health and harm reduction initiatives. Previous investment in harm reduction across the region has not been renewed, damaging Australia's reputation and leaving many communities without access to basic or affordable harm reduction. There is a lack of relevant data to identify trends related to drug use.

**FUTURE OUTCOMES**

- **Improving relevant health data collection in the region** (don't assume what the problems are)
- **Transfer knowledge and culturally appropriate training for harm reduction initiatives in the region**
- **Australian investment in community-led (NGOs) initiatives in Pacific countries and their community members living in Australia**
- **Continued and stronger advocacy for the abolition of the death penalty for drug related offences**