CRISIS-PROOFING COMMUNITIES:

HOW PEOPLE WHO USE/D DRUGS ADAPT TO CLIMATE AND HEALTH EMERGENCIES

Executive Summary and Recommendations

1. Executive Summary

Covid-19 entered global consciousness in late 2019 and rapidly became a defining global health crisis. By early 2020, Australia had implemented some of the most restrictive public health responses in the world.[1] While these measures were designed to protect public health, they were neither aimed nor felt equally.[2] The Covid-19 pandemic and climate disasters exposed and intensified existing inequities experienced by people who use drugs (PWUD) in Australia. This report documents how public health responses—while effective in controlling viral transmission—had unintended and disproportionate impacts on PWUD, including:

- reduced access to essential services
- increased policing and surveillance
- heightened mental health challenges, and
- worsening housing and financial insecurity.

The findings demonstrate that structural factors such as stigma, criminalisation, poverty, and digital exclusion compounded the risks faced by PWUD during the pandemic. Disruptions to harm reduction services, opioid dependence treatment programs (ODTP), and broader health and social supports increased vulnerability to avoidable harms, including reduced engagement with care. At the same time, restrictive public health measures and inconsistent communication created barriers to accessing services and navigating rapidly changing systems.

Importantly, the pandemic also highlighted significant opportunities for reform. Peer-led drug user organisations and harm reduction services played a critical role in maintaining continuity of care, rapidly adapting service delivery models, and responding to emerging needs within communities. Innovations such as flexible ODT arrangements, telehealth, outreach-based service delivery, and expanded access to harm reduction supplies demonstrated clear benefits for accessibility, autonomy, and health outcomes. However, many of these reforms were temporary and have since been rolled back, despite strong evidence of their effectiveness.

The experiences captured in this report emphasise that future pandemic and disaster preparedness must move beyond one-size-fits-all approaches. Preparedness planning must explicitly account for the needs of PWUD as a priority population and recognise the essential role of peer-led responses. Without deliberate inclusion, PWUD risk again being overlooked in emergency responses, resulting in avoidable harms and inequitable outcomes.

Drawing on these findings, this report makes a series of recommendations to strengthen Australia’s preparedness for future pandemics and disaster events. Central to these recommendations is the need to embed a human rights-based approach that ensures no one is left behind.

2. Recommendations

Involve people who use/d drugs in climate and health disaster planning and preparedness

Recommendation 1: Governments should formally recognise people who use/d drugs (PWUD) as a priority population within national emergency preparedness frameworks, including the National Communicable Disease Plan, and develop population-specific management plans.

Recommendation 2: Governments and public health agencies should ensure the meaningful inclusion of PWUD and drug user organisations in the codesign, implementation, and evaluation of pandemic and disaster responses.

Recommendation 3: Governments should implement equitable, public health–oriented policing approaches during emergencies, including safeguards to prevent disproportionate targeting, surveillance, and penalisation of PWUD and other marginalised populations.

Recommendation 4: Governments should adopt a human rights-based approach to pandemic and disaster responses, ensuring that policies are equitable, proportionate, and inclusive, and that no population is left behind.

Recommendation 5: Governments at all levels and relevant agencies should ground pandemic and disaster preparedness planning in the expectation of increased demand for harm reduction services, opioid dependence treatment (ODT), needle and syringe programs (NSPs), and wrap-around health and social supports.

Recommendation 6: Governments and health systems should ensure secure and continuous supply chains for essential harm reduction commodities, including sterile injecting equipment, naloxone, and pharmacotherapy medications, during emergencies.

Recommendation 7: Governments and emergency response agencies should develop and maintain contingency plans for workforce shortages and service disruption, including surge workforce capacity and decentralised service delivery models.

Recommendation 8: Governments and service providers should integrate pandemic and climate disaster preparedness planning, ensuring continuity of harm reduction, pharmacotherapy, and health services across multiple types of emergencies.

Expand flexible models of care

Recommendation 9: Governments and regulators should maintain and expand flexible models of care introduced during the Covid-19 pandemic, including telehealth, increased ODT take-home doses, home delivery options, and the use of nominated persons to collect medications.

Recommendation 10: Governments should ensure that all telehealth and digitally enabled services are complemented by accessible non-digital service options to prevent exclusion of people without reliable technology access.

Recommendation 11: Governments and regulators should remove barriers to naloxone access and distribution, including enabling supply through NSPs and peer-led services, and ensuring consistent availability across jurisdictions.

Invest in peer-based organisations and services for PWUD

Recommendation 12: Governments should provide sustained, long-term funding for peer-led harm reduction and drug user organisations, including outreach, after-hours services, and service delivery innovations, beyond time-limited emergency funding periods.

Recommendation 13: Governments and services should expand outreach and alternative distribution models for harm reduction supplies, including mobile services, home delivery, and vending machines, particularly in rural, regional, and restricted settings.

Recommendation 14: Governments and public health agencies should improve communication strategies during emergencies by investing in and empowering peer-based organisations to codesign accessible, consistent, and peer-informed messaging tailored to PWUD and other marginalised communities.

Address social determinants of health and equitable access to digital services

Recommendation 15: Governments should address digital exclusion by funding access to devices, mobile data, and digital literacy support to ensure equitable access to telehealth and online services for PWUD.

Recommendation 16: Governments should prioritise long-term, stable housing solutions for people experiencing homelessness, including PWUD, and ensure that emergency accommodation responses transition into sustainable housing pathways.

Recommendation 17: Governments and service providers should strengthen mental health support for PWUD, including integrating low-threshold mental health care into harm reduction and drug treatment services.

Build the capacity of the peer workforce and emergency services workforce

Recommendation 18: Governments and service providers should invest in the peer workforce by funding training, upskilling, and pandemic preparedness, and by supporting workforce wellbeing, retention, and sustainable employment pathways.

Recommendation 19: Governments and emergency services should provide training and education for first responders and frontline workers on harm reduction, stigma reduction, and the needs of PWUD during emergencies.

Endnotes

[1] Ian Macreadie, 'Reflections from Melbourne, the World's Most Locked-down City, through the COVID-19 Pandemic and Beyond' (2022) 43(1) *Microbiology Australia* 3 <https://doi.org/10.1071/MA22002>; Lorraine Finlay et al, *Collateral Damage: What the Untold Stories from the COVID-19 Pandemic Reveal about Human Rights in Australia* (Report, Australian Human Rights Commission (AHRC), March 2025) <https://humanrights.gov.au/resource-hub/by-resource-type/publications/collateral-damage-report-australias-covid-19-pandemic>.

[2] Australian Department of Prime Minister and Cabinet (DPMC), *COVID-19 Response Inquiry Report* (Report, Commonwealth of Australia, 2024) <https://www.pmc.gov.au/resources/covid-19-response-inquiry-report>.

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