

NSW DRUG SUMMIT: ACON POSITION PAPER



November 2024

ACON is NSW's leading health organisation specialising in community health, inclusion and HIV responses for people of diverse sexualities and genders. Established in 1985, ACON works to create opportunities for people in our communities to live their healthiest lives.

ACON strongly recommends that the primary goal of NSW drug policy should be to reduce drug related harm.

We see drug use as a public health issue. Our experience tells us that we have an opportunity to reduce drug related harm through the collective effort of government, services and people who use drugs implementing evidence-based responses.

ACON was founded in response to the HIV/AIDS epidemic of the mid-1980s. NSW's HIV response is now a globally recognised success, because evidence-based strategies we implemented through a partnership between communities affected by HIV, government, researchers and health practitioners.

We have an opportunity to use the same public health approach to reduce drug related harm in NSW. It will require:

- a clear strategy and direction that measures the collective effort of government and services by its impact on drug related harm
- increased investment in a spectrum of services that assist people who use drugs to minimise harm
- the active involvement of people who use drugs, their families and communities in the design and delivery of responses
- a legal environment that supports efforts to improve the health and wellbeing of people who use drugs.

Across all of these areas, ACON urges that sexuality and gender diverse communities be recognised as a priority population. There is clear evidence that LGBTQ+ communities have higher rates of drug use and drug related harm.^{1,2} There is also evidence that harm reduction responses that are tailored to the needs of sexuality and gender diverse communities are extremely effective.^{3,4}

ACON hopes that the NSW Drug Summit will implement and build on previous inquiries including the *Special Commission of Inquiry into crystal methamphetamine*

and other amphetamine-type stimulants. We urge the government to use this process to develop clear and fully resourced implementation plans for this work.

We also urge the government to consider whole-of-government strategies that may assist in reducing drug related harm.

ACON makes the following recommendations that the Summit should deliver:

1. A whole-of-government NSW Alcohol and Other Drugs Strategy. This strategy should identify priority populations including sexuality and gender diverse communities.
2. Increased funding for drug health services, particularly early and brief interventions, and community-based treatment services.
3. Increased harm reduction options, including drug checking facilities.
4. Reform to reduce unnecessary contact people who use drugs have with police.

What the Drug Summit needs to deliver:

1. A whole-of-government NSW Alcohol and Other Drugs Strategy

Why?

A whole-of-government Strategy creates the environment for all government departments, communities, clinicians and researchers to work toward the common goal of reducing drug related harm. Without a strategy, responses to drug related harm may work against one another, be inconsistently implemented and have less impact.

Who?

Successful partnerships

In the years leading up to 2012, political and public interest in HIV had waned.⁵ At the same time, clear evidence had emerged that it was possible to significantly reduce HIV transmissions by providing people diagnosed with HIV early access to treatment and giving people most at risk of HIV, particularly gay, bisexual and other men who have sex with men (GBMSM), access to pre-exposure prophylaxis.

The partnership of the NSW Government, clinicians, researchers, and community organisations reinvigorated NSW's response to HIV through the NSW HIV Strategy 2012-2015: A New Era. This work reengineered NSW's health response toward virtual elimination by setting ambitious goals and clear implementation.

NSW can now boast some of the fastest access to treatments and lowest rates of HIV transmission in the world. Over the last 10 years, HIV notifications among GBMSM in NSW have declined by 40%.

Policy implication:

Virtual elimination of HIV transmission is now possible in NSW, because of the clear policy directions provided by the NSW Government, in partnership with key stakeholders, and alongside critical scientific developments. Applying a similar approach can make a significant impact on drug related harm.

How?

The NSW HIV partnership provides a great case study to support the idea that strong policy direction, built in partnership, creates positive outcomes for the people of NSW.

NSW has not had a clear policy direction for reducing the harms related to alcohol and other drugs for over a decade. A whole-of-government strategy to revitalise this policy direction is long overdue and is in line with Recommendation 5 of the *Special Commission of Inquiry into crystal methamphetamine and other amphetamine-type stimulants*.⁶

A NSW Drug Strategy should be implemented in partnership with all stakeholders, particularly people who use drugs and communities impacted by drug related harm. It will need to drive consensus on how different parts of the system will work together and be backed by sufficient resources and strong implementation.

ACON recommends that LGBTQ+ communities be recognised as a priority population for drug policy and programs in NSW. While use alone is not a proxy for harm, there is significant evidence to demonstrate the need for policies and programs that are tailored for LGBTQ+ communities.⁷

Over successive inquiry processes, consensus has been reached among key stakeholders as to how NSW can reduce the harms of alcohol and other drug use, including the harms brought about by stigmatising people who use drugs. Now is the time for a Strategy that provides clear policy direction and resources to work toward these shared goals.



2. Increased funding for drug health services, particularly early and brief interventions, and community-based treatment services

Why?

Estimates suggest that 36% of people in need of treatment in NSW are not receiving it.⁸

There are clear benefits for people who use drugs, their families and communities in meeting more of the demand for treatment services. These services are also likely to have a positive cost benefit and reduce pressure on other systems.

Early and brief interventions in settings that meet people who use drugs where they are currently at have real results in assisting people to reduce drug use and drug related harm.

If these services were funded sustainably, to a diverse range of service providers, they can reach relatively large numbers of clients and help meet additional demand.

Who?

Claire*

Claire is a long-term ACON NSP client. She has previously experienced poor treatment in health services because she used drugs. Claire no longer trusts doctors.

Claire came into an ACON NSP with visible and severe skin infections on her feet. Initially she refused a referral to a medical service because she did not feel safe with doctors.

NSP staff used their trusted relationship with Claire to encourage her to see a doctor. NSP staff used their own contacts to find a doctor that would treat Claire respectfully.

After three weeks, Claire agreed to access treatment for her infections. She was told that if she hadn't done so, she would have potentially required foot amputation.

Policy implication:

Harm reduction services present wider opportunities to improve the health of people who use drugs. Workers who build long term relationships of trust are well placed to encourage clients to reduce drug health related harm in brief interventions.

Jerry*

Jerry is a 55-year-old gay man, who self-referred into ACON's Substance Support Service for his unplanned injecting cocaine use that was leading to risky sexual behaviour, daily consumption of 10 standard alcoholic drinks, and daily tobacco use.

Jerry identified that his substance use was causing issues in his intimate relationship and felt unable to stop.

Jerry disclosed to his counsellor that he carried a lot of fear and grief from the loss of past partners and friends to HIV/AIDS, suicide, and long-term illness. He had experienced significant violence and rejection from his family when he came out to them at 16 and has had no family support since then.

Jerry realised that his desire for connection was part of his use of substances. Jerry and his counsellor worked to build distress tolerance skills, and to process his feelings of grief and isolation.

They worked on strategies to reduce his substance use and connected him to the NSP to ensure that he did not reuse needles during unplanned use.

Jerry was able to significantly reduce his use of all substances upon his exit from ACON's services.

Policy Implication:

Community based responses, including early and brief interventions, reduce drug related harm, provided these services are trusted by clients and easy to access at the time people are looking for assistance. Long waiting lists for the right services are missed opportunities to improve health and wellbeing.

How?

ACON's suite of alcohol and other drug services provide opportunities for us to engage in a range of interventions, including early, brief, and longer fixed term options, with people who use drugs who have few other points of contact with the health system.



We typically refer to early interventions as being strategies to address substance use before it is a significant concern to the individual, and brief interventions as short-term or one-off strategies to reduce risks or harms related to drug use. Both strategies are employed across our services on a case-by-case basis. We also provide longer, fixed term holistic therapeutic interventions where needed, depending on the person and the concerns they may have about their drug use.

In addition to addressing substance use, our counselling and NSPs allow us to provide services to prevent HIV transmission, offer health advice, and provide some social services and referrals. We are able to respond to the social determinants that may impact a person's drug use.

People who use drugs do so for a variety of reasons, and in a diverse range of ways. It is imperative that services understand this diversity and are able to treat the whole person in front of them, in order to improve their overall health and wellbeing.

ACON operates the only LGBTQ+ specialist community-based substance support counselling service in NSW. This service provides fixed-term support to those seeking to reduce or end their drug use and reduce harms if they are going to continue to use alcohol and drugs.

Many of our clients have greater trust from a specialist LGBTQ+ service, either because they fear stigma or discrimination in other settings or because our staff, including trained specialists and peers (and often both), understand the specific context for their drug use.

For many of our clients, their drug use is connected to family and domestic violence, sexual behaviour and experiences of minority stress that may be a result of their sexuality or gender. A specialist service is well placed to respond to that mix of issues.

Our experience is that high quality fixed term counselling and group work assists people to reduce drug use and drug related harm. It is a cost-effective response that reaches people who do not need or will not attend more intensive rehabilitation services.

Despite the limitations of our service design, we also often find ourselves supporting clients who would benefit from a rehabilitation service but choose to access our services because they feel safer in an LGBTQ+ setting.

Like most substance support services, we are not able to meet demand for our services. We know that interest in these services is high in our community, but we do not advertise these services because we would be unable to meet demand. Clients often wait more than 2 months to start services. There is a risk that by waiting, clients will experience more drug related harm or that clients will lose the motivation to make change.

Our substance support service is funded by short term, limited contracts. We recommend both expanded funding for unfunded and underfunded services and longer-term funding arrangements to allow for future planning, staff development and supervision.



3. Increased harm reduction options, including drug checking facilities

Why?

There is extensive evidence for the effectiveness of harm reduction in not only addressing the harms of illicit drug use, including overdose and blood-borne virus transmission, but also doing so in a cost-effective way.^{9,10} Harm reduction focuses on positive change, and working with people without judgement, coercion, or discrimination.

Who?

Clients of drug-checking facilities¹¹

Clients of the CanTEST service in the ACT reported concern that their substances may contain adulterants. For example, a client, who thought their substance was ketamine, upon learning its chemical composition reported that “it made me not want to take it.”

Other service users also found it useful to hear harm reduction advice while they were testing their substances. One client noted that “they told me to take half at a time just for harm minimisation, which I’ve now started doing, which I never really heard before. That kind of explained to me why it is a good idea to do to... minimise the risks in taking that one cap straight up.”

Policy implication:

Drug-checking services increase the contact people who use drugs have with the health system, encourage behaviour change, and minimise the risk of overdose from adulterants. These services also allow health services to gain a clearer picture of substances currently in circulation.

How?

To effectively engage in harm reduction, NSW needs:

- Reduced barriers for peer distribution of injecting equipment

In NSW, secondary distribution of sterile equipment, that is, people collecting sterile equipment to then distribute onward to their peers, was criminalised before hepatitis C was named in Australia. This means

that the legislation does not account for contemporary contexts of the risks of blood borne virus transmission in Australia.¹²

NSW’s NSPs are world leading, but these laws undermine our capacity to reduce new blood borne virus infections, by preventing access to sterile equipment for those who need it, and who may not access an NSP themselves. These laws also work to stigmatise people who are trying to do the right thing by facilitating their peers’ use of sterile equipment.

Internationally, secondary or peer distribution has been found to achieve greater distribution of sterile equipment among wider populations, and provide harm reduction to critical populations who otherwise would not have access.^{13,14}

- Drug checking facilities, including fixed sites across NSW, and location-based services at festivals and major events

Research and evaluation of drug checking services in operation in Australia and internationally demonstrate that these services do lead to behaviour change, avoidance of overdose, and the opportunity for brief interventions with people otherwise unconnected to health services.^{15,16} It is for these reasons that drug checking has been recommended in NSW by both the Report of the Special Commission of Inquiry (recommendation 53), and the State Coroner’s Court of New South Wales’ Inquest into the deaths of six patrons of NSW music festivals (recommendation 1).¹⁷

Drug checking services will be critical in reducing the harm of fentanyl and nitazenes, potent adulterants that are increasingly becoming an issue in Australia’s drug supply, and cause substantial harms internationally. The NSW health system can better prepare for the risks of these highly potent substances entering our drug supply by conducting drug checking services. The two-fold benefit of such a service is to facilitate behaviour change and prevent overdose, while also gaining valuable insight into the substances in circulation.

- NSPs in custodial settings

There are no NSPs in Australian prisons, and great resistance at a governmental level to change this,¹⁸ despite recommendations from researchers and policymakers alike, including within the *Fifth National Hepatitis C Strategy* and in the Special Commission of Inquiry (recommendation 97).^{19,20,21,22}

Prevalence of hepatitis C is high among the prison population, with studies suggesting between 22%²³ to



one third²⁴ of inmates have tested positive to hepatitis C.

Sterile equipment in prisons, which is freely available at NSPs outside of custodial settings, is reported to be between \$50-350 for a single needle/syringe, with \$100-150 most commonly reported. Used needle/syringes have a reported cost of \$40, and can sometimes remain in circulation for two or three years.²⁵ Almost all people discharged from prison who reported injecting drugs in prison said they had shared injecting equipment.²⁶

- Secondary medically safe consumption sites, including injecting centres, in areas where people need them, including outer-metro and regional areas

ACON supports Uniting's Fair Treatment campaign and its advocacy to change the current laws to allow more than one license to be issued for more than one medically supervised injecting premises in NSW, in areas based on local need.

The evidence, both from Sydney's own Medically Supervised Injecting Centre, and internationally, clearly demonstrates the reduction in harms these services provide, at the individual and population level.²⁷ Evidence from Vancouver shows a 26% reduction in overdose deaths in areas near these facilities, and in Sydney, a 68% decline in monthly ambulance attendees.^{28,29} Evidence from both sites demonstrate a higher uptake of drug treatment services, and higher primary healthcare attendance, by users of the sites.^{30,31,32}

- Funded harm reduction campaigns, especially for priority populations

Campaigns to raise awareness of the harms of drug use, especially for priority populations, have also been recommended in the Report of the Special Commission of Inquiry (Recommendations 2 and 4).

Risk-reduction campaigns are strongest when they harness the language and strategies of the populations engaging in these behaviours.³³ They have more success when they acknowledge the agency of people who use drugs, the communities of care they operate within, and the unique circumstances of a community's patterns of drug use.³⁴ Campaigns that are peer led are therefore more likely to have an impact and impart critical information to those who need it, in ways they understand.



4. Reform to reduce unnecessary contact people who use drugs have with police

Why?

Drug use is a health issue. NSW is committed to building a better future for everyone, and this includes by improving their health and wellbeing.

Growing domestic and international evidence suggests law enforcement models of regulating drug use, including drug detection dogs and punitive criminal measures, contributes to, rather than reduce, the harms of illicit drug use.^{35,36,37,38,39}

There is also extensive evidence of the disproportionate harm that arises from a criminal conviction, or unpaid fines, for personal possession or use of drugs.^{40,41,42}

At the same time, many people who use drugs are also victims of violence and harassment. These experiences can lead to increased drug related harm. Greater trust between people who use drugs and the police is needed to address these serious crimes.

Who?

Emma*

Emma is a client of ACON's regional NSW NSP Outreach service, and was experiencing abuse in a relationship. At one appointment, her partner had just left following a violent episode, and Emma was injured and fearing for her safety.

Emma didn't want to call an ambulance, for fear of the police accompanying the ambulance. She sat with the ACON staff member for an hour before she consented to calling an ambulance. The staff member advocated to the paramedics and police to agree that police wouldn't enter the building.

Through the advocacy of the NSP worker, and the trust Emma has built with ACON, she accessed medical help. She spent a few days in hospital, and later reported that this saved her life.

The pragmatic approach by police and paramedics meant that Emma was able to access medical assistance, and use police support to achieve safety, by successfully securing an AVO.

Policy implication:

Person-centred collaboration between emergency and community services, instead of a one-size-fits-all approach, can lead to the best holistic outcomes for those requiring support.

How?

Police have an important role in preventing harm and protecting our communities from violence. Building trust between police and community is an essential component of good drug policy, and something ACON has been working on with the police over time.

Over policing of people who use drugs can work against the goal of reducing drug related harm by incentivising more risky behaviours and interrupting trusted relationships between people who use drugs and health services.

We need urgent review of law enforcement's role in perpetuating harm for people who use drugs, along with reforms to NSW policing practices, including consistent application of police powers and removing opportunities for discretion. Discretionary powers tend to disproportionately impact those already in contact with the criminal justice system, and First Nations people.⁴³

While police have an important role in keeping our communities safe, ineffectual policing, such as drug detection dogs and punitive criminal measures, act as a barrier to help-seeking behaviours and prevents people from accessing and benefiting from harm reduction services.⁴⁴ It also fosters a sense of mistrust that can impact on a person's ability to seek help from the police in other areas of their life.



How the Drug Summit and its outcomes can be most effective:

1. Centre lived and living experience from communities most affected

People who use or have used drugs must have a strong voice and be central to the Summit and its outcomes, with priority populations clearly defined and meaningfully considered and consulted, as well as respect and consideration given to the perspectives already provided in previous Government-led consultation and inquiry processes related to drug use.

The Summit must prioritise representation from priority populations and those at their intersections, including LGBTQ+ communities, First Nations people, migrants and those from multicultural communities, those in regional and rural areas, and people in contact with the criminal justice settings and systems.

The Summit must meaningfully value and acknowledge the expertise and success of community-led responses, and non-government organisations.

2. Ensure inclusive and actionable input from Summit attendees, community groups and NGOs.

The Summit, and any subsequent processes, must create safe and inclusive spaces for participation, with trauma-informed processes in place to facilitate meaningful collaboration.

There needs to be opportunity for attendees, communities, and the sector to provide meaningful input to the Summit, both on the day and in subsequent policy development.

3. Take a holistic approach

The Summit must commit to treating all people who use drugs, including LGBTQ+ people, compassionately and holistically. This means considering drug use as a health issue, a social issue, and a policy issue.

Beyond health impacts, the Summit must consider the impacts that systems have on people or communities who use drugs, including educational, legal, health care, policing and the criminal justice systems.

The resulting policies and reforms from the Summit must address the whole person, considering their physical, psychological, emotional, and social wellbeing.

This approach must also acknowledge the unique social determinants of health and equity for LGBTQ+ people in NSW, including the connections between drug use and experiences of discrimination, stigma, trauma, socio-economic disadvantage, and challenges in accessing safe and affirming housing and mental health support.

To be effective, participation in the Summit must include representation from all intersecting sectors and departments that influence LGBTQ+ health and wellbeing.

4. A whole-of-government commitment to the Summit recommendations

For the Summit to be a success, all of Government must have a commitment to action the recommendations of the Summit. The Summit must successfully engage all members of NSW Parliament, Government departments, and federal stakeholders.

The Summit must promote multi-partisan support for meaningful reform and implementation that prioritises health and wellbeing, and recognises drug use as a health and social issue.



References

- ¹ Australian Institute of Health and Welfare (2024) *LGBT people's use of alcohol, tobacco, e-cigarettes and other drugs*, AIHW, Australian Government, accessed 29 August 2024. Available: <https://www.aihw.gov.au/reports/lgbtqi-communities/lgbt-people-alcohol-drugs>
- ² Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University. Available: <https://www.latrobe.edu.au/arcschs/work/private-lives-3>
- ³ Lea, T., Brener, L., Whitlam, G., Gray, R., Lambert, S., & Holt, M. (2020). Evaluation of ACON's Substance Support Service. Sydney: UNSW Centre for Social Research in Health and ACON <http://doi.org/10.26190/5e4b55b5bd827>.
- ⁴ Lea, T., Kolstee, J., Lambert, S., Ness, R., Hannan, S., & Holt, M. (2017). Methamphetamine treatment outcomes among gay men attending a LGBTI-specific treatment service in Sydney, Australia. *PLOS ONE*, 12, e0172560.
- ⁵ O'Donnell, D., & Perche, D. (2016). Resetting the agenda: the makings of 'A New Era' of HIV policy in NSW. *Sexual Health*, 13(4), 328-334.
- ⁶ Howard, D. (2020). *Report of the Special Commission of Inquiry into crystal methamphetamine and other amphetamine-type stimulants*. Sydney: NSW Government. Available at: <https://www.dpc.nsw.gov.au/publications/special-commissions-of-inquiry/the-special-commission-of-inquiry-into-the-drug-ice/>
- ⁷ Lea, T., Brener, L., Whitlam, G., Gray, R., Lambert, S., & Holt, M. (2020). Evaluation of ACON's Substance Support Service. Sydney: UNSW Centre for Social Research in Health and ACON <http://doi.org/10.26190/5e4b55b5bd827>.
- ⁸ O'Reilly, K & Ritter, A (2024) Estimates of unmet demand for alcohol and other drug treatment in NSW. DPMP Evidence hub for the NSW Drug Summit 2024. Social Policy Research Centre, UNSW. Available: <https://www.unsw.edu.au/content/dam/pdfs/ada/sprc/research-reports/dpmp-drug-summit-2024-explainers/2024-10-how-many-people-miss-out-on-alcohol-and-other-drug-treatment-in-nsw-dpmp-2024-v2.pdf>
- ⁹ Ritter, A., & Cameron, J. (2006). A review of the efficacy and effectiveness of harm reduction strategies for alcohol, tobacco and illicit drugs. *Drug and alcohol review*, 25(6), 611-624.
- ¹⁰ Wilson, D. P., Donald, B., Shattock, A. J., Wilson, D., & Fraser-Hurt, N. (2015). The cost-effectiveness of harm reduction. *International Journal of Drug Policy*, 26, S5-S11.
- ¹¹ Olsen A, Baillie G, Bruno R, McDonald D, Hammoud M, Peacock A (2023). CanTEST Health and Drug Checking Service Program Evaluation: Final Report. Australian National University: Canberra, ACT. Available: https://health.act.gov.au/sites/default/files/2023-07/CanTEST%20Final%20Evaluation%20Report_2023.pdf
- ¹² Lancaster, Seear & Treloar (2015)
- ¹³ Australian National Council on Drugs (2013)
- ¹⁴ Brener, L et al. (2018)
- ¹⁵ Barratt, M. and Volpe, I (2023). *Drug checking – evidence update*. Social and Global Studies Centre, RMIT University.
- ¹⁶ Olsen A, Baillie G, Bruno R, McDonald D, Hammoud M, Peacock A (2023). CanTEST Health and Drug Checking Service Program Evaluation: Final Report. Australian National University: Canberra, ACT. Available: https://health.act.gov.au/sites/default/files/2023-07/CanTEST%20Final%20Evaluation%20Report_2023.pdf
- ¹⁷ Magistrate Harriet Grahame, Deputy State Coroner (2019). Inquest into the death of six patrons of NSW music festivals, Hoang Nathan Tran Diana Nguyen Joseph Pham Callum Brosnan Joshua Tam Alexandra Ross-King. NSW Coroners Court: Lidcombe (findings released on 8 Nov 2019). Available: https://coroners.nsw.gov.au/documents/findings/2019/Music_Festival_Redacted_findings_in_the_joint_inquest_into_deaths_arising_at_music_festivals_.pdf
- ¹⁸ NSW Government (2020). *Interim NSW Government response to the Special Commission of Inquiry into the Drug "Ice"*. Sydney: NSW Government. Available at: <https://www.dpc.nsw.gov.au/assets/dpc-nsw-gov-au/publications/The-Drug-ice-1546/01-Interim-NSW-Government-response-to-the-Special-Commission-of-Inquiry-into-the-Drug-Ice.pdf>
- ¹⁹ Howard, (2020)
- ²⁰ Australian National Council on Drugs (2013), p. 23
- ²¹ Treloar C, McCredie L, Lloyd AR (2016) The Prison Economy of Needles and Syringes: What Opportunities Exist for Blood-borne Virus Risk Reduction When Prices Are so High? *PLoS ONE* 11 (9): e0162399. doi:10.1371/journal.pone.0162399
- ²² Commonwealth Department of Health (2018b), p. 23
- ²³ Australian Institute of Health and Welfare. (2019). *The health of Australia's prisoners 2018*. Canberra: AIHW, p. 49
- ²⁴ Treloar, McCredie & Lloyd (2016),
- ²⁵ Treloar, McCredie & Lloyd (2016), pp. 6-7
- ²⁶ Australian Institute of Health and Welfare. (2019), p. 99
- ²⁷ Day, C. A., 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.
- ²⁸ Marshall, B. D., Milloy, M. J., Wood, E., Montaner, J. S., & Kerr, T. (2011). Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study. *The Lancet*, 377(9775), 1429-1437.
- ²⁹ Salmon, A. M., Van Beek, I., Amin, J., Kaldor, J., & Maher, L. (2010). The impact of a supervised injecting facility on ambulance call-outs in Sydney, Australia. *Addiction*, 105(4), 676-683.



- ³⁰ Wood, E., Tyndall, M. W., Zhang, R., Montaner, J. S., & Kerr, T. (2007). Rate of detoxification service use and its impact among a cohort of supervised injecting facility users. *Addiction*, *102*(6), 916-919.
- ³¹ Kimber, J. O., Mattick, R. P., Kaldor, J., van Beek, I., Gilmour, S., & Rance, J. A. (2008). Process and predictors of drug treatment referral and referral uptake at the Sydney Medically Supervised Injecting Centre. *Drug and alcohol review*, *27*(6), 602-612.
- ³² Folch, C., Lorente, N., Majó, X., Parés-Badell, O., Roca, X., Brugal, T., ... & REDAN study group. (2018). Drug consumption rooms in Catalonia: A comprehensive evaluation of social, health and harm reduction benefits. *International Journal of Drug Policy*, *62*, 24-29.
- ³³ Drysdale, K., Bryant, J., Dowsett, G. W., Lea, T., Treloar, C., Aggleton, P., & Holt, M. (2021). Priorities and practices of risk reduction among gay and bisexual men in Australia who use crystal methamphetamine for sex. *International Journal of Drug Policy*, *93*, 103163, p. 6
- ³⁴ Bryant et al. (2018) p. 246
- ³⁵ Grigg, J., Barratt, M. J., & Lenton, S. (2018). Drug detection dogs at Australian outdoor music festivals: deterrent, detection and iatrogenic effects. *International journal of drug policy*, *60*, 89-95.
- ³⁶ Gibbs, D., Peacock, A., Hughes, C., Grigg, J., Chandrasena, U., & Sutherland, R. (2023). Encounters with police drug detection dogs at music festivals amongst people who regularly use ecstasy and/or other illicit stimulants in Australia. *Drug and Alcohol Review*, *42*(3), 555-560.
- ³⁷ Malins, P. (2019). Drug dog affects: Accounting for the broad social, emotional and health impacts of general drug detection dog operations in Australia. *International Journal of Drug Policy*, *67*, 63-71.
- ³⁸ Page, R., Healey, A., Siefried, K. J., Harrod, M. E., Franklin, E., Peacock, A., ... & Brett, J. (2022). Barriers to help-seeking among music festival attendees in New South Wales, Australia. *Drug and alcohol review*, *41*(6), 1322-1330.
- ³⁹ Law Enforcement Conduct Commission (2020). Inquiry into NSW Police Force strip search practices. State of New South Wales: Sydney. Available: <https://www.lecc.nsw.gov.au/publications/publications/final-report-an-inquiry-into-nsw-police-force-strip-search-practices-15-december-2020.pdf?expand=actions,breadcrumbs,navigation&expand.navigation.depth=2>
- ⁴⁰ Lenton, S., Humeniuk, R., Heale, P., & Christie, P. (2000). Infringement versus conviction: The social impact of a minor cannabis offence in South Australia and Western Australia. *Drug and Alcohol Review*, *19*(3), 257-264.
- ⁴¹ McCarron, E., Clarke, S., & Forell, S. (2008). Fine but not fair: fines and disadvantage. *Justice Issues*, (3), 1-11.
- ⁴² Saunders, B., Lansdell, G., Eriksson, A., & Brown, M. (2014). The impact of the Victorian infringements system on disadvantaged groups: Findings from a qualitative study. *Australian Journal of Social Issues*, *49*(1), 45-66.
- ⁴³ Yao, W. (2023, March). Police Discretion: A Power that Can Be Abused and Should Be Regulated. In *Proceedings of the 2nd International Conference on Culture, Design and Social Development (CDS2022)* (pp. 620-628). Atlantis Press.
- ⁴⁴ Page, R., Healey, A., Siefried, K. J., Harrod, M. E., Franklin, E., Peacock, A., ... & Brett, J. (2022). Barriers to help-seeking among music festival attendees in New South Wales, Australia. *Drug and alcohol review*, *41*(6), 1322-1330.

