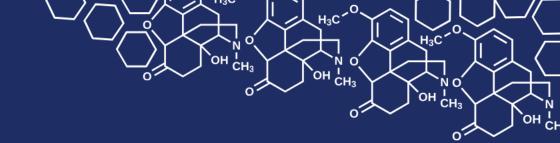
Inspiring Change: Excellence in AOD Treatment and Harm Reduction



Harm Reduction Excellence | Breakout Session 1

Highlights of the Harm Reduction Masterclass

Jane Dicka | Harm Reduction Victoria

Brit Chapman | Harm Reduction Victoria



VAADA SERVICE PROVIDERS CONFERENCE 2024



Highlights from the

Harm Reduction Masterclass

Who is Harm Reduction Victoria?

HEALTH RIGHTS
HUMAN RIGHTS
HARM REDUCTION



We are a community-based organisation that specialise in:

- health promotion
- community empowerment
 - and peer education

for Victorians who use drugs with the sole aim of reducing drug related harms.



We aim to provide a voice for people who inject/use illicit drugs & to address the health & social justice issues experienced by people who inject/use drugs.





Australia's Drug User Orgs

HRVic is the drug
user organisation for the state of
victoria and a member of the national
network of drug user organisations,
headed by AIVL.



AIVL is the national peak body representing all state and territory drug user organisations across Australia.



Some of our work...

Festival and
event-based crowd care &
harm reduction services.
Chill space and substance
specific info, amongst other
services and
projects



Workforce
support & development
program for current HR peer
workers, providing training &
networking opportunities.
Works with organisations to
promote & support the
employment of more LE Peer
Workers who use drugs.



PANS
PHARMACOTHERAPY-ADVOCACY MEDIATION SUPPORT1800 443 844

Quarterly
magazine by & for
drug users. Education,
entertainment,
art...

Pharmacotherapy Advocacy Mediation Support.

Phone based service for community members engaged with or interested in pharmacotherapy.

Also works with prescribers

& pharmacies.

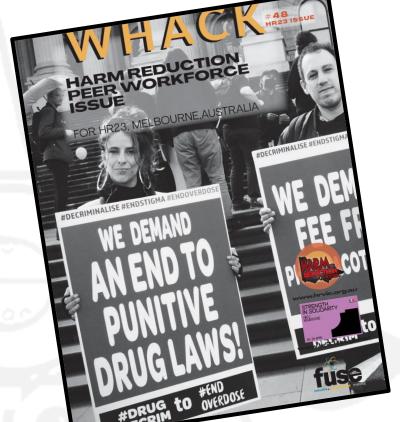
Provides community and professional development training, overdose education and naloxone distribution, NSP services, outreach, hep C elimination work, and much more!

HEALTH Promotion Team

more of our work...

- → Drug law reform
- → One-on-one brief interventions
- → Advisory committees (as facilitators or participants)
- → Written submissions
- → Policy papers
- → Facilitate advocacy network
- → Advise researchers
- → Organise/attend rallies and protests calling for drug user health and human rights
- → ...the work is varied and endless!







Hep C Testing & Treatment

If you have a client that you think may have been exposed to hep C but hasn't been treated, let them know there are options:

the new treatment has almost 100% cure-rate, and is pretty much pain-free





HARM REDUCTION MASTERCLASS -

A BRIEF INTRODUCTION TO HARM REDUCTION 7 MODULES, DELIVERED OVER 2 HALF DAYS.

Topics include:

- → Harm reduction 101
- → Safer injecting
- → Overdose

- → Naloxone administration
- → Pharmacotherapy
- → Working with people who use drugs
- → Stigma and discrimination

Facilitated by 2 living experience peer workers and can be accessed via the VAADA/ Elevate professional development platform.



Harm minimisation vs
Harm reduction



"Harm minimisation": The three pilars of Australia's drug strategy





Supply Reduction

Federal Police, customs and Border Force, prohibitionist drug policies, courts and prisons in prosecution of drug manufacturing and distribution

HARM REDUCTION



NSPs, SCSs, pharmacotherapies, nonabstinent education, safe supply, drug checking, etc...

National policy since 1985



Demand Reduction

Rehabs/detox units, therapy, treatment programs, abstinence only programs, pharmacotherapies, diversion programs and drug courts, prevention medications



What is Harm Reduction?

Harm Reduction is about keeping people alive & well

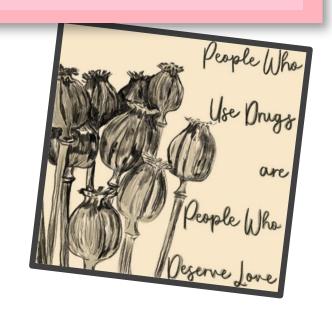
Harm reduction is a way of responding to drug use aims to lessen risks & harms, without necessarily aiming to reduce or discourage the use of drugs

First talked about when HIV appeared in the 1980s. Drug using communities and governments needed ways to keep active users alive and prevent HIV transmission, without alienating them by discouraging drug use.

Started as a radical idea, but is now considered international best practice and endorsed by organisations such as UNAIDS & WHO

Put simply, Harm Reduction is about valuing people and their lives.

Harm Reduction does not agree that illicit drug use needs to equal death, disease & discrimination





Drug User Activism History

1970s Junkiebonden

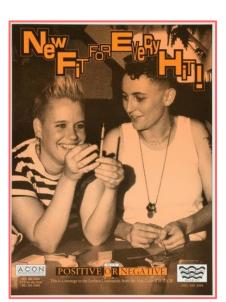
- Pre HIV politics was a higher priority
- Views drug policy as repressive, as the main problem associated with drug use



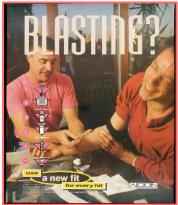


Australia

- No evidence, but we had activism in 70s too
- Response to HIV people who inject drugs and sex workers helped stop epidemic
- First NSPs illegal in NSW, quickly became policy









Harm Reduction and Drugs

like it or not, drugs are here to stay – we always have, always will use drugs responding
to drug use in ways
which emphasise
reducing harms, without
aiming to reduce,
discourage or cease the
use of drugs

drug use is a complex, multi-faceted phenomenon

a continuum of behaviors from severe use to total abstinence

doesn't minimize
or ignore real harm
and danger that can be
associated with illicit drug
use – clearly some use is
safer than
others

almost all
of us use drugs
& the use of
mood-altering
substances is
normal

empathic, compassionate, empowering in its approach

drug use is not inherently bad

→ most drug use does not have negative consequences

non-judgmental, non-coercive provision of services and resources



Harm Reduction and Drugs

recognises that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm



nothing about us without us!!!

real harm reduction includes active and meaningful participation of drug users and community stakeholders in shaping sensible policies and practices around drug use

→ empowerment of drug users as the primary agents in reducing drug related harms

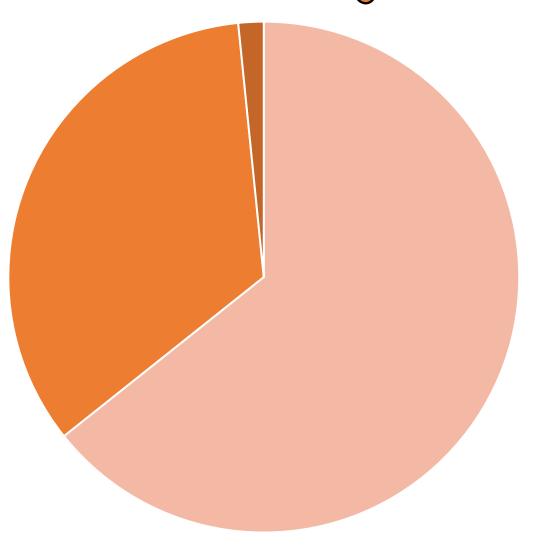


DOES Harm reduction work??

- → Australia has one of the lowest HIV rates among IDU in the world
- Opioid Substitution Treatment makes up vast majority of in-demand drug treatment programs
- → Methadone and buprenorphine on WHO Essential Medicines List
- → NSP shown to be one of the most effective public health programs studies found that for every \$1 spent on NSPs, \$4 is saved directly and up to \$27 indirectly
- → Peer education evaluates as highly effective
- → Harm Reduction does not encourage people to take drugs



AOD Funding 2021/22 supply Reduction:



64.3%

Demand Reduction:

(includes both treatment and prevention) 34.1%

Harm Reduction: 1.6%

Supply Reduction

Demand Reduction

Harm Reduction

Barriers to working effectively with People Who Use Drugs (PWUD) Myths about PWUD especially PWID are common

Many people's knowledge about drug use and users only comes through the media

Drug use is criminalised and stigmatised

Derogatory language about PWUD is common



This leads to the creation of stereotypes about (illegal) drugs and assumptions about the worth & potential of people who use them



What do these graphics from the AFP tell us about people who use drugs?

WARNING: SCARED OF MONSTERS UNDER THE BED? IMAGINE THINKING **BUGS ARE UNDER YOUR SKIN**.



The face of a meth user is shocking but a meth user behind the wheel of a car – horrifying.

Have a conscience.







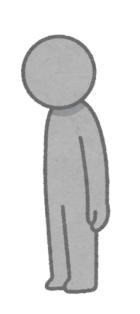


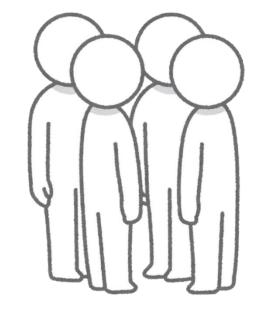


DRUG-RELATED STIGMA:

SOME FACTS

- → Common and complex issue for PWUD
- → W.H.O. ranked illegal drug dependence as the most stigmatized health condition globally
- → Evident across all levels of society, inc lateral violence
- → Worst offenders? Healthcare sector, media and police







DISCRIMINATION IN THE HEALTHCARE SECTOR

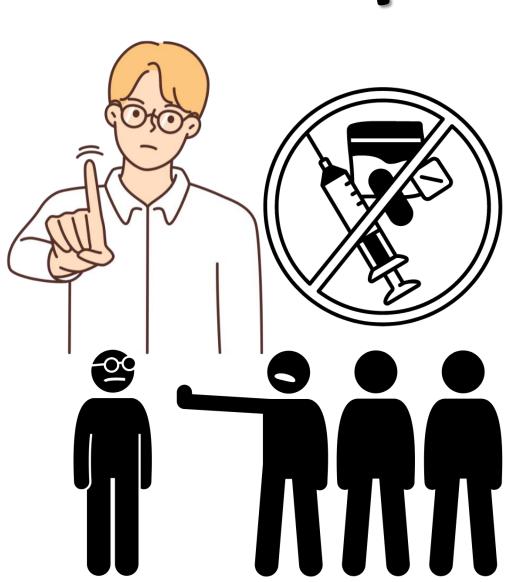


- → Research has shown that many PWUD regularly experience negative encounters in the health sector
- →Often service providers are not aware that they are acting in a discriminatory manner
- → Prior experiences mean that PWUD expect to be treated unfairly and/or differently from non drug users
- → Many PWUD believe that there will be negative repercussions if they make complaints



WHAT DOES IT LOOK LIKE?

- Different treatment
- Unprofessional manner
- Refusing service, ignoring or serving last
- ▶ BBV testing without consent
- Lecturing
- Inadequate diagnosis or investigation
- ▶ Breaching privacy & confidentiality





WHAT DOES IT ALL MEAN?

- Many PWUD will avoid health services rather than being identified as a drug user
- Stigma can be a barrier to PWUD being open and honest with their healthcare provider
- ▶ The healthcare needs of PWUD are not being met



PEOPLE WHO USE DRUGS ARE ENTITLED TO THE SAME LEVEL OF HEALTHCARE AS ANY OTHER MEMBER OF THE COMMUNITY



THANK YOU

britc@hrvic.org.au

