

Peer-Led Services: Different AND Better

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Aim: In 2025, Australia celebrates 40 years of harm reduction. As one of the first countries to seriously support and fund harm reduction and treatment services for people who use drugs (PWUD) and one of the few to provide ongoing support for peer-based drug user organisations, Australia's early leadership has since lagged behind many other countries. The few innovative harm reduction services that have been introduced since the earlier harm reduction programs of the mid-1980s are mainly medicalised pilot projects led by mainstream, clinical or research organisations. This presentation aims to show how PWUD see best practice models and services for their communities, and through the discussion of peer leadership, demonstrate how and why peer leadership could lead to sustainable harm reduction services that reach the people who would most benefit from them.

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Detailed Description of Topics to be Discussed: Australia's widespread early introduction of harm reduction in the 1980s is celebrated for its success in reducing hepatitis C and HIV transmissions among people who inject drugs. However, these early programs were followed by decades of stagnation. An ACT heroin trial was prevented by Commonwealth government intervention in 1999. A medically supervised injecting facility (MSIF) implemented in Sydney in 2001 was followed by a similar MSIF in Melbourne in 2018, with the planned third service rejected after media and community backlash. The ACT, the only jurisdiction to legalise cannabis and decriminalise possession for all drugs, has regulations limiting their impact on people most marginalised by drug use, including people who use

heroin and those with criminal offences. Sydney's hydromorphone trial was limited in participants and time. Policies, regulations and programs for PWUD are often designed and led with little or no input from Drug-User Organisations, who deeply understand their communities as well as the impacts of stigma and policy in services. Drug-User Organisation leadership could increase effectiveness and reach of programs, anticipate negative outcomes, take a wider view of issues and change risk appetite in beneficial ways.

Discussion Section: Drawing on the experience of Australia's peer-led Drug-User Organisations, this panel will discuss how PWUD would lead services for their communities. They will focus on innovative services including:

- Drug checking
- Needle syringe distribution
- Supervised consumption facilities
- Opioid and other drug dependence treatment
- Safe supply of drugs.

Real understanding of drug culture based on lived-living experience, ethical processes, risk appetite and peer preferences will inform discussion from a panel of peer leaders. The panellists will speak to barriers and challenges that reduce opportunities for PWUD to lead programs in current environments and how peer leadership could lead to systemic and sustainable change.

Disclosure of Interest Statement: *There are no conflicts of interest to disclose in relation to this panel.*