



## **New Year reflections on the NSW Drug Summit**

As we enter 2025, Community Restorative Centre (CRC) shares its reflections on the [NSW Drug Summit](#) held in late 2024. As the leading NGO supporting people exiting prison in NSW, we were privileged to attend the Summit in Sydney and advocate for the unique alcohol and other drugs (AOD) related health issues experienced by people who've experienced incarceration. CEO of CRC, Alison Churchill, said of the Summit:

‘Never before have I attended a consultation where such a diverse group of people- including legal practitioners, General Practitioners, academics, AOD workers, Corrective Services staff, Justice Health staff, politicians, people with lived and living experience of illicit drug use, families of people who use drugs, mental health workers and more- spoke with such a strong unified voice. A voice calling for radical reform of drug policy’.

Despite the Summit bringing together an array of experts and passionate advocates, CRC notes gaps in the consultation process for minoritised communities. We also note that little has changed since the last Drug Summit in NSW in 1999.

### **Barriers to AOD treatment for people who’ve been incarcerated**

People who've been incarcerated are more likely to experience AOD-related harms, face barriers to accessing AOD-related supports in prison and suffer the harmful effects of drug criminalisation. People in prison [do not have access to Medicare](#), safe injecting equipment, ongoing AOD counselling, and face barriers to accessing Opioid Agonist Treatment (OAT). Due to the criminalisation of drugs, people end up in prison for a matter that is a health issue, not a criminal concern. When people do exit prison, they can face exclusion from AOD services due to time spent in prison.

As stated in our [Drug Summit Position Paper](#), CRC believes that treatment for problematic AOD use in prison should compare, and be linked to, treatment available in the community. In NSW we continue to fall short of the United Nations Standard Minimum Rules for the Treatment of Prisoners ([the Nelson Mandela Rules](#)), which state: ‘Prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status’.

### **What CRC advocated for at the Drug Summit**

CRC championed better AOD legislation, policy and practice for people who’ve been incarcerated. We advocated for the removal of discriminatory practices that result in unequal access to AOD services for criminalised people.

### **Gaps in the Drug Summit consultation process**

Whilst CRC appreciated the opportunity to attend the Summit, we were disappointed by the lack of inclusion of minoritised communities in panel discussions and presentations. First

Nations people were overlooked despite making up 1 in 4 of the people accessing AOD treatment services, and over 40% of the NSW prison system. The perspectives of trans and gender diverse people, people with lived and living experience of drug use, and culturally and linguistically diverse communities were neglected by organisers. It took the courage and conviction of attendees to take to the stage and demand their inclusion in decision-making and future discussions.

Notably, incarcerated people were largely neglected at the Summit, with little focus given to increasing AOD support and harm reduction practices in correctional centres. Even less attention was given to discriminatory practices that regularly deny equal access to treatment within the community for formerly incarcerated people.

### **Overall, little has changed since the last NSW Drug Summit**

Discussions and recommendations made by participants of the 2024 Drug Summit on AOD policy remained largely unchanged from those made a quarter of a century ago to the Carr government following the 1999 Drug Summit. Additionally, little has changed following recommendations to the Berejiklian Government after the Special Commission of Inquiry into the drug Ice in 2018. It is time for governments to act on calls to recognise illicit drug use as a health issue and not a legal one so that responses can be developed accordingly.

### **Post-Summit, CRC urges NSW Government to action the following points as a matter of urgency:**

- Act on [the joint call made by NUAA, ACON, NADA and ADARRN](#) to, 'appoint a taskforce to carry forward the recommendations of the summit and co-design a comprehensive NSW [AOD] Strategy with representation from across the community and from people with lived and living experience'
- Ensure better representation from minoritised communities, particularly those listed as priority populations in the [National Drug Strategy 2017-2026](#), in AOD policy consultation. Ensure such communities are properly represented on panels and amongst guest speakers.
- Ensure access to AOD treatment in prison is equivalent to that available in the community.
- Decriminalise personal drug possession in NSW
- Provide increased funding for evidence-based AOD services that are inclusive of people with experience of incarceration.
- Where there is demand, provide more safe injecting rooms in NSW
- Ditch drug dogs
- Ensure access to free drug-checking services in NSW.

As a lead organisation that supports people at the intersection of AOD dependence and the carceral system, we stand ready to work with government to action the calls we make.