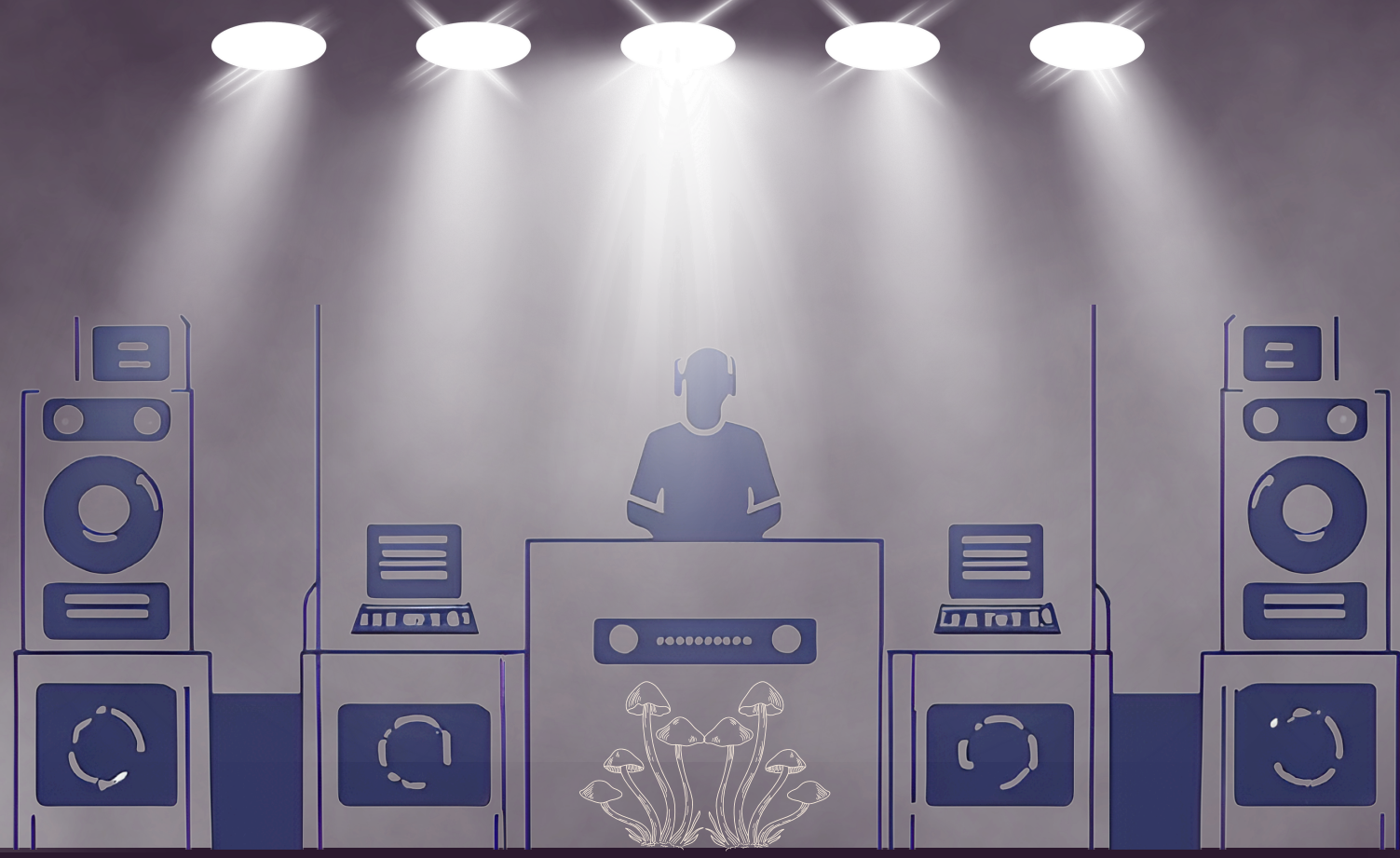


A COMPARATIVE STUDY OF AOD HARM REDUCTION IN SYDNEY, MELBOURNE, AND AMSTERDAM: INSIGHTS FROM STAKEHOLDER PERSPECTIVES IN NIGHTLIFE AND FESTIVAL SETTINGS

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AMSTERDAM

SUB-TOPICS

SYDNEY/MELBOURNE

Drug checking has been operating in the Netherlands since the early 1990s, with 33 fixed-site services across the country, including two in Amsterdam. Testing is available year-round at these locations, but not at festivals.



DRUG CHECKING

Drug checking, still relatively new in Australia, is available at festivals in the ACT, NSW, Victoria, and Queensland, and at a fixed-site service in the ACT. A fixed-site is planned for Melbourne in July 2025, while Queensland’s fixed-site has recently closed. Services remain unavailable elsewhere due to political and legislative barriers.

Police presence at festivals focuses on social well-being. They intervene in drug cases only when there is a clear risk of commercial distribution, and on the whole avoiding punitive actions towards individual drug use.



CRIMINAL JUSTICE RESPONSES

In Sydney, policing is heavy-handed, with the use of drug detection dogs and strip searches, leading to unintended consequences. While these tactics are used sporadically in Melbourne, they are much more pronounced in Sydney.

HR services operate individually, with peer-based organization 'Unity' focusing on drug education. Peers also work at Jellinek’s drug-checking services, gaining awareness of current drug trends. Any physical or psychological support needed at festivals is referred to the medical tent, and Unity does not distribute sterile drug paraphernalia.



INSTITUTIONAL FRAMEWORK

NSW and Victoria use comprehensive services (DanceWize and DanceWize NSW) which include volunteer roaming, drug education, trip sitting, and a welfare/safe space, and needle and syringe exchange.

Unity operates independently of the primary festival and nightlife stakeholders (i.e event managers, police, security, medical). It maintains its own stand and does not participate in stakeholder meetings during events.



STAKEHOLDER ENGAGEMENT

DanceWize and DanceWize NSW attend regular stakeholder meetings during events, coordinating with security, medical services, event managers, and police for comprehensive updates.

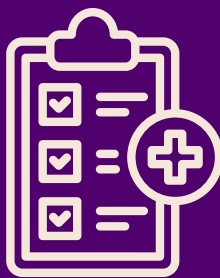
Unity must prioritize which events to attend, and financial constraints affect the reach and consistency of support across nightlife and festival settings. Drug checking services also face limited capacity, with high sample demand exceeding available resources.



FUNDING & RESOURCING

Harm reduction services are limited by funding and staffing, requiring organizations to prioritize larger or established events. This leaves smaller events with less support, and service provision often varies between comprehensive care spaces and basic education.

Tailored harm reduction for different populations, including tourists and LGBTQI+ communities, moving away from a blanket approach.



INTERVENTION MODELS

Predominantly use blanket approaches for AOD harm reduction, with little consideration for tailored approaches for tourists. Some targeted services, such as ACON Rovers supporting LGBTQ+ communities, operate at select events.

Predominantly MDMA, cathinones (3/4-MMC), speed, cocaine, 2C-B, ketamine. Decreased alcohol use among younger generations. Easier and cheaper access to drugs due to high availability (via WhatsApp dealers).



AOD USE PATTERNS

MDMA, psilocybin, LSD, ketamine, cocaine, GHB. Decreased alcohol use among younger generations. In Australia, ketamine, MDMA, and cocaine are much more expensive compared to Amsterdam due to geographical and price inflation factors.

National focus on HR through decriminalization, regulated cannabis sales, drug education, and drug checking services, prioritizing harm reduction over strict enforcement.



NATIONAL DRUG POLICY

National harm minimization strategy includes supply reduction, demand reduction (prevention and treatment), and harm reduction (needle exchange, supervised injecting rooms, drug education).

INTRODUCTION

The international policy debate on reducing alcohol-and-other-drugs (AOD) related health risks in night-time entertainment (NTE) and festival settings has intensified. Understanding the barriers and facilitators to AOD harm reduction (HR) strategies in these environments, particularly across different national contexts, is crucial for informing evidence-based policy responses. This qualitative study explores stakeholder perspectives on HR strategy implementation and effectiveness in Sydney, Melbourne, and Amsterdam, examining AOD-related HR policies within their unique socio-cultural, historical, and political contexts.

OBJECTIVES

- To examine the key barriers and facilitators impacting the implementation and effectiveness of HR strategies in nightlife and festival settings across Sydney, Melbourne, and Amsterdam.
- To analyse how cultural, historical, and socio-political contexts influence the delivery, acceptance, and outcomes of HR strategies in these settings.

METHODOLOGY

The study included 31 qualitative interviews with a range of stakeholders across each city: harm reduction service coordinators (n=14), event managers from nightclubs and urban festivals (n=5), nightlife municipality representatives such as night-time economy mayors (n=4), public health program managers (n=3), industry representatives (n=3), and medical service representatives (n=2). Interviews lasted between 60 and 90 minutes. Reflexive thematic analysis (Braun & Clarke, 2021) is underway.

PRELIMINARY OBSERVATIONS

Barriers and Facilitators to HR Implementation:

In Sydney, regulatory restrictions and political caution, and punitive policing strategies appear to limit HR service delivery, although peer services and local council support may act as important facilitators. In Melbourne, staffing shortages and funding instability seem to present challenges, while longstanding harm reduction frameworks and collaboration are emerging as key enablers. In Amsterdam, supportive policy environments appear to facilitate service delivery, although inter-organisational tensions and issues around role clarity between services present ongoing challenges.

Cultural and Socio-Political Factors of HR Delivery:

Across cities, differences in how drug use is problematized or normalized appear to influence the degree of HR acceptance and integration. In Sydney, risk-based narratives may constrain acceptance; in Melbourne, a public health framing appears to enable support, though it remains politically sensitive; and in Amsterdam, while a pragmatic drug policy culture seems to normalize and embed harm reduction services, shifts toward more conservative governance may introduce new uncertainties.

DISCUSSION

This research offers cross-national insights into the barriers and facilitators shaping AOD harm reduction in nightlife and festival settings, as well as the cultural, historical, and socio-political factors influencing service delivery. By examining stakeholder perceptions across multiple cities, the study aims to inform future implementation of HR services, contribute to reducing AOD-related risks, and enhance global understanding of how different contexts shape HR strategies.

