JOINT SUBMISSION: CAPABILITY OF LAW ENFORCEMENT TO RESPOND TO TRANSNATIONAL CRIME IN THE PACIFIC

This joint submission is made by sex worker, drug user and HIV community organisations from Fiji, Australia, Aotearoa New Zealand and the wider Asia-Pacific region.

LIST OF SUBMITTERS

AIVL | The Australian Injecting and Illicit Drug Users League (AIVL) is the national peer-led peak organisation representing our network of peer-based harm reduction and Drug User Organisations and affiliates in Australia and New Zealand. https://aivl.org.au/

APNSW |The Asia Pacific Network of Sex Workers (APNSW) is a regional network of sex worker-led and civil society organisations that provide rights-based services to sex workers in the Asia Pacific region. https://apnsw.net/.

NAPWHA | The National Association of People with HIV Australia (NAPWHA) is Australia's peak non-government organisation representing community-based groups of people living with HIV. https://napwha.org.au/

NZPC | Aotearoa New Zealand Sex Workers Collective (NZPC) is a New Zealand wide organisation, run by sex workers for sex workers. We are a grassroots, not-for-profit organisation advocating for the rights, safety, health, and well being of all sex workers. https://nzpc.org.nz/

PaNPUD | The Pacific Network of People who Use Drugs represents people who use drugs represents PWUD in the Western Pacific Region, and is a member of the International Network of People who Use Drugs (INPUD).

Scarlet Alliance |Scarlet Alliance is the national peak body for sex workers and sex worker organisations in unceded Australia. Since 1989, we have been dedicated to advancing the rights, health, and safety of sex workers.

Strumphet Alliance Network (SPAN) | Formed in 2014, Strumphet Alliance Network is the secretariat for Fierce Service Workers Alliance, the national peak body for sex worker organisations in Fiji.

Timi Rarama | The peer-led organisation for people who use drugs in Fiji.

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EXECUTIVE SUMMARY

The terms of reference for this inquiry assume that the answer to transnational crime and illicit drugs in the Pacific is more and better law enforcement. The evidence from Fiji points the other way.

In 2025, Fiji recorded 2,016 new HIV diagnoses, 16 times the number of new diagnoses in 2019. Approximately one in 60 adults in Fiji now live with HIV, [1] and in September 2026, the Fijian Government declared a national HIV crisis.[2]

Since 2025, Australian policing support to Fiji has also expanded rapidly.[3] This support has been measured in seizures, arrests and charges, while the epidemic has been driven by the criminalisation and policing of the communities most affected.

The submitters note that:

- HIV and viral hepatitis epidemics threaten regional stability, a risk recognised by the Australian Government's Pacific HIV program.[4]
- Increased security cooperation risks prioritising supply reduction and border security over human security, including the safety of women, LGBTQ+ people, people who use drugs and sex workers.
- Increasing local policing targeting HIV and BBV priority populations is not a reasonable proxy to address fears about transnational crime.
- Increased policing of drugs and sex work worsens epidemics.[5] It restricts access to sterile injecting equipment and condoms, drives criminalised communities away from health services, and channels resources into police institutions with documented involvement in the illicit drug market.
- Decriminalisation of sex work and harm reduction for people who use drugs are strategies for regional stability, and should be recognised and funded as such.
- Community-led and peer-led health promotion is a proven and cost-effective way to reach criminalised communities in resource-strained health systems.[6]

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[1] Joint United Nations Programme on HIV/AIDS, 'UNAIDS to Support Fiji as It Declares HIV a National Crisis and Puts in New Measures to Strengthen the Response' (Press Release, 16 September 2026) https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2026/september/20260916_Fiji_national_crisis.

[2] Ibid.

[3] Ritika Pratap, 'Australia, Fiji Police Deepen Cooperation', *FBC News* (8 March 2025) https://www.fbcnews.com.fj/news/australia-fiji-police-deepen-cooperation/; Pat Conroy (Minister for Pacific Island Affairs) and Penny Wong (Minister for Foreign Affairs), 'Australia and Fiji to Elevate Vuvale Partnership' (Joint Media Release, 6 July 2025) https://ministers.dfat.gov.au/minister/pat-conroy/media-release/australia-and-fiji-elevate-vuvale-partnership; Praneeta Prakash, 'Police Partnership Targets Crime Networks', *FBC News* (10 August 2025) https://www.fbcnews.com.fj/news/police-partnership-targets-crime-networks/.

[4] Department of Foreign Affairs and Trade, *Australian Support for Pacific HIV Action (ASPHA)* (Investment Concept Note, December 2025) https://www.dfat.gov.au/publications/development/australian-support-pacific-hiv-action-investment-concept-note.

[5] See e.g., Kora DeBeck et al, 'HIV and the Criminalisation of Drug Use among People Who Inject Drugs: A Systematic Review' (2017) 4(8) *Lancet HIV* e357 https://doi.org/10.1016/S2352-3018(17)30073-5; Lucy Platt et al, 'Associations between Sex Work Laws and Sex Workers' Health: A Systematic Review and Meta-Analysis of Quantitative and Qualitative Studies' (2018) 15(12) *PLoS Medicine* e1002680 https://doi.org/10.1371/journal.pmed.1002680.

[6] Deanna Kerrigan et al, 'A Community Empowerment Approach to the HIV Response among Sex Workers: Effectiveness, Challenges, and Considerations for Implementation and Scale-Up' (2015) 385(9963) *Lancet* 172 https://doi.org/10.1016/S0140-6736(14)60973-9; George Ayala et al, 'Peer- and Community-Led Responses to HIV: A Scoping Review' (2021) 16(12) *PLoS One* e0260555 https://doi.org/10.1371/journal.pone.0260555.

RECOMMENDATIONS

1. That regional cooperation initiatives recognise HIV and viral hepatitis epidemics in the Pacific as threats to regional stability, and recognise decriminalisation of sex work, harm reduction and peer-led health promotion as regional stability strategies.
2. That regional cooperation initiatives are not used to enforce laws against sex work, illicit drug use, or the possession of illicit drugs for personal use, in Fiji or elsewhere in the Pacific.
3. That human rights due diligence and independent monitoring be made a condition of AFP support to Pacific policing.
4. That Australia rebalance investment from enforcement to health, with direct capacity-building funding to community-led health promotion and harm reduction organisations.
5. That AFP-supported operations be required to protect harm reduction programs, peer outreach, and access to condoms and sterile injecting equipment.

HIV, VIRAL HEPATITIS AND HEALTHCARE SYSTEMS IN THE PACIFIC

HIV is an urgent health priority across the Pacific. Since mid-2025, two Pacific countries have declared national HIV crises, Papua New Guinea in June 2025 and Fiji in September 2026.[7] Both epidemics are concentrated in communities that are criminalised, and both fall on health systems that are already stretched. Other infections linked to untreated HIV, such as Hepatitis C and tuberculosis, also affect criminalised communities.[8]

Fiji

Fiji has one of the fastest-growing HIV epidemics in the world. Of an estimated 9,100 people living with HIV in Fiji in 2025, only 39% knew their status and 22% were receiving antiretroviral treatment.[9]

Fiji's epidemic has been the focus of significant media and political attention in Australia. For example, recent sensationalist reporting by *Foreign Correspondent,*[10] which ignored media reporting guidelines,[11] and

[7] UNAIDS Asia-Pacific, 'National HIV Crisis Declared in Papua New Guinea' (Media Release, 26 June 2025) https://unaids-ap.org/2025/06/26/national-hiv-crisis-declared-in-papua-new-guinea; Joint United Nations Programme on HIV/AIDS (n 1).

[8] Riya Mala, 'Harm Reduction Urgently Needed', FBC News (19 July 2025) https://www.fbcnews.com.fj/news/harm-reduction-urgently-needed/.

[9] Joint United Nations Programme on HIV/AIDS (n 1).

[10] 'Cartel Paradise: A special investigation into the Pacific's drug superhighway', *Foreign Correspondent* (Australian Broadcasting Corporation, Stephanie March and Lice Movono, 14 April 2026) https://www.abc.net.au/news/2026-04-14/pacific-cartel-paradise/106564744; 'Narco Islands: A special investigation into the Pacific's drug superhighway', *Foreign Correspondent* (ABC, Stephanie March, 21 April 2026) https://www.abc.net.au/news/2026-04-21/fcps-pacific2full-2104/106589758.

[11] AIVL, *Reporting on Harm Reduction & People Who Use Drugs: A media and communication guide by people who use drugs* (Guideline, March 2025) https://aivl.org.au/resources/reporting-on-harm-reduction-pwud/; Network of Alcohol and Other Drugs Agencies NSW (NADA) and NUAA, *Language Matters* (Guideline, 2nd ed., January 2021) https://nada.org.au/resources/language-matters/; International Network of People who Use Drugs (INPUD) and the Asian Network of People who Use Drugs (ANPUD), *Words Matter! Language Statement & Reference Guide* (Guideline, March 2020) https://inpud.net/words-matter-language-statement-reference-guide/; Everymind, *Mindframe for Alcohol and Other Drugs* (Guideline, 2019) https://mindframe.org.au/guidelines#Mindframe-for-Alcohol-and-Other-Drugs.

manufactured consent for law enforcement over health and human rights based responses, was considered unhelpful by affected communities.

The drivers of HIV transmission in Fiji are complex and could occur in any country, Pacific or otherwise. Low wages, rising unemployment, a history of political instability, porous borders and increased travel and migration generate vulnerabilities for health, social cohesion and system function.

High rates of gender-based violence towards women sex workers in Fiji,and the Pacific more broadly,[12] are also a risk factor for HIV transmission. A Rapid Assessment of Injecting Drug Use and HIV in Suva, Fiji by researchers at the Kirby Institute and AIVL,[13] (commissioned by the World Health Organization and United Nations Development Program) documented that in some cases, methamphetamine has been used by people who use violence to enable coercive control. Conversely, methamphetamine use can be a coping mechanism for some victim-survivors of violence, as this civil society organisation representative shares:

We have to put on the table the issue around gender-based violence and the gendered impact of HIV and drug use, because it's critical, because women often are in that position where they're not able to even negotiate, say, for sex with their husbands or partners. And because the very high rates of gender -based violence in Fiji, of rape, sexual assault, and drugging, I think serious considerations need to be made in terms of ensuring that our women are safe from violence … Like you know sometimes women can be forced by their intimate partners or husbands to inject drugs because their husbands are users as well.

CIVIL SOCIETY ORGANISATIONS TALANOA.[14]

The submitters also note the difficulty of importing harm reduction and personal protective equipment to Fiji. The Rapid Assessment documented that Fijian law enforcement had proactively discouraged pharmacies from selling sterile injecting equipment to PWID, inferring that to do so without presentation of a prescription could enable the commissioning of a crime,[15] in contradiction to different laws that prohibit blocking access to HIV and viral hepatitis prevention tools.

Further, it took more than 18 months from the Fijian Government's commitment to legislation enabling a needle and syringe program (NSP) to its passage in October 2026, and during that time equipment that had already arrived in Fiji could not be distributed. The submitters cannot even begin to estimate the impact this delay had on transmission of HIV and viral hepatitis among People Who Inject Drugs (PWID) and the number of cases that would have been prevented if implemented earlier.

The Rapid Assessment also found that there was a low level of health information knowledge about harm reduction, safer injecting practices, and blood borne virus transmission and prevention among Fijian people who inject drugs. The continuum of community empowerment is the process by which affected communities gain control over decisions for programs and policy. Put another way, "nothing about us, without us" - that peers with lived-living experience are best placed to inform health responses.[16] To address the immediate gap in knowledge

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[12] Jana Ali-Traill, 'Pacific Youth-Led Sex-Positive Responses and Gender Equity Advocacy in Fiji' in Angela Kelly-Hanku et al (eds), *Sex and Gender in the Pacific* (Routledge, 2023) 13-26 https://doi.org/10.4324/9781003142072;
Fiona Hukula, 'Gender inequality and Pacific-led solutions for a global problem' 192-204.

[13] Lisa Maher et al, *This is the Health Crisis of our Time: A Rapid Assessment of Injecting Drug Use and HIV in Suva, Fiji* (Report, Kirby Institute, UNSW Sydney, August 2025) https://www.undp.org/pacific/publications/health-crisis-our-time-rapid-assessment-injection-drug-use-and-hiv-suva-fiji.

[14] Ibid 60.

[15] Ibid 44.

[16] Joel Murray, 'The Importance of Self-Determined Leadership for People Who Use Drugs in the Fiji HIV Response' *HIV Australia* (July 2026) https://www.healthequitymatters.org.au/resources/the-importance-of-self-determined-leadership-for-people-who-use-drugs-in-the-fiji-hiv-response.

ahead of NSP implementation, the first Fijian Drug User Led movement was formed. In 2025, AIVL delivered capacity building training for Fijian peers to engage PWID in harm reduction outreach activities, contributing to community readiness.

Sex work

Sex work is criminalised in Fiji under by sections 230-233 of the *Crimes Act 2009* (Fiji). Research after the Act came into force documented illegal detention, torture and humiliation of sex workers by the military, and police and army searching sex workers for condoms.[17]

While this militarised enforcement no longer takes place, Strumphet Alliance Network reports that criminalisation, stigma and a lack of legal protection continue to push sex workers in Fiji into isolated and higher-risk environments. Sex workers are frequently deterred from reporting violence, extortion or assault to police for fear of arrest, harassment or further criminalisation. Where victims of serious violence cannot safely approach police without risking charges themselves, criminalisation creates a gap between policing and protection.

The recent deaths of women found in public spaces in Nadi and Suva have heightened concern in sex worker communities about safety in public spaces at night, and about police responses.[18] Strumphet Alliance Network also reports that sex workers and advocacy groups experience limited transparency from police in investigations of violence against women, and that such violence is too often treated as isolated incidents rather than part of a wider pattern.

Papua New Guinea

Papua New Guinea has the largest HIV epidemic in the Pacific. Fewer than half are receiving treatment, and tuberculosis co-infection, including drug-resistant TB, and critical gaps in the health system contribute to persistently high HIV-related mortality.[19] As in Fiji, the communities most affected are criminalised, which shapes access to prevention, testing and treatment.

Sex work

Sex work is currently criminalised in Papua New Guinea. In 2016, Amnesty International documented that sex workers experience physical and sexual violence and unlawful detention without recourse to justice, with police officers among the perpetrators, and that these crimes were rarely reported or investigated.[20]

Sex workers in PNG have been advocating for decriminalisation for at least two decades, communicating this demand to the PNG government, the World Health Organization, UNAIDS and the United Nations Population Fund.[21]

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[17] Karen McMillan and Heather Worth, *Sex Workers and HIV Prevention in Fiji: After the Fiji Crimes Decree 2009* (Report, International HIV Research Group, University of New South Wales, 2011) https://aidsdatahub.org/resource/sex-workers-and-hiv-prevention-fiji-after-fiji-crimes-decree-2009.

[18] Riya Bhagwan, 'Police Dismiss Claims Linking Former Officer to Nadi Murder', *FBC News* (27 October 2026) https://www.fbcnews.com.fj/news/police-dismiss-claims-linking-former-officer-to-nadi-murder/; Praneeta Prakash, 'Body Found in Thurston Garden', *FBC News* (19 October 2026) https://www.fbcnews.com.fj/news/body-found-in-thurston-garden/.

[19] Department of Foreign Affairs and Trade (n 4) 2, 16.

[20] Amnesty International, *Outlawed and Abused: Criminalizing Sex Work in Papua New Guinea* (Report No ASA 34/4030/2016, 26 May 2016) https://www.amnesty.org/en/documents/asa34/4030/2016/en/.

[21] Maria McMahon, 'Sex Worker Organisations' Partnerships and Collaborations for Capacity Development' (2014) 12(2) *HIV Australia* https://www.healthequitymatters.org.au/resources/sex-worker-organisations-partnerships-collaborations-capacity-development.

Australia has previously supported this community leadership. From 2008 to 2013, AusAID funded capacity building partnerships between Australian community-led organisations and community groups in Papua New Guinea, supporting the establishment of formal local organisations to lead a community response. The work was largely successful, but ended when AusAID was abolished in 2013 and its functions integrated into the Department of Foreign Affairs and Trade. While parts of the partnership work continued, the closure left Australian partners concerned about the future of HIV prevention in Papua New Guinea.[22] Re-resourcing these community-led capacity building partnerships remains a priority for the submitters, to support local sex worker communities in leading advocacy for the decriminalisation of sex work in Papua New Guinea.[23]

INQUIRY TERMS OF REFERENCE

The impact of transnational crime and illicit drug trafficking on the region, regional stability and the prevalence of illicit drugs in Australia

Regional stability requires health equity

The movement of illicit drugs through the Pacific, driven by demand from markets in Australia and Aotearoa New Zealand, illicit market prices (and profits), increased investment in supply reduction by law enforcement, and politicoeconomic vulnerabilities to corruption, has real impacts for people in Fiji and other Pacific countries.[24] However, the most serious threat to regional stability stemming from this trade is the HIV epidemic, largely driven by unsafe injecting conditions that criminalisation and policing have made worse.

Fiji's position on supply routes to Australia and Aotearoa New Zealand has made methamphetamine more available locally, with Fijian HIV experts linking increasing use since COVID-19 to that availability,[25] alongside rising unemployment.[26] Further, this increased use has been accompanied by a shift from smoking methamphetamine to injecting it,[27] making access to sterile injecting equipment central to HIV prevention.

While HIV prevalence among people who inject drugs is estimated at around 64%,[28] the epidemic now reaches well beyond this community. Two-thirds of new HIV cases in Fiji are among people aged 20 to 34.[29] An epidemic concentrated in a country's young working-age population threatens its workforce, its health system and its economy. In a joint release with the World Health Organisation in December 2025, the United Nations

[22] Tim Leach and John Rule, 'Australian Support for Community HIV Responses in PNG: What Works, How Do We Show It, and Who Will Fund It Anyway?' (2014) 12(2) *HIV Australia* https://www.healthequitymatters.org.au/resources/australian-support-community-hiv-responses-png-works-show-will-fund-anyway.
[23] McMahon (n 21).
[24] United Nations Office on Drugs and Crime, *Transnational Organized Crime in the Pacific: Expansion, Challenges and Impact* (Report, October 2024) https://doi.org/10.18356/9789211068153;
Parliamentary Joint Committee on Law Enforcement, *Australia's Illicit Drug Problem: Challenges and Opportunities for Law Enforcement* (Report, May 2024) https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Law_Enforcement/IllicitDrugs/Report.
[25] Maher (n 13) 19-20.
[26] David Cox, 'Why This Island Paradise Has the World's Fastest-Growing HIV Epidemic', *NPR* (26 September 2026) https://www.npr.org/2026/09/26/g-s1-144667/hiv-crystal-meth-epidemic-fiji.
[27] Maher (n 13) 4, 34.
[28] 'Fiji's Perfect HIV Storm', *AIDSMAP* (Web Page, August 2026) https://www.aidsmap.com/news/aug-2026/fijis-perfect-hiv-storm.
[29] Cox (n 26).

Development Programme described Fiji's epidemic as a development and human rights challenge, not just a health issue.[30]

A stable region is one where people can access health care, report violence and exploitation, and trust public institutions. Criminalisation and policing work against each of these for sex workers, people who use drugs and other marginalised communities.

Sex work criminalisation

Criminalisation keeps sex workers at a distance from the services that the HIV response, and regional stability, depend on.

Punitive laws, policies and practices around sex work do not reduce the number of sex workers or our clients. They change the ways we work, increase our vulnerability to violence and HIV, and reduce our access to justice and services. Sex workers exposed to repressive policing face significantly higher odds of experiencing violence, as well as contracting HIV and other sexually transmitted infections.[31] UNAIDS has long recognised sex work criminalisation as a substantial obstacle to HIV prevention, treatment and support,[32] and the Australian Government's own Pacific HIV program accepts that punitive laws against sex work and drug use exacerbate discrimination and exclusion.[33]

Every barrier between sex workers and HIV prevention, testing and treatment slows the response to the epidemics in Fiji and Papua New Guinea, and every barrier to reporting violence leaves sex workers less safe. Australian-supported policing that enforces these laws works against the stability it is meant to build.

Gendered harms of punitive drug policies

Enforcement-led responses to illicit drugs also carry distinct harms for women. A recent report presented to the 63rd session of the UN Human Rights Council explains how drug enforcement policing exposes women and girls to gendered harassment and abuse.[34] Human rights groups from around the world including ZONTA, WHRIN The global platform to expand harm reduction approaches for women and gender diverse people, nation states, the European Union and the WHO all contributed evidence to the report, which urges a focus on harm reduction:

> *Harm reduction services - such as needle and syringe programmes, overdose-reversal medication, supervised consumption sites, mobile harm reduction units, peer support programmes and education - are important policies that are effective ways to realise the right to health. However, harm reduction services remain limited in many countries. In many jurisdictions, access to essential harm reduction tools remains restricted or criminalized. Where available, Gender-responsive, rights-based, and harm reduction approaches have proven effective. For example, Australia reduced mother-to-child HIV transmission from 17.5 per cent to 1.5 per cent, Estonia achieved a 61 per cent reduction in HIV infections nationally and a 97 per cent reduction among*

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[30] World Health Organisation, 'Fiji's HIV Epidemic Escalates: New Rapid Assessment Highlights Urgent Gaps in Access to Safe Injecting Equipment, HIV Prevention, and Stigma-Free Care among People Who Inject Drugs' (Media Release, 10 December 2025) https://www.who.int/westernpacific/about/how-we-work/pacific-support/news/detail/10-12-2025-fiji-s-hiv-epidemic-escalates--new-rapid-assessment-highlights-urgent-gaps-in-access-to-safe-injecting-equipment--hiv-prevention--and-stigma-free-care-among-people-who-inject-drugs.

[31] Platt et al (n 5).

[32] Joint United Nations Programme on HIV/AIDS, *UNAIDS Guidance Note on HIV and Sex Work* (Guidance Note No UNAIDS/09.09E, March 2009) https://www.unaids.org/en/resources/documents/2012/20120402_UNAIDS-guidance-note-HIV-sex-work.

[33] Department of Foreign Affairs and Trade (n 4).

[34] United Nations High Commissioner for Human Rights, 'Human rights challenges in addressing and countering all aspects of the world drug problem, in particular on the impact of drug policies on the rights of women and girls' (Advance unedited version A/HRD/65/56) https://www.ohchr.org/sites/default/files/documents/hrbodies/hrcouncil/sessions-regular/session63/a-hrc-63-56-auv.pdf

people who inject drugs, and Portugal's decriminalization of drug use and public health-based policies contributed to a significant decline in blood-borne disease infections. It is critical that the design of such approaches consider the specific needs of women and girls.

UNITED NATIONS HIGH COMMISSIONER FOR HUMAN RIGHTS.[35]

Key populations impacted by gender based violence overlap with the key populations affected by and living with HIV and people who inject drugs: children and young people, heterosexual women (cis and trans), sex workers, and LGBTQ+ people. Responses to gender-based violence that center victim-survivor justice rely on trust with law enforcement. An enhanced investment in law enforcement supply reduction responses risks compounding drivers of gender-based violence, drug-related harms, and HIV transmission. Any consideration of increased policing in relation to drugs in the Pacific must draw on the evidence for harm reduction, including Australia's experience.

Pacific policing and the Australian drug market

The AFP cites protecting Australian communities as a major justification for its offshore work, stating that:

By disrupting drug importations offshore, the AFP prevents their harmful effects from reaching Australian communities. As part of a range of strategies, for example focusing on the leaders of TSOC groups who target Australia from overseas, the AFP can maximise impact on the criminal environment.

Australian Federal Police.[36]

This framing positions people who use drugs either as sitting outside Australian communities or as needing to be protected from ourselves, as if harm reduction doesn't exist once substances cross Australian borders. In reality, supply reduction increases harms to people who use drugs, who are part of Australian communities.

By the AFP's own admission, reducing supply increases prices, placing greater financial pressure on people who use drugs:

Offenders have told police that they commit more crime to fund their drug habit due to either a lack of supply of that drug, or lower drug purity.

Australian Federal Police.[37]

The AFP also claims that 'police witness first-hand the connections between illicit substances and the cycles of crime.'[38] However, these claims are limited to the communities police come into contact with. In 2022–2023, almost one in five people in Australia, about 3.9 million people, had used an illicit drug in the previous 12 months,[39] and the people police encounter are a small proportion of them. Structural factors, such as cost-of-living pressures and inadequate income support, shape who comes into contact with police. The link the AFP draws cannot be taken at face value.

Nor is there evidence that offshore enforcement achieves what it claims. Law enforcement has acknowledged that:

The most sophisticated serious and organised crime syndicates will factor in losses of entire shipments as part of their business model, knowing they have more ventures on the water on the way to Australia.

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[35] Ibid 8.
[36] Parliamentary Joint Committee on Law Enforcement (n 24) 39.
[37] Ibid 77-8.
[38] Ibid 77.
[39] Australian Institute of Health and Welfare, *National Drug Strategy Household Survey 2022–2023* (Report No PHE 340, 27 May 2025) 'Summary' https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2022-2023.



Ms Virginia Hartley, Acting Deputy Chief Executive Officer, Intelligence, Australian Criminal Intelligence Commission.[40]

Harm Reduction Australia notes that there is now routine acknowledgement, including by past and serving law enforcement officials, that large seizures 'do not have any lasting suppression effect on the potential harms associated with, the demand for or supply of illicit substances,' and are typically 'a signal of increased rather than reduced supply.'[41]

Illicit markets also adapt quickly: novel psychoactive substances can be created at any time, and supply networks respond rapidly to new opportunities. Offshore enforcement does not protect Australian communities from illicit markets, and it increases harm to people who use drugs, who are part of those communities.

The nature, scale, and objectives of the Australian Federal Police's engagement in Fiji and the broader Pacific

AFP engagement in Fiji has expanded rapidly. It has included Fiji's role in the A$400 million Pacific Policing Initiative, AFP officers seconded to and embedded within the Fiji Police Force, including in its Counter-Narcotics Bureau and Serious Organised Crime and Intelligence Department, and Australian funding for a new Fiji Police headquarters.[42]

The objectives of this engagement, and the measures used to report on it, are seizures, arrests, charges and proceeds of crime. None relate to health. In 2025, as this policing support expanded, diagnoses of new HIV infection reached a record high.[43] This sits within the context that most drug charges in Fiji relate neither to methamphetamine nor to transnational crime. Of the 2,035 drug cases registered in Fiji in 2024, 1,661 (82%) involved cannabis, and 95% of all cases were for unlawful possession.[44]

Any activity that undermines the harm reduction work of community agencies should be avoided, and AFP objectives should be measured against their impact on health and human rights as well as on crime.

Police corruption and the illicit drug market

Rapid resourcing of police enforcement risks support being directed to institutions with documented involvement in the illicit drug market. In late 2025, Fiji's Minister for Policing told Parliament that 33 drug-related cases involving 27 police officers had been recorded between January 2023 and October 2025.[45] In December 2025, the director of the Serious Organised Crime and Intelligence Department, one of the units AFP officers have been seconded to support, was among seven senior officers placed under investigation over alleged collusion with groups supplying the illicit drug market.[46] By May 2026, a multinational investigation implicating 11 Fijian police officers in collusion with groups supplying drugs had been referred to prosecutors.[47]

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[40] Parliamentary Joint Committee on Law Enforcement (n 24) 38.
[41] Ibid 46.
[42] Conroy and Wong (n 3); Prakash (n 3).
[43] Ministry of Health and Medical Services (Fiji), *2025 National HIV Statistics: Summary Report* (Report, 2026) https://www.health.gov.fj/wp-content/uploads/2026/05/2025_HIV_Summary_Report_Final_02042026.pdf.
[44] Maher (n 13) 16-17.
[45] Meri Radinibaravi, 'Fiji Police Probe Senior Officers over Alleged Links to Drug Traffickers', Organized Crime and Corruption Reporting Project (Web Page, 10 December 2025) https://www.occrp.org/en/news/fiji-police-probe-senior-officers-over-alleged-links-to-drug-traffickers.
[46] Ibid.
[47] Kaya Selby and Christina Persico, 'Fiji Police Officers Face Charges as New Data Shows Drug Seizures Surging in the Pacific', *PMN News* (18 May 2026) https://pmn.co.nz/read/law-and-order/fiji-police-officers-face-charges-as-pacific-drug-seizures-surge.

Where there is evidence of police involvement in drug supply, increasing police powers and resources carries a risk of Australian support strengthening a point of supply rather than a point of support for health outcomes. It also risks increasing harm to criminalised communities least able to report police corruption.

Existing law enforcement capabilities in the Pacific, and whether current engagement is adequately resourced and structured

Current engagement is over-resourced relative to the health response. The Pacific Policing Initiative alone is worth A$400 million, while the regional HIV program Australian Support for Pacific HIV Action has a core budget of A$48 million over six years.[48] This imbalance exists in a context where, in Fiji alone, only an estimated 22% of people living with HIV were receiving antiretroviral treatment.[49] This imbalance also reflects Australia's domestic illicit drug policy, where nearly two-thirds of government spending is directed to law enforcement, with less than two percent spent on harm reduction.[50]

Resourcing is also skewed away from protecting marginalised communities. For example, Strumphet Alliance Network reports that, in its experience, delays in autopsies and in providing public information about violent crimes against women in Fiji point to investigative units that are overstretched and inadequately trained for this work.

Current engagement is also structured without health safeguards. Its objectives and reporting centre on seizures, arrests and charges. We are not aware of any requirement that AFP-supported operations protect harm reduction programs, peer outreach, or access to condoms and sterile injecting equipment. The Australian Support for Pacific HIV Action program plans to work with Pacific police on harm reduction,[51] but this sits within the health portfolio rather than as a condition of policing support.

Australian uniformed presence in the Pacific has the capacity to undermine local community approaches to justice and health. Community-led health responses are effective, cost-effective and sensitive to local needs.[52] Peer-led and community-led responses reach criminalised communities that police and health services often cannot, and improve access to, linkage to and retention in HIV services.[53]

Challenges facing the Australian Federal Police in delivering policing and security support to the region

Australian policing support in the Pacific carries risks that current engagement is not structured to manage. The AFP risks reproducing in the Pacific the problems and shortfalls that already exist within it, in countries where English may not be the dominant language. Without an understanding of who holds leadership and influence in local communities, AFP engagement can undermine that authority and create mistrust and instability.

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[48] Department of Foreign Affairs and Trade (n 4).
[49] Joint United Nations Programme on HIV/AIDS, 'UNAIDS to Support Fiji as It Declares HIV a National Crisis and Puts in New Measures to Strengthen the Response' (Media Release, 16 September 2026) https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2026/september/20260916_Fiji_national_crisis.
[50] Alison Ritter et al, The Australian 'Drug Budget': Government Drug Policy Expenditure 2021/22 (Drug Policy Modelling Program Monograph No 36, Social Policy Research Centre, University of New South Wales, 2024) https://doi.org/10.26190/unsworks/30075.
[51] Department of Foreign Affairs and Trade (n 4).
[52] Kerrigan et al (n 6).
[53] Ayala et al (n 6).



Further, policing support has the potential to undermine Australia's investment in health across the region. This is not a neutral space. AFP officers are working in the middle of HIV and hepatitis epidemics, where any policing that affects criminalised communities, from drug enforcement to responses to gender-based violence, carries health consequences.

The Australian Government's Pacific HIV Program acknowledges that HIV is a sensitive issue in Pacific societies, that engagement must be handled carefully to avoid unintended consequences or undermining local efforts,[54] and that community and political backlash against outreach to people who inject drugs and against harm reduction strategies are key risks to the program.[55] Expanded enforcement against the same communities risks producing the very outcomes the Pacific HIV Program is trying to avoid.

The effectiveness of capacity building and training programs

AFP officers working in the Pacific should be required to undertake cultural training, delivered by the communities they work with.

Community-led organisations are best placed to train police in working with the communities most affected by HIV. That training matters most where policing meets the health response. As noted above, in Fiji, prior to NSP-enabling legislation, people who inject drugs reported that pharmacists had been targeted by police and had become reluctant to sell them sterile syringes.[56]

The Pacific HIV program already contains support for working with regional policing partners to build awareness among Pacific police of HIV transmission and the value of harm reduction,[57] and its rapid response phase includes training, and possible study tours to Australia, for Fijian police to support the implementation of NSPs.[58]

This investment reflects the recognition that community expertise is central to the HIV response. Investment in training and capacity building related to supply reduction risks both undermining this investment, and undermining the trust necessary to build effective response partnerships between police and community-led organisations.

The effectiveness of coordination and criminal intelligence sharing mechanisms to respond to transnational crime threats in the region

On the surface, coordination and intelligence sharing appear to target transnational organised crime groups. However, Australia must ensure that the remit of these mechanisms is limited to genuine areas of public concern, and does not empower police mobilisation against marginalised communities such as people living with HIV, men who have sex with men, transgender people, sex workers and people who use drugs.

Coordinated responses to transnational crime should be based on evidence, not panic. The criminalisation of drug use at all levels is known to disenfranchise and harm affected communities, leading to increases in blood-borne virus transmission and worse health outcomes.[59]

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[54] Department of Foreign Affairs and Trade (n 4) 8.
[55] Ibid 13.
[56] Maher (n 13) 44.
[57] Department of Foreign Affairs and Trade (n 4) 11.
[58] Ibid 20.
[59] DeBeck et al, (n 5).



Coordinated measures targeting the financing of transnational crime also have downstream effects on affected communities. Anti-money laundering and counter-terrorism financing standards have contributed to de-risking, financial exclusion and the undue targeting of non-profit organisations, with emerging and financially isolated economies most affected.[60] For community organisations working with criminalised populations across the Pacific, this can make it harder to receive funding and distribute resources.

Escalating coordination and intelligence capability is also unlikely to be effective, because illicit markets respond in kind:

Repeated escalations in law enforcement sophistication have been mirrored by escalations by organised criminal groups. There is no particular reason to believe that this will change in the future.

National Centre for Education and Training on Addictions (NCETA).[61]

Investment in coordination and intelligence sharing should be measured against its impact on the communities most affected, not only against its reach.

Strumphet cases and recommendations

Strumphet Alliance Network-SPAN (secretariat to Fiji Sexworkers Alliance rebranded to Fierce Service workers Alliance) would like to add to this submission by focussing on the capability of law enforcement to respond to transnational crime, human security, and violence against marginalised communities in the Pacific.

Part 1: Findings and Context on Deceased Females Found in Public Spaces

Recent events in Fiji—specifically involving the tragic deaths of women discovered in public spaces (such as the 26-year-old woman found near Nadi Plaza in Martintar, and another unidentified woman found at Thurston Gardens in Suva)—highlight critical systemic failures regarding public safety, violence against women, and the specific vulnerabilities of sex workers:

Classification of Deaths and Suspected Violence

The Nadi case (involving 26-year-old Vilimaina Wotta found near Martintar) was officially classified as a murder by Fiji Police, following widespread community reports and social alarm regarding extreme violence.

The rapid succession of multiple bodies found in public or semi-public spaces within a short span underscores an alarming environment of impunity and physical insecurity for women, particularly those navigating public spaces at night or operating in high-risk zones.

[60] See, e.g., Financial Action Task Force, High-Level Synopsis of the Stocktake of the Unintended Consequences of the FATF Standards (Report, 27 October 2021) https://fatfplatform.org/news/high-level-synopsis-of-the/.
[61] Parliamentary Joint Committee on Law Enforcement (n 24) 48.

Intersection with Sex Work and Marginalisation

Community advocates and sex worker networks have repeatedly emphasized that criminalisation, societal stigma, and a lack of legal protection force sex workers into isolated or high-risk environments, stripping them of safe workspace protections.

Punitive laws and inadequate policing responses create a profound barrier: sex workers are frequently deterred from reporting violence, extortion, or assault to law enforcement out of fear of arrest, police harassment, or further criminalisation.

Law Enforcement and Institutional Blindspots

Public disclosures from police investigations often remain heavily restricted or "tight-lipped", leaving families and advocacy groups struggling for transparency, timely autopsies, and justice.

Investigations frequently treat these acts as isolated criminal incidents rather than examining broader systemic safety risks, organized crime crossovers, or targeted violence against vulnerable female populations.

Regional security frameworks and the Australian Federal Police (AFP) / Pacific law enforcement cooperation have overwhelmingly prioritised state-centric supply-reduction paradigms (e.g., transnational drug trafficking, border security) while neglecting human security, community-level gender-based violence (GBV), and the safety of vulnerable groups such as sex workers.

The Crisis: Recent fatalities of women in public spaces across Nadi and Suva expose deep vulnerabilities in domestic policing, emergency response, and protection mechanisms for marginalised communities.

Failures in Law Enforcement Capability and Accountability

Under-Resourced Investigative Response: Prolonged delays in classification, autopsies, and public transparency regarding violent crimes against women point to over-stretched and inadequately trained investigative units.

Punitiveness vs. Protection: Current policing models rely heavily on the criminalization of sex work, drug use, and marginal survival strategies. This criminalisation creates a profound institutional chasm: victims of severe violence cannot safely approach police stations or report perpetrators without fear of facing criminal charges themselves.

Intelligence Gaps: Intelligence-sharing mechanisms focused solely on cargo and borders fail to map or dismantle local predation networks, perpetrators of sexual violence, and opportunistic predators operating within high-risk commercial sex zones.

Recommendations for Law Enforcement and Regional Security Architecture

Decouple Public Safety from Moral Policing: Immediately reform police protocols to ensure that sex workers and marginalised individuals can report crimes, sexual assault, and violence without fear of criminal prosecution or stigma.

Re-orient Regional Security Aid toward Human Security: Ensure that bilateral security partnerships (such as Australian Federal Police and regional training assistance) allocate funding and technical capacity directly toward specialised homicide investigation units, gender-based violence response, and community-led protection networks.

Establish Independent Oversight and Community Liaison: Form dedicated, gender-sensitive liaison desks within major municipal police stations (Suva, Nadi, Lautoka) in direct partnership with community-led organizations (CLOs) to monitor threats and track missing or endangered women.

Decriminalisation of sex work as a Public Health and Safety Imperative: Recognize that the full decriminalisation of sex work is essential to dismantling the conditions of secrecy and vulnerability that allow perpetrators of violent crime and murder to target sex workers with impunity.

