

Community Survey 2022 on Drug Policy

NSW Report

To best represent the interests of our community, we asked people about a range of drug policy areas and their preferred forms of engagement with SSDP Australia.

Introduction

117 people across Australia completed Students for Sensible Drug Policy (SSDP) Australia's 2022 Community Survey. The responses provide insight into the different drug policies and programs that are important to our community, as well as our community's interest in learning more, and their confidence in discussing drug policy with their peers.

Key national findings:

- Our community told us that the six most important drug policy areas to them, in order of importance, were: drug checking, investment in therapeutic purposes of currently illicit drugs, media representation of drugs, reforming and investing in alcohol and other drug treatment services, decriminalisation, and cannabis legalisation and law reform (recreational).
- Overall, most drug policy topics were important to SSDP Australia's community: over three-quarters of our community agreed or strongly agreed that 12 out of 14 topics were important to them.
- Our community were most interested in learning more about investment in therapeutic purposes of currently illicit drugs, decriminalisation, the establishment of an early warning system (EWS) for drugs, and drug driving law reform.
- Generally, students were more interested in learning about drug policy topics than non-students. People aged 40 and under were more interested in learning more about different drug policy topics than people aged 41 and older.
- Just over half of our community were confident in discussing all 14 drug policy topics. The three topics that our community felt the least confident discussing with their peers were the establishment of an early warning system (EWS) for drugs, improved access to nicotine vaping products and tobacco alternatives, and the impacts of drug prohibition on marginalised communities.
- Students expressed less confidence discussing all drug policy topics with their peers in comparison to non-students. People aged 25 and under were less confident overall in discussing drug policy topics with peers than people in older age groups.
- Social events, drug education workshops, drug policy events, online educational events, and drug checking workshops were the kinds of events that our community were most interested in attending.
Our community said that they would like to attend regular events, including hybrid in-person/online events, and that they would like to hear from us regularly on what we are working on, what we think, and what is going on in drug policy and research.

Key findings for NSW students:

- The three most important drug policy topics to our student communities in NSW were decriminalisation, drug checking, reforming and investing in alcohol and other drug treatment services, and drug driving law reform.
- Students in NSW were the most interested in learning more about different drug policy topics, compared with students in VIC and WA. The four drug policy topics our student communities in NSW were the most interested in learning more about were decriminalisation, investment in therapeutic purposes of currently illicit drugs, broader drug legalisation (regulation and taxation), and the establishment of an early warning system for drugs.
- The two drug policy topics that our student communities in NSW felt the most confident discussing with peers were drug checking, and alcohol use, regulation, and taxation.
- Students in NSW did not feel as confident discussing most drug policy topics with peers compared with students in VIC and WA. The three drug policy topics that NSW students felt the least confident discussing with peers were broader drug legalisation (regulation and taxation), the establishment of an early warning system (EWS) for drugs, and the impacts of drug prohibition on marginalised communities.
- Drug education workshops, pill testing workshops, drug policy events, social events, and harm reduction workshops were the preferred form of events for NSW students. Hybrid in-person/online events were the most popular form of engagement.

Acknowledgement of Country

We acknowledge the traditional custodians of this land, the Aboriginal and Torres Strait Islander peoples of the First Nations. This project has been largely completed on the unceded lands of the Wurundjeri people of the Kulin Nation and the Wallumattagal people of the Eora Nation. We pay our respect to their elders past, present, and emerging. We ask that readers reflect on what it means to profit from living and working on these lands which were taken through processes of colonisation that have been resisted for over 200 years. Australia's colonial drug laws continue to disproportionately impact First Nations peoples, and we believe that drug policy reform can uplift and begin to heal marginalised communities.

Acknowledgements

We would like to extend our gratitude and appreciation for everyone who chose to share their perspectives with us in this survey. Thanks to your participation, we have a better idea of the key issues that are important to our community. We hope we can continue to empower, represent, and advocate in line with your position to bring a change to drug policy. Thank you to our Campus Teams for all your hard work at the grassroots and campus levels representing your student communities, and for engaging your communities to share their thoughts with us in this survey.

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About us

Students for Sensible Drug Policy Australia (SSDP Australia) are a volunteer-based community organisation formed in 2016. We aim to build grassroots movements for a change in drug policy by connecting students and young people around Australia to a wide network of experts and policymakers. With a footprint that spans the globe, we empower the largest demographic of people who use drugs in society to make youth voices heard in drug policy debates. SSDP Australia's national circles work with our Campus Teams to continue to empower students and young voices in drug policy debates and raise awareness about drug policy issues.

The National Research Circle coordinate SSDP Australia's research between community and institutional networks, and generate, communicate, and apply knowledge to benefit our communities. We are committed to conducting research that upholds an ethics of practice, and strive towards participatory research which involves data exchange and community collaboration.

SSDP is in the process of implementing sociocracy based governance. Sociocracy is a peer-based organisational system based on consent. As such, our different teams, called circles, aim to be self-governing based on the values of equality.

To sign up to hear more from us or to get involved, check out our [website](#).

SSDP Australia's Current Drug Policy Areas of Focus

Drug checking

Drug checking / pill testing involves testing a small amount of someone's drug (e.g. ecstasy/MDMA) to see if it is what they think it is, or whether it contains dangerous substances. Drug checking can be completed at home using basic reagent testing kits or can be completed by skilled professionals using forensic equipment at mobile services operating at music festivals and events, or at fixed-sites operating within metropolitan and regional areas. Under prohibition, drug checking is the only way for people who use drugs to accurately know what they are consuming, which can lead to increased harms.

Decriminalisation

Decriminalisation refers to when no criminal charges are laid for the possession, use, sale, or manufacturing of personal-use amounts of drugs. Civil penalties may apply, and may still be illegal to possess, sell, traffic, or manufacture commercial amounts of currently illegal drugs. The criminalisation of personal drug use has always been a discriminatory and reactionary campaign. Decriminalisation is an important step to investing in our health system to offer support for people who may need help, and in providing drug-users with access to health services including harm reduction information and tools.

Cannabis legalisation and law reform (recreational)

The legalisation of cannabis means the creation of a regulated marketplace for the production, distribution, sale, and consumption of cannabis products to adults for personal use. Criminal penalties for cannabis possession do not reduce the harms of cannabis use, but have a range of adverse effects similar to other forms of drug criminalisation. Cannabis legalisation and law reform can improve public health outcomes including reducing under-age use, and regulating quality and potency. To undo the harms of criminalisation, we are passionate about expunging criminal records related to personal-use.

Investment in therapeutic purposes of currently illicit drugs

Many currently illegal drugs have been proven to have useful medical and therapeutic purposes, including psychedelics such as MDMA and psilocybin mushrooms for illnesses like PTSD and depression. There is a mental health crisis, but psychedelic-assisted psychotherapy in Australia is lagging behind the U.S., where MDMA and psilocybin will soon be regulated medicines. SSDP Australia's priorities include increasing safety (through education and less criminalisation), supporting more research (including clinical trials), and expanding medical access, including medical cannabis which remains excessively restrictive and expensive.

Broader drug legalisation (regulation and taxation)

Legalisation refers to the removal of all penalties for the possession and use of a drug. Regulations are generally imposed to manage the production, promotion, sale and consumption of the drug – similar to what we see for alcohol and tobacco. A legal regulated marketplace could be applied to some currently illegal drugs such as MDMA (i.e., - ecstasy) or ketamine.

Establishment of an early warning system (EWS) for drugs

An early warning system (EWS) aims to disseminate timely information directly to the public about unusual drugs of concern and drug market shifts. Information can be gathered by multiple sources, including people who use drugs, health agencies, and law enforcement. By distributing information (e.g., high potency, risk of overdoses, adulteration), it aims to reduce harms by informing people and enabling them to make decisions based on better information about what they might be taking.

Peer-led harm reduction services for events

Peer-led harm reduction services at events (e.g., DanceWize) draw on a combination of lived-experience and a range of evidence to promote safer drug use and partying. Peers roam around and check up on partiers, hold stalls with a quiet and safe space if you need some time out, and offer education and other harm reduction materials.

Alcohol and other drug treatment services

AOD treatment services aim to support people who use drugs and respond to harmful substance use via a range of strategies, which may include therapy, substitution treatment programs, and recommended reduction or cessation of drug use. Assistance may also be provided to support the family and friends of people using drugs.

Improved access to tobacco and nicotine alternatives

For reducing harms from the use of nicotine, vaping products (e.g., disposable vapes, e-liquid) are generally considered a better alternative to tobacco consumption via the burning of tobacco (ie - cigarettes, cigars, loose-leaf). This is despite calls from public health agencies, governments continue to restrict access to nicotine vaping products, while increasing prices of tobacco through a regressive form of taxation.

Alcohol use, regulation, and taxation

Alcohol is the most widely used drug in Australia, and is responsible for the most harms across licit and illicit substances. Despite this, it is widely available, produced and advertised commercially, and deeply embedded within Australian culture. SSDP Australia has not been active in this space yet and we don't have a stance on alcohol use and policy. However we know it is a relevant issue for many young people, especially on campuses, as well as for Student Unions and University health services.

Drug driving law reform

For SSDP Australia, drug driving law reform means moving towards drug-driving regulation that measures impairment and not the simple presence of any concentration of drugs. This is particularly important for cannabis users, as THC (the main psychoactive chemical in cannabis) can be detected many days after its psychoactive effects have worn off. Presently, drug driving tests (e.g., saliva, urine) don't indicate driving impairment and only indicate whether someone has a certain drug in their system. This can include very low concentrations of drug(s), where driving impairment is not present.

Harm reduction for people who inject drugs

Harm reduction initiatives for people who inject drugs can include needle and syringe programs (NSPs) and supervised injecting and drug consumption rooms. There are also different kinds of treatments to reduce harms, e.g., opioid substitution (methadone, buprenorphine), treatment and pharmacotherapy (such as heroin-assisted treatment), access to take home naloxone.

The impacts of drug prohibition on marginalised communities

Drug prohibition and the "war on drugs" has its origins in racist and reactionary campaigns to marginalise and exclude racialised and other oppressed communities. This has manifested in disproportionate rates of institutionalisation and incarceration among culturally and linguistically diverse communities, including Australian First Nations people and LGBTIQ+ communities. Intersectional approaches to drug policy are essential for improving inequalities within these marginalised communities.

Media representation of drugs and drug-related issues

Media rhetoric and discourses around drug use tend to perpetuate stigma and discrimination. Person-centred language puts people first, yet this is rarely used in the media. Meanwhile, catchy headlines and dramatic language label and stigmatise already vulnerable populations. This creates and perpetuates negative stereotypes.

Method

The survey was hosted on Survey Monkey and was accessible via SSDP Australia's website from 3 February to 28 March 2022. People were invited to share their perspectives via the SSDP mailing list, and via social media posts and advertising aimed at SSDP's community. A copy of the questionnaire is provided in Appendix 1. We provided our community with information about the survey and how their data would be used in an information sheet, which was available at the beginning of the survey and displayed publicly via the SSDP website. Informed consent was indicated by proceeding with the survey.

We asked our community about 14 drug policy areas that we thought might be worth prioritising. Our community was asked to indicate the importance of each drug policy topic to them, their interest in learning more, and their confidence discussing the topic with their peers. We used a 5-point Likert-scale ranging from strongly disagree to strongly agree. The results presented in this report are based on the percentage of our community that indicated that they agreed or strongly agreed.

We also asked about our community's preferred ways of engaging with us and with drug policy. We listed different events and methods of engagement that our community could indicate their interest in accessing or attending on a 5-point Likert-scale ranging from very unlikely to very likely. The figures for forms of engagement were developed based on combined responses of likely and very likely.

Analysis was conducted in IBM SPSS, JASP, and Microsoft Excel, and included generating descriptive statistics and data visualisations.

Demographics

117 people completed the survey during this time. 41% of participants were aged 25 and under, 42% were aged 26 to 40, and 15% were aged 41 and over (n=115, missing n=2), with a median age of 28. 57% were currently studying. A breakdown of participant ages is included in Appendix 1. Our participants lived across Australia, as shown in Table 1 (n=116, missing n=1). It is important to note that while our national sample was 117, results presented in this report are based on smaller participant groups, and cannot be generalised to our wider community.

Students in New South Wales were from The University of New South Wales (n=3), The University of Sydney (n=3), Macquarie University (n=2), The University of Newcastle (n=1), The University of New England (n=1), The University of Technology Sydney (n=1).

Table 1. State of residence.

State or territory	n	%
Victoria	41	35.0%
Western Australia	41	35.0%
New South Wales	16	13.8%
Queensland	8	6.8%
South Australia	4	3.4%
Australian Capital Territory	3	2.6%
Tasmania	2	1.7%
Northern Territory	0	0.0%
Overseas	1	0.9%

1 The importance of different drug policy topics

We asked our community to let us know the extent to which different drug policy topics were important to them.

1.1 National community perspectives

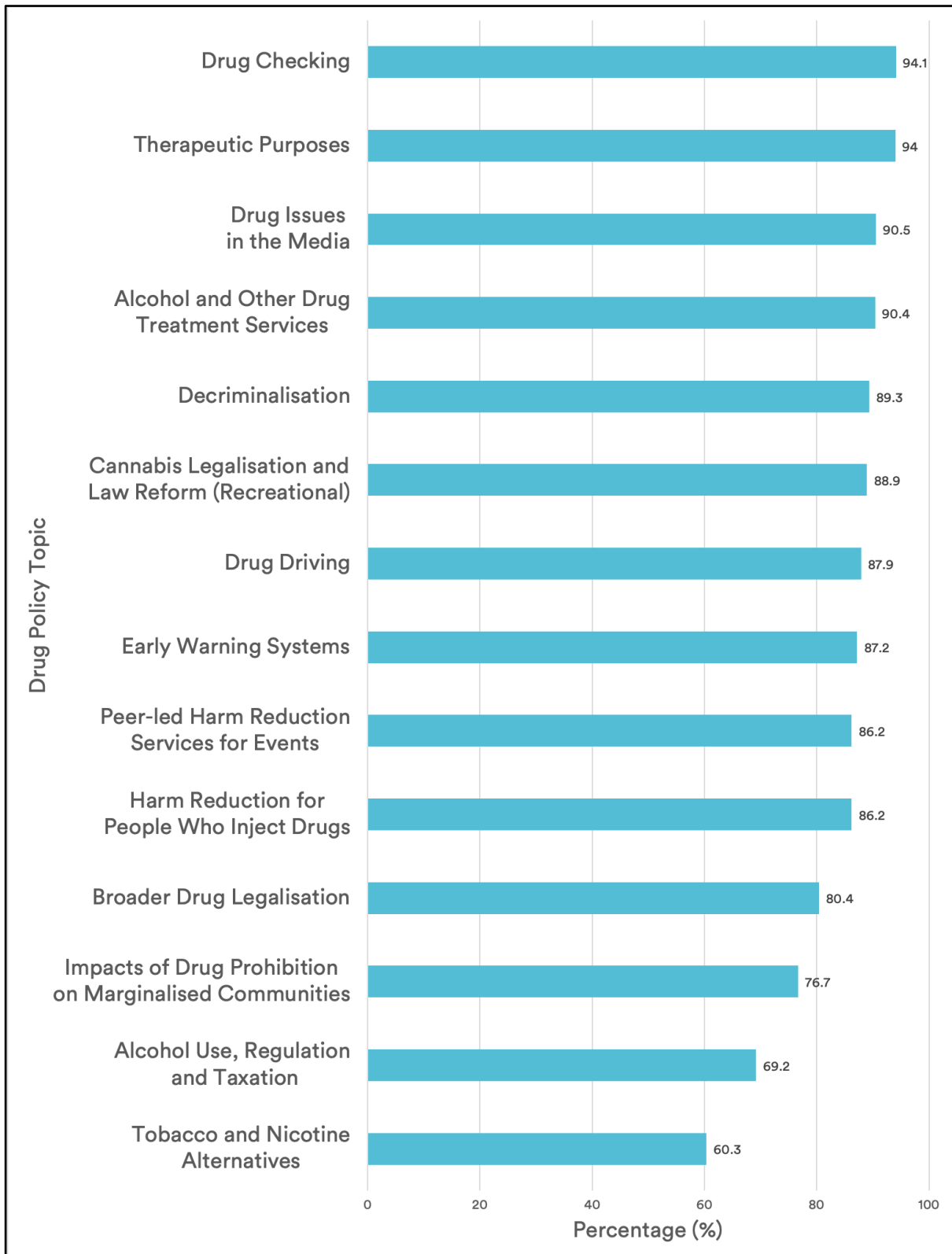
Overall, our national community (n=117) told us that most drug policy topics were important to them as there were strong levels of importance across the majority of topics (see Figure 1). They said that the most important drug policy topics to them were drug checking (94.1%), investment in therapeutic purposes of currently illicit drugs (94.0%), drug issues in the media (90.5%), reforming and investing in alcohol and other drug treatment services (90.4%), drug decriminalisation (89.3%) and cannabis legalisation and law reform (recreational) (88.9%).

The least important drug policy topics to our community were improved access to nicotine vaping products and tobacco alternatives (60.3%), alcohol use, regulation, and taxation (69.2%) and the impacts of drug prohibition on marginalised communities (76.7%).

The drug policy topics that our community strongly agreed were the most important to them were drug decriminalisation (73.0%), investment in therapeutic purposes of currently illicit drugs (69.0%) and cannabis legalisation and law reform (recreational) (66.7%).

The strong levels of importance in the results suggest that SSDP's community supports evidence-based harm reduction initiatives and drug policy reform.

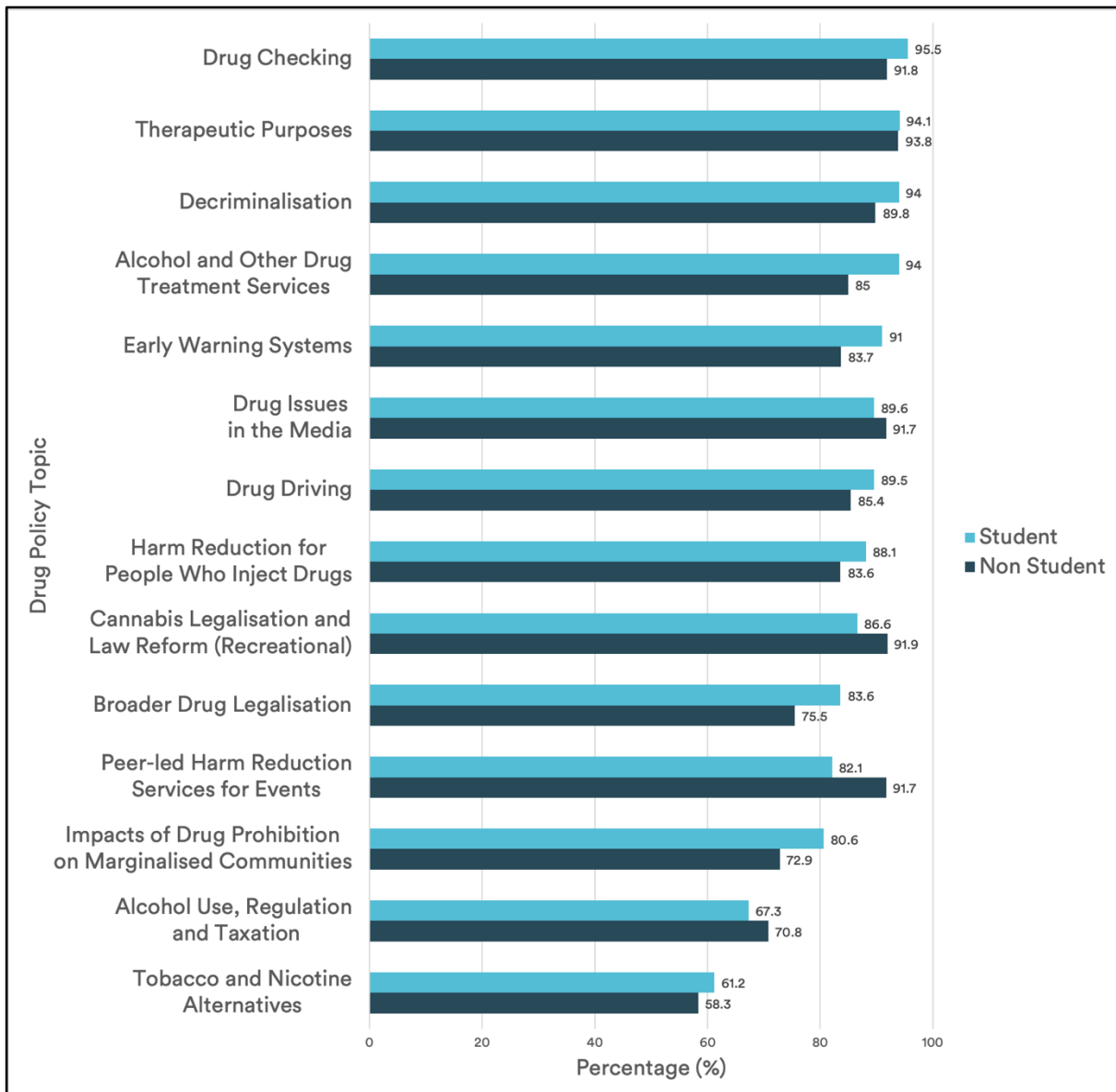
Figure 1. The importance of different drug policy topics to SSDP Australia’s community.



1.2 National student perspectives

For our national student community (n=67), drug checking was the most important drug policy topic (95.5%). Investment in therapeutic purposes of currently illicit drugs (94.1%), decriminalisation (94.0%), and reforming and investing in alcohol and other drug treatment services (94.0%) were also topics that were highly important to students. Comparatively, peer-led harm reduction services for events were slightly more important to non-students than students, while reforming and investing in alcohol and other drug treatment services, and the establishment of an early warning system for drugs were slightly less important to non-students. These results are shown in Figure 2.

Figure 2. The importance of different drug policy topics to SSDP Australia’s community by current student status.



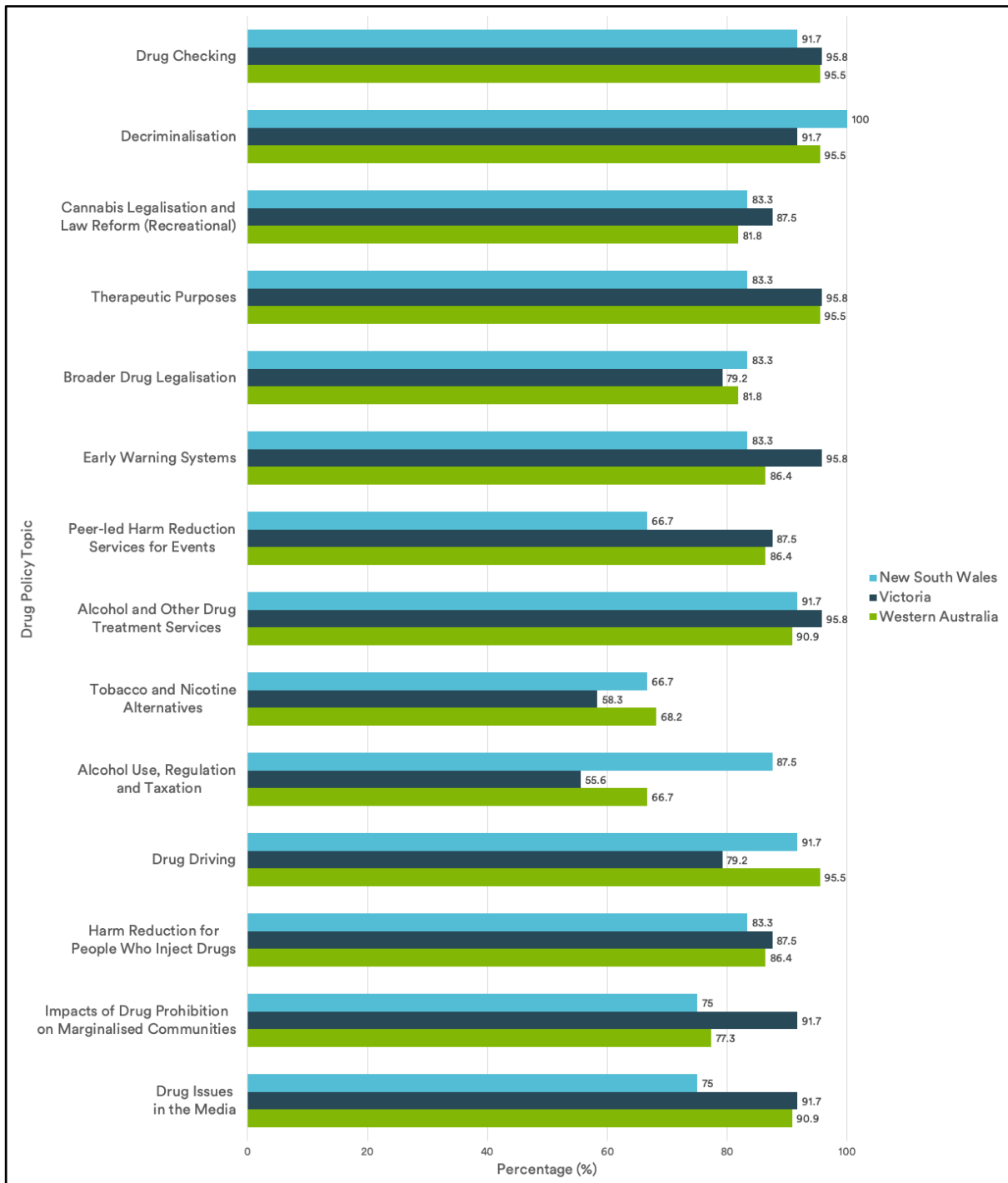
1.3 Student perspectives across NSW, VIC, and WA

Our student community in NSW (n=12) told us that the most important drug policy topics to them were decriminalisation (100.0%), drug checking (91.7%), reforming and investing in alcohol and other drug treatment services (91.7%), and drug driving law reform (91.7%) (see Figure 3). The least important drug policy topics to them were the establishment/expansion of peer-led harm reduction services for events (66.7%), and improved access to tobacco and nicotine alternatives (66.7%).

Overall, our student communities in New South Wales (NSW) (n=12), Victoria (VIC) (n=24), and Western Australia (WA) (n=22) told us that most of the 14 drug policy topics were important to them, with similar results across states (see Figure 10). However, there were a few drug policy topics with some key differences:

- Alcohol use, regulation, and taxation was more important to NSW students (87.5%) in comparison to students in WA (66.7%) and VIC (55.6%).
- Our student communities in VIC (87.5%) and WA (86.4%) said that the establishment/expansion of peer-led harm reduction services for events was more important to them compared to students in NSW (66.7%).
- Our student communities in VIC (91.7%) and WA (90.9%) also said that drug issues in the media was more important to them compared to students in NSW (75.0%).
- The impacts of prohibition on marginalised communities was more important to VIC students (91.7%) than students in WA (77.3%) and NSW (75.0%).

Figure 3. Student perspectives on the importance of different drug policy topics across NSW, VIC, and WA.



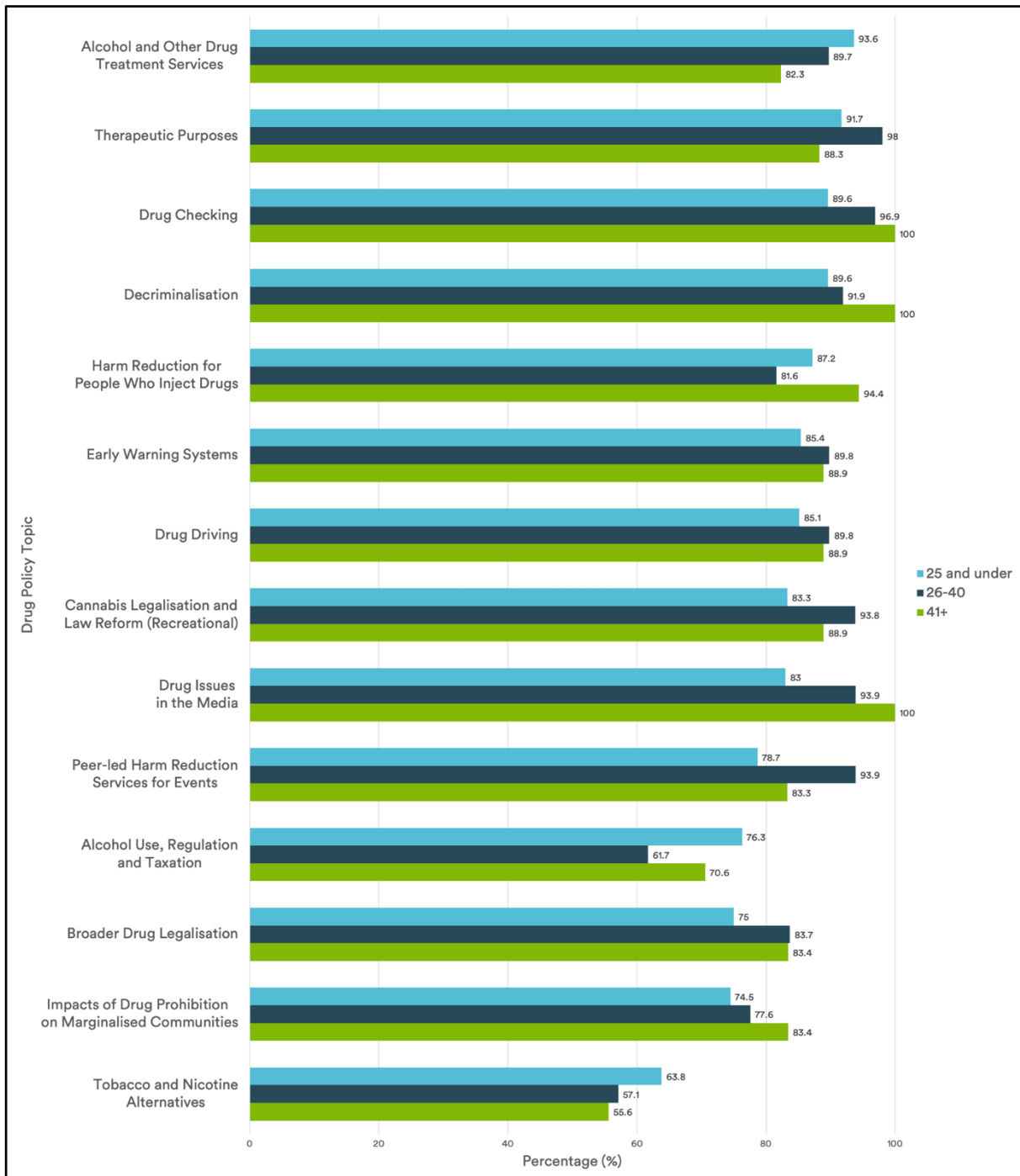
1.4 National perspectives across age groups

People aged 25 and under in our national community (n=48) said that reforming and investing in alcohol and other drug treatment services was the most important drug policy topic to them (93.6%) (see Figure 4). Investment in therapeutic purposes of currently illicit drugs (91.7%), drug checking (89.6%), and decriminalisation (89.6%) were also very important to young people.

For people aged 26 to 40 in our community (n=49), investment in therapeutic purposes of currently illicit drugs (98.0%) was the most important drug policy topic, closely followed by drug checking (96.9%), and drug issues in the media (93.9%). Notably, people aged 26 to 40 said that peer-led harm reduction services for events was more important to them (93.9%) in comparison to people aged 41 and older (83.3%) and people aged 25 and under (78.7%).

For people aged 41 and older in our community (n=18), all participants said that drug checking, decriminalisation, and drug issues in the media were important to them. Harm reduction for people who inject drugs was more important to people aged 41 and older (94.4%) than people aged 25 and under (87.2%) and people aged 26 to 40 (81.6%).

Figure 4. The importance of different drug policy topics to SSDP Australia’s community by age.



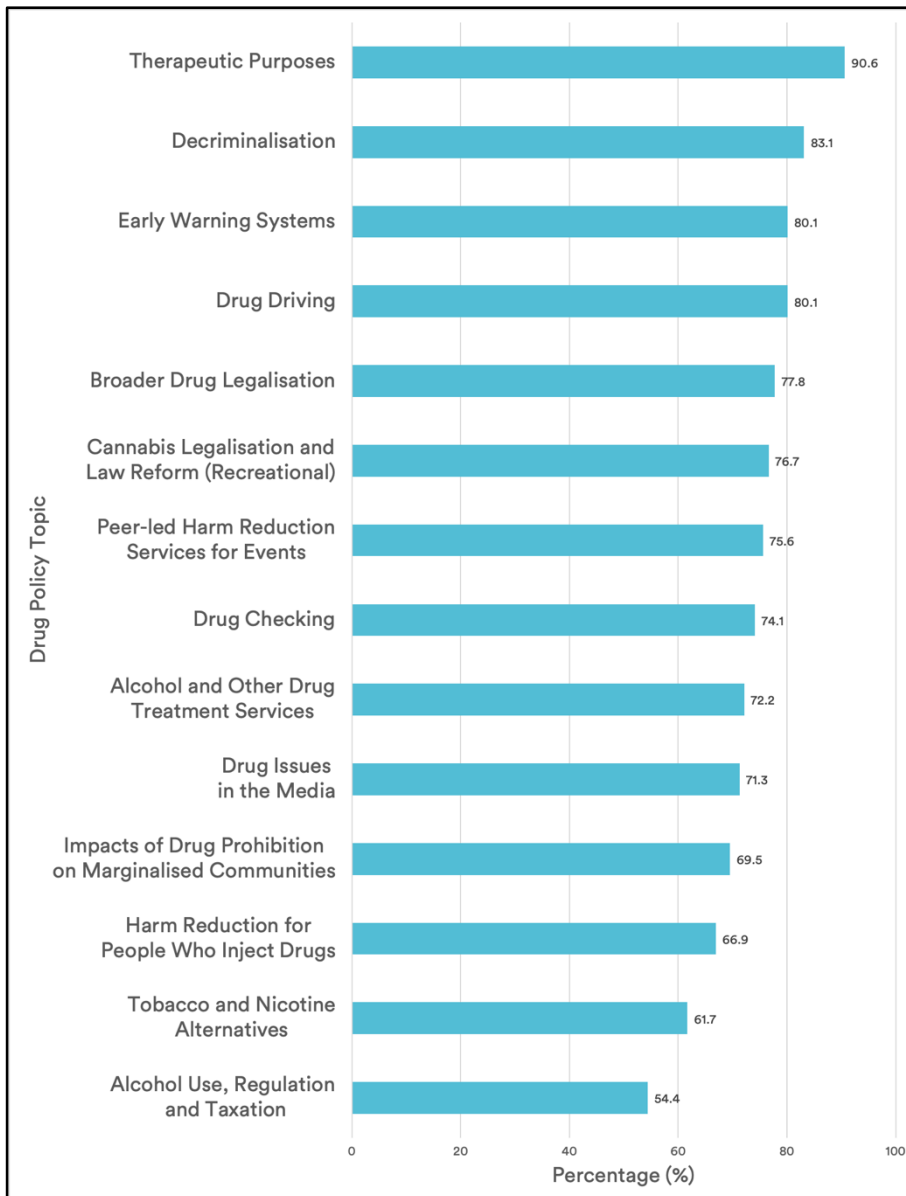
2 Interest in learning more about different drug policy topics

We asked our community how interested they were in learning more about different drug policy topics.

2.1 National community perspectives

Our national community (n=117) told us that the drug policy topics they would be the most interested in learning more about were investment in therapeutic purposes of currently illicit drugs (90.6%), decriminalisation (83.2%), the establishment of an early warning system (EWS) for drugs (80.1%), and drug driving law reform (80.1%). These results are shown in Figure 5.

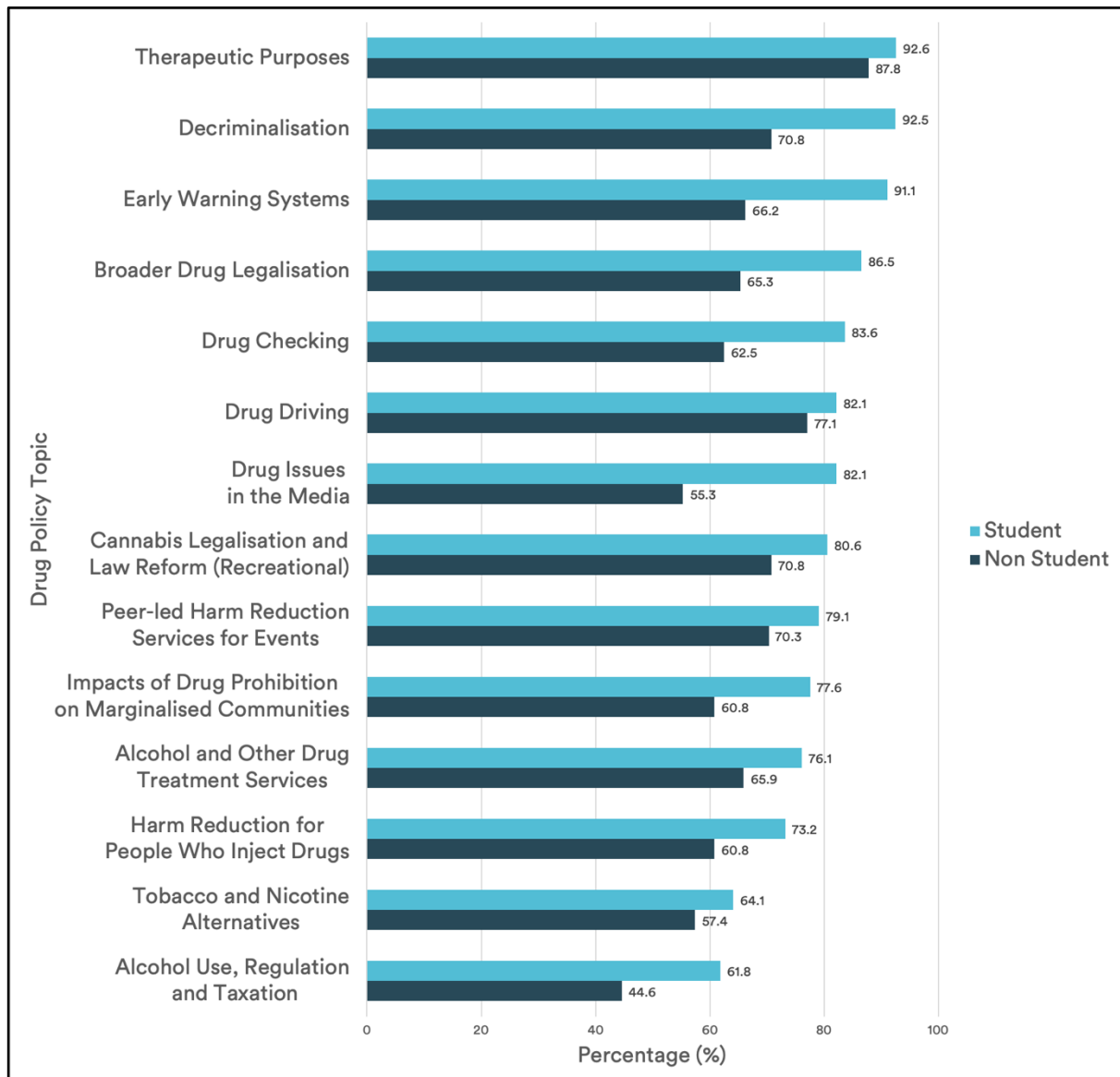
Figure 5. Community interest in learning more about different drug policy topics.



2.2 National student perspectives

Our national student community (n=67) told us that they were the most interested in learning about investment in therapeutic purposes of currently illicit drugs (92.6%), drug decriminalisation (92.5%), and the establishment of an early warning system (EWS) for drugs (91.1%) (see Figure 6). Comparatively, non-students (n=50) told us that they were the most interested in learning about investment in therapeutic purposes of currently illicit drugs (89.8%), drug driving law reform (77.1%), and cannabis legalisation and law reform (recreational) (70.8%). Interestingly the data suggests that students are more interested in learning about drug policy topics than non-students.

Figure 6. Community interest in learning more about different drug policy topics by current student status.



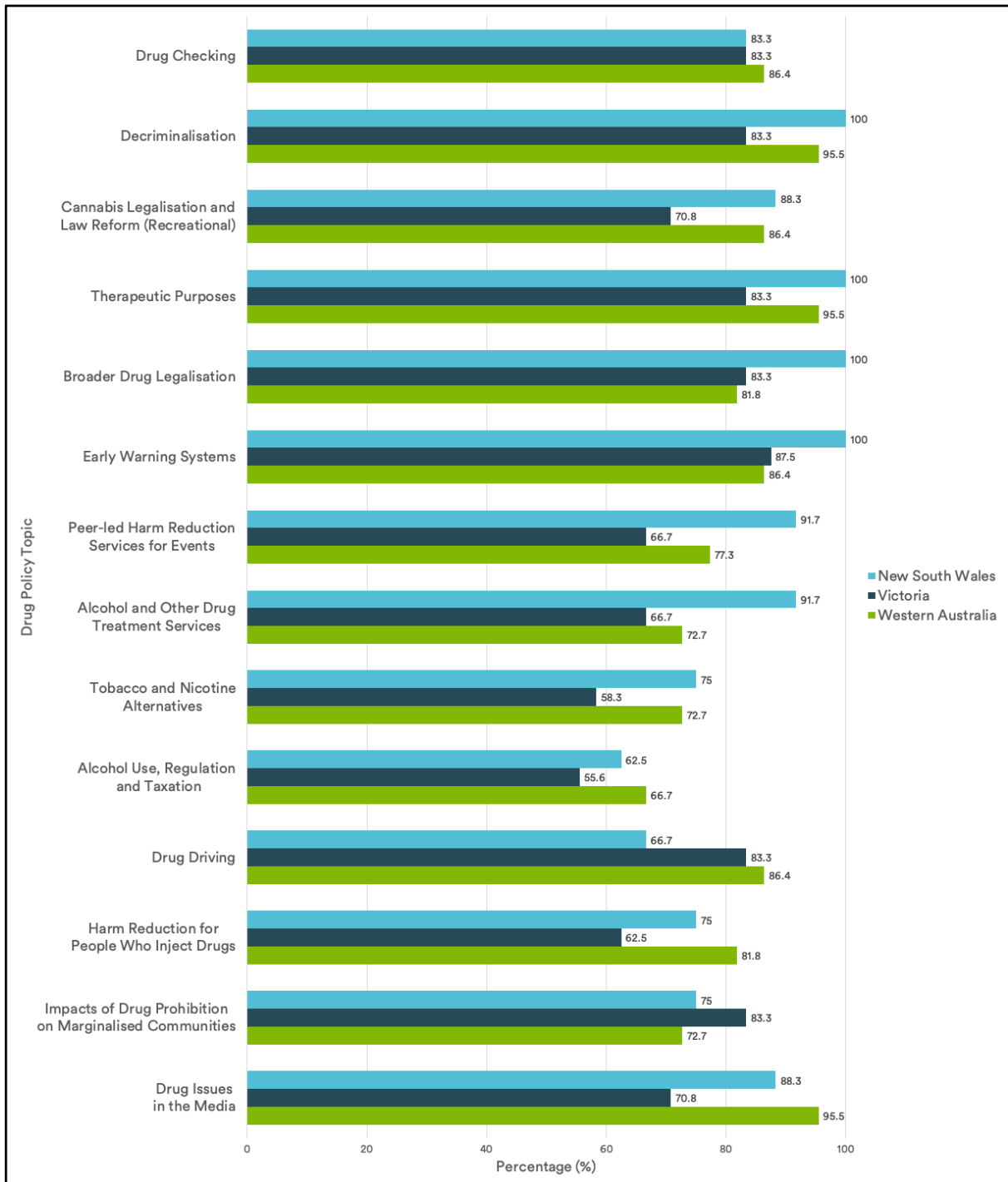
2.3 Student perspectives across NSW, VIC, and WA

NSW students (n=12) told us that the drug policy topics they would be the most interested in learning more about were decriminalisation (100.0%), investment in therapeutic purposes of currently illicit drugs (100.0%), broader drug legalisation (regulation and taxation) (100.0%), and the establishment of an early warning system for drugs (100.0%) (see Figure 7).

Overall, our student communities in NSW (n=12), VIC (n=24), and WA (n=22) told us they would be interested in learning about most drug policy topics. However, there were significant variations between states (see Figure 7):

- Generally, NSW students were more interested in learning more about drug policy topics than students in VIC and WA, and students in VIC were the least interested in learning more.
- Specifically, our NSW students (91.7%) indicated more interest in learning about the establishment/expansion of peer-led harm reduction services for events than students in WA (77.3%) and VIC (66.7%).
- Similarly, NSW students (91.7%) showed greater interest in learning more about reforming and investing in AOD treatment services than students in WA (77.3%) and VIC (66.7%).
- Our student communities in WA (95.5%) and NSW (88.3%) indicated more interest in learning about drug issues in the media than students in VIC (70.8%).

Figure 7. Student interest in learning more about different drug policy topics across NSW, VIC, and WA.



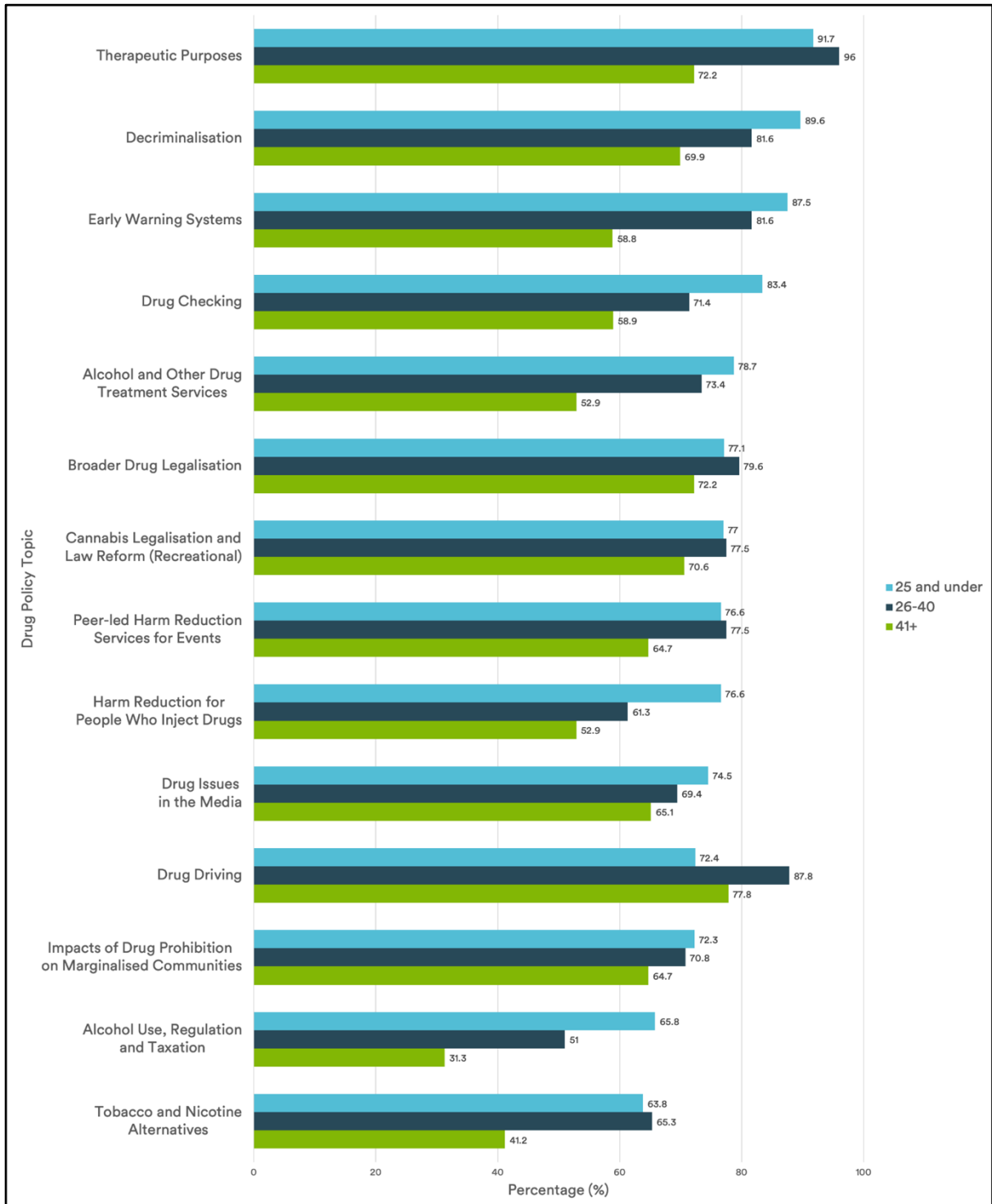
2.4 National perspectives across age groups

People aged 25 and under in our national community (n=48) told us that they would be the most interested in learning more about investment in therapeutic purposes of currently illicit drugs (91.7%) (see Figure 8). Young people were also interested in learning more about drug decriminalisation (89.6%), and the establishment of an early warning system (EWS) for drugs (87.5%).

People aged 26 to 40 in our national community (n=49) were most interested in learning more about investment in therapeutic purposes of currently illicit drugs (96.0%), closely followed by drug driving law reform (87.8%). Of note is that interest in learning about drug driving was notably higher among people aged 26 to 40 when compared with the other age ranges.

People aged 41 and older in our national community (n=18) told us that they would be the most interested in learning more about drug driving law reform (77.8%), broader drug legalisation (72.2%), and investment in therapeutic purposes of currently illicit drugs (72.2%). Generally, people aged 41 and older were less interested in learning more about drug policy topics than younger people.

Figure 8. Community interest in learning more about different drug policy topics by age.



3. Confidence in discussing different drug policy topics with peers

We asked our community how confident they were in discussing different drug policy topics with their peers.

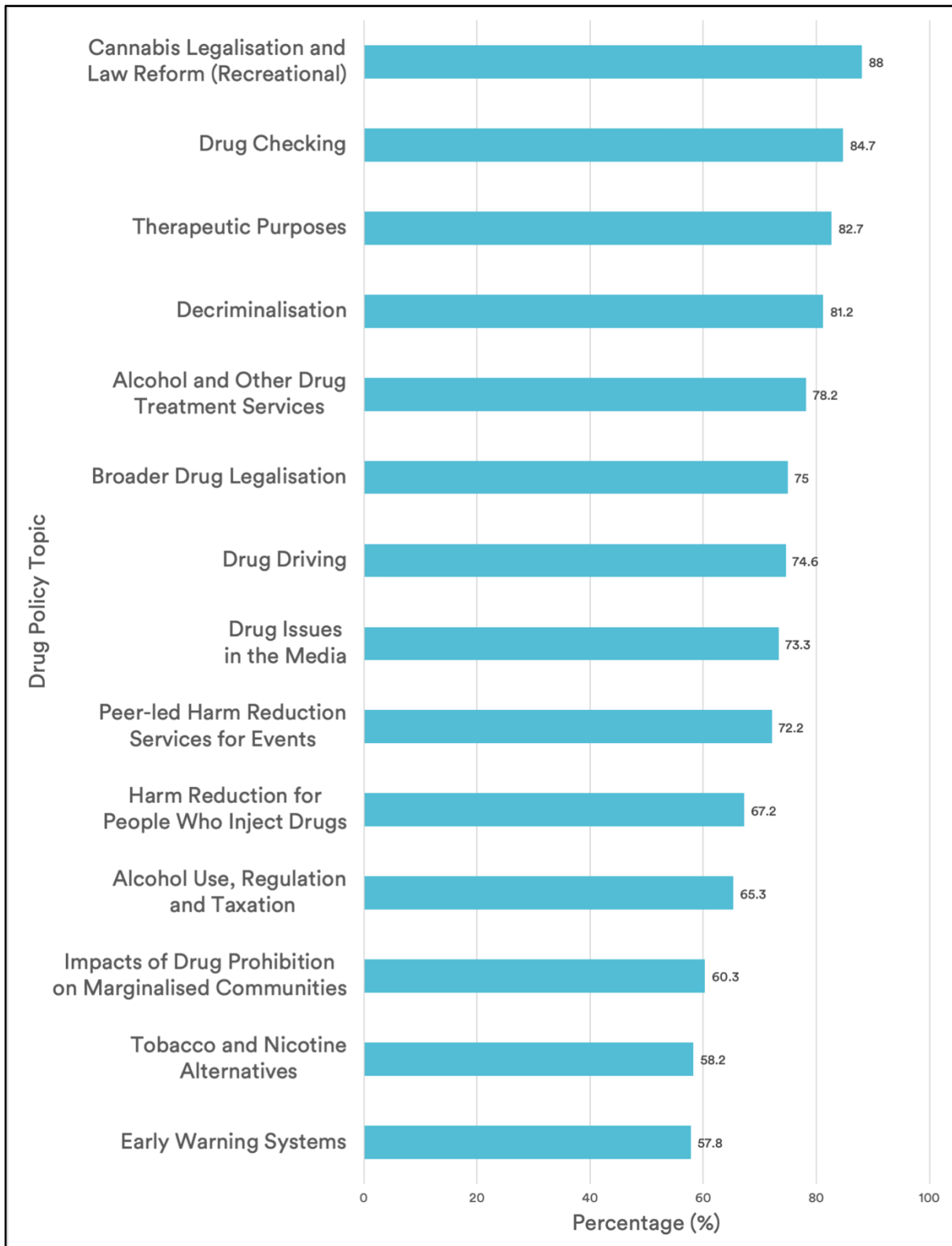
3.1 National community perspectives

Our national community (n=117) told us that the drug policy topics they felt the most confident discussing with peers were cannabis legalisation and law reform (recreational) (88.0%), drug checking (84.7%), and investment in therapeutic purposes of currently illicit drugs (82.7%) (see Figure 9).

The drug policy topics that our national community felt the least confident discussing with peers were the establishment of an early warning system (EWS) for drugs (57.8%), improved access to nicotine vaping products and tobacco alternatives (58.2%), and the impacts of drug prohibition on marginalised communities (60.3%).

Interestingly, when comparing the 'strongly agree' responses, decriminalisation (54.7%) was the drug policy topic that our national community felt the most confident discussing with peers, and improved access to nicotine vaping products and tobacco alternatives (25.2%) was the drug policy topic they felt the least confident discussing with peers.

Figure 9. Community confidence in discussing different drug policy topics with peers.

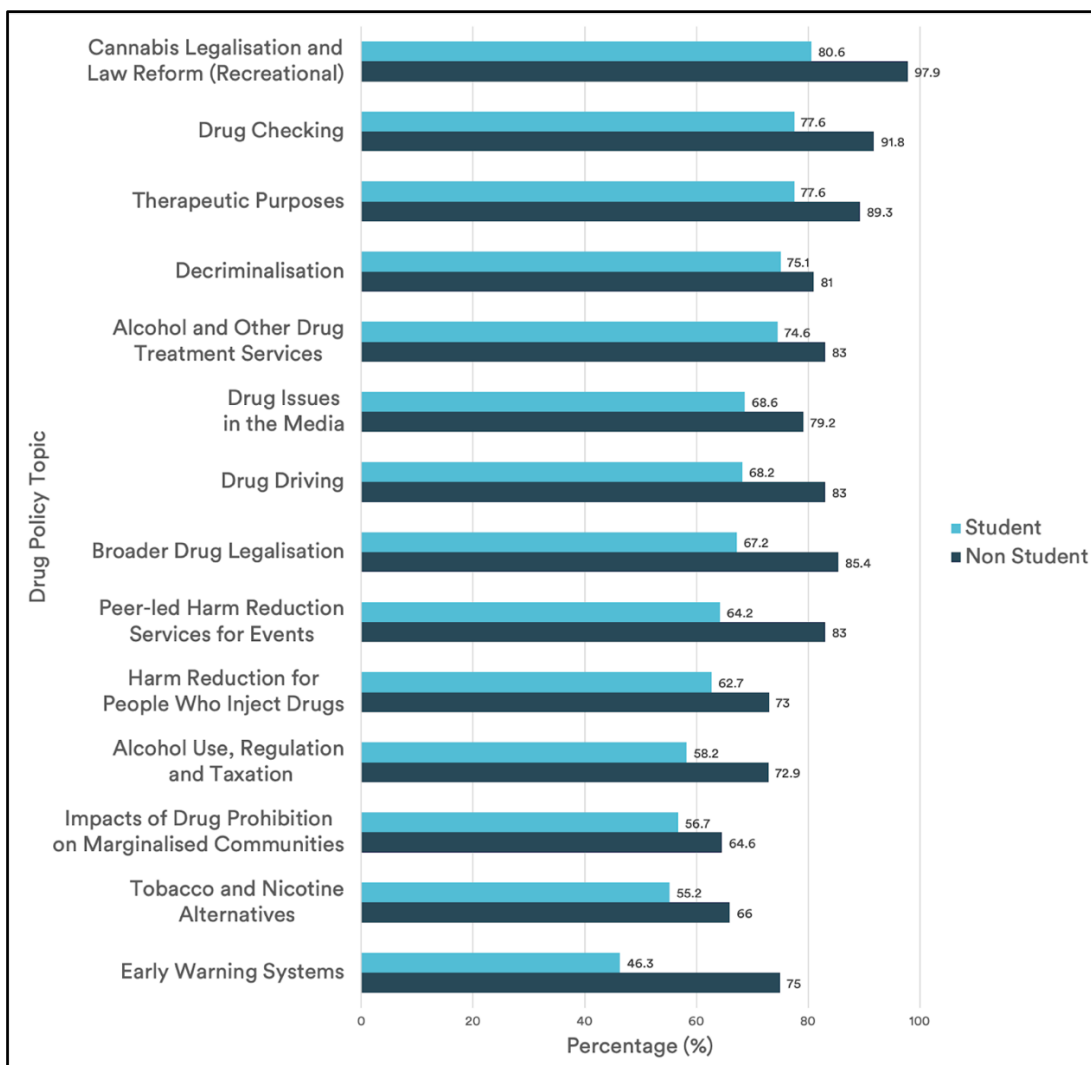


3.2 National student perspectives

Our national student community (n=67) told us that the drug policy topics they felt the most confident discussing with peers were cannabis legalisation and law reform (recreational) (80.6%), drug checking (77.6%), and investment in therapeutic purposes of currently illicit drugs (77.6%) (see Figure 10). Similar to the national sample, the drug policy topics that students felt the least confident discussing with peers were the establishment of an early warning system (EWS) for drugs (46.3%), improved access to nicotine vaping products and tobacco alternatives (55.2%), and the impacts of drug prohibition on marginalised communities (56.7%).

Comparatively, non-students (n=50) were more confident discussing all drug policy topics with peers than students. In particular, non-students felt much more confident than students in discussing cannabis legalisation and law reform (recreational), broader drug legalisation, peer-led harm reduction services, and the establishment of an early warning system (EWS) for drugs with peers.

Figure 10. Community confidence in discussing different drug policy topics with peers by current student status.



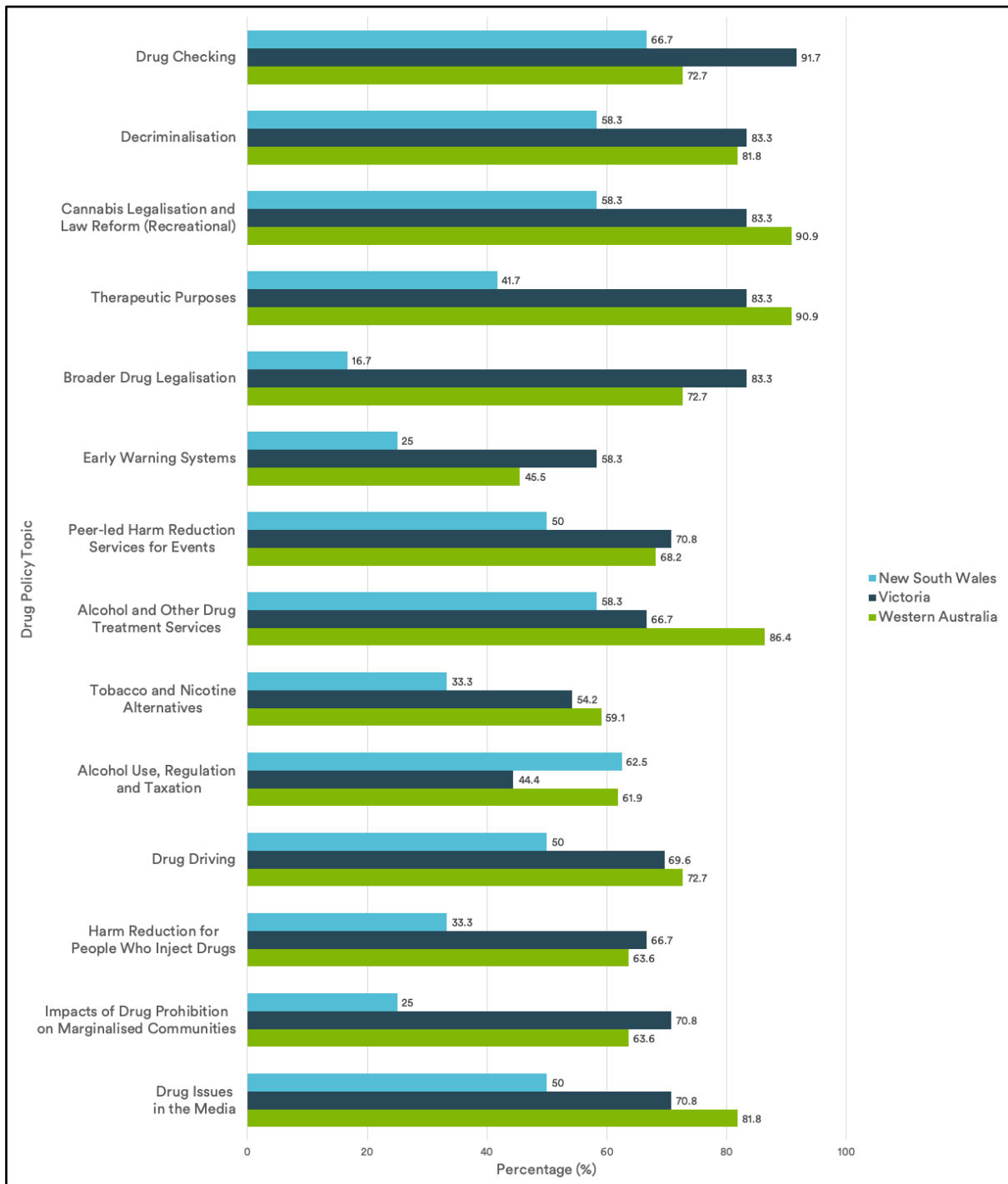
3.3 Student perspectives across NSW, VIC, and WA

Our student communities in NSW (n=12) told us that the drug policy topics they felt the most confident discussing with peers were drug checking (66.7%), and alcohol use, regulation, and taxation (62.5%) (see Figure 11). The drug policy topics they felt the least confident discussing with peers were broader drug legalisation (regulation and taxation) (16.6%), the establishment of an early warning system (EWS) for drugs (25.0%), and the impacts of drug prohibition on marginalised communities (25.0%).

Overall, our student communities in VIC (n=24) and WA (n=22) told us they felt relatively confident discussing most drug policy topics with peers. However, our student communities in NSW (n=12) told us they were not as confident (see Figure 11).

- Specifically, our student communities in NSW were significantly less confident discussing broader drug legalisation (regulation and taxation) with peers (16.6%) in comparison to students in VIC (83.3%) and WA (72.7%).
- Similarly, students in NSW were significantly less confident discussing the impacts of drug prohibition on marginalised communities with peers (25.0%) than students in WA (81.8%) and VIC (70.8%).
- Interestingly our student communities in VIC were more confident discussing drug checking with peers (91.7%) than students in WA (72.7%) and NSW (66.7%).
- Students in WA were more confident discussing reforming and investing in AOD treatment services with peers (86.4%) than students in VIC (66.7%) and NSW (58.3%).
- Comparatively, non-students in NSW, VIC, and WA were more confident discussing most drug policy topics with peers than students in NSW, VIC, and WA.

Figure 11. Student confidence in discussing different drug policy topics with peers across NSW, VIC, and WA.



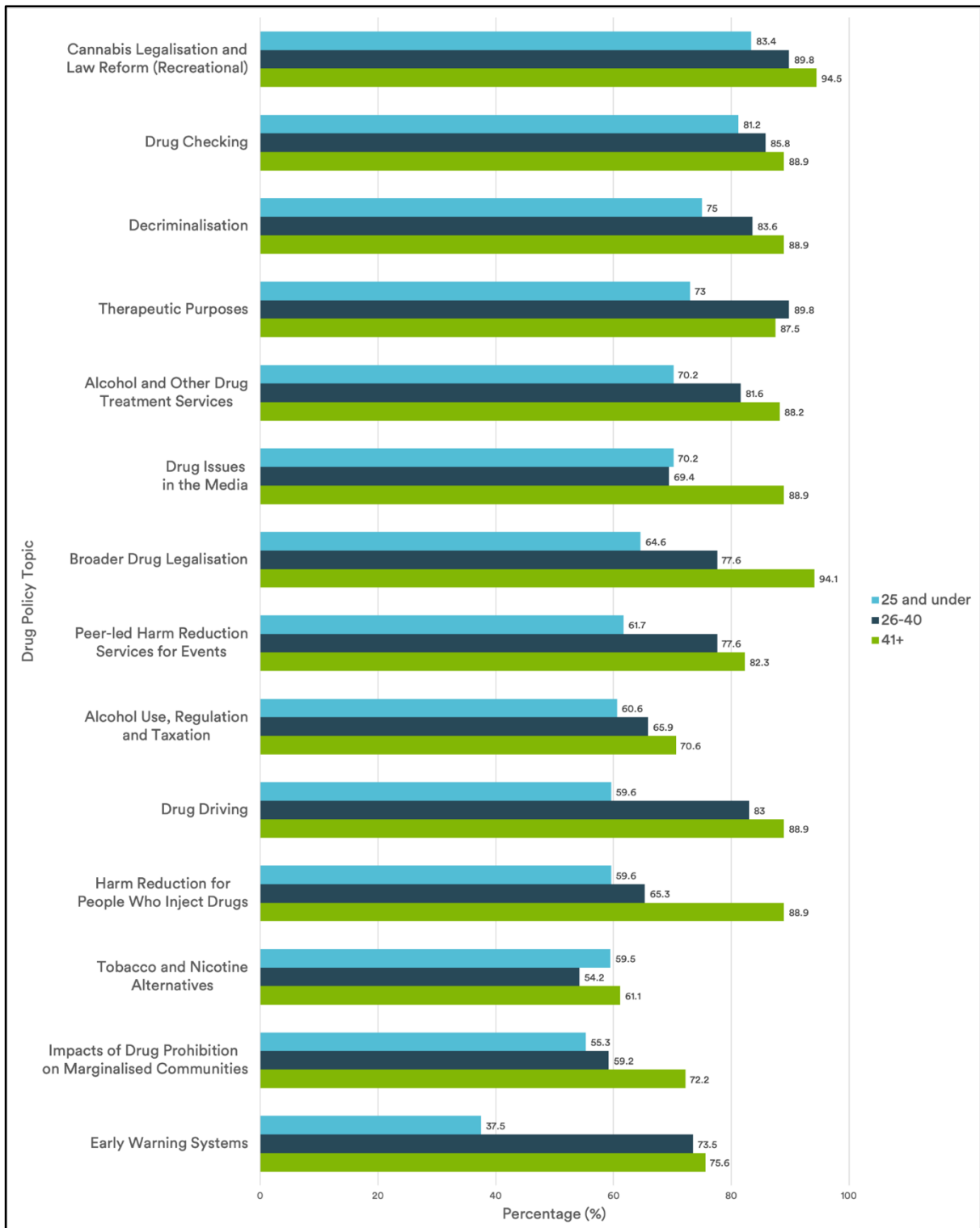
3.4 National perspectives across age groups

People aged 25 and under in our national community (n=48) told us that the drug policy topics they felt the most confident discussing with peers were cannabis legalisation and law reform (recreational) (83.4%), drug checking (81.2%), and decriminalisation (75.0%) (see Figure 12). Young people were the least confident discussing the establishment of an early warning system (EWS) for drugs (37.5%) with peers. Interestingly, confidence in discussing the establishment of an early warning system (EWS) for drugs and drug driving law reform with peers was notably lower among people aged 25 and under when compared with other ages.

For people aged 26 to 40 in our national community (n=49), investment in therapeutic purposes of currently illicit drugs (89.8%) and cannabis legalisation and law reform (recreational) (89.8%) were the drug policy topics they felt the most confident discussing with peers, closely followed by drug checking (85.8%). The drug policy topics they felt the least confident discussing with peers were improved access to nicotine vaping products and tobacco alternatives (54.2%), and the impacts of drug prohibition on marginalised communities (59.2%).

People aged 41 and older in our national community (n=18) told us that the drug policy topics they felt the most confident discussing with peers were cannabis legalisation and law reform (recreational) (94.5%), and broader drug legalisation (94.1%). The topics that they felt the least confident discussing with peers were improved access to nicotine vaping products and tobacco alternatives (54.1%), and alcohol use, regulation, and taxation (70.6%). Generally, people aged 41 and older were more confident discussing drug policy topics with peers than younger people. Of note is that confidence in discussing harm reduction for people who inject drugs, and drug issues in the media, was significantly higher among people aged 41 and older when compared with other ages.

Figure 12. Community confidence in discussing different drug policy topics with peers by age.



4. Other drug policy areas that our community are interested in

We asked our community if there were any other topics that they were interested in. Some key areas that were mentioned were:



Our community also drew attention to the need to represent the experiences and interests of:



5. Preferred types of events to access or attend

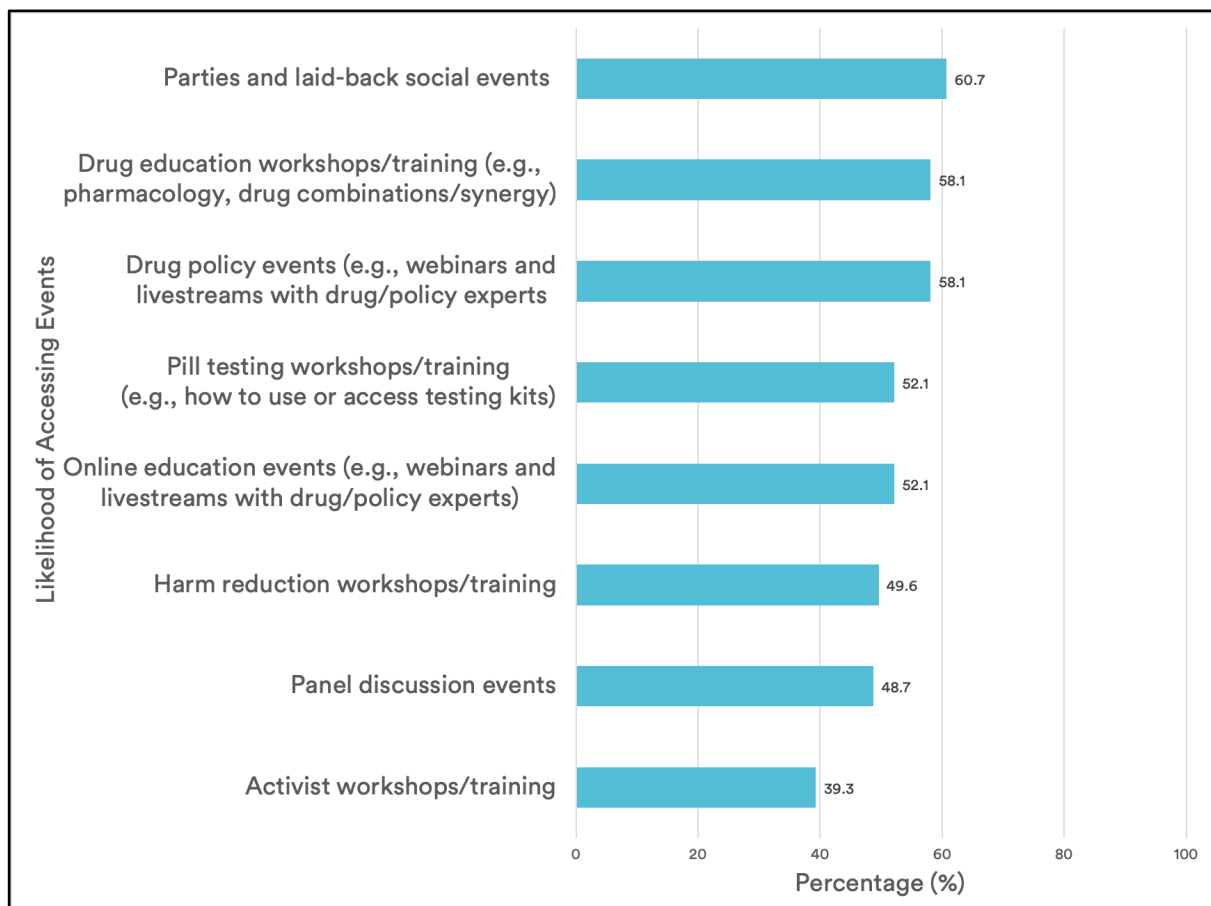
We wanted to know how we can engage our community, and what their preferred forms of engagement are. We asked our community to rate how likely they would be to access or attend different kinds of events, and what content they are interested in.

5.1 National community perspectives

Our national community (n=117) told us that they were very likely to attend social events (60.7%), and likely to attend drug education workshops, drug policy events, pill testing workshops, online educational events, harm reduction workshops, and panel discussions (see Figure 13). They said that they were less likely to attend activist workshops (39.3%).

For students (n=67), parties and laid-back social events, drug education workshops, and pill testing workshops, were the most preferred events. Overall, students seem more likely than non-students to access or attend events.

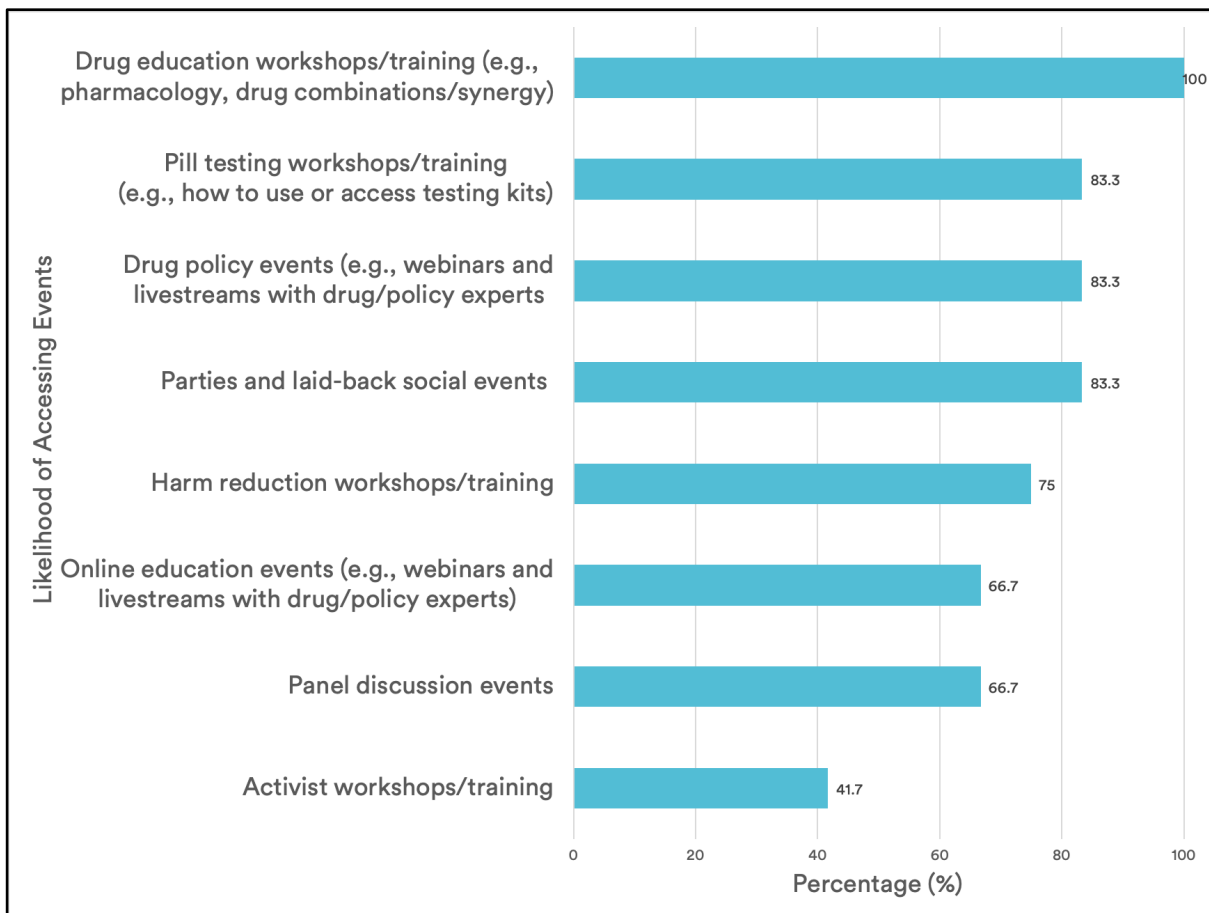
Figure 13. Likelihood of accessing different events among SSDP Australia’s community.



5.1 NSW student perspectives

NSW students (n=12) all told us that they were likely or very likely to attend drug education workshops (100%), and the majority were also interested in attending pill testing workshops, drug policy events, social events, and harm reduction workshops (see Figure 14). Despite the smaller sample of NSW students, these results were fairly consistent with other states.

Figure 14. Likelihood of accessing different events among students in New South Wales.



6. Preferred forms of engagement

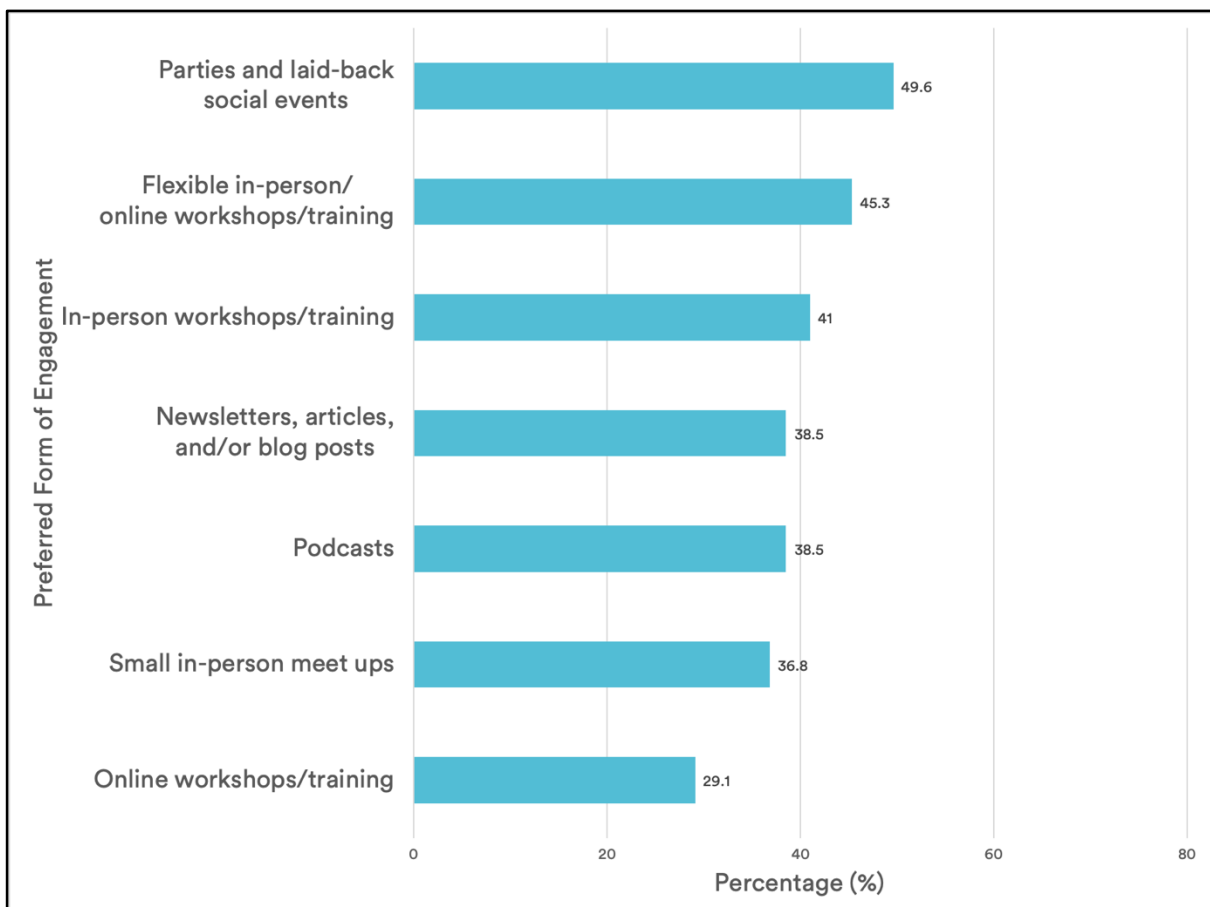
We also asked our community to select their preferred forms of engagement, including types of events, workshops, meet-ups, and content.

6.1 National community perspectives

Our national community (n=117) told us that they would prefer social events (49.6%), followed by flexible in-person/online (hybrid) workshops (46.3%) (see Figure 15). Just over a third of our participants indicated that they would like to engage with newsletters, articles, and/or blog posts (38.5%), and podcasts (38.5%). Solely online workshops were notably less popular than other forms of engagement (29.1%).

Among students (n=67), social events were the preferred form of engagement (48.7%).

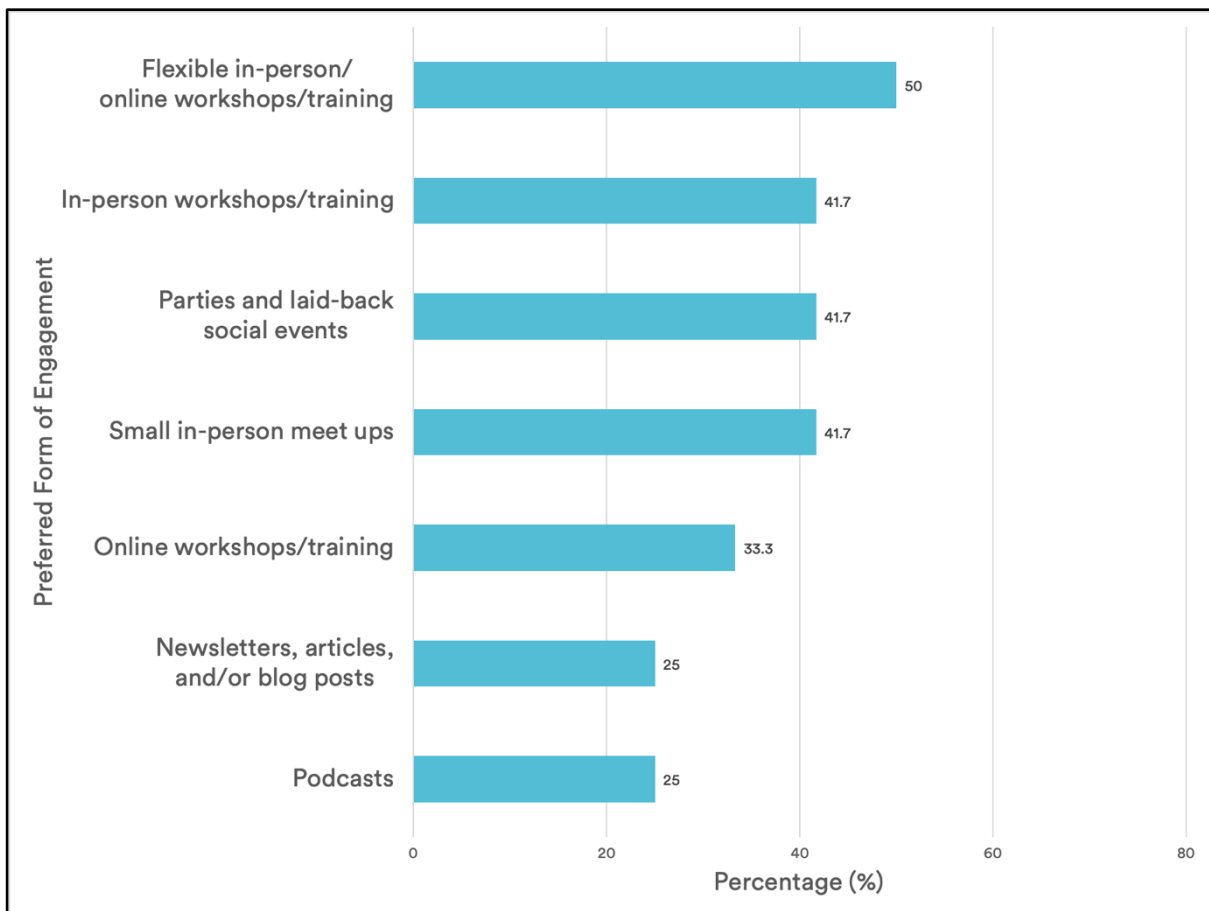
Figure 15. Preferred form of engagement among SSDP Australia’s community.



6.1 NSW student perspectives

NSW students (n=12) told us that they would prefer to engage with hybrid events (50%), and are less likely to engage with newsletters, articles, and/or blog posts (25%), and podcasts (25%) (see Figure 16). Considering the small sample of 12 NSW students, SSDP Australia aims to consult the NSW community before delivering materials and hosting events that are specific to NSW.

Figure 16. Preferred form of engagement among students from New South Wales.



7. What can SSDP do to help our community feel more engaged?

We asked our community what SSDP can do to help them feel more engaged with us over the next six months.

Overall, our community told us to host regular events, and to contact them regularly to let them know what we are working on, what we think, and what is going on in policy and research both in Australia and internationally.

We were also encouraged to host events in hybrid face-to-face and online formats, and host a variety of event formats for people with different access needs. This may include recording any online events and making these recordings available for the wider community.

Some key ideas were to:



Appendix 1. Age demographics

Table 1. Participant ages.

Age group	n	%
Under 18	1	0.9
18-20	17	14.5
21-25	30	25.6
26-30	20	17.1
31-35	18	15.4
36-40	11	9.4
41-45	4	3.4
46-50	4	3.4
51-55	2	1.7
56-60	3	2.6
61-65	1	0.9
66-70	2	1.7
71-75	2	1.7
Total	115	98.3
Missing	2	1.7