

2022

# Community Survey on Drug Policy

Summary Report  
July 2022

---

Bailee Farah & Oisin Stronach  
National Research Circle

## Acknowledgements

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.

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.

## 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 research that upholds an ethics of practice, and strive towards participatory research involving 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.

SSDP Australia takes no moral stance on an individual's drug use. We support bodily autonomy and individual choice, and acknowledge that drug use is a complex yet natural human endeavour with the potential for recreation, healing, and harm. We do not condone nor encourage drug use, but acknowledge that drug use exists, and therefore seek to support people who do use drugs to do so in the safest and most beneficial manner possible.

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

## Overview

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.

To consult our community on how we can best represent their interests in drug policy, Students for Sensible Drug Policy (SSDP) Australia conducted our 2022 Community Survey. 117 people across Australia completed the survey. The responses provide insight into the different drug policies and programs that are important to our community, our community's interest in learning more, and their confidence in discussing drug policy with their peers.

We asked our community about 14 drug policy areas that we thought might be worth prioritising. An infographic of these drug policy areas is included at the end of this report. 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 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.

The survey was developed by SSDP Australia's National Research Circle as a form of rapid assessment research to collect data on community perspectives and inform SSDP's advocacy at national, state, and local campus levels. All reports have been produced in line with SSDP's research model of data exchange, where the information provided to us by our participants is shared and re-distributed back to the community. In addition to the main [Research Report](#), reports were also generated to share information and shape campus-level student engagement for our Campus Teams in Victoria at the [University of Melbourne](#) and [LaTrobe University](#), and Western Australia at the [University of Western Australia](#) and [Edith Cowan University](#). SSDP intend to continue to collaboratively shape our practice through ongoing community consultation and participation.

The results from our 2022 Community Survey suggest that evidence-based harm reduction initiatives and drug policy reform are highly important to SSDP Australia's community. The fact that people in our community are not confident discussing some drug policy topics with peers but are interested in learning more suggests demand for meaningful drug education.

To the best of our knowledge, this survey is the only youth-led research conducted nationally that has investigated youth perspectives on drug policy reform. It is rare that the people who these policies affect the most are heard in drug policy debates. SSDP strongly supports research on, investment in, and de-stigmatisation of the initiatives explored in this report. We believe that young people and people who use drugs should be involved in conversations and decisions which impact them. We acknowledge the important roles of empirical evidence, lived experience, and peer-to-peer information sharing in the reduction of drug-related harms amongst people who use drugs.

## Description of the research

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 can be found in Appendix 1 of the [Research Report](#). 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. Analysis of the results was conducted in IBM SPSS, JASP, and Microsoft Excel, and included generating descriptive statistics and data visualisations.

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 (see Appendix 1, Table 1). 57% were currently studying. Our participants lived across Australia (n=116, missing n=1), with higher representation from VIC (n=41), WA (n=41), and NSW (n=16) (see Appendix 1, Table 2).

In this report we present findings from our national community (all 117 participants), state data from Victoria, Western Australia, and New South Wales, and compare data between current students and people who are not currently studying. SSDP currently have Campus Teams operating in Victoria and Western Australia, and hope to expand to New South Wales and other jurisdictions in the future. We have included NSW data in this report as a comparison to VIC and WA, but recognise that with a small number of participants from NSW (n=16), further consultation with people from NSW is needed to inform SSDP's advocacy in the jurisdiction.

## What we learned

### Importance of different drug policy topics

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 national 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 recreational cannabis legalisation and law reform. Students in VIC and WA also said that the establishment of an early warning system for drugs was very important to them.

### Interest in learning more about different drug policy topics

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 for drugs, and drug driving law reform. Our student communities were also interested in learning about broader drug legalisation (NSW), drug checking (VIC), the impacts of drug prohibition on marginalised communities (VIC), and media representation of drugs (WA). 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.

## Confidence discussing different drug policy topics with peers

Just over half of our national 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 for drugs, improved access to nicotine vaping products and tobacco alternatives, and the impacts of drug prohibition on marginalised communities. Specifically, students in NSW expressed low confidence discussing broader drug legalisation, while students in VIC expressed low confidence discussing alcohol use, regulation, and taxation. 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.

## Preferred ways to engage with SSDP

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. Students across NSW, VIC, and WA also expressed interest in attending social events, harm reduction workshops, and panel discussions. 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.

## How our findings relate to recent community-led and academic research

It is important to note that this research does not measure support for drug policy topics but instead focuses on how important different drug policies are to members of our community.

Previous Australian research in this area has primarily focused on measuring levels of public support for different drug policy topics. The most prominent example is the National Drug Strategy Household Survey, which is run by the Australian Government's Australian Institute of Health and Welfare. The survey examines broader community attitudes towards AOD policies, as well as AOD consumption. The most recent 2019 survey found much lower support for the legalisation of illicit drugs among the Australian community than in our sample, while support for cannabis decriminalisation (41%), and drug checking (56%) – although lower than in our sample – was higher than in previous years (AIHW 2020). While this survey is an important large-scale data collection tool in Australia, we note that it has received critique for its lack of focus on the views of people who use drugs and affected communities (Lancaster et al. 2013, Lancaster et al. 2017).

In contrast, [Harm Reduction Australia](#) (2022) recently surveyed 524 people in the AOD field on their attitudes toward AOD policies. Harm Reduction Australia is a national, non-profit organisation dedicated to reducing potential AOD-related harms. Similar to our results, they found strong support for drug checking programs, peer-based harm reduction organisations, harm reduction for people who inject drugs, and investment in early warning systems. They

also found moderate support for drug decriminalisation, broader drug legalisation, and improved access to nicotine vaping products and tobacco alternatives (HRA 2022).

Similar research has been conducted by [Family Drug Support Australia](#), an organisation which provides support and information to families and friends of people who use drugs. They recently measured families' attitudes towards AOD policy reforms among a sample of 602 participants and found strong support for drug checking (87%), and harm reduction for people who use drugs, including supervised injecting centres (84%) and heroin prescription trials (75%). They also found that families support drug decriminalisation and broader drug legalisation (FDS 2022).

In 2021, [Unharm](#) surveyed 798 people from their wider Australian community on their perceptions of legalisation and regulation, and their drug experiences. Unharm are a non-profit organisation committed to building a movement to make drug use legal and safe in Australia. They found strong support for the legalisation of cannabis for personal use (97%), and the legalisation of hallucinogens (79%), as well as support for the legalisation of MDMA for personal use (70%). The majority of their community also supported a legal, regulated market for drugs.

The results in this report are also consistent with prior community consultation undertaken by SSDP Australia, which found that our community strongly supports harm reduction strategies, drug law reform and human rights issues. Past campaigns, research outputs and submissions completed by SSDP Australia have been used to further our [community-based advocacy](#) work. This includes SSDP Australia's [#BeHeardNotHarmed](#) Campaign for young people to share our voices in the fight for drug checking and harm reduction services. SSDP Australia continue to advocate for onsite and fixed-site drug checking services, ending police use of drug-detection dogs in public, expanding current, and establishing new, peer-based harm reduction services, and broader drug policy reform such as decriminalisation and legalisation of currently illicit drugs.

## Interpreting this research

SSDP are grateful for the participation of our community in this survey, and to be able to share this information with our wider audiences. In addition to producing this Summary Report, we have included both graphs and written interpretations of the 2022 Community Survey results in the [Research Report](#) and in [State Reports](#).

It is important to note that while our national sample was 117, results presented in this report are based on smaller participant groups. We also did not ask our community to disclose any information around their drug use, or to provide some demographic information (e.g., gender, sexuality, regional/rural residential location) commonly included in in-depth research. As the survey was a form of rapid assessment research to collect data on our community's perspectives, a short survey was prioritised to increase participation.

We acknowledge that there are limitations to interpreting this data regarding the questions that we did not ask in this survey, as well as the lower number of participants in some jurisdictions. However, we also interpret this as an opportunity for further empirical work and participatory research with communities affected by drug policies.

The purpose of the survey was not to produce generalisable data that reflected broader populations, but to seek feedback from our community. We recognise that there are people that did not share their perspectives in this survey. We hope to address this through ongoing collaboration and engagement with our community to ensure that youth perspectives are represented in drug policy debates. If you are reading this report and feel like your experiences and perspectives are not represented, please let us know at [research@ssdp.org.au](mailto:research@ssdp.org.au).

## Where to from here?

The data from this survey will be used to inform research and advocacy at national, state, and local campus levels. We will also share this data with our wider stakeholders and advisors, and utilise it to inform partnerships and future scalable iterations of this survey.

At a national level, we hope to facilitate events and workshops including:

- participatory workshops with our community to discuss, interpret, and inform future advocacy/research; and
- educational workshops and panel discussions on different drug policy topics.

Our National Research Circle and National Communications Circle are also collaborating to share resources and infographics based on this data with our community via our social media, email lists, and website. To sign up to hear more from us or to get involved, check out our [website](#).

We are working closely with our Campus Teams over the coming months, and hope the data will closely inform how our Campus Teams in VIC and WA engage with and advocate for their student communities. SSDP Australia's intention is that this data can inform the planning of events on different drug policy topics which reflect the interests of our local communities. These may include hybrid in-person/online events, webinars, and training opportunities.

**Do you feel like your experiences and perspectives aren't represented in this research? Let us know at [research@ssdp.org.au](mailto:research@ssdp.org.au).**

## References and further reading

### References

AIHW (Australian Institute of Health and Welfare) (2020) 'National Drug Strategy Household Survey 2019', *Drug Statistics Series No. 32*, Australian Government, AIHW.

HRA (Harm Reduction Australia) (2022) 'Biennial Survey: Summary Report', HRA, Sydney.

Lancaster K, Ritter A and Stafford J (2013) 'Public opinion and drug policy in Australia: engaging the affected community', *Drug and Alcohol Review* 32(1): 60-66.

Lancaster K, Seear K, Treloar C and Ritter A (2017) 'The productive techniques and constitutive effects of 'evidence-based policy' and 'consumer participation' discourses in health policy processes', *Social Science & Medicine* 176(1): 60-68.

Span C (2022) 'Time for change' report: Voices to be heard survey', Family Drug Support, Melbourne.

Unharm (2021) 'Drug use and drug regulation survey', Unharm, Sydney.

### Further reading

Stronach O and Farah B (2022) '[Community Survey on Drug Policy: Research Report](#)', Students for Sensible Drug Policy Australia.

Stronach O and Farah B (2022) '[Community Survey on Drug Policy: NSW Report](#)', Students for Sensible Drug Policy Australia.

Stronach O and Farah B (2022) '[Community Survey on Drug Policy: VIC Report](#)', Students for Sensible Drug Policy Australia.

Stronach O and Farah B (2022) '[Community Survey on Drug Policy: WA Report](#)', Students for Sensible Drug Policy Australia.

Check out the Advocacy section of our website to view [SSDP Australia's statements and submissions on key drug policy issues](#).



## Appendix 1. 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

Table 2. 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%

# 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.