#BEHEARDNOTHARMED 2023 SURVEY

FINDINGS REPORT: VIC RESULTS



STUDENTS FOR SENSIBLE DRUG POLICY AUSTRALIA

JUNE 2024

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, the Wallumattagal people of the Eora Nation, and the GuriNgai people of the Darug Nation. We pay our respect to their Elders past and present. 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 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 thank you to our partners in the #BeHeardNotHarmed Campaign for all your efforts promoting the rights and wellbeing of young adults who party and use drugs.

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About us

Students for Sensible Drug Policy Australia (SSDP Australia) is a volunteer-based community organisation formed in 2016. We are Australia's only national youth- and student-led community organisation that aims 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. By empowering the collective capacity of students and young people to keep themselves safe and advocate for change, we hope to improve the lives of young people and shift political, policy, and community perspectives. 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 coordinates SSDP Australia's research between community and institutional networks, and generates, communicates, and applies 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 Australia is in the process of implementing sociocratic governance: an organisational system based on consent. 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.

Overview

In 2022-2023 Students for Sensible Drug Policy (SSDP) Australia led an advocacy survey as part of the #BeHeardNotHarmed Campaign. This campaign aims to promote the voices of young adults in drug policy debates: we want to be heard, not harmed. SSDP Australia is a community advocacy organisation led by students and young people who are passionate about advocating for policy reforms that protect and educate communities to make informed choices through access to meaningful education, and suitable support services designed and delivered by people who understand the realities of drug use.

The #BeHeardNotHarmed Campaign began in 2018 after 8 young people lost their lives from adulterated drugs in the summer of 2018-19, and stigma and criminalisation were stopping many of their fellow young partygoers from speaking up. We launched #BeHeardNotHarmed in Melbourne and Sydney to elevate the voices of young people in the pill testing debate. Since then, the campaign has expanded to other jurisdictions (namely WA), and we have expanded our policy demands to fight against sniffer dogs and overpolicing at festivals, and for more funding for peer-led harm reduction services at events, such as DanceWize. Following the impacts of the COVID pandemic on youth nightlife and community organising, we began to rebuild a new and comprehensive campaign plan for meaningful and effective outcomes for our communities in 2023 and beyond. The #BeHeardNotHarmed Survey was designed to ensure that our advocacy strategy is informed by the communities this campaign serves. Alongside the survey we also launched an anonymous 'Share Your Story' portal, to gather powerful community stories that can help shift the narrative around people who use drugs.

The results from this survey can and should directly inform service design and policy reforms by demonstrating (a) service design preferences for drug checking and other harm reduction health services among young adults who use drugs, and (b) gaps in service availability, access, and awareness, including barriers to accessing existing services.

This report presents the #BeHeardNotHarmed Survey results from Victorian respondents related to demographics, nightlife attendance and substance use, drug information and service access, drug checking practices, preferences, barriers and motivations, additional findings related to other key reforms, services, and preferred forms of engagement in advocacy.

Method

Project design

This community-led advocacy survey is part of SSDP Australia's #BeHeardNotHarmed Campaign, which advocates for drug checking and other harm reduction services for people who use drugs. The primary objective of the survey was to explore current advocacy opportunities around existing infrastructures, and opportunities to integrate youth-oriented harm reduction initiatives into broader Australian public health models. The survey was co-designed by young people, students, and people with lived and living experience of drug use and partying across a 12-month period. The project was peer reviewed by peers, professionals, and researchers, in a process of community-controlled ethics review coordinated by SSDP Australia's National Research Circle.

Survey design

The survey was conducted online through Qualtrics between December 2022 and October 2023. The survey took approximately 20 minutes and included a mix of multiple choice and short answer questions. As this was an anonymous survey, people were cautioned not to include any identifiable information in their responses, including names of people or address details. Participation in the survey was voluntary and people were able to skip any questions they did not wish to answer and could withdraw all responses by exiting the survey at any time. As communicated to potential respondents, partial responses were not recorded.

Two rounds of pilot testing were conducted with three people from the target community (six people total) to receive feedback on the clarity of questions and appropriate coverage of potential response options. The survey focussed on drug checking and harm reduction services and covered demographic information. Questions also covered experiences of and preferences around nightlife attendance, drug use and harm reduction behaviours, and experiences of and potential barriers to support seeking.

Sample

The survey was promoted primarily through communications from SSDP Australia and their partner organisations (including HRVic, NUAA, YSAS, AIVL, and FDS), as well as via advertising on social media, email lists, and flyers at university campuses, events, and venues. The personal and professional networks of SSDP members and snowball sampling from respondents were also utilised. While the survey was designed to be completed by young adults who party and/or use drugs in Australia, there were no exclusion criteria. As such, the sample includes people from older age groups as well as those that do not party or use drugs. All respondents were given a description of the study and asked to provide informed consent before beginning the survey.

Data analysis

All survey data were analysed through SPSS, STATA, and Microsoft Excel by SSDP Australia's National Research Circle, with data visualisation generated in Microsoft Excel. Analysis included descriptives, chi-square tests, correlations, and crosstabs.

154

Victorians completed the #BeHeardNotHeard survey

29

Median Age

Student Status

33.6% Students

16.2% Undergraduate

8.5% TAFE

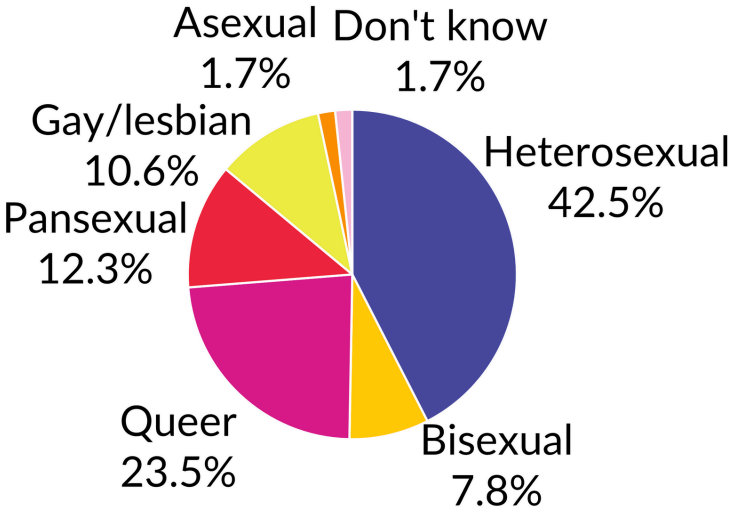
9% Postgraduate

Gender Identity

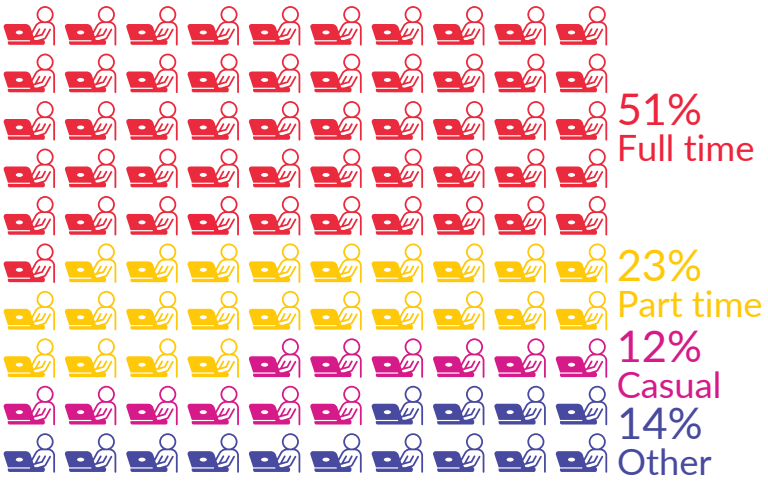
Woman or female	Man or male	Non-binary	Gender-fluid	Gender-queer	Other
46.8%	42.2%	10.4%	4.5%	1.3%	1.3%

Note: Respondents could select more than one option

Sexual Orientation



Current Employment



Highest level of completed education

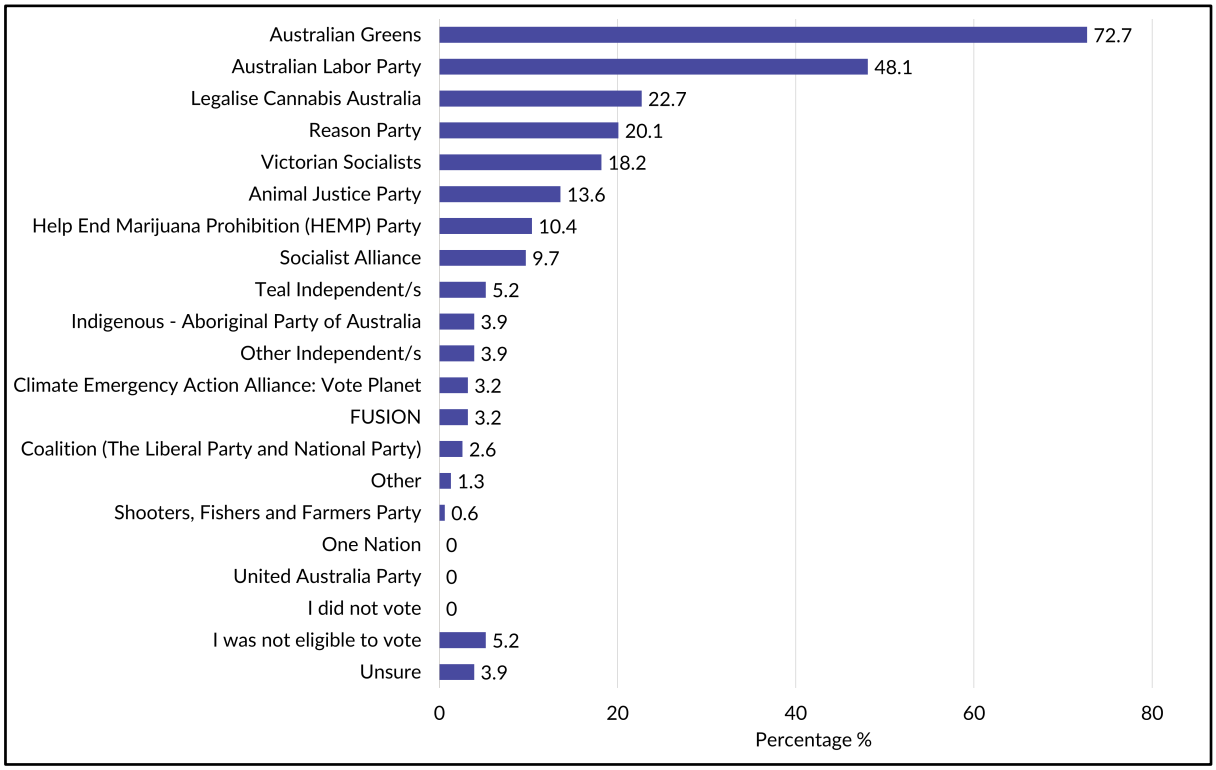
Primary school	Year 10 or less	High school diploma	Undergraduate diploma/ TAFE	Bachelor's degree	Master's degree	Doctorate
0%	6.5%	18.2%	21.4%	35.7%	16.9%	1.3%

Results

Demographics

42% (n=154) of the 366 people who completed the #BeHeardNotHarmed Survey lived in Victoria. The median age of Victorian respondents was 29, and 24.7% were aged 25 and younger, while 13% were aged 41 and older. 46.8% identified as female, 42.2% as male and 10.4% as nonbinary. Just under half described their sexual orientation as straight (42.9%), with a high representation of queer respondents (41.4%). 33.7% were current students, and 54% had an undergraduate diploma, TAFE qualification, or higher. 50.6% were engaged in full-time work, 22.7% in part-time work, and 11.7% in casual employment. 26% were currently involved in the AOD sector, primarily across service provision (9.7%). Almost three-quarters reported voting for the Greens in the last federal election (72.7%) and almost half voted for Labor (48.1%), compared to just 2.6% who voted for the Coalition (see Figure 1).

Figure 1. Voting preferences in the last Australian Federal election



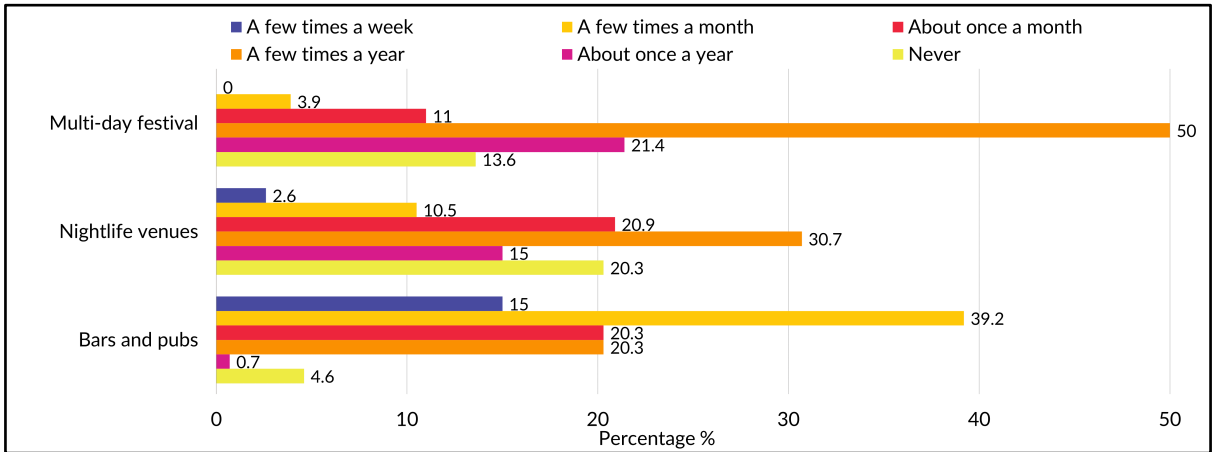
N=154

Nightlife attendance and substance use

Nightlife attendance

86.3% of Victorian respondents had gone to a music festival in the past year and 64.7% reported attending nightlife venues at least a few times a year. Victorians regularly attended nightlife venues, and specifically bars and pubs, while half of respondents attended multi-day festivals a few times a year (see Figure 2).

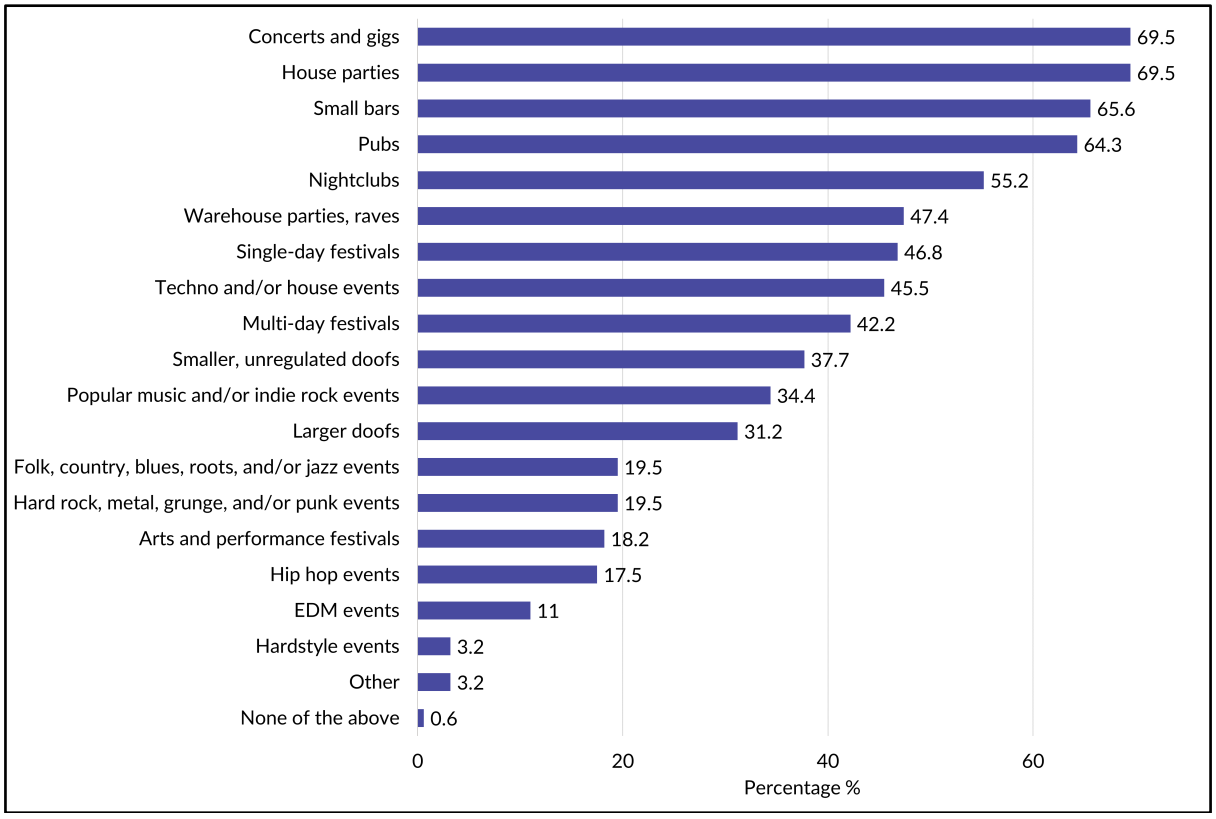
Figure 2. Frequency of attendance at various event types



N=154

Concerts and gigs, and house parties were the most popular events or venues to attend (69.5%), while warehouse parties and raves (47.4%) and techno and/or house events (45.5%) were the most popular events (see Figure 3). Victorians were significantly less likely to select EDM festivals as their favourite events to attend (11% vs 29.2%), χ^2 (1, n = 366) = 17.47, p < .001, and were significantly more likely to select techno/house events (45.5% vs 33.5%), χ^2 (1, n = 366) = 5.39, p = .020, and nightclubs (55.2% vs 43.4%), χ^2 (1, n = 366) = 4.97, p = .026.

Figure 3. Favourite kinds of festivals, events, or nightlife venues to attend



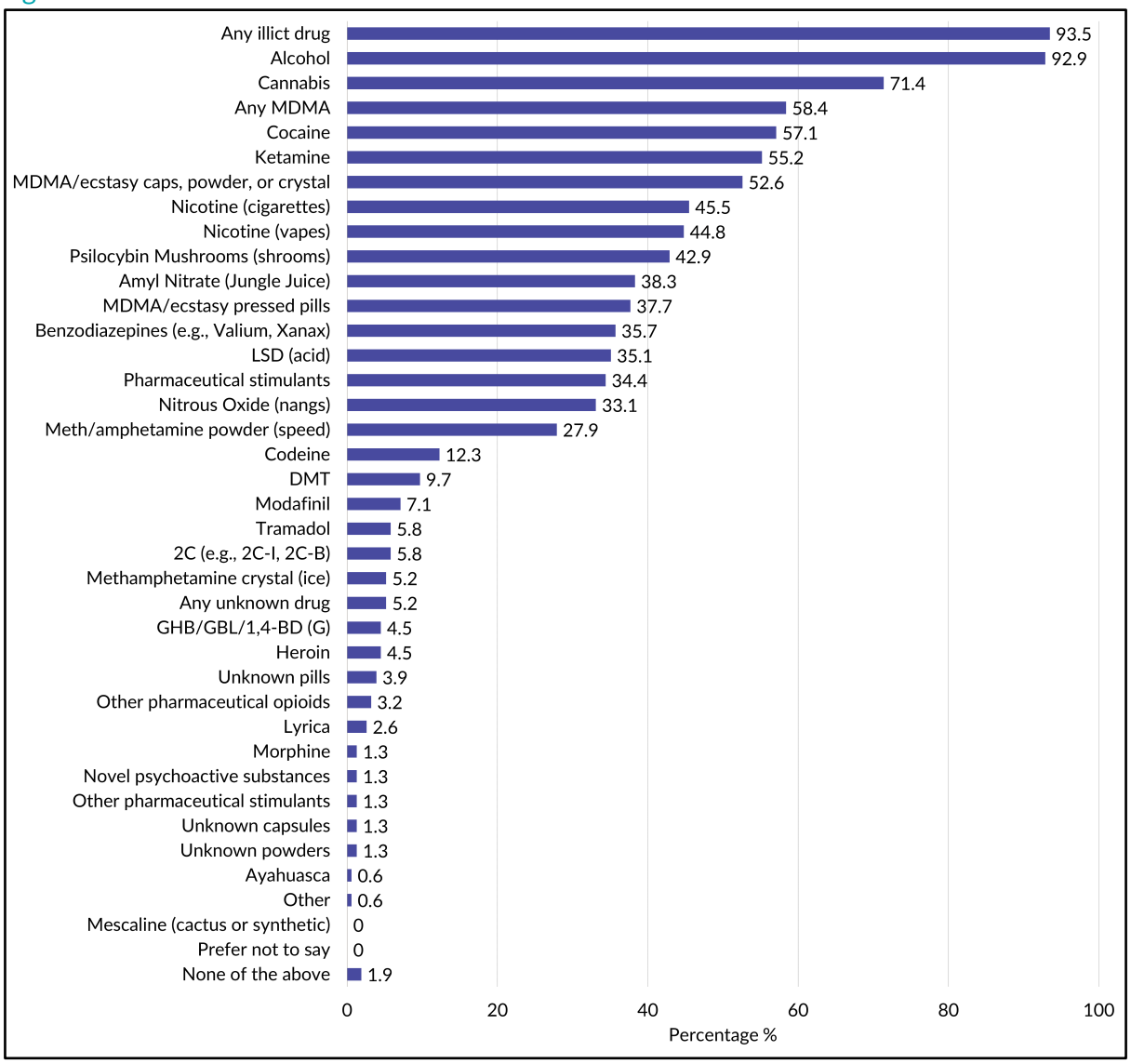
N=154

Substance use

94.2% of Victorian respondents had used an illicit drug in the previous year. Almost all had drank alcohol (92.9%), and the vast majority had consumed cannabis (71.4%) for non-medical reasons (see Figure 4). Just over half of Victorians reported consuming MDMA (58.4%), cocaine (57.1%), and ketamine (55.2%). Cigarette smoking (45.5%) and nicotine vaping (44.8%) were almost equally common for Victorian respondents. Psychedelics were consumed by just over a third of Victorians, including psilocybin mushrooms (42.9%) and LSD (35.1%). Additionally, benzodiazepines (35.7%), pharmaceutical stimulants (34.4%), and nitrous oxide (33.1%) were reasonably common among the sample.

Respondents from Victoria were significantly more likely to have used several substances in the past 12 months compared to respondents from other states: meth/amphetamine powder (speed) (27.9% vs 14.6%), χ^2 (1, n = 366) = 9.78, p = .002; benzodiazepines (35.7% vs 23.1%), χ^2 (1, n = 366) = 6.96, p = .008; ketamine (55.2% vs 30.7%) χ^2 (1, n = 366) = 22.20, p < .001; and MDMA pressed pills (37.7% vs 22.2%) χ^2 (1, n = 366) = 10.47, p = .001.

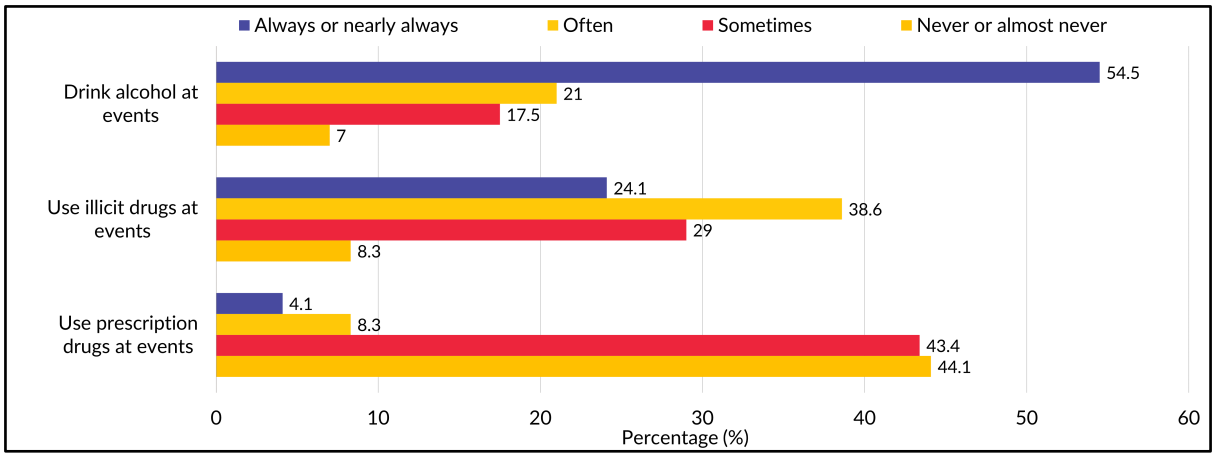
Figure 4. Substances used in the last 12 months for non-medical reasons



N=154

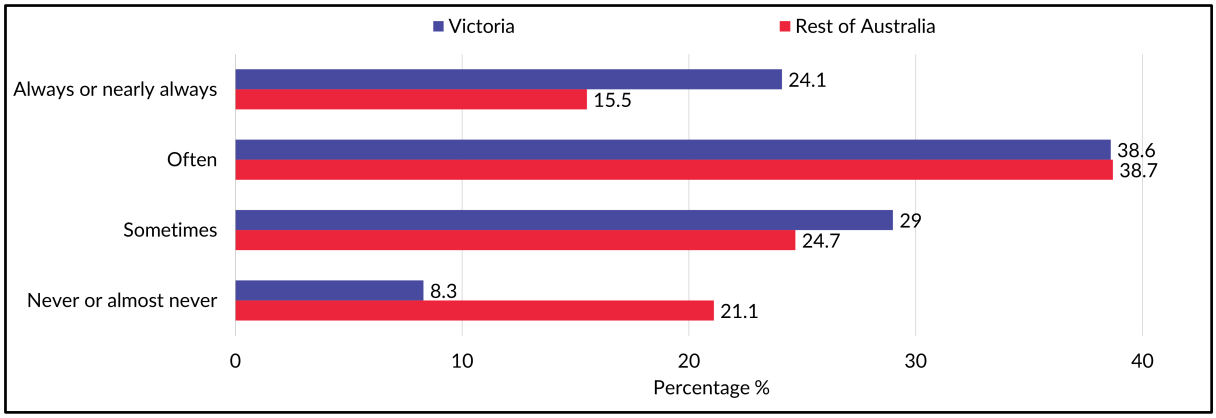
When attending festivals, events, or nightlife venues, approximately half of Victorians always or nearly always drank alcohol (54.5%), while just over a third often used illicit drugs (38.6%), and only 12.4% always, nearly always, or often consumed prescription drugs (Figure 5). Additionally, Victorians were significantly more likely than non-Victorians to use illicit drugs in nightlife spaces, χ^2 (4, n = 366) = 12.23, p = .016 (see Figure 6).

Figure 5. Frequency of substance use when attending festivals, events, or nightlife venues as a patron



N=154

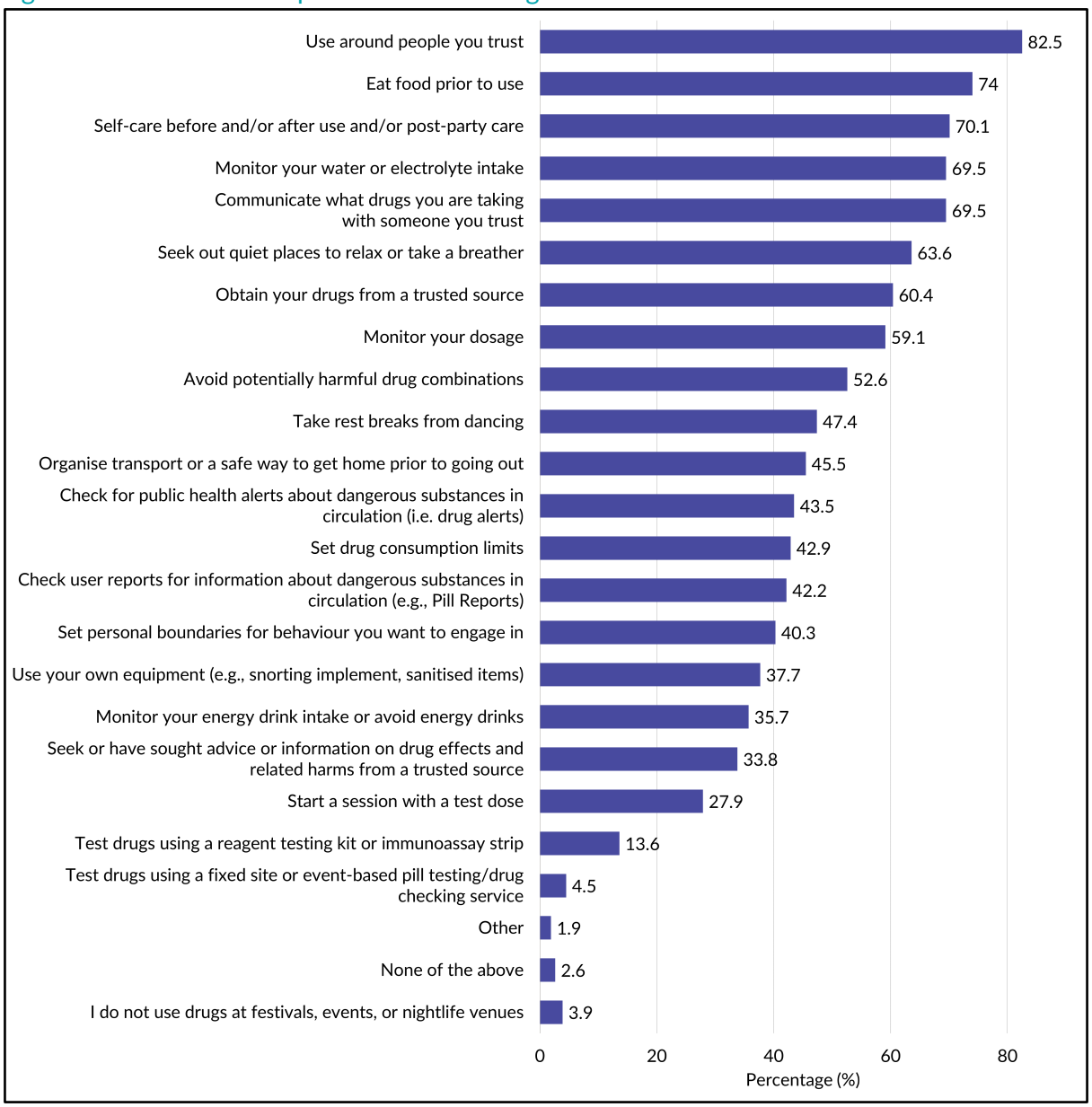
Figure 6. Frequency of illicit drug use in comparison to other states when attending festivals, events, or nightlife venues as a patron



N = 366

Harm reduction practices

Figure 7. Harm reduction practices when using substances



N=153

Numerous harm reduction practices were adopted by Victorians when using substances, with only 2.6% indicating they did not adopt any of the options that were listed (see Figure 7). Most Victorian respondents reported using around people they trust (82.5%), eating food prior to use (74%), and practising self-care before and/or after use (70.1%) as methods of harm reduction when using substances. Monitoring water/electrolyte intake (69.5%) and communicating with someone they trust regarding the drugs they were taking (69.5%) were also common harm reduction practices.

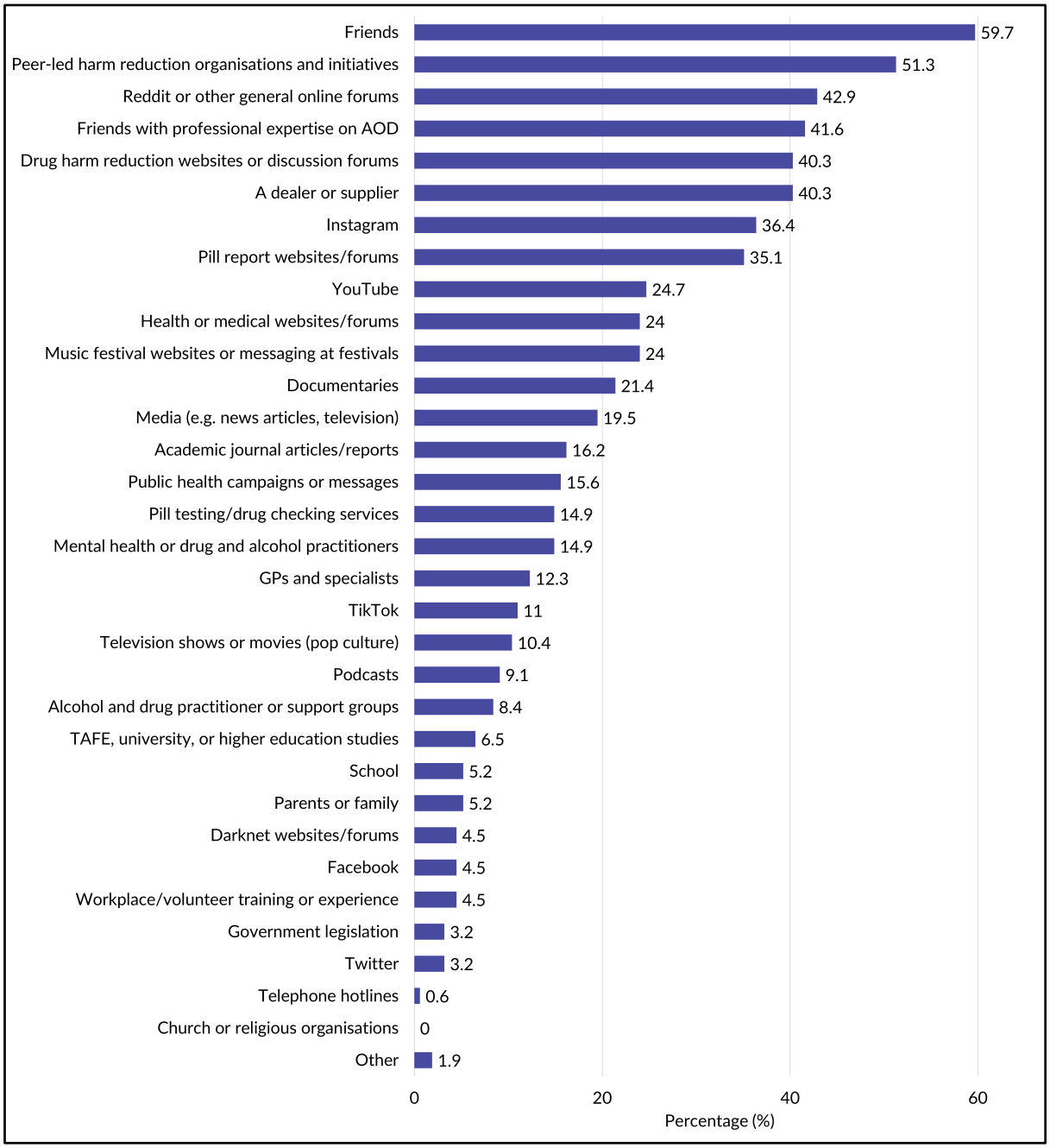
Victorian respondents were also significantly more likely to check user reports (e.g., Pill Reports) for information about dangerous substances in circulation than those from other states (42.2% vs 29.2%), χ^2 (1, n = 366) = 6.62, p = .010. Comparatively, just over 25% of Victorians reported starting their sessions with a test dose, and testing drug contents or purity using personal kits (13.6%) or available services (4.5%). We note that some of these harm reduction practices are more relevant to certain kinds of drugs (for example MDMA harm reduction involving monitoring water intake and temperate levels), and therefore may not have been relevant to the whole sample.

Drug information and service access

Over half of Victorians reported that their primary sources of drug information and support were friends (59.7%), friends with professional AOD expertise (41.6%), and peer-led harm reduction organisations (51.3%; see Figure 8). Discussion forums, including general discussions (e.g., Reddit; 42.9%) and drug-specific forums (40.3%), were also commonly used sources of drug information. Almost one fifth of Victorians identified social media (4.5% Facebook, 3.2% Twitter/X, and 11% TikTok), while comparatively low numbers identified government legislation (3.2%) and telephone hotlines (0.6%) as their primary source of drug information.

Victorians were significantly more likely than people from other states to find drug information from: pill report websites and forums (35.1% vs 23.6%), χ^2 (1, n = 366) = 5.78, p = .016; music festival websites or messaging at festivals (24% vs 15.1%), χ^2 (1, n = 366) = 4.65, p = .031; Instagram (36.4% vs 21.2%), χ^2 (1, n = 366) = 10.23, p = .001; and a dealer or supplier (40.3% vs 19.3%), χ^2 (1, n = 366) = 19.31, p < .001. However, it was significantly less likely for workplace/volunteer training or experience to be a primary source of drug information among Victorian respondents (4.5% vs 10.4%), χ^2 (1, n = 366) = 4.16, p = .041.

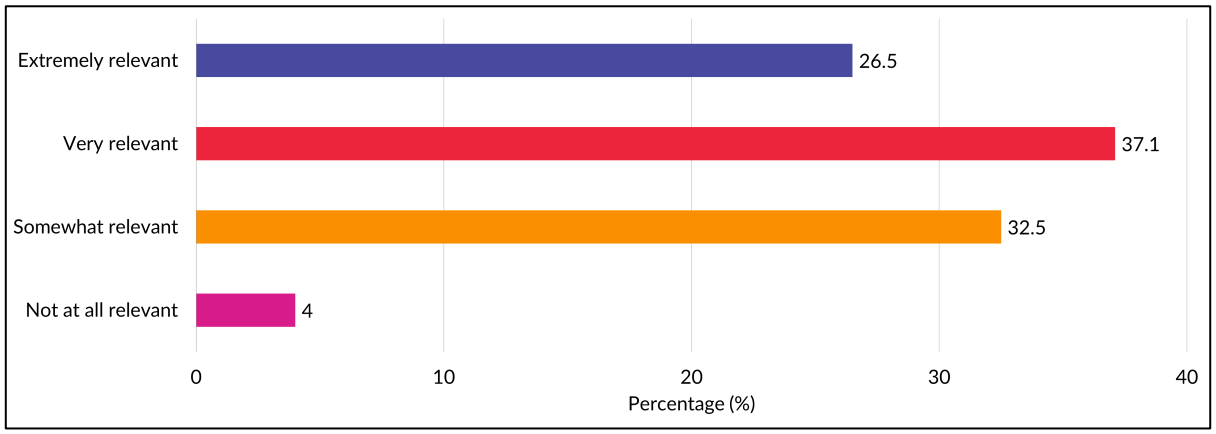
Figure 8. Main sources of drug information and support



N=151

Almost two thirds of Victorian respondents indicated that their previous drug education was extremely (26.5%) or very relevant (37.1%), with only 4% indicating that it was not at all relevant (see Figure 9).

Figure 9. Relevance of previous drug education



N=151

Access to drug information and support

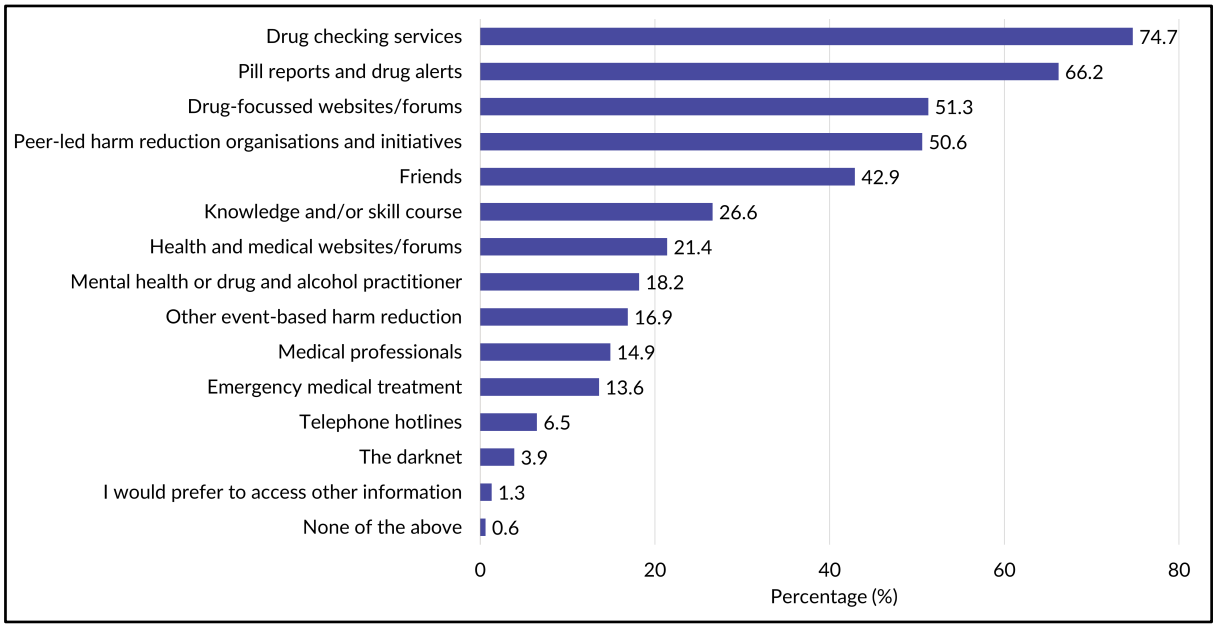
Victorian respondents said that their preferred sources of alcohol and other drug information and support (if available and accessible) are drug checking services (74.7%), pill reports and drug alerts (66.2%), drug-focussed websites or forums (51.3%), peer-led harm reduction organisations and initiatives (50.6%), and friends (42.9%; see Figure 10). In comparison, health, AOD, and medical practitioners were less preferable. Victorians also indicated significantly more interest than non-Victorians in accessing pill reports and drug alerts for information about drugs (66.2% vs 54.2%), χ^2 (1, n = 366) = 5.31, p = .021. Two people also commented that they would like to access *"a hotline service for trip sitting like the* Fireside Project *in the U.S."*, and a *"simple community clinic AOD counsellor"* which for one respondent, *"completely changed my life, sole reason I'm alive."*

While 74.7% indicated that they would be likely to access a drug checking service for drug information and support, drug checking services were one of the main sources of drug information for only 14.9% of Victorians (Figure 8):

- 24.7% had previously checked pill reports and/or drug alerts;
- 20.1% had a dealer test their drugs for them; and
- 14.3% had a friend test their drugs for them.

Additionally, of the 73 Victorian respondents answering additional questions on advocacy, 47 respondents indicated that they would access or attend drug checking workshops or training (for example, training on how to access and use drug testing kits).

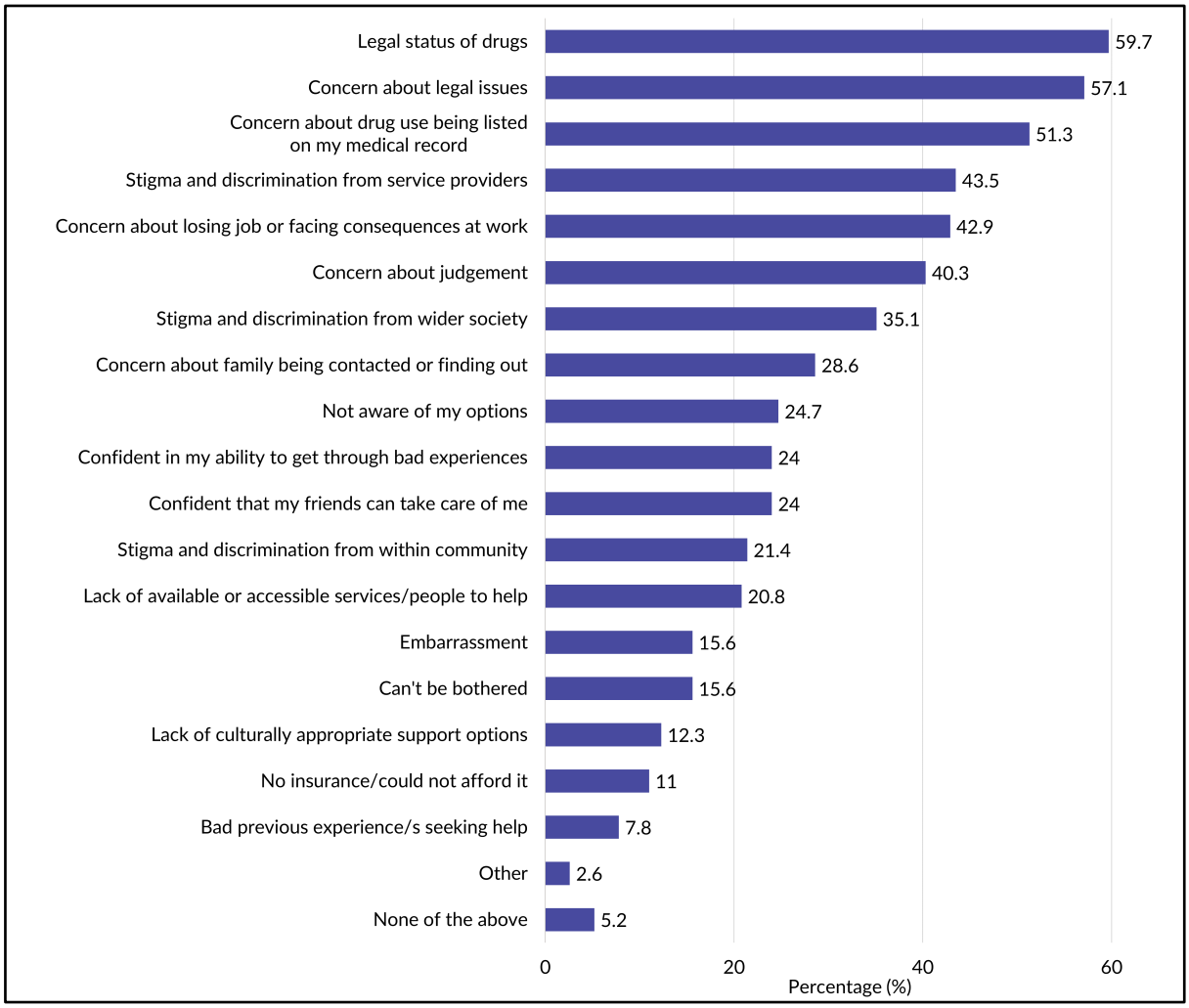
Figure 10. Preferred sources for accessing alcohol and other drug information and support



N=151

Over half of Victorians mentioned legal concerns as a barrier to accessing mental health and alcohol and other drug support, including concerns over the legal status of drugs (59.7%) and concerns about other legal issues (57.1%; see Figure 11). One person commented specifically that *"police spending entire events standing in front of medical and harm reduction services"* is a substantial barrier for service access and therefore health promotion, health care, and harm reduction. Victorian respondents were also concerned about other potential ramifications of accessing these services, including drug use being included on medical records (51.3%), receiving stigma from service providers (43.5%), facing consequences at work including losing their job (42.9%) and receiving judgement (40.3%). A lack of culturally appropriate support options (12.3%) and having previous bad experiences when seeking help (7.8%) were less commonly reported but important barriers to accessing these services. People also commented on poor service availability in less central locations of cities, as well as rural, regional, and remote areas. Additionally, one Victorian spoke to stigma and lack of understanding of substances among prescribers, naming this as a barrier to seeking support: *"concerns about my pain management medication being restricted unnecessarily because I'm using drugs recreationally that don't affect those meds negatively, or cause dependency issues for me."* Another respondent named the importance of services being tailored to and available to people in all locations and of all ages: *"these facilities and services need to be available to people in regional areas and in the outer suburbs".*

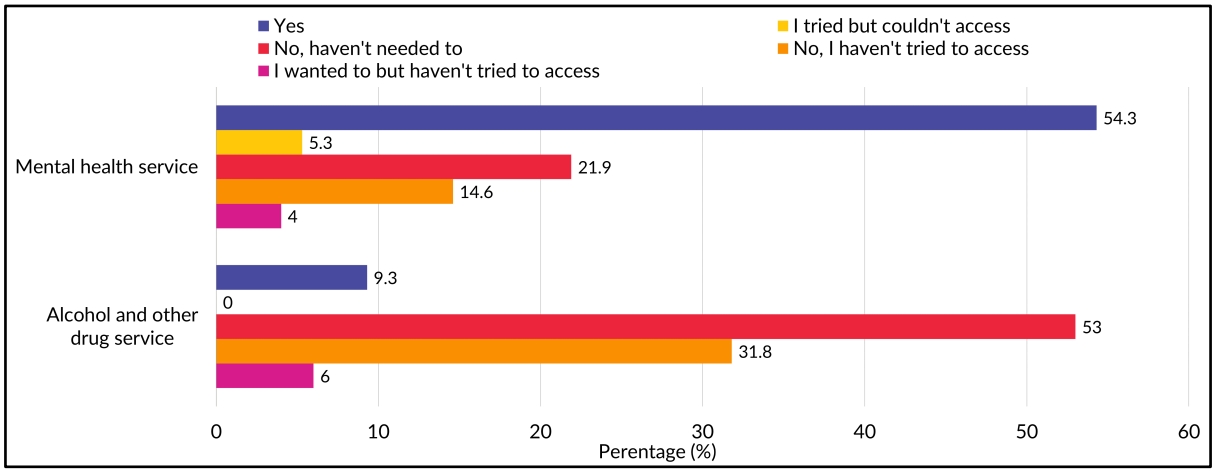
Figure 11. Barriers to accessing mental health and alcohol and other drug support



N=151

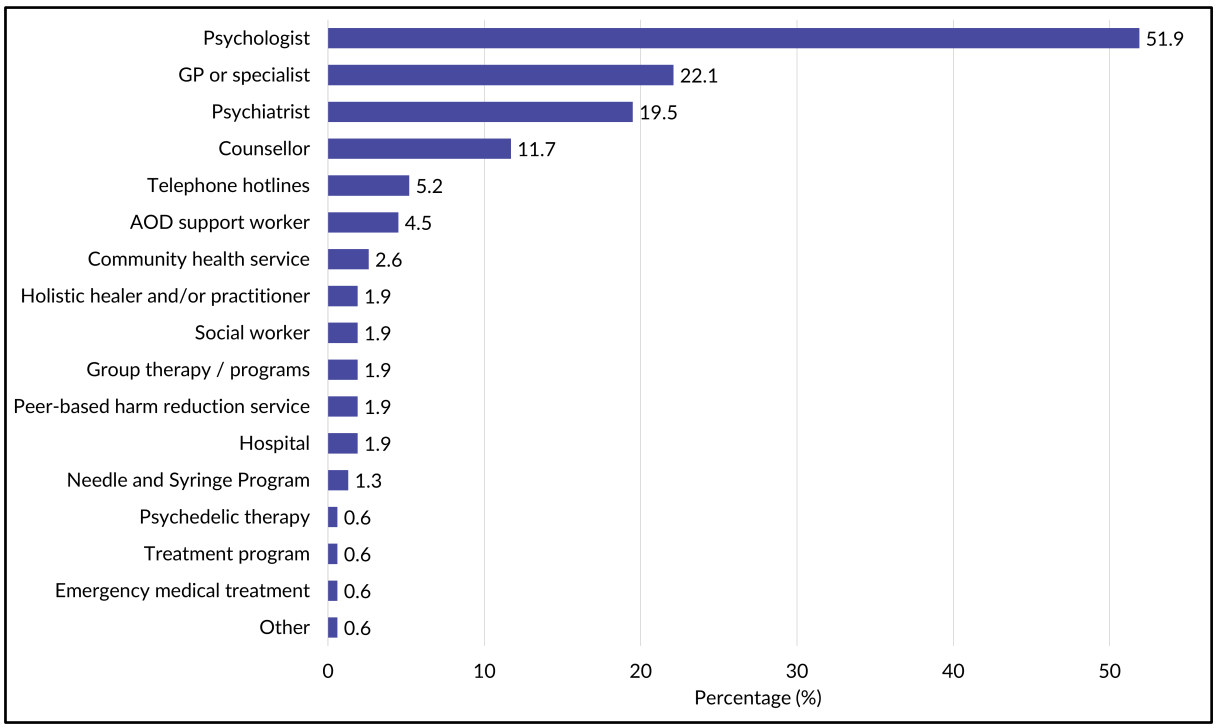
Over half of Victorians reported accessing a mental health service in the past year (54.3%), and 5.3% reported attempting to but being unable to access these services (see Figure 12). Comparatively, only 9.3% of Victorian respondents had accessed alcohol and other drug services, with most respondents indicating they did not feel the need to access these services (53%) and no respondents reporting being unable to (0%).

Figure 12. Access to mental health and alcohol and other drug support in the past year



N=151

Figure 13. Types of services accessed for mental health and alcohol and other drug support



N=151

Psychologists were the most common source of mental health and substance use support (51.9%) followed by GPs or specialists (22.1%) and psychiatrists (19.5%; see Figure 13). Only 0.6% respondents indicated receiving this support from emergency medical treatment, or psychedelic therapy.

Drug checking

Drug checking preferences

If accessible and available, almost all (93.1%) of Victorian respondents would test their drugs at a drug checking service. Consistent with the national sample, preferences for using the term drug checking and pill testing were split, with 36.6% of Victorians preferring the term drug checking, 35.3% preferring the term pill testing, and 28.1% reporting they were unsure.

76.6% would prefer to access a service run by peers, highlighting the importance of prioritising people with lived and living experience in service delivery. Peers were consistently described as being approachable, non-judgemental, empathetic, understanding, and safe. Peers were also described as people that you could talk honestly and develop a better relationship with, who had shared experiences, were relatable, trustworthy, knowledgeable, and gave advice.

Previous drug checking

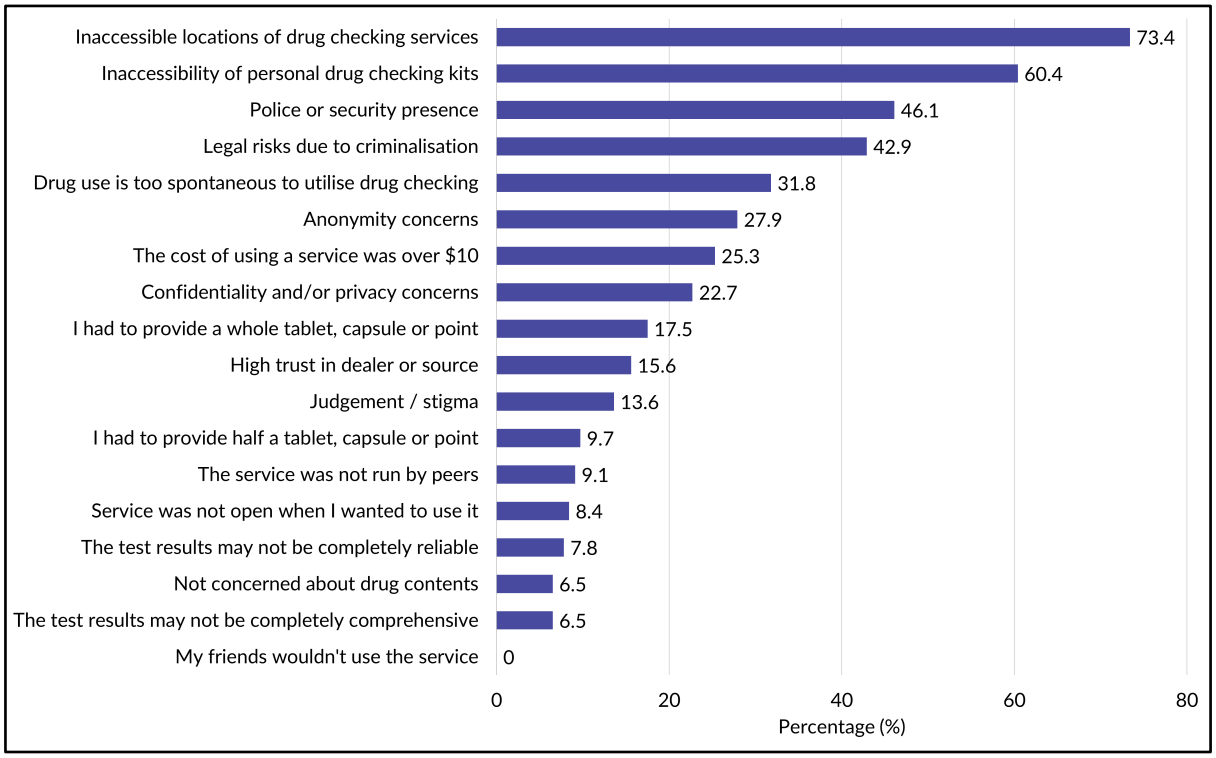
Just under half of Victorians (48.1%) had never tried to determine their substances' content and/or purity. Additionally:

- Reagent testing kits or immunoassay strips had been used for testing drugs by 16.2% of the respondents;
- A fixed site or event-based drug checking service had been used to test drugs by 4.5% of the respondents; and
- Victorian respondents were significantly more likely to have their drugs checked by their dealer (20.1% vs 12.3%), χ^2 (1, n = 366) = 4.20, p = .040.

Barriers to accessing drug checking

There were a range of barriers to accessing drug checking reported by Victorian participants. Over half indicated inaccessibility of drug checking service locations (73.4%) or personal drug checking kits (69.4%) as barriers (see Figure 14). Police or security presence (46.1%) and legal risks associated with criminalisation of drug use (42.9%) were also commonly mentioned. Fewer respondents indicated concerns that test results would be unreliable (7.8%) or not completely comprehensive (6.5%) as barriers, and only 6.5% reported that they were unconcerned about the contents of their drugs.

Figure 14. Barriers to accessing drug checking services

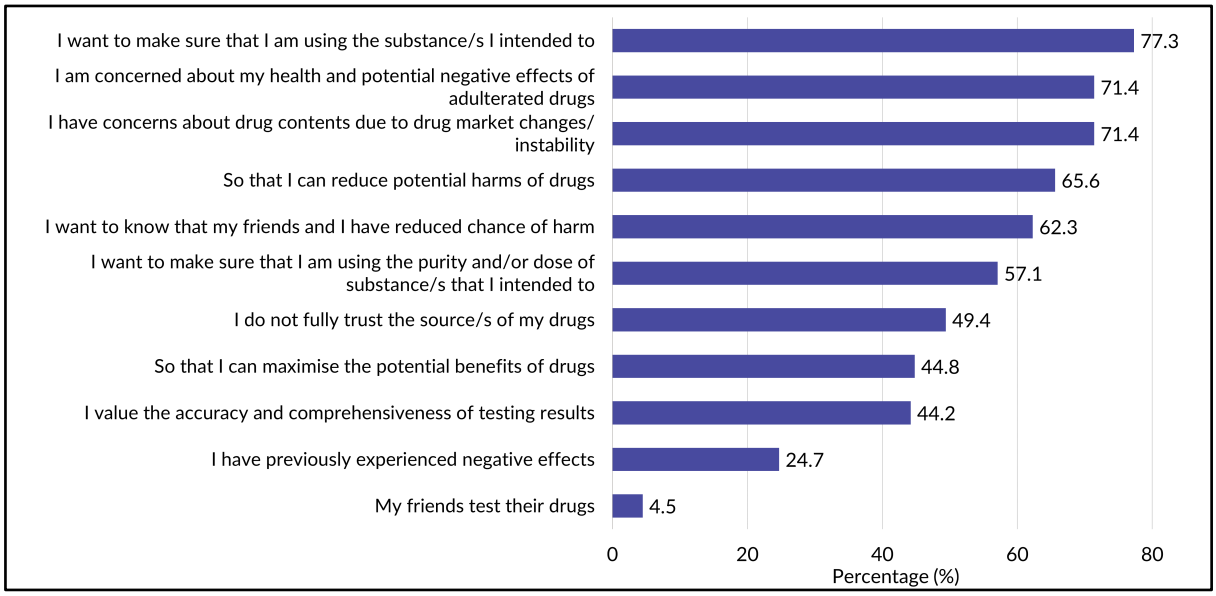


N=153

Motivations for drug checking

The primary reasons that Victorians wanted to access drug checking services were to ensure they were consuming the substances they intended to (77.3%), as well as due to concerns about their health related to potential negative effects of adulterated drugs (71.4%) and concerns about drug contents due to changing and unstable drug markets (71.4%; see Figure 15). 44.8% of Victorians also mentioned a desire to maximise the potential benefits from substances (44.8%) and 24.7% were motivated to use drug checking services because they had previously experienced negative effects (24.7%). Almost three quarters of Victorians directly mentioned concerns for their health as a reason to use drug checking services, which directly challenges the idea that people who use drugs are primarily risk takers and do not care about their health.

Figure 15. Reasons to use drug checking services

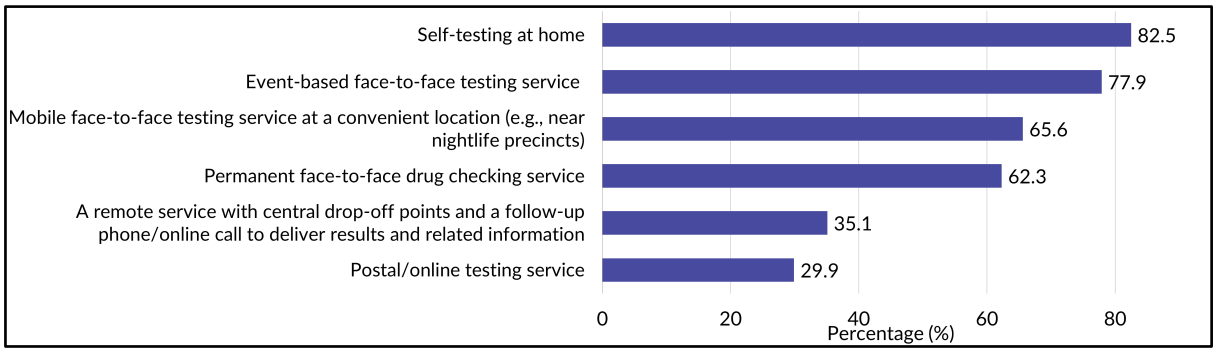


N=153

Drug checking service preferences

Regarding preferences for specific types of drug checking services, over three quarters of Victorians would use self-testing kits at home (82.5%) or event-based face-to-face services (77.9%) and most would use mobile (65.6%) or permanent (62.3%) face-to-face services (see Figure 16).

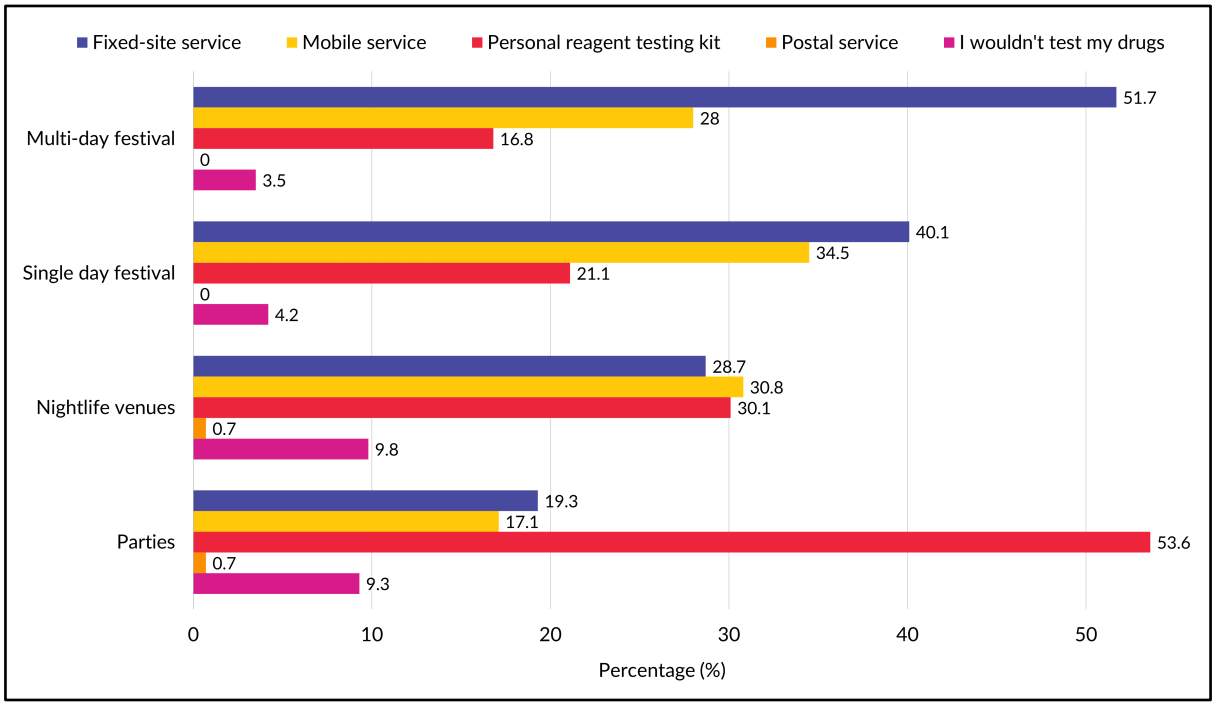
Figure 16. Preferred types of drug checking services



N=146

Victorians would prefer to use fixed-site drug checking services at multi- (51.7%) and single-day (40.1%) festivals, while preferences for fixed-site (28.7%) or mobile (30.8%) services and personal reagent testing kits (30.1%) were similar for when attending nightlife venues (see Figure 17). Victorians expressed a preference for reagent testing when attending parties, despite expressing less interest than people outside of Victoria (48.7% vs 58.5%), but higher interest than non-Victorians in utilising fixed-site (17.5% vs 12.3%) and mobile drug checking services (15.6% vs 9%), χ^2 (5, n = 366) = 11.86, p = .037.

Figure 17. Preferred access to drug checking services when going to different events



N=143

Reagent testing kits - SSDP Australia's Safer Partying Initiative

Of those attending university in Victoria (*n*=48), 85% would access a program that provided free personal reagent testing kits or testing strips alongside harm reduction information at their university. In comparison, an almost equal 84% of those not currently at university would access a program at a university near them. 39.4% of respondents indicated they would pay up to $30 for personal reagent testing kits provided by a peer organisation, while 43.7% would only use it if it were free. These findings highlight the importance of programs like SSDP Australia's Safer Partying Initiative that bring peer-led drug education and reagent testing kits to university campuses.

Additional services, reforms, and engagement

Support for drug alerts, drug checking, peer-led harm reduction services, and decriminalisation was extremely high among Victorians:

- Access to timely drug alerts was very or extremely important to 83.8% of Victorian respondents;
- Almost all Victorians indicated that they believed drug checking and peer-led harm reduction services and drug alerts could support safer drug use experiences (96.1%); and
- 86.5% of Victorians indicated that they would support the decriminalisation of all drugs for personal use in Australia.

Decriminalisation, regulation, and treatment

Victorians shared their perspectives on decriminalisation, regulation, and legalisation, with multiple people commenting that drugs were "health issue" and "not a criminal issue". One person stressed that *"people should have legal bodily autonomy, their body their choice"*, and another commented that *"no one's life should be ruined for having a bit of fun while partying."* While some respondents described their views on decriminalisation policies only, most spoke of the need for multiple reforms. Some people described decriminalisation as *"simply the first step to the ideal end point"*, and elaborated that they *"support full legislation of most drugs (i.e. safe, regulated supply of drugs), and decriminalisation of all drug use and possession offences."* The primary reasons shared for decriminalising drugs were summarised in the following quote:

> *"It would lead to greater access to support for people who use drugs if they knew they wouldn't face legal consequences. It would create a safer environment for drug users if they knew they could seek help and receive it, rather than being afraid of jail or violence. It would enable us to have open and honest conversations about safe drug use and harm [reduction]."*

Criminalisation, addiction, and stigma were the three key issues that respondents thought decriminalisation and regulation could address. Many Victorians saw criminalisation and current regulations as increasing or creating harms. One person commented that, *"Criminalisation of drug use causes the greatest amount of harms, not the substances themselves… a safe, regulated supply that does not attract any legal penalties will reduce harms."* Numerous people described a harm reduction approach, commenting on the need to address "avoidable harm" through regulation and education, and avoiding targeted policing of people who use drugs and harmful sniffer dog practices. Some people spoke specifically about the profiling that is facilitated by criminalisation, and how decriminalisation could *"protec[t] people who are disproportionally impacted not only by drug use but by profiling"*. Another respondent also noted that police practices currently *"scare [people] into taking too large of a dose just to avoid being caught with it"*, speaking to how people who party experience harms as a direct result of policing tactics. Fear of legal and social consequences were mentioned by numerous Victorians as preventing safer drug use. As one person commented, *"Decriminalisation leads to safer drug use. People will use drugs regardless, so it is vital to make sure it is as safe as possible and people can seek help without judgement or punishment."* Additionally, the criminal system was commonly described as harmful, and decriminalisation was described as a way of *"prevent[ing] people getting sucked into the justice system and traumatised by it for no reason"*. Other respondents spoke to the need to expand harm reduction to provide support for *"both [the] drugs and the laws"*, commenting that, *"going to gaol for using recreational drugs [can be] much worse for your life path than using the drugs themselves"*.

A few people described their experiences of how the War on Drugs had failed them, their family and friends, and wider communities. This was reflected in the following quote contrasting criminalisation against regulation:

> *"Young people receive life altering criminal convictions for small quantities of drugs, and experience avoidable harm from drugs that would not happen if they were regulated and people were educated on use. It is a double standard and does not make any sense. The war on drugs has not and will not ever work, and our leaders are not listening to experts. It*

is a disgrace. Drugs should be made legal and regulated like alcohol, and people should be educated and allowed to make their own decisions, just as we do with alcohol."

Other Victorians saw decriminalisation as a way to reduce the harms of unregulated substances, commenting that *regulation "would decrease the amount of extremely harmful black market drugs being sold".* One person shared a scary experience of taking adulterated drugs, and called for reforms to address preventable harms:

> *"In 2019 myself and some friends took what we thought was mdma, it was a nasty bathtub mix and sent all of us to hospital. All of us thankfully are okay, but ptsd still occurs, even 6 years later. Decriminalising, reducing stigma and making testing accessible may have meant we tested what we were taking prior to use. Decriminalisation of drugs will save lives."*

Decriminalisation was commonly perceived as a key step towards addressing stigma, implementing meaningful drug education, and improving pathways to drug treatment and support. As one person described, the criminalisation of drugs is a substantial barrier for people to seek support, and instead, *"decriminalisation and better education"* can result in *"less fear of authority presence leading to [overdose], less fear of judgement from support services allowing to find the support and help we need."* Multiple people named the impact of good drug education in shifting towards destigmatisation and beginning to heal communities affected by the War on Drugs. As described by one Victorian: *"We could end drug associated death with better harm reduction and health communication, similar to what was done during the AIDS epidemic. The more we are open and educate instead of discriminate, the better off we all are".* Another person commented that destigmatisation should be accompanied by *"a more proactive"* approach to drugs, *"where those found with drugs can be shown to services that help and educate them around drug use, instead of a punitive system."*

Numerous respondents described the positive health outcomes of drug law reforms. As one person commented, *"It is evidence based that when drugs are decriminalised there are better health outcomes for users, less overdose deaths, more people accessing recovery services, and the drugs being distributed are often more pure."* Victorians who supported decriminalisation often drew distinctions between drug use that people did and did not require support for, and decriminalisation was perceived to address harmful drug use and improve treatment options and outcomes for people in need. Some respondents noted that *"the majority of people do not abuse recreational drugs"* and that *"decriminalisation, with accompanied destigmatisation campaigns [could] change the conversation about recreational drug use"*. One person elaborated on how destigmatisation could assist with people seeking different kinds of support:

> *"Particularly for drugs such as marijuana and psilocybin, which many people I know use for mental health benefits, there needs to be more conversation around the difference between substance use and substance dependency, so people can better monitor their own habits and have those conversations with friends, to know when substance use may be becoming a concern."*

Multiple people compared alcohol to currently illicit drugs, commenting on the high rates of "violence", "morbidity", and "mortality" associated with and resulting from alcohol regulations. One person noted that *"the discrepancy between alcohol and other drugs does not make logical sense – alcohol causes more harm, yet it legal and celebrated [while] drug law ruins lives."*

Victorians highlighted that a model of regulated supply already exists with alcohol, and that this should be drawn on and learned from to build a supply model for other drugs. Other people commented on learnings from regulatory models in other countries as well: *"[Decriminalisation is] proven to work in other countries, whether legal or not people are going to keep using drugs, education and harm reduction (like with alcohol) is key."*

Other people noted the wealth of evidence from other countries on how regulation can reduce drug-related deaths. One respondent described the benefits of regulation shown through Portugal's reforms:

> *"People would stop dying from drug-related deaths, so absolutely drug use should be decriminalised. Look at what Portugal did. The results were outstanding and drug use didn't increase nor decrease, it just became safer to use drugs. People are going to do what they like with their bodies anyway so as tax-paying citizens who rely on our government to provide some level of safety within their means of control, drugs should absolutely be decriminalised."*

These attitudes were mirrored by other Victorians, with one person commenting on the widespread social and economic benefits of decriminalisation and regulation: *"By decriminalising we can reduce the burden on social, judicial and health services and tax the safe sale of recreational drugs."* Decriminalisation was also framed as an equaliser and opportunity for people who experience challenges with their use, as well as for suppliers and distributors to operate legally. This was reflected in a quote from one Victorian, who described how current policy creates worse outcomes:

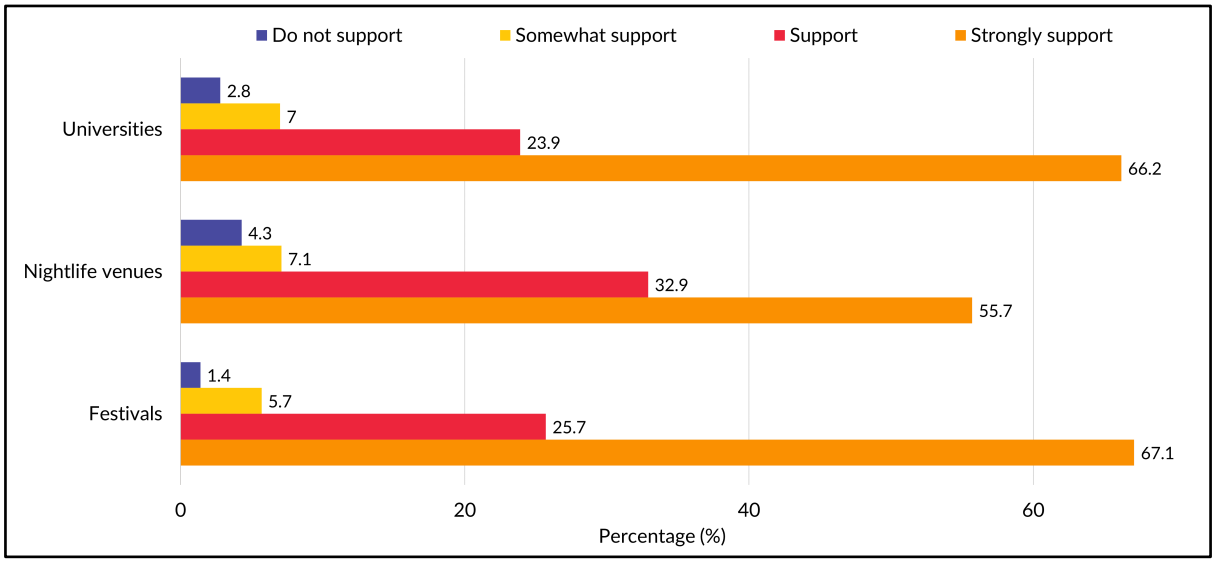
> *"I spent years stuck in an addiction cycle because I was too afraid I'd be convicted of drug offences. I've also seen how people get stuck in drug dealing as a means to survive because of mental health issues or a disability. Decriminalisation I hope would level the playing field and let people who use them get off them if they want, people who sell them a way to change their lives, and people who just want to use them a way to engage safely."*

Another respondent commented on the importance of regulatory models addressing and reducing barriers to access currently faced by medicinal cannabis clients: *"Safe supply that has no barriers to access, gov[ernment]s make us bend over backwards to access bud and its expensive - would not like that for other drugs".*

Participation in advocacy

Victorian respondents overwhelmingly support or strongly support community-based advocacy efforts in festivals (92.8%), universities (90.1%), and nightlife venues (88.6%; see Figure 18). Over a quarter of Victorian respondents (26.6%) said their preferred way of engaging in activism to change drug policy was to share their personal experience of drug use with researchers, and 26% said they would attend events. Slightly less reported that they would share their personal experiences with drug use activists (20.1%) or policymakers (18.2%). Other forms of organising and advocacy that involved a greater time commitment were selected by between 9-17%, while only 2.6% would be interested in door-knocking (see Figure 19). Additionally, Victorian respondents were significantly more likely to want to get involved in advocacy involving communications, marketing, and/or design, in comparison to respondents from other states (13.2% vs 5.8%), χ^2 (1, n = 366) = 5.32, p = .021.

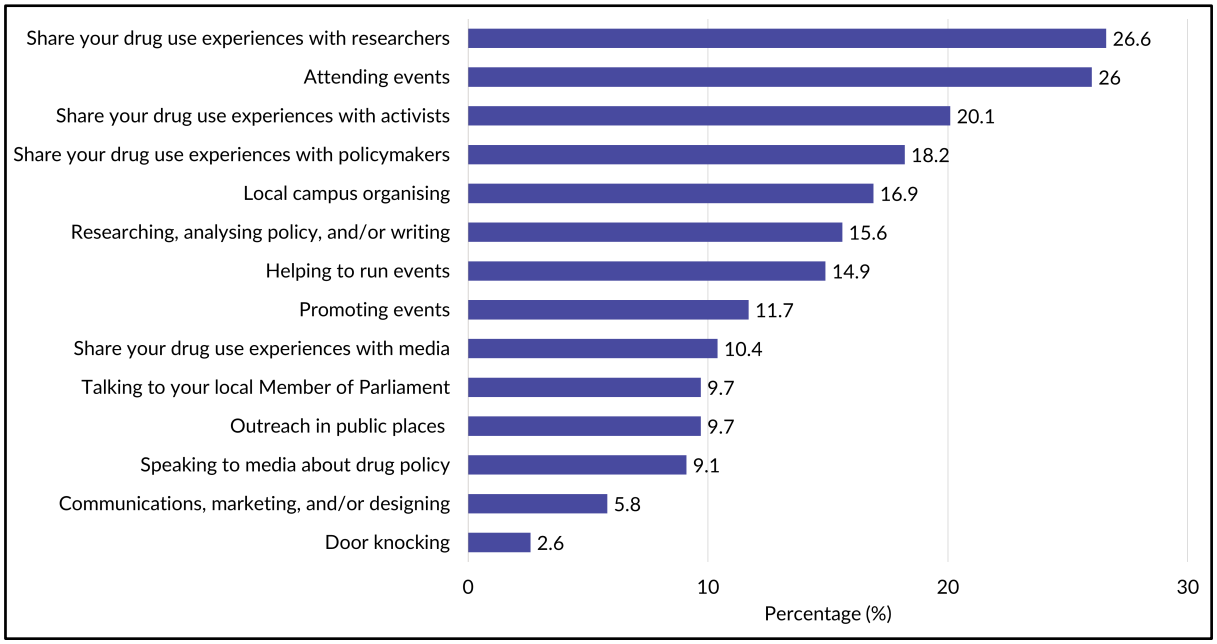
Figure 18. Support for community-based advocacy in different settings



N=73

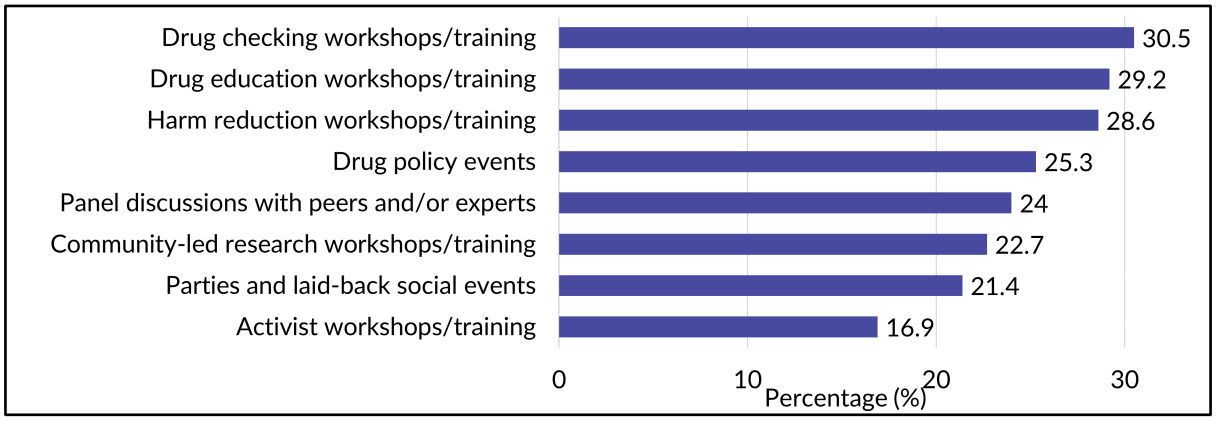
Just under a third (30.5%) of Victorians indicated that they would attend drug-checking workshops or training, 29.2% would attend drug education workshops or training, and 28.6% would attend harm reduction workshops or training (see Figure 20). Interest in attending other training and events was also reasonably high at around a quarter of respondents.

Figure 19. Preferred forms of activism



N=73

Figure 20. Preferred attendance at alcohol and other drugs related events



N=73

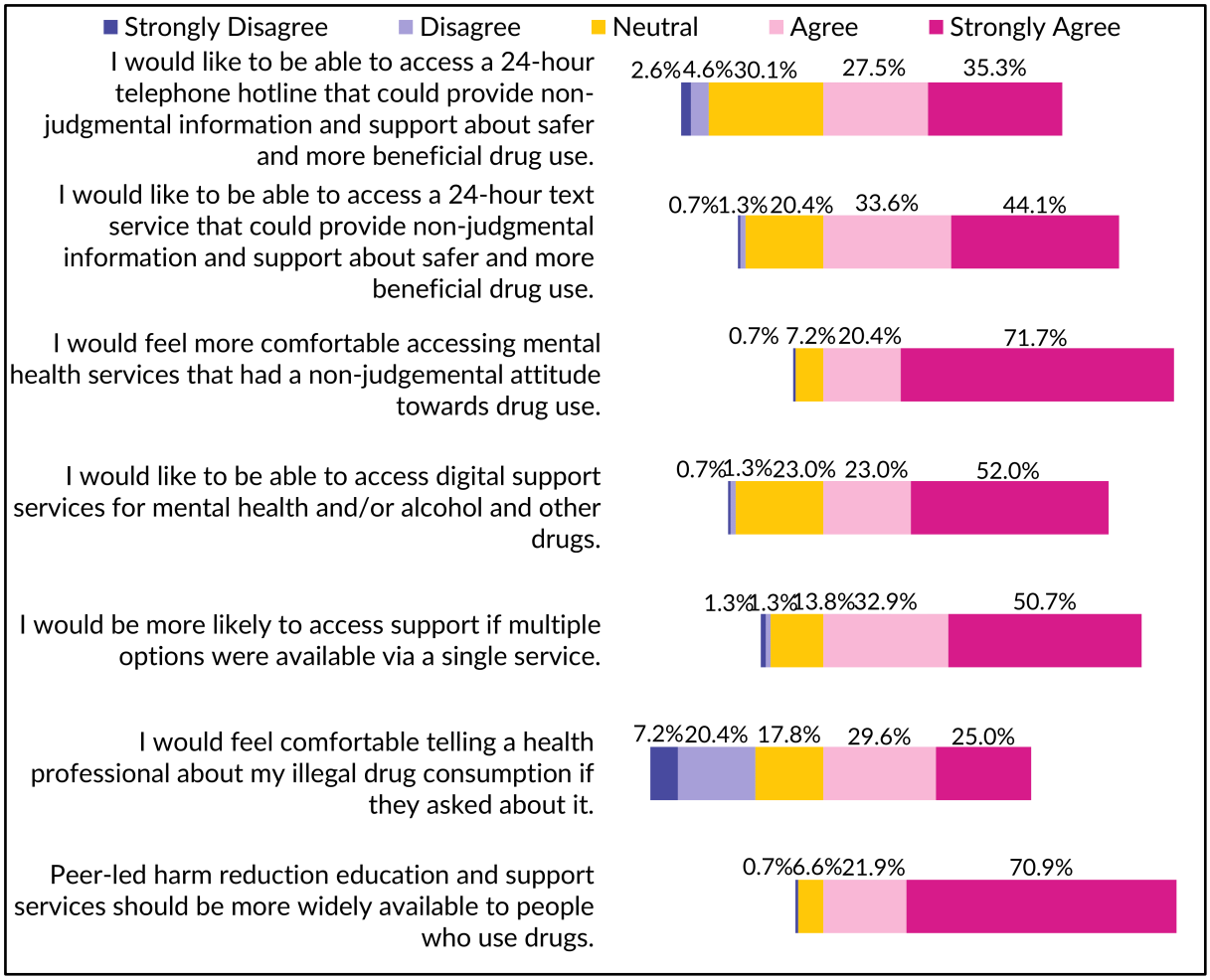
Victorian service availability and integration

Only half of Victorians (54.6%) would feel comfortable disclosing their substance use to health professionals (see Figure 21). Almost all Victorians would feel more comfortable accessing mental health services with non-judgemental attitudes towards drug use (92.1%) and three-quarters would like to be able to access digital mental health and/or alcohol and other drug support services (75%). Importantly, the vast majority of Victorians would like to be able to access multiple support options from a single service (83.6%) and almost all agreed that peer-led harm reduction education and support services should be more widely available (92.8%).

Additionally, four significant findings were identified across the questions surrounding service availability in Victoria:

- More queer Victorians strongly agreed that they would like to access non-judgemental mental health services than non-queer Victorians (35.0% vs 24.7%), χ^2 (4, n = 366) = 15.37, p = .004;
- More queer Victorians strongly agreed that peer-led harm reduction education and support services should be more widely available to people who use drugs (35.0% vs 23.7%), χ^2 (4, n = 366) = 14.81, p = .005;
- More gender-diverse Victorians strongly agreed that peer-led harm reduction education and support services should be more widely available to people who use drugs (35.0% vs 29.6% of females and 27.0% of males), χ^2 (8, n = 366) = 20.44, p = .009; and
- More gender-diverse Victorians strongly agreed that they would like to access non-judgemental mental health services (37.5% vs 28.6% of females and 29.2% of males), χ^2 (8, n = 366) = 18.56, p = .017.

Figure 21. Preferences for state-based, integrated and digital harm reduction and treatment services



N=152

Summary

Victorians made up the largest portion of the national sample of the #BeHeardNotHarmed Survey at 154 of a total 366 people. The median age of Victorian respondents was 29 and a third were current students. Most of the sample had attended a music festival and used an illicit substance in the previous year. Almost all Victorians reported adopting multiple harm reduction practices when using substances.

Although about half of Victorian respondents accessed mental health and alcohol and other drug support, there were significant barriers to accessing these services. Specifically, over half of Victorians mentioned legal concerns and just under half mentioned stigma concerns as barriers to accessing these services.

Almost all Victorian respondents would test their drugs at a drug checking service and indicated a variety of motivations for doing so. Primarily, about three quarters of Victorians wanted to ensure they were consuming the substances they intended to, noting health concerns related to potential negative effects of adulterated drugs and unstable drug markets. Despite this, about 7 in 10 Victorians reported inaccessibility of drug checking service locations or personal drug checking kits and almost half of Victorians indicated police presence or other legal concerns as barriers to accessing these services.

Victorian respondents overwhelmingly supported community-based advocacy efforts across different locations. Almost all indicated the importance of a non-judgemental attitude towards drug use in mental health services and a similar number agreed that peer-led harm reduction education and support services should be more widely available, with both types of services being particularly important for queer and/or gender diverse Victorians.

In summary, these findings provide insights into the unique experiences and preferences of young adults who party and use drugs, and address gaps in existing research to inform policy reforms and the design and delivery of key services to improve the lives and wellbeing of people who use drugs.