WE WANT TO #BEHEARDNOTHARMED: NATIONAL SURVEY REPORT

STUDENTS FOR SENSIBLE DRUG POLICY AUSTRALIA

OCTOBER 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.

Executive Summary

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.

In recent surveys by SSDP Australia, Harm Reduction Australia, and Family Drug Support Australia, different communities have expressed support for drug checking services, an early warning system (including drug alerts), peer-led harm reduction, and broader decriminalisation measures.[1,2,3,4] A number of harm reduction initiatives are available for young adults who use drugs in party settings across different jurisdictions in Australia, including peer-led harm reduction services at events (e.g., DanceWize in NSW, VIC, and NT, and ConsciousNest in QLD), fixed-site drug checking at CanTEST in the ACT,[5,6,7,8] and more

[1] Farah B, Stronach O, Kent N & Houston J (2022) 'Community survey of drug policy research report: July 2022,' *Students for Sensible Drug Policy Australia.* Available here.
[2] Span C, Stronach O & Farah B (2024) *Families, professionals, and young people: Three national surveys exploring attitudes towards drug policy reforms.* Family Drug Support Australia, Harm Reduction Australia & SSDP Australia.
[3] Madden A, Span C & Vumbaca, G (2022) 'HRA Biannual Survey Summary Report 2021-2022,' *Harm Reduction Australia.* Available here.
[4] Span C (2022) 'Time for change report: voices to be heard survey,' *Family Drug Support.* Available here.
[5] Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) (2023) CanTEST Health & Drug Checking. Available here.
[6] Olsen A *et al.* (2022) CanTEST Health and Drug Checking Service. Australian National University: Canberra, ACT. Program Evaluation: Interim Report. Available here.
[7] Vumbaca G, Tzanetis S, McLeod M & Caldicott D (2019) *Report on the 2nd Canberra GTM Pill Testing Service*, Harm Reduction Australia, Canberra. Available here.
[8] Olsen A, Wong G & McDonald D (2019) *ACT pill testing trial 2019: program evaluation*. Australian National University, Canberra. Available here.

recently CheQpoint in QLD, as well as drug alerts (usually developed collaboratively e.g., through health and government agencies, peer organisations, and service providers). However, there are still substantial and damaging gaps in service availability requiring immediate attention, which SSDP Australia have detailed in our Policy Statements on Drug Checking & Early Warning Systems, Peer-led Harm Reduction for Events, and Drug Detection Dogs & Strip Searching.

Young people who use drugs have been shown to value information regarding the harms associated with illicit drugs, and in the absence of accessible and government supported harm reduction services, many Australians have been actively involved in harm reduction practices to reduce or mitigate risks at an individual level (including utilising drug-report websites and reagent testing kits).[9,10,11] Despite evidence of public support and the support of potential service users, these individual practices have not translated into widespread government-supported drug checking services across Australia.[12,13]

Service access and availability is unequal across the country, and numerous barriers exist to accessing services, particularly because of ongoing stigma and discrimination, as well as the geographical locations of available services, with many services not available in key jurisdictions.[14,15] Moreover, the impacts of stigma and discrimination are exacerbated for already dispossessed, targeted, and otherwise marginalised populations, including First Nations Peoples. As commented by one respondent, *"Criminalisation of drug use disproportionately negatively impacts people of colour and Aboriginal and Torres Strait Islander peoples. It's important for conversation around drug safety and destigmatising drug use to be culturally inclusive."* SSDP Australia strongly supports the self-determination of First Nations Peoples, and advocates that services designed and led by First Nations Peoples are most appropriate for providing tailored and meaningful support.

Additionally, the findings from this survey highlight how the implementation of new (or expansion of existing) harm reduction services needs to consider barriers to access that result from stigma and criminalisation. As one person commented on the implication of policing for service access, *"Any police presence around any service will mean nobody turns up. The police have been actively trying to kill us for decades. They are not part of any harm reduction solution."* SSDP Australia has particular concerns about how the implementation of drug checking at mobile locations (such as at festivals and in nightlife districts) could be impeded by police

[9] Span C, Farah B & Stronach O (2024) A scoping review of Australian literature on people who use MDMA and their harm reduction practices. *Contemporary Drug Problems 51*(1): 25-44. Available here.
[10] Groves A (2018) '"Worth the test?" Pragmatism, pill testing and drug policy in Australia.' *Harm Reduction Journal 15*(12): 1-13. Available here.
[11] Gamma A, Jerome L, Liechti ME & Sumnall HR (2005) Is ecstasy perceived to be safe? A critical survey. *Drug and Alcohol Dependence 77*(2): 185-193. Available here.
[12] Day N, Criss J, Griffiths B, Gujral SK, *et al.* (2018) 'Music festival attendees' illicit drug use, knowledge and practices regarding drug content and purity: a cross-sectional survey.' *Harm Reduction Journal 15*(1): 1-8. Available here.
[13] McAllister I & Makkai T (2021) The effect of public opinion and politics on attitudes towards pill testing: Results from the 2019 Australian Election Study. *Drug and Alcohol Review 40*(4): 521-529. Available here.
[14] Australian Drug Foundation (ADF) (2021) 'Barriers to access'. Available here.
[15] Australian Injecting & Illicit Drug Users League (2017) *Stigma and Discrimination as Barriers to Health Service Access for People Who Use Drugs*. Available here.

presence, creating a context where a criminalised and targeted population must choose between harm reduction or being identified by police and risking criminal charges.
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. The survey will inform both the future directions of the #BeHeardNotHarmed campaign, and SSDP Australia's continued advocacy for drug law reform. For a focussed analysis of Victorian data, see our VIC Report.

Key findings

Of the 366 respondents, most were female, aged 40 or younger, residing in eastern states (VIC, NSW), engaged in full-time work, not currently involved in the AOD sector, and left-leaning in their voting preferences. Nearly all respondents reported consuming alcohol and using illicit drugs in the past year, with cannabis being the most used. The majority frequented festivals, nightlife venues, pubs, and bars, where alcohol and drug use were prevalent. Our sample adopted multiple and diverse harm reduction practices when using substances, with only 2.7% selecting none of the options listed, and more queer people reporting harm reduction practices.

Over half of the sample sought drug information and support from their friends as their primary source, while peer-led harm reduction organisations, friends with professional expertise, and online drug forums were preferred by just under half of respondents. The popularity of different sources differed across gender, age, sexuality, and state of residence. While the respondent perspectives on the relevance of their previous drug education differed across the sample, Twitter/X, workplace volunteer training and experience, and dealers or suppliers, were thought to be the more relevant sources of drug education.

If accessible, most of our sample wanted to access drug checking services, pill reports and drug alerts, peer-led harm reduction organisations, and drug websites and forums for information and support, while only 18% would prefer to access medical professionals. Half had accessed a mental health service in the past year, with only 10.1% accessing an alcohol or other drug service for support. Almost three-quarters of respondents reported that they would prefer to access services run by peers, with people commenting on the safe(r) spaces offered, better understanding by peers of their experiences, and the importance of lived and living experience in providing meaningful support. Most respondents reported that criminalisation and associated legal concerns were barriers to accessing drug and mental health support. Around half also indicated that barriers to service access included consequences of drug use being listed on their medical records, their work finding out about their drug use, and judgement, stigma, and discrimination from medical professionals or wider society.

Almost all (85.5%) of respondents would test their drugs at a drug checking service and indicated a variety of motivations for doing so. Primarily, about three-quarters (72.7%) of respondents wanted to ensure they were consuming the substances they intended to, noting health concerns related to the potential negative effects of adulterated drugs and unstable drug markets (71.3%). Despite this, about 7 in 10 respondents 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. Just under 80% of the sample indicated that they would access a harm reduction and drug checking workshop with free reagent testing kits held at university campuses, demonstrating widespread support for SSDP Australia's Safer Partying Initiative.

The majority (84.7%) of respondents supported the decriminalisation of all drugs for personal use. Comments showed that decriminalisation is seen to reduce harms associated with criminalisation, enable greater harm reduction, and reflect the realities of drug use, and was viewed by numerous people as a step towards legalisation and safe supply.

> *"Because people are going to use drugs if they are illegal or legal, only thing making them illegal is doing is creating shame, stigma and more money for a corrupt system built on disenfranchised people. If someone wants to stop using, they come to that decision on their own time. Fining them, imprisoning them is only adding trauma and obstacles to their lives which then can feed into committing other crime to get rid of the pain or pay off fines. It's a cycle. We need to break the cycle in any way we can. People are dying and desperate out here, and there are so many solutions. Decriminalisation of all drugs is one of them."*
> (26-year-old female, NSW)

Responses to state-specific questions across Victoria, NSW, and WA evidence the need for policy change and investment in harm reduction and health services. Victorian respondents were interested in accessing non-judgemental mental health, digital, integrated, and peer-led services, but were less interested in 24-hour telephone or text services, and were less comfortable discussing their illicit drug use with health professionals. Most NSW respondents saw police, drug detection dogs, and security presence as a deterrence to accessing on-site harm reduction and medical at events, and almost all indicated they would be more likely to access services if there were no legal risks. There was widespread support among WA respondents for establishing a WA peer-led harm reduction service for events, with most people indicating that they would access the service, and over half indicating that they would volunteer with the service.

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 provided 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 thematic coding of qualitative data, descriptives, chi-square tests, correlations, and crosstabs, with a p-value of less than 0.05 considered statistically significant. Statistically significant test data are provided in the Supplementary Materials, available as a separate document.

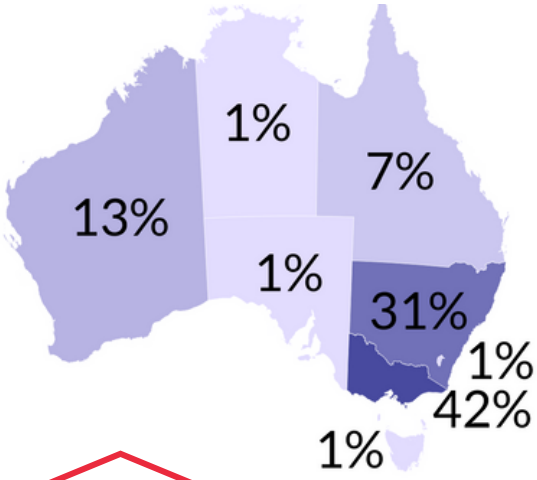
366

People completed the #BeHeardNotHeard survey

29

Median Age

State of Residence



Student Status

39% Students

8% TAFE

10% Postgraduate

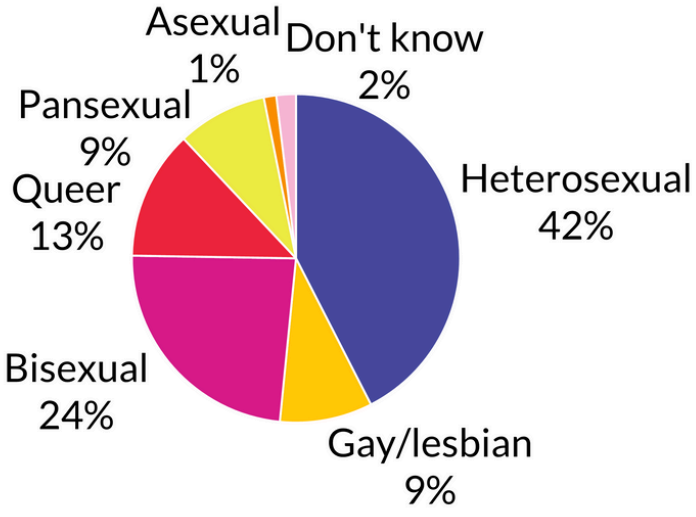
20% Undergraduate

Gender Identity

Woman or female	Man or male	Non-binary	Gender-queer	Gender-fluid	Other
52%	37%	8%	3%	3%	2%

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%	5%	25%	22%	35%	12%	2%

Results

Demographics

366 people completed the #BeHeardNotHarmed Survey. The median age of respondents was 29, and 33.9% were aged 25 and younger, 52.2% were aged 26 to 40, while 13.9% were aged 41 and older. 51.6% identified as female, 37.4% as male and 7.9% as nonbinary. Just under half described their sexual orientation as straight (42.5%), with a high representation of queer respondents (41.4%). 33.6% were current students, and 70.7% had an undergraduate diploma, TAFE qualification, or higher. 51% were engaged in full-time work, 21% in part-time work, and 12% in casual employment.

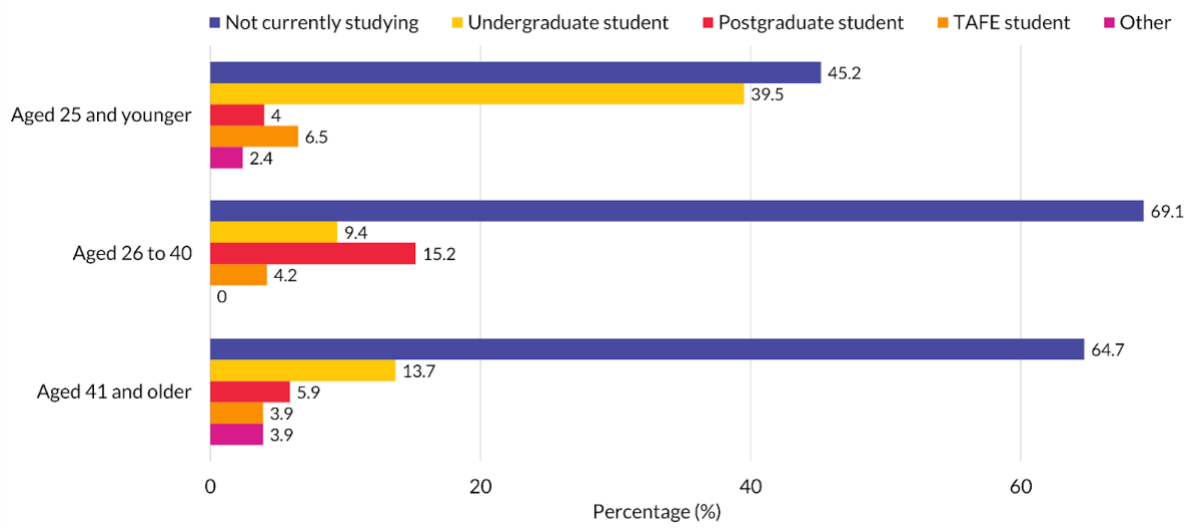
24.2% of people were currently involved in the alcohol and other drug (AOD) sector, including in harm reduction services (7.6%), general service provision (4.6%), research (2.8%), advocacy (2.5%), mental health services (2.0%), and other relevant fields (2.0%). More older respondents (p = .014) and students (p = .044) were currently involved in the AOD sector.

Age, location, and occupation

Chi square results indicated several significant relationships between respondent age, location, and other key demographic variables, including the following:

- More young people were currently studying, either as part-time or full-time students (p < .001; see Figure 1).
- Less young people were in full-time employment and were more likely to be working casually (p < .001).
- More respondents living in NSW were aged 25 and younger, and more respondents living in VIC were aged 26 to 40 (p = .002).
- Less people living in NSW were in full-time employment (p = .018).
- More respondents living in NSW identified as queer (p = .012, and specifically gay or lesbian (p = .003).
- More young people identified as gender diverse (p = .042), and bisexual (p = .011); and more people aged 41 and older identified as straight (p = .014), and male (p = .014).

Figure 1. Student status across age groups



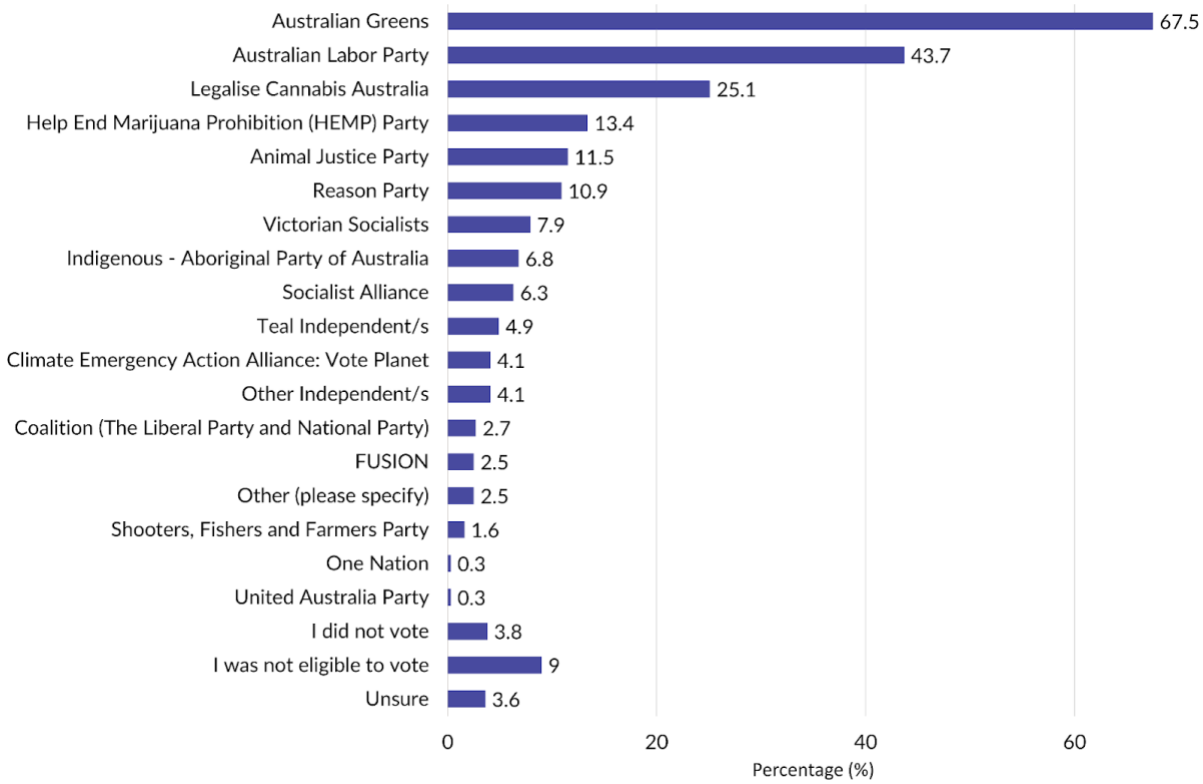
Gender and sexuality

Queer people were significantly less likely than straight people to identify as male ($p < .001$), and more likely to identify as gender diverse ($p < .001$); specifically: non-binary ($p < .001$), gender-fluid ($p = .048$), or gender-queer ($p = .005$). More male respondents identified as 'gay or lesbian' than female or gender diverse respondents ($p = .002$) and were significantly less likely to identify as bisexual ($p < .001$). Comparatively, more gender diverse people identified as pansexual ($p = .005$).

Voting preferences

Most respondents demonstrated left-leaning voting preferences, with the Australian Greens (67.5%), Australian Labor Party (43.7%), and Legalise Cannabis Australia (25.1%) the parties most voted for. Comparatively, a small percentage of people voted for right-wing parties.

Figure 2. Voting preferences in the 2022 Australian federal election



We also identified significant findings across voting preferences and demographic information, which suggested that younger people and people of diverse genders and sexualities were significantly more likely to have voted for left-wing parties, as well as the following key results:

- More young people voted for The Greens ($p < .001$).
- More male respondents voted for the Labor Party ($p = .004$).
- More gender diverse people voted for The Greens ($p = .043$), and more gender diverse and female respondents voted for the Animal Justice Party ($p = .016$).
- More queer people voted for left-wing parties and independents, including The Greens ($p < .001$), the Animal Justice Party ($p = .037$), Socialist Alliance ($p = .014$), Teal Independents ($p = .045$).

Nightlife attendance and substance use

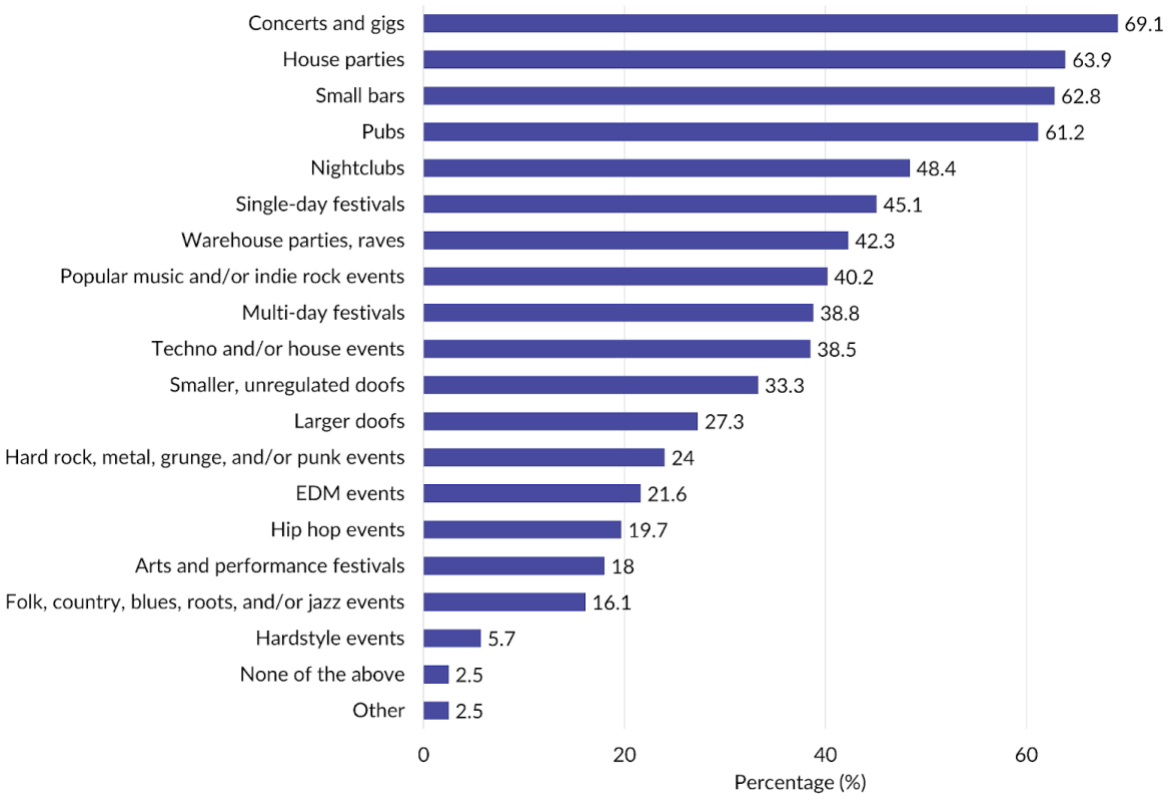
Nightlife attendance

Concerts and gigs (69.1%), and house parties (63.9%) were the most popular events or venues to attend, while warehouse parties and raves (42.3%) and popular music and indie rock events (40.2%) were the most popular events (see Figure 3).

People's preferences for festivals, events, and nightlife venues differed across demographic details. Specifically, preferences for different music were significantly associated with respondent location, age, and student status:

- EDM events were less popular among Victorians ($p < .001$).
- Techno or house events were more popular among younger people ($p = .014$). They were also more popular among Victorian respondents ($p = .014$), and less popular in NSW ($p = .020$).
- Folk, country, blues, roots, or jazz events were more popular among students ($p = .027$).
- Hardstyle festivals were more popular among NSW residents ($p = .008$).
- Popular music and indie rock events were less popular among gender diverse people, and more popular among female respondents ($p < .001$).
- Metal, grunge, and punk events were more popular among NSW residents ($p = .045$).

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

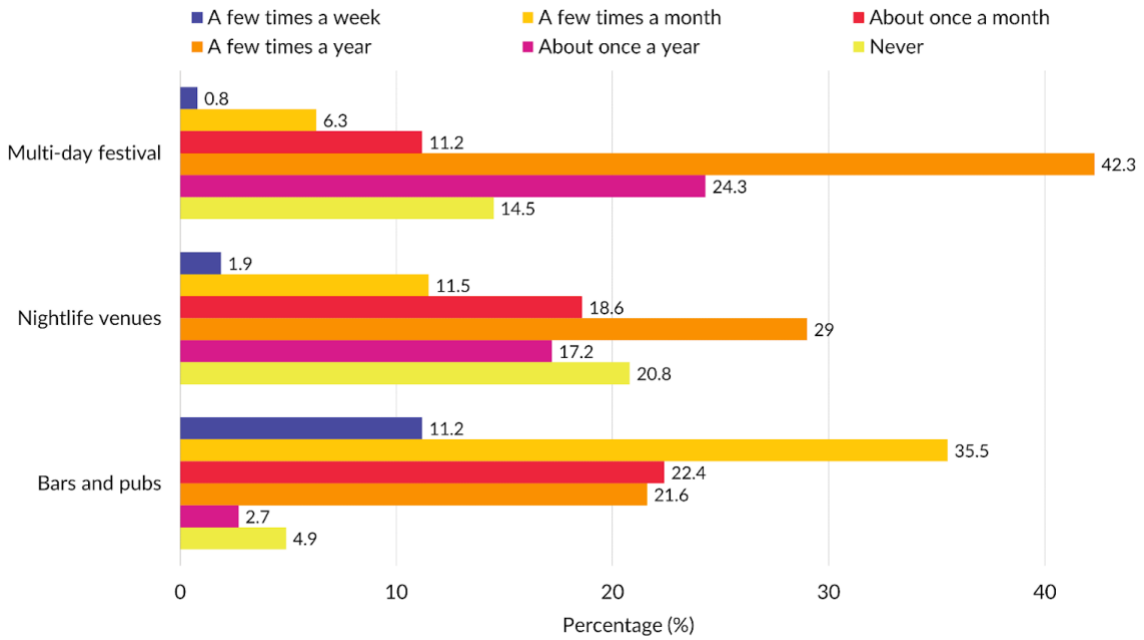


The length or type of events and type of nightlife venues preferred by our respondents also varied across age, gender identity, and sexuality:

- Multi-day festivals were preferred by younger people (p = .019).
- Single day festivals were more popular among female respondents, and less popular among people identifying as gender diverse (p = .032).
- Concerts and gigs were also more popular among female respondents (75.7% vs 62.1%), χ^2 (2, n = 366) = 7.93, p = .019.
- Warehouse parties and raves were more popular among queer people (p = .007), and people under 41 (p = .001).
- House parties were also preferred by queer people (p = .031), and people under 41 (p < .001).
- Nightclubs were more popular among queer people (p = .012), and Victorians (p = .026).
- Small bars were a preferred venue among people under 41 (p = .035).

84.9% of respondents had gone to a music festival in the past year, and 61.0% reported attending nightlife venues at least a few times a year (see Figure 4). 69.9% of respondents had gone to a pub or bar at least once in the last month. Younger people had significantly higher frequencies of attendance at nightclubs (p < .001), and music festivals and events (p < .001).

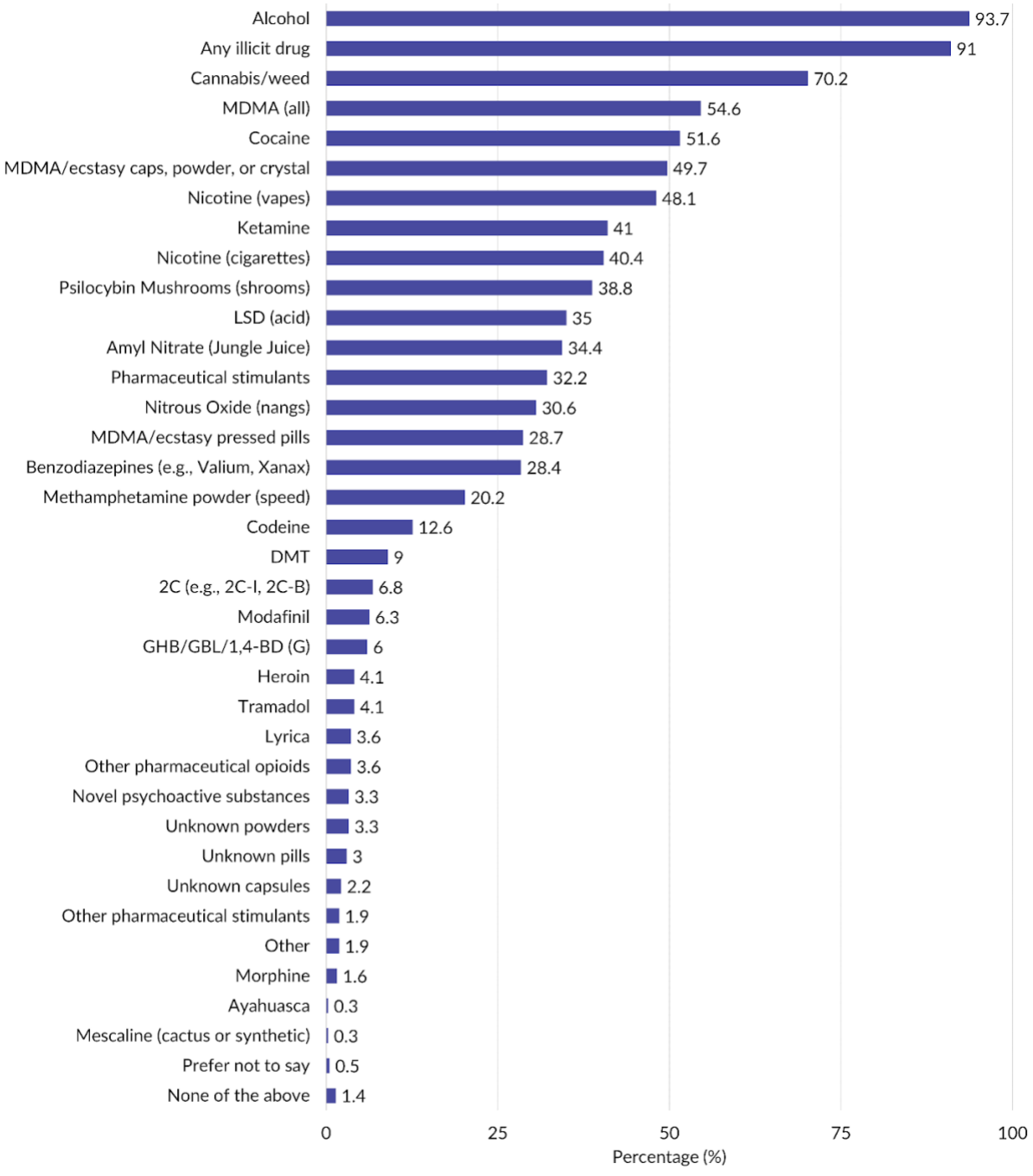
Figure 4. Frequency of event attendance



Substance use

91.0% of respondents had used an illicit drug in the previous year. Almost all had drank alcohol (93.7%), and most had consumed cannabis (70.2%) for non-medical reasons (see Figure 5). Just over half reported consuming MDMA (54.6%), cocaine (51.6%), and ketamine (41.0%). Nicotine vaping (48.1%) was more popular than cigarette smoking (40.4%). Psychedelics were consumed by just over a third of Victorians, including psilocybin mushrooms (38.8%) and LSD (35.0%). Additionally, amyl nitrate (34.4%), pharmaceutical stimulants (32.2%), and nitrous oxide (30.6%) were reasonably common among the sample.

Figure 5. Substances used in the last 12 months for non-medical reasons



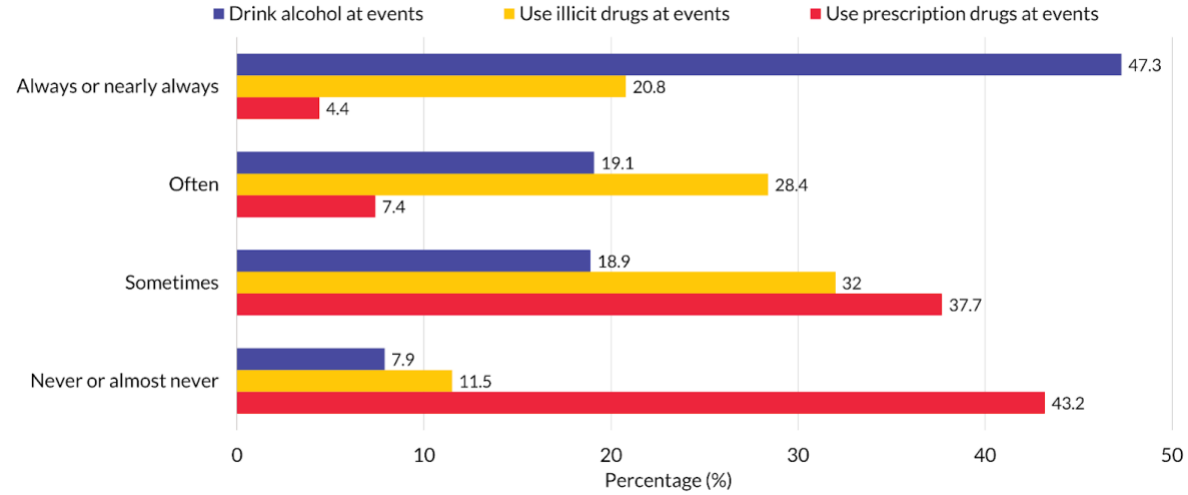
Chi-square tests indicated several statistically significant relationships between substance use and demographic variables:

- Alcohol use was reported by more younger respondents ($p < .001$).
- Speed use was reported by more respondents aged 26 to 40, followed by those 25 and younger ($p = .029$), more Victorians ($p = .002$), and less NSW residents ($p = .024$).
- Amyl use was reported by fewer people aged 41 and older ($p = .001$), more queer people ($p = .001$), more NSW residents ($p = .020$), and more gender diverse respondents, followed by male respondents ($p = .004$).
- Benzodiazepines were used by more respondents who were 26 and older ($p = .038$), and more Victorians ($p = .008$).
- Cannabis use was reported by less people aged 26 to 40 while being fairly equal across older and younger respondents ($p = .021$).
- Cocaine use was higher among people aged 26 to 40, followed by those under the age of 26 ($p < .001$), and was lower among students ($p = .011$).
- G use (GHB/GBL/1,4-BD) was higher among queer people ($p = .007$).
- Ketamine was used by significantly more people under 41 ($p < .001$) and was also reported by more queer people ($p = .030$), and Victorians ($p < .001$).
- LSD use was reported by more people under 41 ($p = .046$), and was more common among gender diverse respondents, followed by male respondents ($p = .002$).
- MDMA pills were used by more people under 41 ($p = .039$), more Victorians ($p = .001$), and less NSW residents ($p = .015$).
- MDMA caps, powder, or crystal use was reported by more people under 41 ($p < .001$).
- Nicotine vapes were used by more younger respondents ($p < .001$).
- Nitrous oxide (nang) use was significantly higher among young people ($p < .001$), and students ($p = .007$).
- Pharmaceutical stimulant use was higher among people under 41 ($p = .001$).
- Psilocybin mushrooms (shrooms) were used by more people under 41 ($p = .030$), and more straight people, one of the only substances for which queer drug use was not significantly higher ($p = .020$).

Frequency of substance use

When attending festivals, events, or nightlife venues, just under half of all respondents always or nearly always drank alcohol (47.3%), while just over a quarter often used illicit drugs (28.4%), and only 4.4% always, nearly always, or often consumed prescription drugs (Figure 6). Straight respondents ($p = .005$) and people who lived in Victoria ($p = .016$) reported using illicit drugs more regularly when attending events. Comparatively, people who lived in NSW reported using illicit drugs less regularly when attending events ($p = .045$).

Figure 6. Frequency of substance use when attending festivals, events, or nightlife venues as a patron



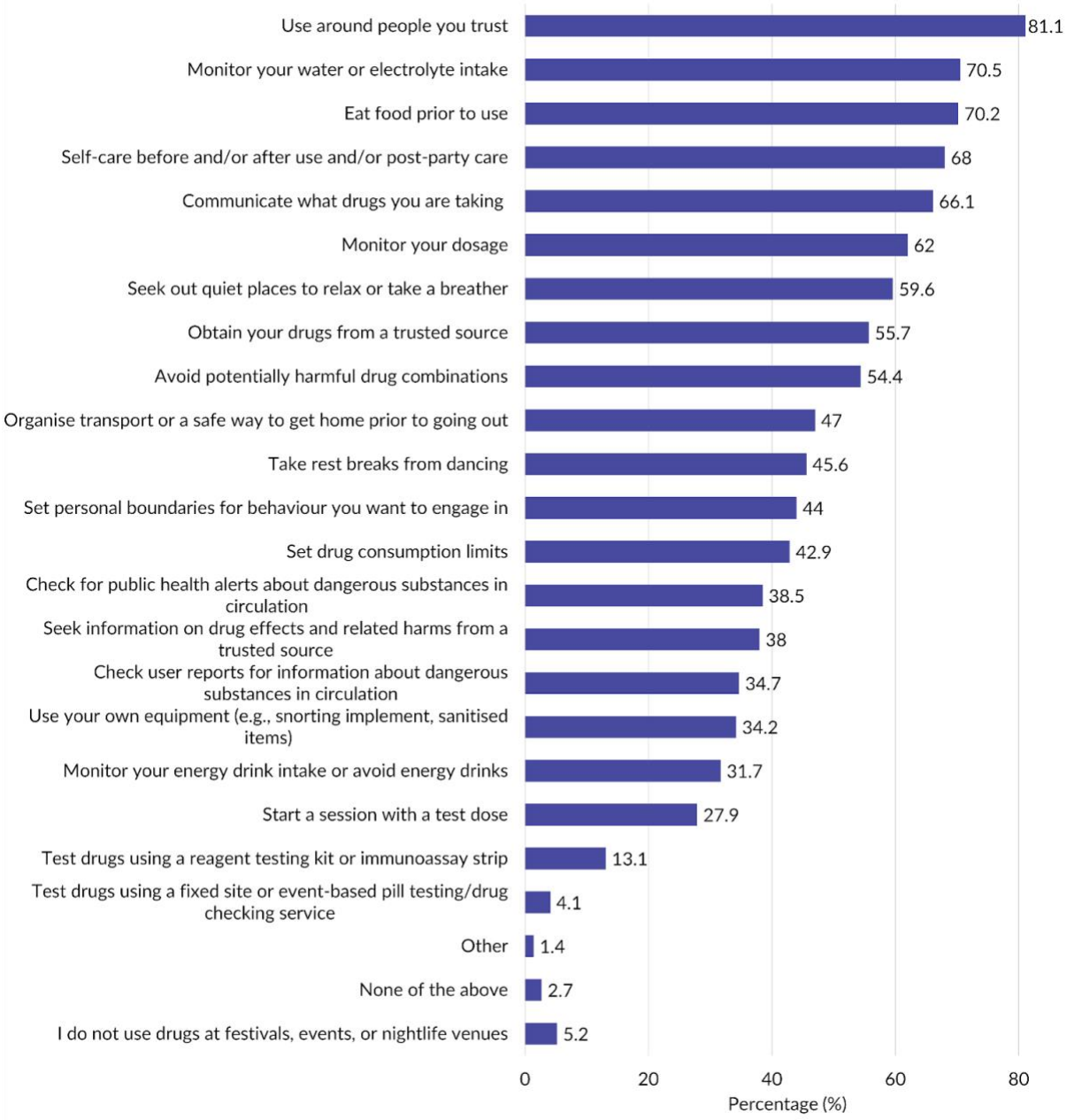
Harm reduction practices

Numerous harm reduction practices were adopted by respondents when using substances, with only 2.7% indicating they did not adopt any of the options that were listed (see Figure 7). Most respondents reported using around people they trust (81.1%), monitoring water/electrolyte intake (70.5%), and eating food prior to use (70.2%). Practising self-care before and/or after use (68%) and communicating with someone they trust regarding the drugs they were taking (66.1%) were also common harm reduction practices.

- Reagent testing was the only harm reduction practice that was higher among straight than queer respondents (14% straight vs 12.2% queer).
- Checking user reports for information about drugs in circulation was reported by more Victorians (p = .010).
- Checking drug alerts was reported by more people aged 40 and under (p = .021), more queer people (p = .022), and more NSW residents (p = .019).
- Seeking information on drug effects and related harms from a trusted source was reported by more queer respondents (p = .038), and NSW residents (p = .024).
- Practicing self-care before and/or after use was reported by more people aged 26 to 40, followed by those aged 25 and younger (p = .002).
- Monitoring dosage was reported by more queer people (p = .026), and younger people (p = .003).
- Avoiding potentially harmful drug combinations was reported by more younger people (p = .012), and less male respondents (p = .026).
- Taking rest breaks from dancing was reported by more people aged 26 to 40, followed by those aged 25 and younger (p = .001).
- Seeking quiet places to rest was reported by more younger people (p = .001).
- Monitoring intake of energy drinks or avoiding energy drinks was reported by more younger people (p = .025).
- Eating food prior to using substances was reported by more younger people (p = .036), and more female respondents (p = .031).
- Using around people you trust was also reported by more younger people (p = .004) and differed across genders (p = .003).

- Communicating what drugs you are taking with someone you trust was reported by more queer people (p = .027), and people aged 26 to 40, followed by people aged 25 and younger (p = .001).
- Organising transport home before going out was reported by more queer people (p = .049), and more female and gender diverse people (p = .026).
- Obtaining drugs from a trusted source was reported less often by students (p = .011).

Figure 7. Harm reduction practices when using substances



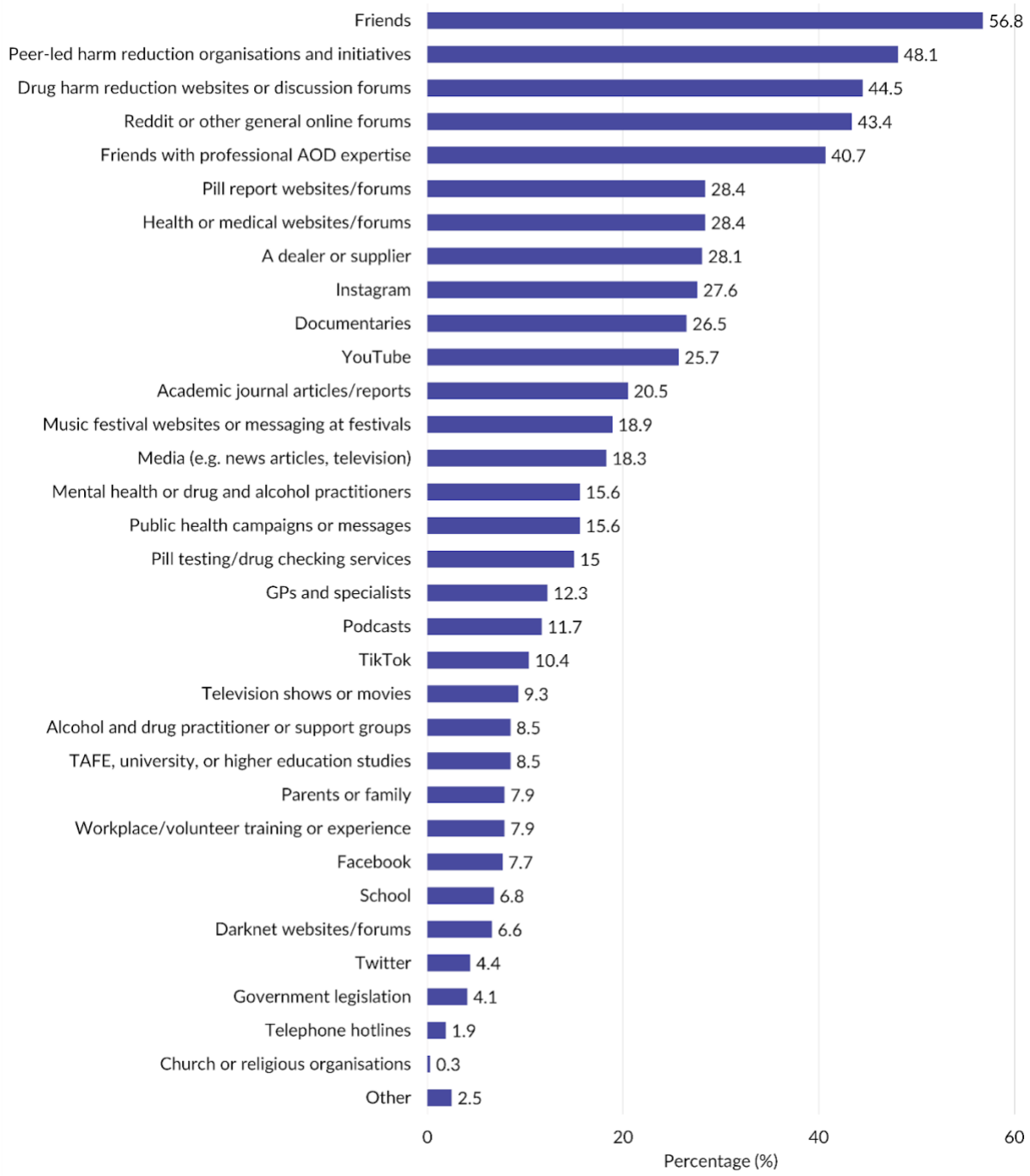
Drug information and service access

Access to drug information and support

Over half of respondents reported that their primary sources of drug information and support were friends (56.8%) and peer-led harm reduction organisations friends with professional AOD expertise (48.1%). Discussion forums, including drug-specific forums (44.5%) and Reddit (43.4%), were also commonly used sources of drug information. Almost one fifth of respondents identified using social media for their primary source of drug information (7.7% Facebook, 4.4% Twitter/X, and 10.4% TikTok), while comparatively low numbers identified government legislation (4.1%) and telephone hotlines (1.9%; see Figure 8).

- Peer-led harm reduction organisations were selected significantly more by people under 41 (p = .036), and people living in NSW (p = .012).
- Drug harm reduction websites and online forums were selected significantly more by young people (p = .032), and students (p = .043). They were also selected significantly less by female respondents (p = .005).
- Pill report websites were selected by significantly more queer respondents (p = .012), and Victorians (p = .016).
- Reddit or other general online forums were selected more by younger people (p < .001), and NSW residents (p = .017).
- Music festival websites and on-site messaging was selected by more Victorian residents (p = .031).
- School was selected significantly more by younger people (p < .001), and students (p = .001).
- Tertiary studies were selected more by queer respondents (p = .031), while academic journal articles were selected by more students (p = .014).
- Media was selected by significantly more female respondents (p = .019).
- YouTube was selected more by young people (p = .008), and less by female respondents (p = .021).
- Instagram was selected significantly more by queer people (p = .029), gender-diverse people (p = .034), people under 41 (p < .001), and people living in Victoria (p = .001).
- TikTok was selected by more young people (p < .001), and students (p = .037), and less by male respondents (p = .005).
- Friends with professional expertise around drugs were selected more by people aged 26 to 40 (p = .005).
- A dealer or supplier was selected by more Victorians (p < .001), and less NSW residents (p = .002).
- Workplace/volunteer training or experience was selected by more NSW residents (p = .038), and less Victorians (p = .041).

Figure 8. Main sources of drug information and support



The relevance of previous drug education was split across the sample, with only 23.5% indicating that their previous drug education was extremely relevant, 35.8% indicating it was very relevant, and 35% indicating it was somewhat relevant (see Figure 9).

Respondents suggested that Twitter/X (87.5% considered it very or extremely relevant), workplace or volunteer training and experience (82.8% very or extremely relevant), and interactions with dealers or suppliers (74.8% very or extremely relevant) were the most relevant sources of previous drug education (see Figure 10). In contrast, only 24% of respondents found drug education at school to be very or extremely relevant.

Figure 9. Relevance of previous drug education

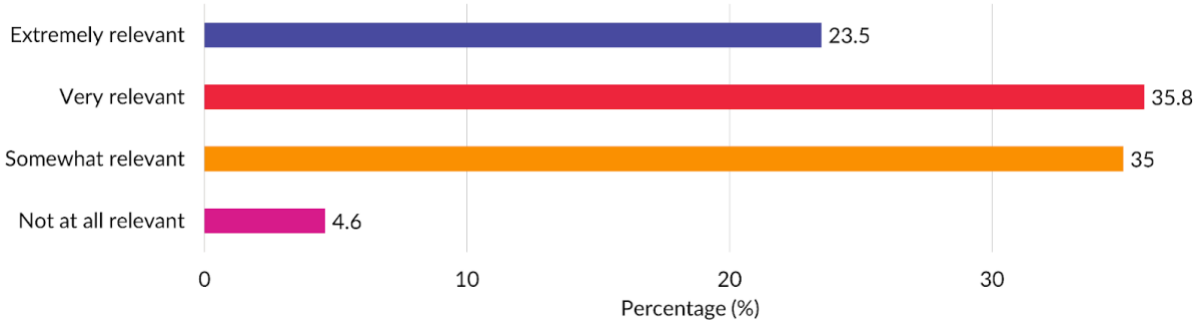
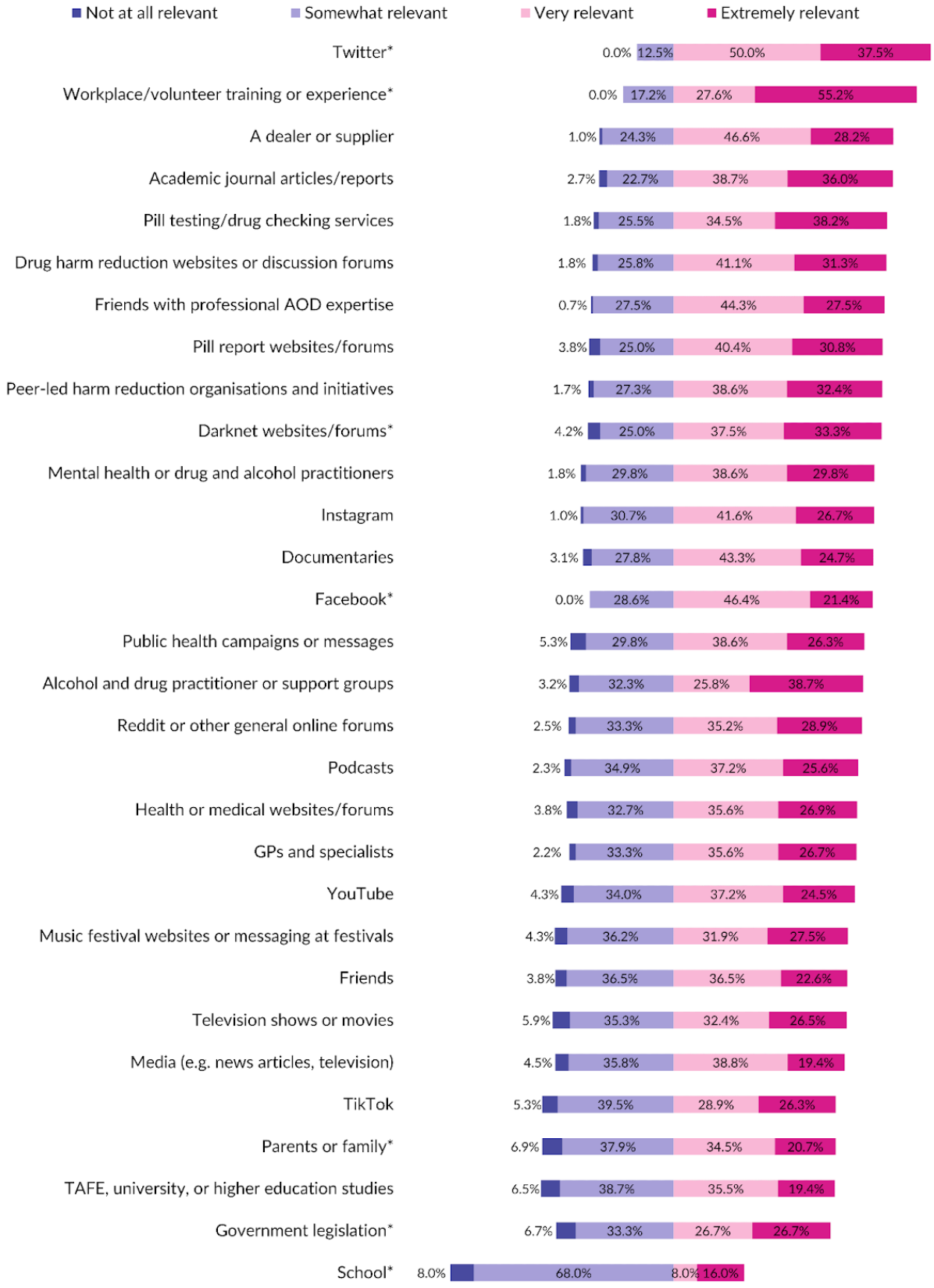


Figure 10. Sources of drug education by relevance of previous drug education



*Note * n < 30*

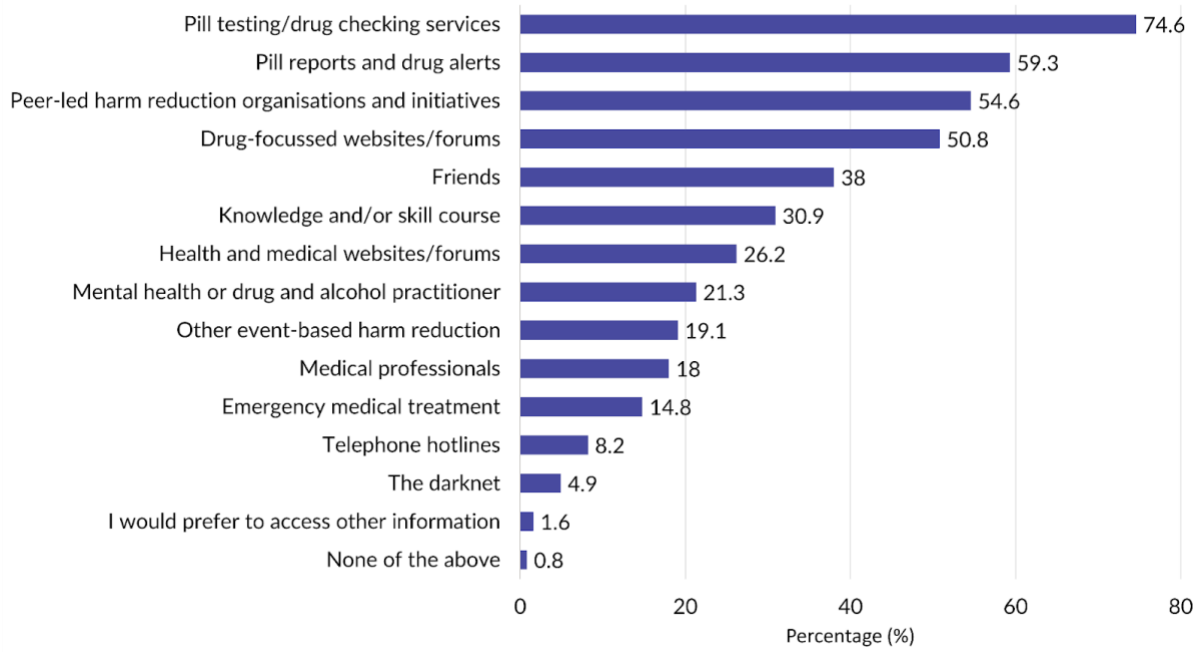
Preferred sources to access

Our respondents indicated their preferred sources for alcohol and other drug information and support (if accessible and available) would be drug checking services (74.6%), pill reports and drug alerts (59.3%), and peer-led harm reduction organisations and initiatives (54.6; see Figure 11). Conversely, medical professionals, medical treatment, telephone hotlines, and the darknet were considered less preferable.

We also found significant results across preferred sources of alcohol and other drug information and support (if available and accessible):

- Pill reports and drug alerts were preferred by queer people (p = .002), and Victorians (p = .021).
- Drug checking services were preferred by people aged 26 to 40, followed by people aged 25 and younger (p = .013), and were less preferred among students (p = .013).
- Telephone hotlines were preferred by people aged 41 and older (p = .041).
- Mental health and AOD practitioners were preferred by queer respondents (p = .014).
- Peer-led harm reduction organisations were preferred by queer people (p = .025), and NSW residents (p = .028).
- Other event-based harm reduction services (e.g., Redfrogs) were preferred by young people (p = .026), and queer people (p = .044), and were less preferred by male respondents (p = .035).
- Emergency medical treatment was preferred by more young people (p < .001), queer people (p = .005), and gender diverse people (p = .034).

Figure 11. Preferred sources for accessing alcohol and other drug information and support



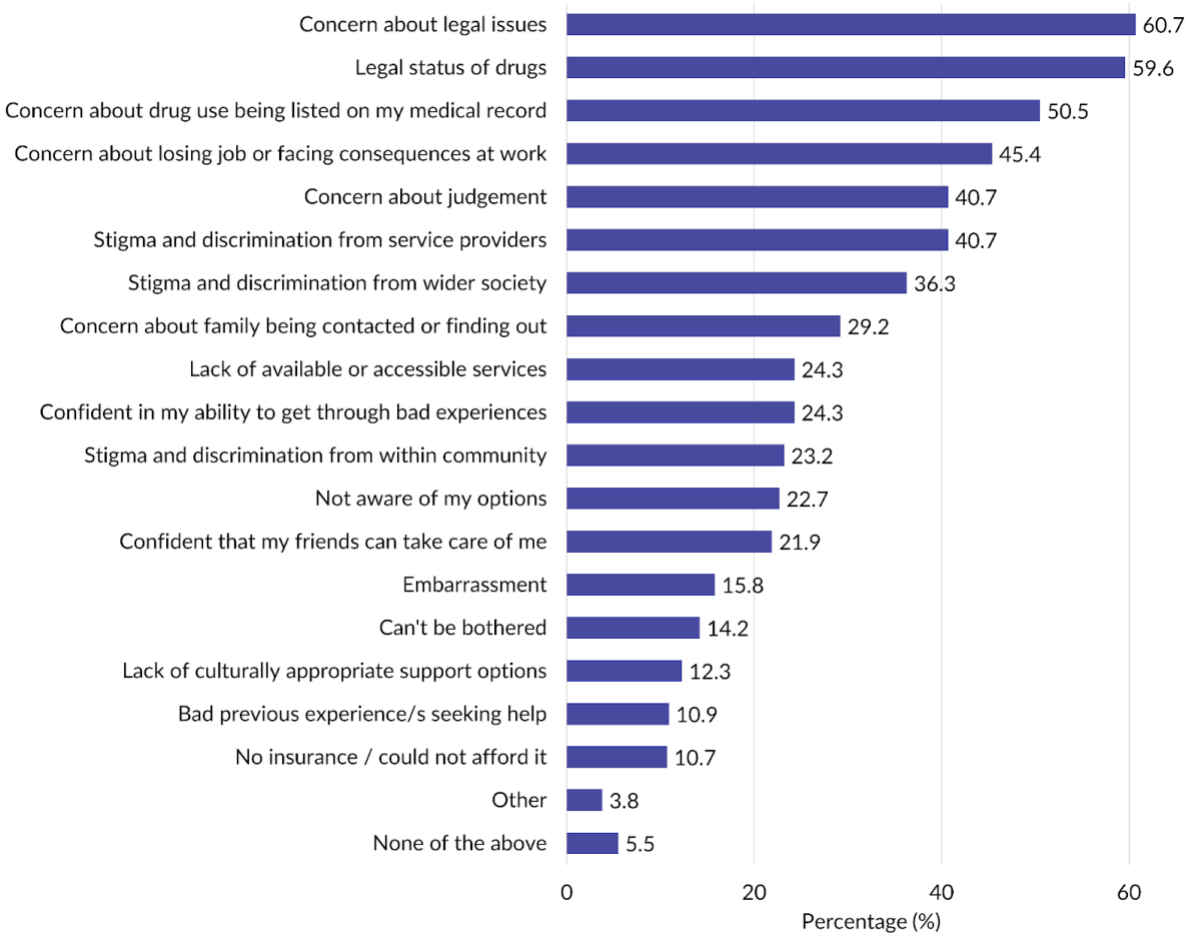
Barriers to service access

Around 60% of respondents identified legal concerns as a major barrier to accessing mental health and substance abuse support, with specific worries about the legal status of drugs (59.6%) and other legal issues (60.7%; see Figure 12). Additionally, respondents expressed concerns about potential consequences of seeking help, such as the inclusion of drug use on medical records (50.5%), repercussions at work including job loss (45.4%), judgment (40.7%), and stigma from service providers (40.7%). Fewer respondents cited having had previous negative experiences with support services (10.9%) and financial barriers, such as lack of insurance or funds (10.7%), as lesser but significant obstacles to accessing these services.

Barriers to accessing mental health and alcohol and other drug support differed significantly across key demographics:

- Concerns about drug use being listed on medical records were higher for queer people (p = .002).
- Concerns about legal issues were higher among NSW residents (p = .012).
- Concerns about families finding out or being contacted were higher among younger people (p = .004).
- Concerns about judgement were higher for queer respondents (p = .003), and NSW residents (p = .048).
- Concerns about stigma and discrimination from wider society were also higher for queer respondents (p = .001), and NSW residents (p = .044).
- Concerns about stigma and discrimination from service providers were higher among queer people (p = .002), and lower among males (p = .009).
- Concerns about stigma and discrimination from community were higher for queer people (p = .012), and NSW residents (p = .044).
- Bad previous experiences when seeking help were a barrier for more NSW residents (p = .045).
- Embarrassment was a barrier for more queer respondents (p = .032).
- “Can’t be bothered” was selected as a reason to not seek support by more younger people (p = .016).
- Lack of available services was a barrier for more younger people (p = .048).
- Low or no awareness of options for support was higher among queer people (p = .022).
- No insurance or inability to afford support were barriers for younger people (p = .003), and queer people (p = .001).

Figure 12. Barriers to accessing mental health and alcohol and other drug support



Preferences for peer-led services

Almost three-quarters (72.7%) of respondents reported that they would prefer to access services run by peers, while 19.7% said that they were unsure or didn't mind, and only 2.2% preferred services that were not peer-led. Of the 164 people that provided reasons why they preferred peer-led services, 50% described how the services offered a safe(r) space, 38.4% felt that peers could better understand their experiences, 33.5% stressed the importance of lived and living experience in providing meaningful support, and 5.5% discussed the importance of a variation in the expertise of available support workers. Peer-led services were described as offering a safe space that is judgement free, approachable, less stigmatising, and with workers that are *"more trustworthy"* than those from non-peer services. Multiple people said that accessing peer-led services *"feels safer"*, particularly in disclosing information about a criminalised activity, and *"more comfortable"*, where *"I feel I could be more open and honest"*. Other people compared peer-led services to other services, describing peers as *"less fear mongering"*, *"not biased by judgement"*, and more *"empathetic"* and *"genuine"*. As one person summarised, *"having [support] come from someone who uses it creates a certain level of trust."*

People who described peers as better understanding their experiences commented that they trusted the knowledge of peer workers more than other workers, and that these services offered more accessible information than other sources. Support from peer-led services was described as *"actuall[y] nuanced and practical"* with these services often viewed as the *"only place to get non-stigmatising info[rmation]"*. As one person noted, variation in *"personal experiences in severity and reactions to drugs [mean that] non-standard, non-generalised insight/information is valuable to educate those about drug use."* Peers were described as having *"a real understanding of the effects"* of drugs, and respondents noted that peer-led services demonstrated *"an implicit understanding that both parties know why people like using drugs, and understand and agree on the benefits that some people can experience from using drugs. Building trust in this environment is much easier with the absence of this feeling of judgment."* Another respondent commented that:

> *"[Lived/living experience] builds trust that allows the harm reduction questions you would feel uncomfortable asking normally to be asked. It shifts from someone that might want to stop you to someone that understands why and just wants to make sure you have support and know how to minimise harm. This can become a discussion to why and if you should be making different choices but it needs to start without judgement."*

Respondents commented on having better personal and professional relationships with peer workers, with one person sharing that peers *"know me and my situation personally, and I'm more likely to listen to someone I know"*. Peers were viewed as more *"easily able to approach things from the perspective of the service user"*, *"honest and flexible with setting expectations"*, and "accessible and more on your level". Some people spoke to the value of peer-led group settings for support, drawing attention to how groups could offer *"a more intimate environment towards a topic that can be fairly controversial"* in which people *"can feel more comfortable, respected and understood as those who are supporting more are similar and have somewhat parallel lifestyles"*. The less judgemental and more personalised approach of peers was also perceived as fostering an environment where support could *"focus on harm reduction and education for the good of the user."* To summarise the comments of these respondents succinctly, **peer-led services are preferred because *"they get it"*.** Given what is known about the barriers to help-seeking and obtaining meaningful support, the importance of ensuring people who use drugs feel understood and respected by service providers cannot be overstated.

For people who commented on the importance of lived and living experience among service providers, *"shared experiences"*, *"first hand (or anecdotal) accounts"*, and unique insights gained through experience were highly valued, and helped service users feel more comfortable and understood. Others commented that support from peers is often more *"strengths-based"*, and that *"lived experience combined with learned knowledge results in the best care"*. People with lived and living experience were also viewed as being able to better communicate key and *"non-generalised"* information, in both an *"empathic"* and *"informative"* way. As one person described, peers are *"connected to the realities [of drug use] and not with any agenda around controlling drug use"*. This depiction of peers as more trustworthy, and the information they provide as more credible was echoed across respondents who preferred peer-led services,

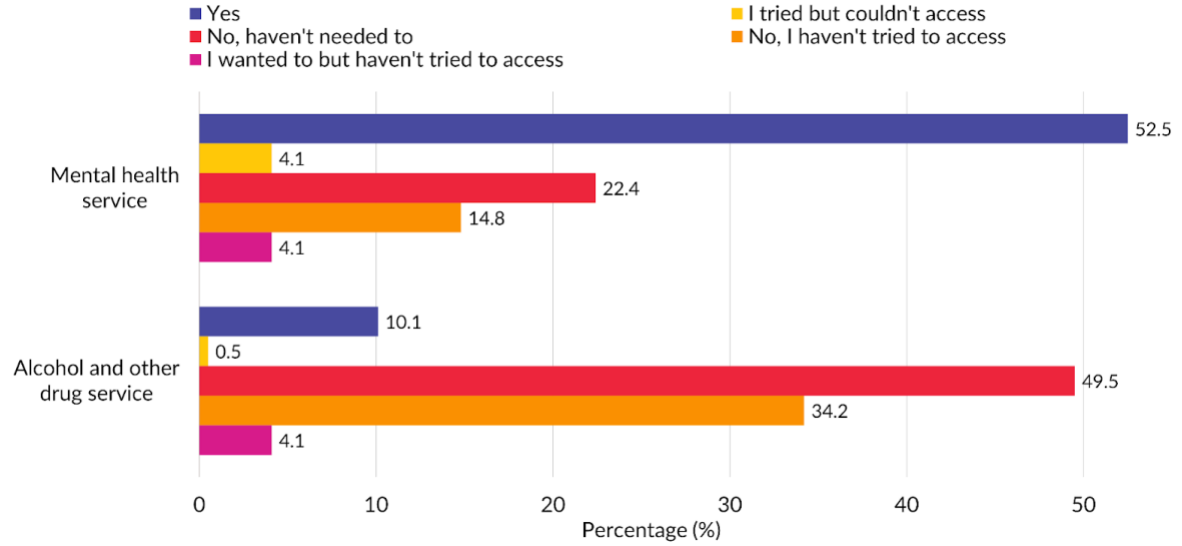
with another respondent sharing that, *"You cannot trust anyone's motive who doesn't have some experience in the area"*.

Respondents who discussed the importance of varied services clarified that the lived experiences and qualifications of service providers were both important, and also noted *"the importance of other perspectives (i.e. health practitioners' views on long-term consequences)"*. One respondent commented that, *"It is crucial that any support is both peer and professionally led/driven. As much as I appreciate experience with drugs, having people with actual qualifications is imperative."* This sentiment was echoed by numerous people, with calls for employment pathways to be made available to support and upskill peer involvement in service delivery and the wider AOD sector.

Previous support accessed

More than half of the respondents (52.5%) reported accessing mental health services in the past year, while 4.1% attempted but were unable to access these services (see Figure 13). In contrast, only 10.1% of respondents had accessed alcohol and other drug services. Nearly half (49.5%) indicated they did not feel the need for these services, and only 0.5% reported being unable to access them.

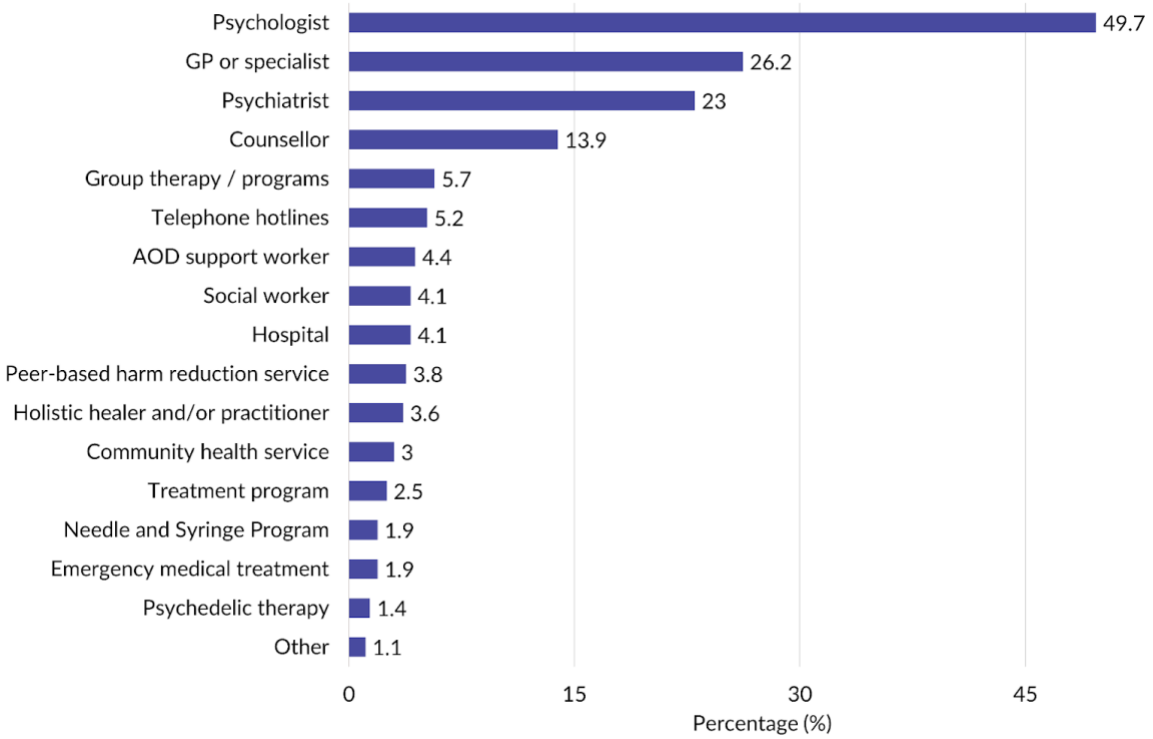
Figure 13. Access to mental health and alcohol and other drug support in the past year



Access to mental health support in the last 12 months was higher among people under the age of 41, while more people aged 41 and older reported that they had tried but could not access support, and reported that they had not tried to access support (p = .004). More queer people had accessed mental health support, while more straight respondents reported that they had not needed to, or had not tried to access support (p < .001). Previous access to mental health support was also substantially higher among gender diverse people, followed by female respondents (p = .001). Similarly, access to alcohol and other drug support in the last 12 months was higher among queer respondents than straight respondents, with fewer queer people reporting that they had not needed to access support (p = .005). Less NSW residents reported that they had not needed to access AOD support (p = .031).

Psychologists were the most common source of mental health and substance use support, with 49.7% of respondents seeking their help, followed by general practitioners or specialists (26.2%) and psychiatrists (23%; see Figure 14). Only 1.4% of respondents reported receiving support through psychedelic therapy.

Figure 14. Types of services accessed for mental health and alcohol and other drug support

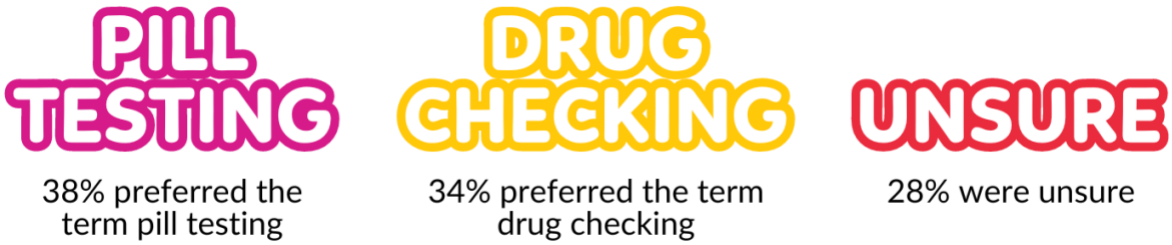


For respondents who had accessed mental health support:

- Psychologists were accessed more frequently by people aged 40 and younger (p = .016), queer people (p < .001), and gender diverse people, followed by female respondents (p < .001).
- Psychiatrist access was also significantly higher among queer (p = .002), and gender diverse people, with low rates of access by male respondents (p < .001).
- GPs or specialists were accessed by more queer people (p < .001), gender diverse people (p < .001), younger people (p = .039), and NSW residents (p = .038).
- Group therapy programs were accessed less frequently by Victorians (p = .008).
- Community health services were accessed by more respondents aged 26 and over (p = .045).
- Hospital access was reported by more gender diverse people (p = .018).
- Holistic healers were accessed by more queer people (p = .042).
- Counsellors were accessed by more students (p = .036).

Drug checking

Drug checking preferences



Preferences for using the terms drug checking and pill testing were split and over a quarter were unsure or did not have enough information to say. 85.5% of respondents stated that if accessible and available they would test their drugs while only 1.1% said they would not, and the rest were unsure. Respondents who reported they would test their drugs were more likely to be queer (p = .001), and under the age of 41 (p = .012), with more people aged 41 and older indicating that they were unsure if they would test their drugs.

72.7% would prefer to access a service run by peers, highlighting the importance of prioritising people with lived and living experience in service delivery.

Drug alerts

Over three-quarters (77.3%) of the respondents stated that they thought that access to timely alerts about dangerous drugs in circulation was extremely or very important (see Figure 15).

- Access to timely drug alerts was more important to people aged 26 and older, with the number of respondents who described access as “extremely important” scaling with age (p = .018; see Figure 16)
- Access to timely drug alerts was less important to NSW residents than respondents from other states (p = .043).

Figure 15. Importance of drug alerts

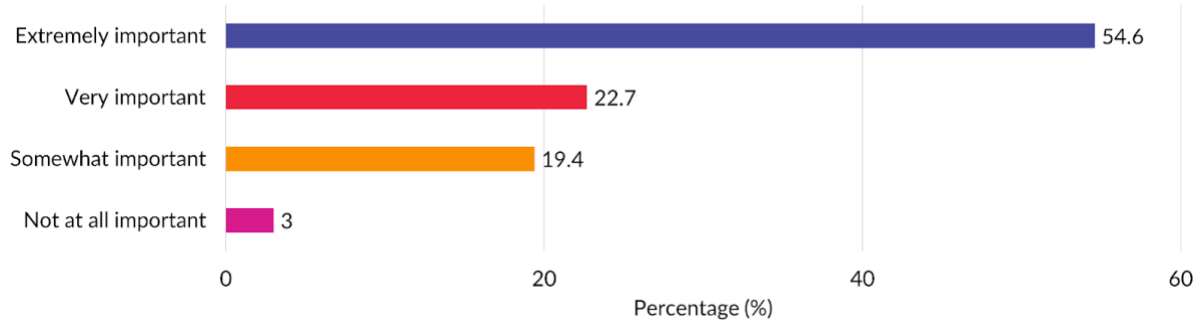
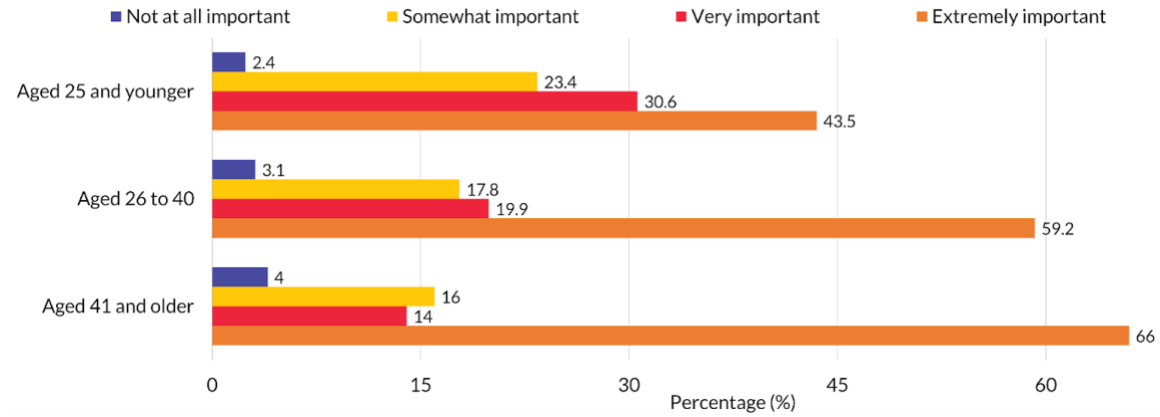


Figure 16. Importance of drug alerts by age

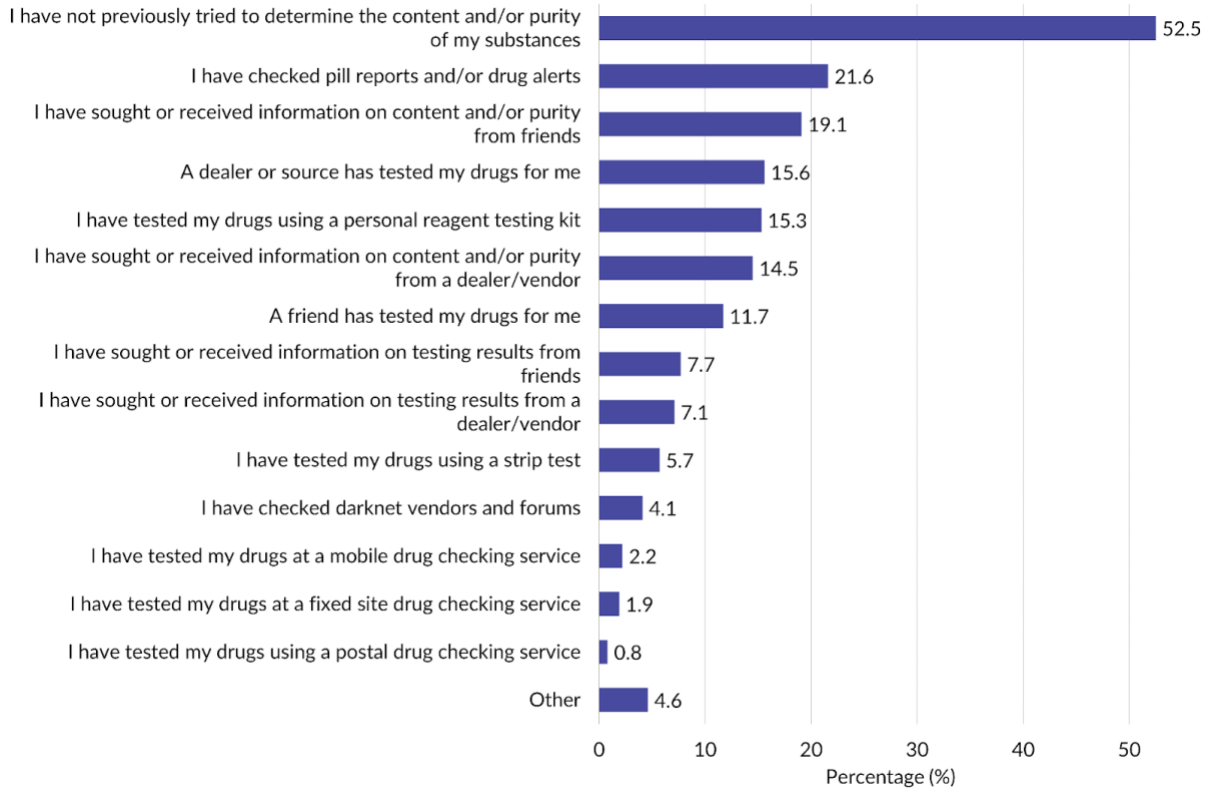


Previous drug checking

Just over half of respondents (52.5%) had never tried to determine their substances' content and/or purity (see Figure 17). Reagent testing kits had been used for testing drugs by 15.3% and 5.7% had used immunoassay strips. A fixed site or event-based drug checking service had been used to test drugs by 4.2% of the respondents.

- Significantly more people under the age of 41 had previously tested their drugs using reagent kits (p = .040).
- Respondents who reported dealers or sources testing their drugs for them were more likely to be under the age of 41 (p = .041), Victorian residents (p = .040), and gender diverse (p = .027).
- Less NSW residents had sought or received information on testing results from a dealer or vendor (p = .025), which was consistent with low numbers of NSW residents who selected dealers as a primary source of drug information.
- More queer people reported checking pill reports and/or drug alerts to find information about the drugs they planned to consume (p = .020).
- Less female respondents had sought information on drug content or purity from darknet vendors and forums (p = .042).
- Seeking or receiving information on testing results from friends was reported by more respondents under the age of 41 (p = .034).

Figure 17. Previous drug checking



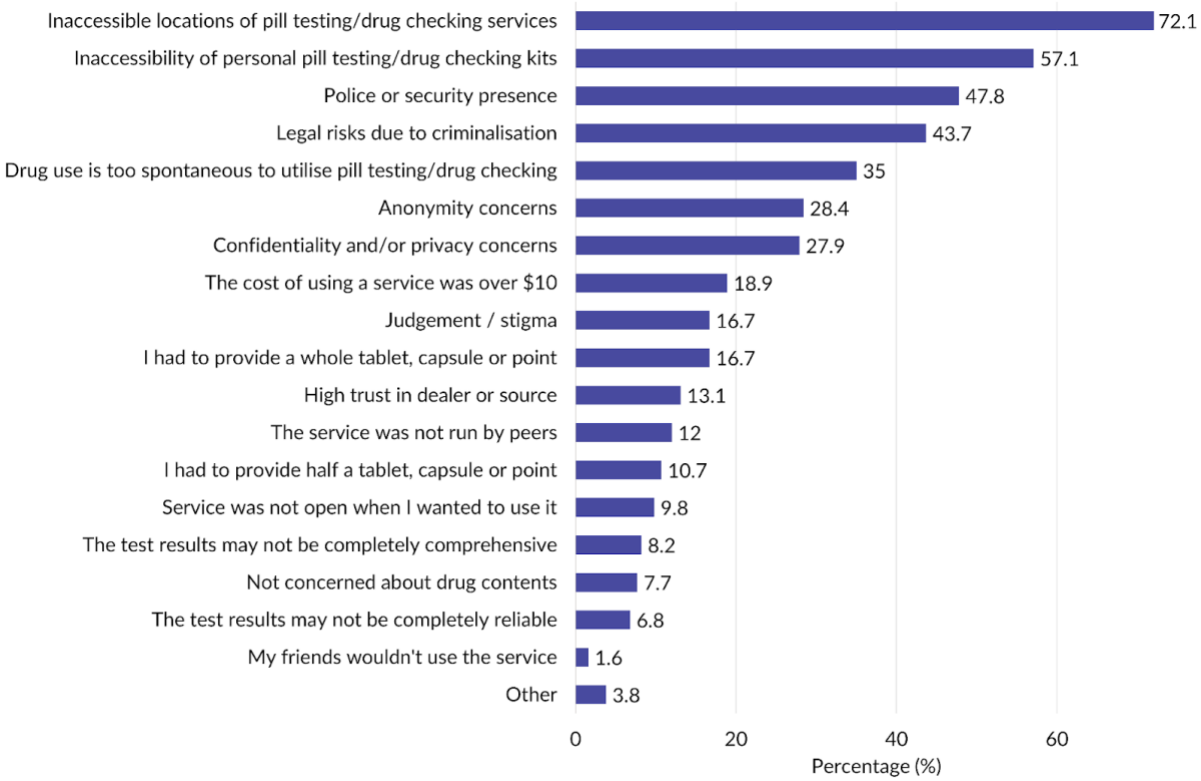
Barriers to accessing drug checking

Respondents reported several barriers to accessing drug checking services. Over half of the participants cited the inaccessibility of drug checking service locations (72.1%) and personal drug checking kits (57.1%) as significant obstacles (see Figure 18). Other commonly mentioned barriers included the presence of police or security (47.8%) and the legal risks associated with the criminalisation of drug use (43.7%). Fewer respondents expressed concerns about the comprehensiveness (8.2%) or reliability (6.8%) of test results, and only 7.7% reported being unconcerned about the contents of their drugs.

- Inaccessibility of reagent kits was selected significantly more by younger people (p = .024), and queer people (p = .010).
- High trust in dealers or sources was a reason not to test drugs for people outside of NSW, suggesting a lower trust in NSW drug markets (p = .020).
- “My friends wouldn’t use the service” was selected as a barrier to drug checking only by young people (p = .003).
- Stigma was reported as a barrier by more queer people than straight people (p = .005).
- Drug checking services that were not run by peers was selected as a reason for not using the service by more NSW residents (p = .029).
- Drug use that was too spontaneous to utilise a drug checking service was selected by significantly more queer people (p = .031).
- Services that cost over $10 to use were a barrier for more NSW residents than people in other states (p = .002).

- Concerns over anonymity when using a service was a barrier for more queer respondents (p = .040).
- Confidentiality and/or privacy concerns were barriers for more queer people (p = .022), and NSW residents (p = .010).
- Police or security presence at or around a drug checking service was a barrier for more NSW respondents (p = .005).
- Legal risks due to the criminalisation of drugs were selected as a barrier by more queer people (p = .009), and NSW residents (p = .006).

Figure 18. Barriers to accessing drug checking services

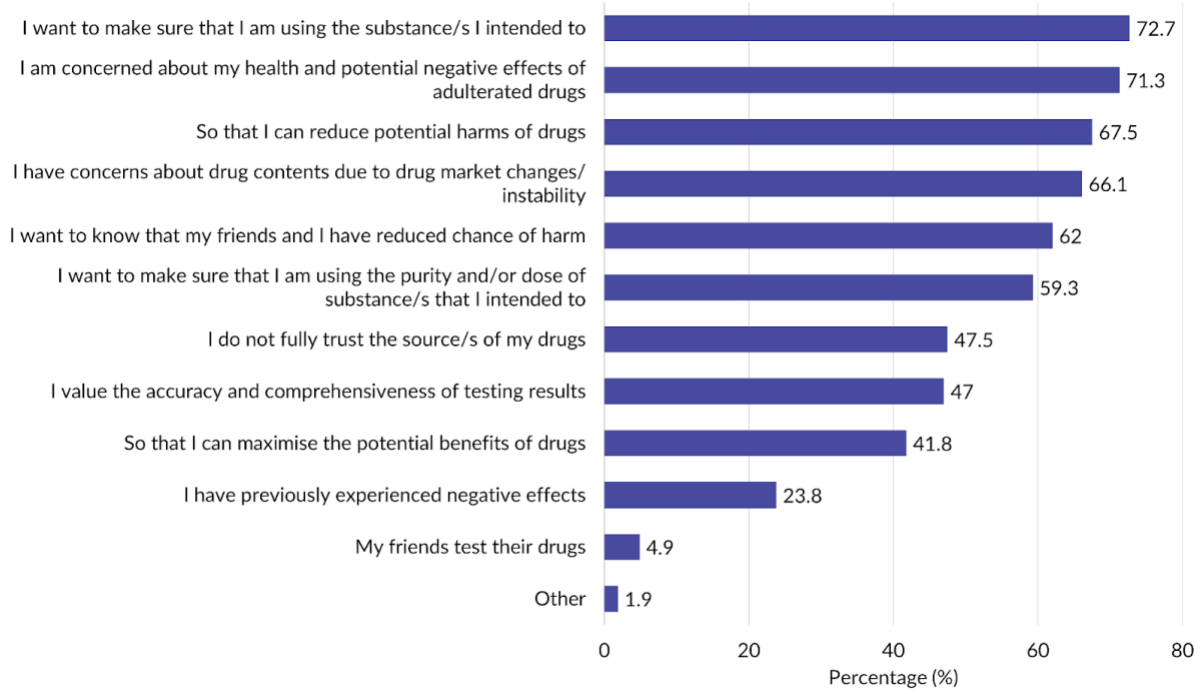


Motivations for drug checking

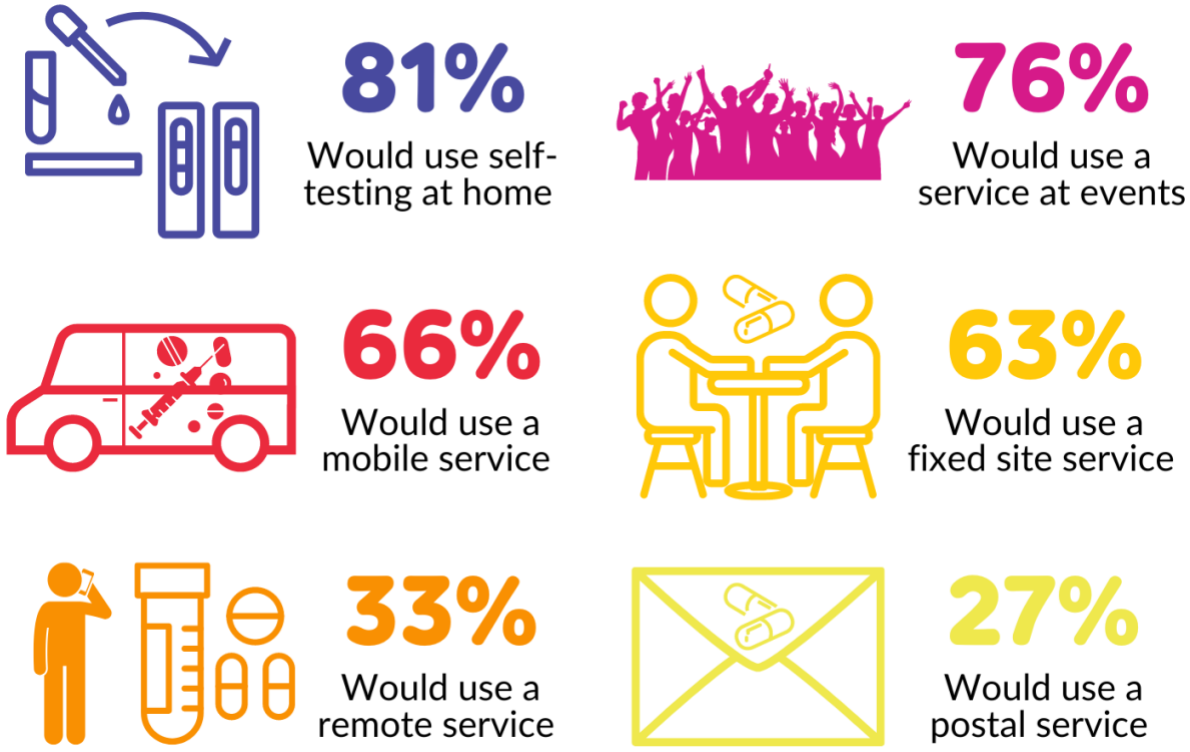
The primary reasons that respondents wanted to access drug checking services was to ensure they were consuming the substances they intended to (72.7%), as well as due to concerns about their health and potential negative effects of adulterated drugs (71.3%; see Figure 19). This directly challenges the idea that people who use drugs are primarily risk-takers and do not care about their health. Additionally, 41.8% of Victorians reported using these services to maximise the benefits from substances, while 23.8% were motivated by past negative experiences with drugs (24.7%). The benefits of drug checking for the improving the quality of unregulated substances was also highlighted in qualitative accounts by respondents, with one person commenting that, *"If testing becomes standard drug dealers will be forced to ensure their drugs are clean to match market supply"*.

- Valuing the accuracy and comprehensiveness of test results was selected by more people under 41 (p = .024), and more NSW residents (p = .018).
- Wanting to know that they and their friends have a reduced chance of harm was a motivation for more queer people (p = .026), and younger people (p < .001), and was selected less often by male respondents (p = .002).

Figure 19. Reasons to use drug checking services



Drug checking service preferences



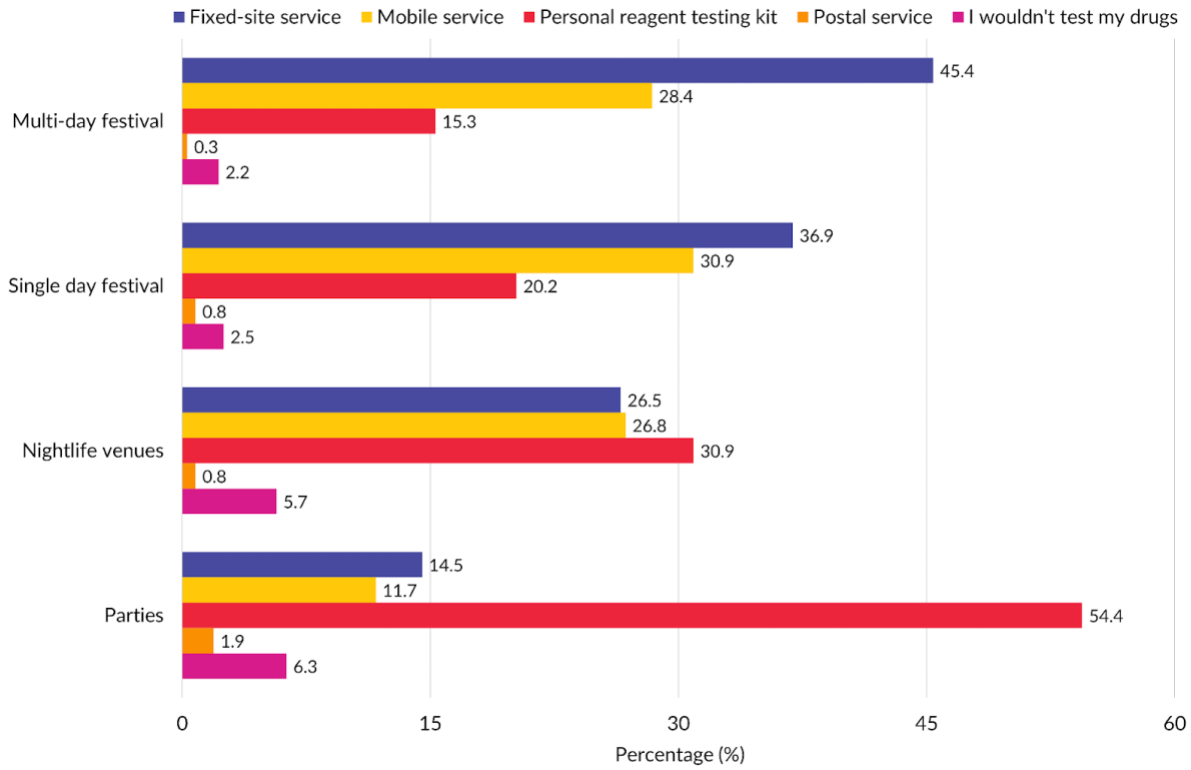
Regarding preferences for specific types of drug checking services, over three-quarters of respondents would use self-testing kits at home (81.4%) or event-based face-to-face testing services (77.9%). Most would use a mobile face-to-face testing service at a convenient location (65.6%) or a face-to-face fixed-site service (62.3%). A remote service with central drop-off points and a follow-up phone/online call to deliver results and related information would be used by 32.8%.

- People who reported that they would self-test their drugs at home (e.g., using reagent kits) were significantly more likely to be under the age of 41 (p = .004), and queer (p = .001).
- People who reported that they would use a fixed-site drug checking service were also more likely to be under the age of 41 (p = .047) and living in NSW (p = .016).
- Interest in mobile drug checking services was higher among younger people (p = .008), queer people (p = .003), and NSW residents (p = .047).
- Interest in using event-based drug checking services was also higher among younger people (p = .002).
- Queer people were more interested in using remote services with central drop-off points (p = .045).

Respondents showed a clear preference for using fixed-site drug-checking services before attending festivals, with 45.4% favouring them at multi-day events and 36.9% at single-day festivals. When it comes to nightlife venues, preferences for fixed-site (26.5%) and mobile (26.8%) drug checking services were similar, as was the preference for personal reagent testing kits (30.9%). Additionally, there is another strong preference towards reagent testing at parties (see Figure 20). When attending nightlife venues, significantly more younger people reported reagent testing as their preferred method of drug checking (p = .037).

When attending parties, preferences for drug checking differed significantly across age groups, with people aged 26 to 40 reporting higher interest in fixed site services, as well as higher interest in mobile services among people aged 40 and older, and significantly more younger people preferring reagent testing (p = .003). Preferences also differed between states, with Victorian respondents indicating more interest in fixed site services, and mobile services, and less interest in reagent testing (p = .037).

Figure 20. Preferred access to drug checking services when going to different events



Reagent testing kits - SSDP Australia's Safer Partying Initiative

Among university students in Australia (n=142), 77.5% indicated they would use a program offering free personal reagent testing kits or testing strips along with harm reduction information at their university. Similarly, 77.8% of individuals not currently attending university expressed willingness to access such a program at a nearby university. 36.1% of respondents indicated they would pay up to $30 for personal reagent testing kits provided by a peer organisation, whereas 42.1% would use the kits only if they 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.

Students who reported being "likely" or "very likely" to access free reagent kits alongside harm reduction information from their university or TAFE campus were younger (p = .007). Respondents who were not currently studying but were "likely" or "very likely" to access a program at a campus near them were also generally older (p = .024), with both key findings reflecting age demographics of university students while demonstrating significant interest in a university-based reagent kit program.

Decriminalisation, regulation, and harm reduction

When asked about the effectiveness of harm reduction services such as pill testing/drug checking, peer-led initiatives, and drug alerts in promoting safer drug use, 95.1% of respondents affirmed their support. We also found that more younger people reported that these services support safer drug use experiences (p = .003).

Support for decriminalisation

84.7% of respondents supported the decriminalisation of all drugs for personal use in Australia, while 8.5% reported being unsure. 156 people offered reasons why they supported the decriminalisation of all drugs for personal use.

Some respondents who did not support the decriminalisation of all drugs (or who were unsure) commented on their attitudes towards decriminalisation:

- Different attitudes to different drugs: Some respondents commented on supporting decriminalisation and/or legalisation for some drugs, but not others, reflecting wider social attitudes where support for drug reform for methamphetamine and opioids is lower than support for other, less-stigmatised substances such as cannabis, cocaine, and MDMA.[16] A few people also commented on supporting decriminalisation if substances like methamphetamine and heroin *"are better controlled for purity and testing, with access to support services for addiction"*.
- Decriminalisation still involves punishment: Other people commented that decriminalisation can still involve civil and criminal penalties when alternative or diversionary measures are not complied with, particularly with some models of diversion masquerading as 'decriminalisation' involving mandatory treatment or education.
- Decriminalisation alone is insufficient: People also commented on the need for safe supply and wider investment in stigma reduction, drug education (including through a harm reduction philosophy), and drug treatment and wider social infrastructure to support people who use drugs.
- Not informed enough: Several respondents expressed that they did not know enough about decriminalisation to select an option other than "unsure".

[16] Australian Institute of Health and Welfare (2024) National Drug Strategy Household Survey 2022–2023. Australian Government. Available here.

Decriminalisation and regulation

Of the 156 people who provided reasons for their stance on decriminalisation, 32.7% described how policy reforms would **reduce harms** associated with drug use and **enable safer use**, with some calling for wider regulation and reform such as **legalisation and safe supply**. Decriminalisation was widely supported because *"it will save lives"*, with one person commenting that a regulated supply of drugs meant that *"obviously people will pay for the drugs, but at least it won't be with their life."* As one response clarified: *"Drugs are going to be used whether or not they are criminalised. We may as well make it safer for people to access so they don't put themselves at harm."* Some saw decriminalisation *"as an interim step"* and one person commented, *"decriminalisation is a good start on the road to safe supply which should be the ultimate goal."* Other comments clarified that regulation could lead to *"less stigma around drug use, less black market control and therefore less adulterated substances"* and that *"education and safe manufacturing of substances [will] allow people a safer experience"*. Additionally, one person referred specifically to current harms associated with fentanyl and other adulterants: *"without having a safe supply of drugs, we are still in a precarious position. With fentanyl starting to appear and becoming more prevalent in the Australian market, drug supply must be regulated before it's too late."*

There were mixed perspectives on what legalisation and regulation could look like, although most comments centred around safe supply. One person commented that *"safe legal supply"* should see a shift away from *"paternalistic control"*, while others stressed that *"a safe, regulated supply that does not attract any legal penalties will reduce harms."* Other responses noted how regulated supply could see the *"imposition of standards for safety and quality"*. Some people also advocated for the benefits of government regulation: *"The government would profit via tax, and in return we would get clean, unadulterated substances with dosing and combination information too. Everyone would benefit."* The financial benefits of decriminalisation and regulation were discussed by multiple people, including comments that *"decriminalisation can lead to the money being spent on the war on drugs to be used to actually support people"*, and that *"the money saved on prosecuting and incarcerating people could be better spent"*. Another person commented that *"by decriminalising we can reduce the burden on social, judicial and health services"*.

Respondents also described how regulation would lead to shifts in the policing of unregulated markets and the availability of drugs: *"Decriminalisation means that drug supply and drug use can be properly monitored in a legal way and therefore creating a safer environment"*. Another respondent commented that drugs should be available via health professionals rather than unregulated markets and organised crime. Lastly, one respondent discussed their personal experiences with addiction, and spoke to the benefits of legalisation and regulation for people who use and supply drugs: *"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."*

Critiques of current drug policies

28.8% specifically described the **ineffectiveness of current systems**, including punitive approaches, and spoke to how current policy and the war on drugs has failed in its aims of reducing or preventing drug use and related harms. People described how *"the war on drugs is a war on people"* and that *"drugs have won the war on drugs."* Other people commented that *"criminalisation clearly isn't working and we need to follow the evidence, not just popular opinion or moralism"*, and drew attention to the ways that demand for drugs exists despite criminalisation and the war on drugs: *"Someone who does not want to use drugs will not, someone who does will, regardless of consequences or availability."* Current policy was described as *"wasting tax paying dollars"*, particularly with respect to policing, and multiple respondents stressed that *"criminalising drug use doesn't help anybody except fill jails"* and *"jail doesn't make drugs less addictive"*. Other people noted that *"punishment and shame are ineffective and marginalising"* and that decriminalisation *"removes stigma around drug use and prevents people getting sucked into the justice system and traumatised by it for no reason"*.

26.9% discussed how **criminalisation causes harm**, with respondents highlighting how drug laws exacerbate and cause stigma and discrimination while worsening health and social outcomes for people who use drugs. Responses echoed how *"criminalisation is the biggest harm we [people who use drugs] face"*, with different people noting that *"criminalisation of drug use causes the greatest amount of harms, not the substances themselves"* and that *"criminalisation only increases harms associated with drug use"*. Another respondent described how criminalisation causes harm through *"creat[ing] a perverse and dangerous incentive for drug makers to seek to create more and more potent types of drugs that require smaller doses and are therefore easier to traffic (e.g. Fentanyl)."* The consequences of criminalisation for people who 'recreationally' use drugs were also discussed, with one comment stating: *"Criminalising use stops people from seeking medical help and can leave young people with criminal records for simply wanting to have fun."*

11.5% specifically opposed **criminal charges**, and proposed alternatives, including legalisation and regulation. As one person stated, *"no one's life should be ruined for having a bit of fun while partying."* Some respondents clarified that many decriminalisation models still result in criminalisation, and that meaningful reform needs to move away from punishing people who use drugs. Multiple people commented on not supporting decriminalisation models involving infringement notices, mandatory treatment, and/or fines. Instead, respondents advocated for 'investment in the social welfare system (housing, payments)', and that *"free treatment and support should be offered but not compulsory"*.

Support for harm reduction and public health approaches

24.4% discussed how decriminalisation could enable a **greater focus on harm reduction**, enabling evidence-informed approaches such as drug education and harm reduction services. One person noted that *"zero tolerance does NOTHING to dissuade drug users, and harm [reduction] doesn't cause more drug use, it only allows safer drug use."* Decriminalisation was viewed as *"reducing stigma and opening avenues for more services to provide harm reduction"*, particularly *"judgement free"* services. Respondents described how decriminalisation could help to *"support people reaching out when they need help or support"* and how decriminalisation

"opens up opportunity for people to be safe and talk more openly about why and how they do so relevant support and harm reduction can be provided if needed". People also noted how decriminalisation could prevent harmful adaptive practices by people who fear criminal consequences: *"It will greatly reduce people excessively preloading before parties/festivals and cancel out people panicking when they see a sniffer dog and scoffing their whole days and potentially their friends stash to avoid convictions".* Another respondent commented: *"If police want to keep people safer they would work better with the community to* ***educate not criminalise****".* Harm reduction as an alternative to criminalisation was also discussed in terms of health outcomes, with decriminalisation described as enabling *"more harm reduction, more people accessing help rather than getting in a cycle of criminality, [and] better mental health outcomes for society".*

Additionally, 5.1% spoke to the **human rights** of people who use drugs, with discussion around autonomy and liberties, and the right to make informed decisions around drugs without facing stigma or legal repercussions. These comments reflected the ideas that *"people should have legal bodily autonomy, their body their choice"*, and *"adults should be allowed to alter their consciousness as long as it doesn't harm others".* One comment stated that: *"People are going to do what they like with their bodies anyway so [they deserve better policy] as tax-paying citizens who rely on our government to provide some level of safety".* Other people commented on understanding risk, and the importance of education: *"****Education not criminalisation*** *allows us to explore safely and with confidence."*

18.6% spoke to the **realities of drug use**, describing how policy reform could better support people who will and do use drugs. 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."* This recognition of barriers to seeking help was echoed in multiple comments: *"Having drugs decriminalised provides an environment where people are more comfortable to seek support as there is less stigma or consequences."* One person noted that decriminalisation 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 minimisation/reduction".* Another respondent shared a personal story and spoke to how decriminalisation *"will save lives"*: *"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."*

12.2% framed drug use and/or dependence as **public health issues** (with some conflation between the two) and advocated that health-based rather than criminal interventions are required. Numerous people noted that *"Drug use is a health issue, not a criminal one"* and that we need to *"destigmatise addiction so people can reach out for help on their own terms with no shame or judgement."* Another comment referred to previous successful policy, and called for change to end preventable deaths: *"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."* Other

respondents spoke to the health benefits of drugs, noting that *"there needs to be more conversation around the difference between substance use and substance dependency"*, and described how health approaches could support people to navigate potential harms and benefits of drugs, such as cannabis and psilocybin.

Comparisons with currently regulated substances and policies in other jurisdictions

12.2% drew **comparisons between policies around alcohol, tobacco, medicalised drugs**, and illicit drugs, and **comparisons between countries** with decriminalisation policies. Multiple people discussed how alcohol regulations have provided a framework of what decriminalisation and regulation could (and should not) look like. As described by one person:

> *"Medically, alcohol causes much more morbidity and mortality, as well as violence, than drugs do, while 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."*

People noted the differences in stigma, criminalisation, and wider social and policy approaches towards alcohol, tobacco, and other drugs, with respondents commenting that *"the discrepancy between alcohol and other drugs does not make logical sense. Alcohol causes more harm, yet is legal and celebrated. Drug law ruins lives."* Comparisons between the harms associated with illicit drugs and alcohol were made by numerous people, with one comment stating that drug policies *"are not based on harms otherwise alcohol would not be the drug that was chosen to be legal."* Other people compared the benefits of illicit and licit substances, with one person noting that *"if alcohol, the drug with the least benefits is legal and able to be consumed freely I don't see why drugs have to be criminalised."* Many people also described how harms from criminalisation far outweighed harms directly resulting from the consumption of illicit drugs: *"Alcohol and nicotine does far more harm than illicit drugs. The majority of harm caused is due to them being illegal."*

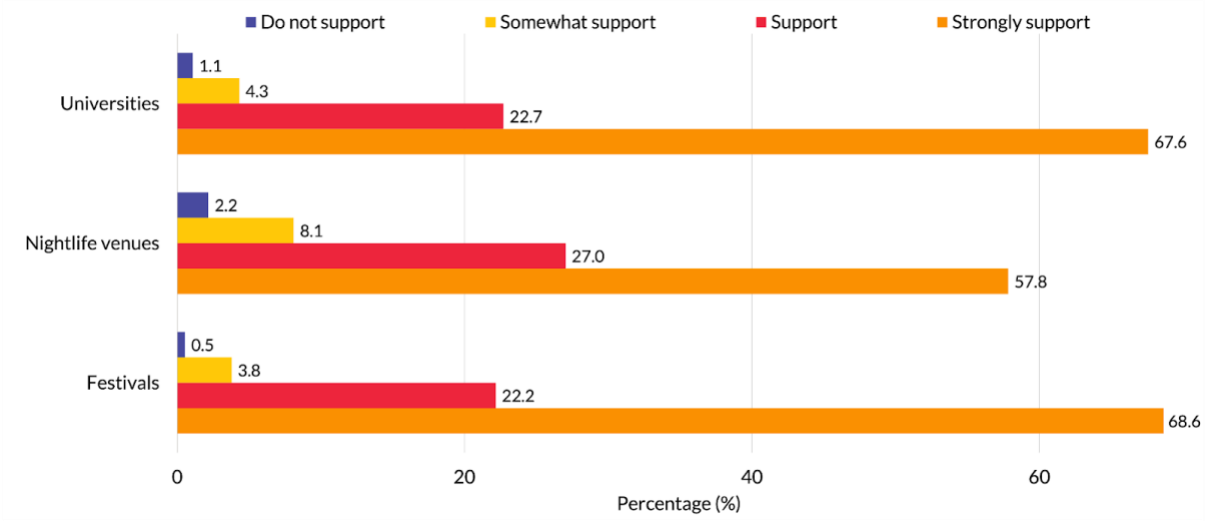
The benefits of decriminalising drugs were also described by comparing Australian policy to reforms in Canada, Portugal, and other international jurisdictions. Some people spoke to the outcomes of Portugal's decriminalisation reforms: *"People would stop dying from drug-related deaths, so absolutely 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."* Other people described reductions in crime related to drugs and legitimate business opportunities afforded by decriminalisation and wider legalisation and regulation: *"It is also a proven that in countries where drugs other than alcohol are legal, it leads to decrease of criminality, [and] the possibility of creating jobs/businesses"*.

Participation in advocacy

Of the 185 people who chose to respond to the advocacy questions, respondents overwhelmingly support or strongly support community-based advocacy efforts in festivals (90.8%), universities (90.3%), and nightlife venues (84.9%; see Figure 21). Over half of respondents (57.3%) said their preferred way of engaging in activism to change drug policy was to attend events, and 53% said they would share their personal experience of drug use with researchers. Slightly fewer reported that they would be involved in research regarding drug policy (39.5%), and a similar amount would share their personal experiences with drug use activists (39.5%) or policymakers (38.4%). Other forms of organising and advocacy that involved a greater time commitment were selected at lower levels, while only 3.8% would be interested in doorknocking (see Figure 22).

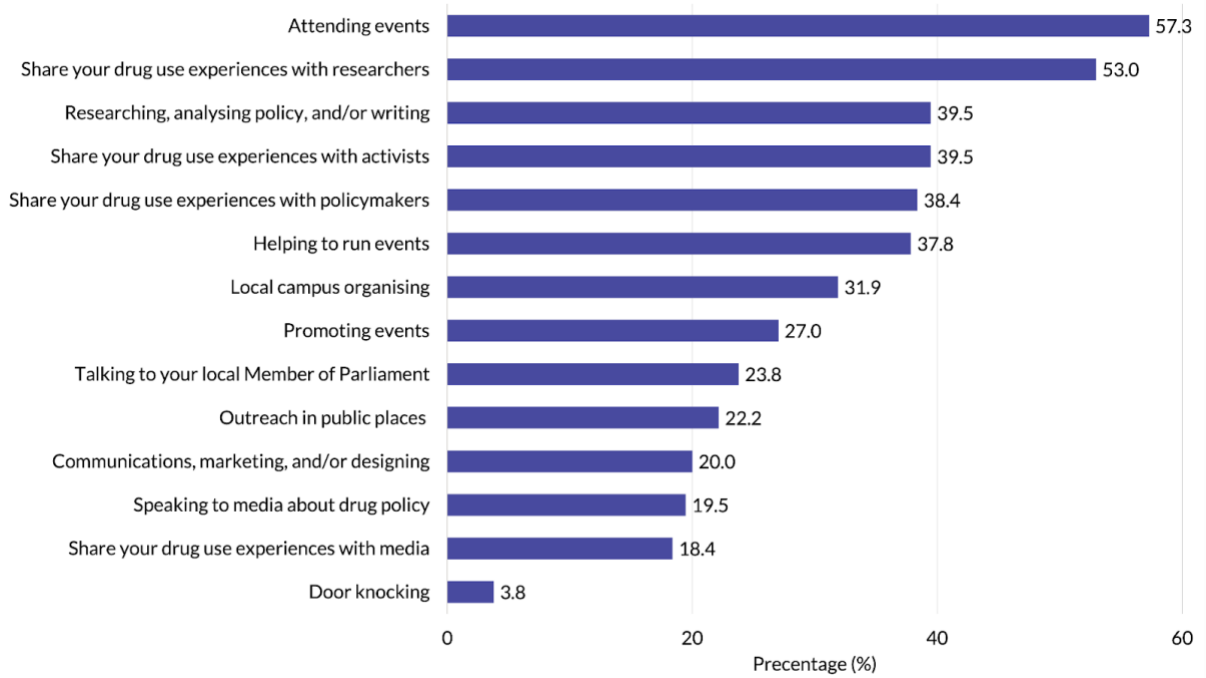
- More students indicated interest in attending activist workshops or training (p = .011) and sharing personal experiences of drug use with researchers (p = .049).
- Victorians were less interested in getting involved in advocacy involving communications, marketing, and/or designing (p = .035).
- Interest in sharing personal experiences of drug use with activists was higher among older respondents (p = .048).
- Queer people were less interested in sharing personal experiences of drug use with activists (p = .038) but were more interested in attending drug policy events (p = .024), and parties and laid-back social events (p = .045).

Figure 21. Support for community-based advocacy in different settings



N=185

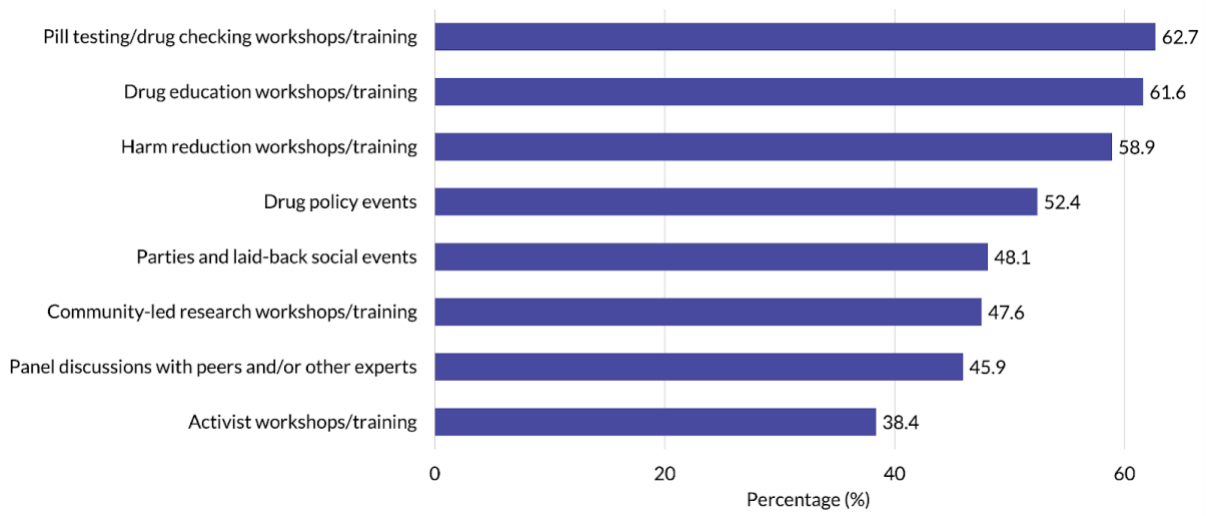
Figure 22. Preferred forms of activism



N=185

Approximately two-thirds (62.7%) of respondents expressed interest in attending drug-checking workshops or training, 61.6% were interested in harm reduction workshops or training, and 58.9% in drug education workshops or training (see Figure 23). Interest in attending other training and events was also reasonably high, at just under half of respondents.

Figure 23. Preferred attendance at alcohol and other drugs related events



N=185

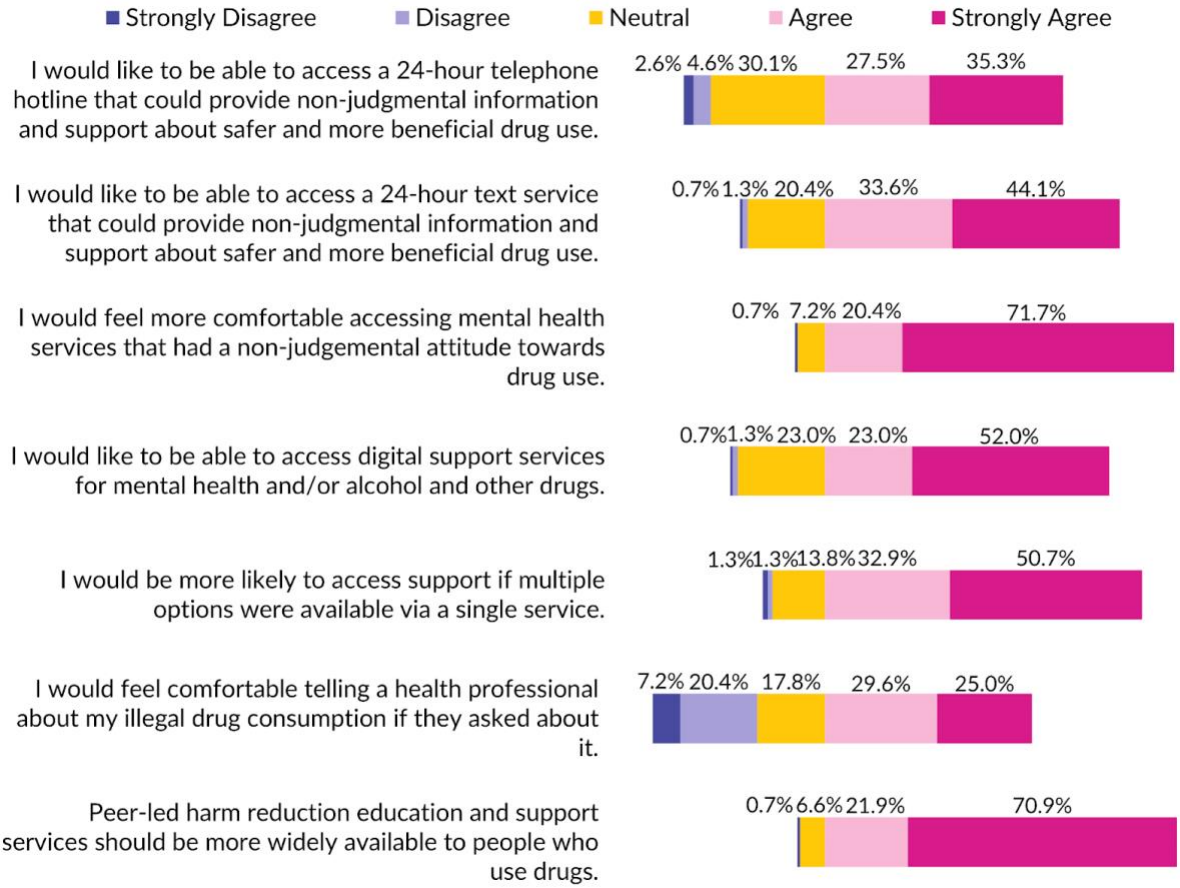
State questions

Victorian service availability and integration

Only half of Victorians (54.6%) would feel comfortable disclosing their substance use to health professionals (see Figure 24). 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, most 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 services should be more widely available (92.8%).

- Victorians who strongly agreed that they would feel more comfortable accessing mental health services that had a non-judgemental attitude towards drug use were more likely to be queer (p = .002), and gender diverse (p =.019).
- Victorians who strongly agreed that peer-led harm reduction education and support services should be more widely available to people who use drugs were also more likely to be queer (p = .002), and gender diverse (p = .008).
- Gender-diverse people from Victoria thought that telephone hotlines should be more widely available to people who use drugs than other genders (p = .048).
- Victorian males were more comfortable telling a health professional about their illegal drug consumption than other genders (p = .034).

Figure 24. Preferences for harm reduction and treatment services



N=152

NSW police powers at events

95%

of NSW respondents believed police and security presence near drug support, information, and medical services at events would deter them from accessing these services.

Nearly all respondents from NSW (n=113) suggested that they would be more likely to access drug checking services (95.6%), alcohol and drug support (89.4%) and alcohol and drug-related medical treatment if there were no legal consequences, risk of search, or eviction from licensed areas by police or security (see Figure 25). Drug detection dogs would deter 76.1% of people from NSW from accessing a drug-checking service at events. 70.8% would be deterred from accessing peer AOD support and 61.1% from alcohol and drug-related medical treatment (see Figure 26).

Figure 25. NSW police powers at events

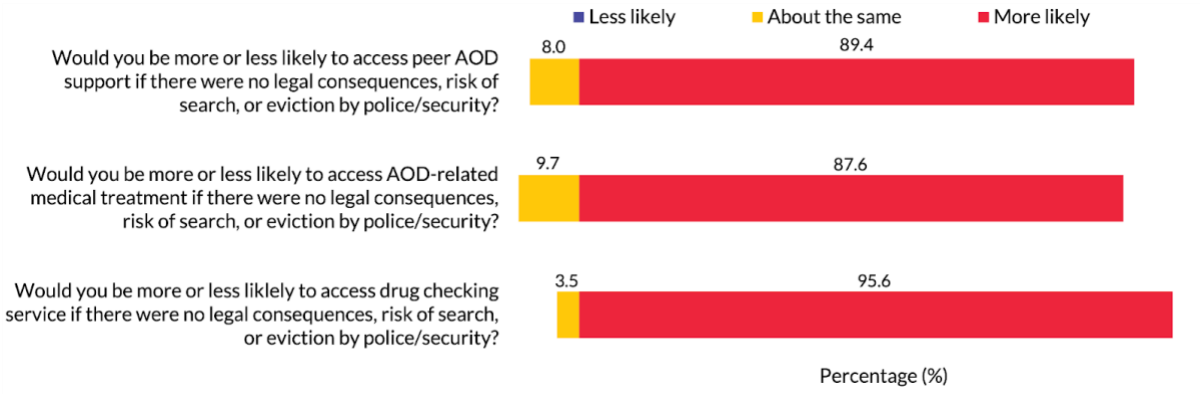
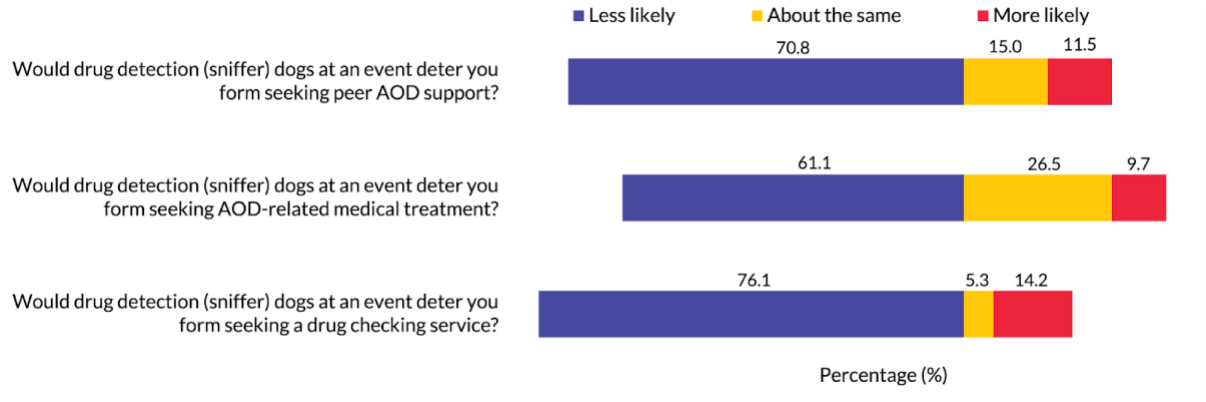
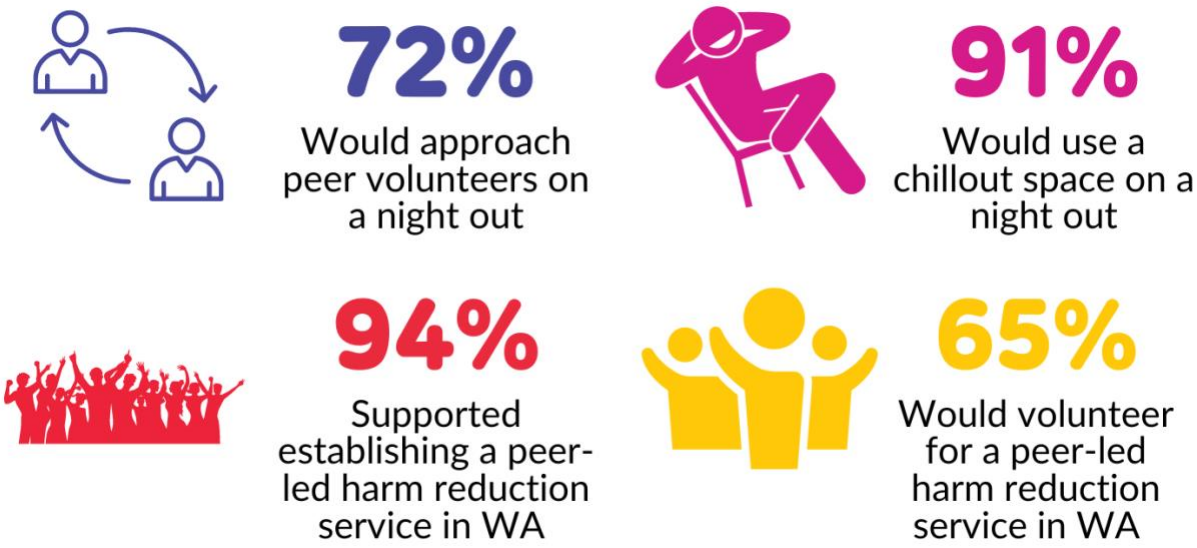


Figure 26. NSW drug detection dogs at events



West Australian harm reduction nightlife initiatives



Of the 46 West Australian respondents, 71.7% would approach clearly identifiable trained peer volunteers who have knowledge and experience with drug use on a night out if needed. If they or a friend needed support related to alcohol and/or other drugs during an event or festival, 91.3% of respondents would use a chillout safe space run by trained peer volunteers. 67.4% of respondents were aware of DanceWize in other states. 93.5% of respondents supported the establishment of a peer-led harm reduction service by the WA state government, and if a program like DanceWize was established in WA, 65.2% would be interested in volunteering.