Families, professionals, and young people:

Three national surveys exploring attitudes towards drug policy reforms

Chloe Span, Oisin Stronach, and Baillee Farah

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Acknowledgments

Acknowledgement of Country

We acknowledge the traditional custodians of this land, the Aboriginal and Torres Strait Islander peoples of the First Nations. This project has been largely completed on the unceded lands of the Wurundjeri people of the Kulin Nation, and the Wallumattagal people and Gadigal people of the Eora 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.

Acknowledgement of Lived and Living Experience

We would also like to recognise everybody with lived and living experience of drug use, including their family members, friends, and anyone who chooses to remain connected to and to advocate on behalf of someone they care about. You bring a unique knowledge and wisdom that contributes to the design, and implementation of, appropriate services and supports that are safe and responsive to the needs of our communities. We aim to do these perspectives some justice in this report and in our ongoing work.

Statement of Human Rights

Our organisations embrace all people, regardless of their origin, culture, sexual orientation, drug using status, and religious background. We believe that everyone has the right to feel safe, respected, and valued as part of the community in which they live. We are committed to upholding human rights, and respect and value the dignity of all people.

Acknowledgement of Participation

We would like to thank everyone who shared their perspectives in these surveys. Your participation has and will continue to inform each organisation's advocacy and service delivery, to ensure that our work is always guided by the expertise and experience of our respective communities.

We also acknowledge the long standing support we have received and continue to receive from Commonwealth and State Governments, philanthropic organisations, people who use drugs, families, and individuals across Australia.

Contributors

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“Many of the family members who completed our survey were not just asking for change, they are demanding change. I speak to at least one bereaved family every week and it breaks my heart to hear the stories I listen to. Just today I spoke to the mother and sister of a beautiful 35-year-old woman who died recently.”

“Harm reduction strategies and meaningful reform to drug policy are essential. Damien's death is our family's ongoing tragedy but a bigger tragedy for Australia is the fact that we are losing 4 people a day and that is over 20,000 since he died. Australia was once a leader in drug policy – now we stand still- lets learn from countries such as Portugal and bring in effective strategies that families are asking for.”

- **Founder and CEO of Family Drug Support Tony Trimingham**

Overview

Three independent national surveys were conducted by allied, not-for-profit charities working across drug policy, advocacy, and treatment.[1,2,3] Each survey explored community attitudes towards drug policy reforms among families affected by alcohol and other drug (AOD) use, health professionals, and students and young people.

This is the first time that three national organisations have run similar surveys to gather evidence about attitudes towards drug policy reforms in Australia. The results indicate that families, professionals, and young people want change.

The communities of FDS, HRA, and SSDP Australia have a particular authority on AOD use and experience it from multiple perspectives:

- Families supporting someone whose AOD use can cause distress including ambulance call outs and at times, police intervention and are personally impacted by this experience themselves.[4,5]
- People who work in the AOD sector, medical and/or community sectors typically develop an insider knowledge and professional expertise into the ways our health and criminal systems operate.[6,7,8,9]
- Young people are disproportionately affected by AOD use and policy, and have lived and living experience of substance use in their social lives.[10,11]

It is rare that the people who drug policies affect the most are listened to and heard in drug policy debates, and these community-led and community-based research projects are essential towards highlighting the unique knowledge and wisdom of those who understand this situation intimately and know how to cope with the everyday realities of alcohol and other drugs.

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[1] Span C (2022) 'Time for change report: voices to be heard survey' *Family Drug Support*. Available here.

[2] Madden A, Span C & Vumbaca, G (2022) 'HRA Biannual Survey Summary Report 2021-2022,' *Harm Reduction Australia.* Available here.

[3] 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.

[4] McCann TV & Lubman DI (2018) Stigma experience of families supporting an adult member with substance misuse. *International Journal of Health Nursing 27*(2): 693-701. Available here.

[5] McCann TV & Lubman DI (2018) Help-seeking barriers and facilitators for affected family members of a relative with alcohol and other drug misuse: A qualitative study. *Journal of Substance Abuse Treatment 93*(7): 7-14. Available here.

[6] Queensland Mental Health Commission (2018) Changing attitudes, changing lives: Options for reducing the stigma and discrimination of people experiencing problematic alcohol and other drug use. Available here.

[7] Australian Council of Social Service (2022) The Australian community sector survey 2022. Available here.

[8] Harm Reduction Australia (2017) 'HRA Survey 2017 Results'. Available here.

[9] Harm Reduction Australia (2019) 'HRA Survey 2019 Results'. Available here.

[10] Shildrick T (2002) Young people, illicit drug use and the question of normalization. *Journal of Youth Studies 5*(1): 35-48. Available here.

[11] Australian Institute in Health and Welfare (2021) 'Australia's youth: Alcohol, tobacco and other drugs'. Australian Government. Available here.

About Us

Family Drug Support (FDS)

FDS is a not-for-profit charity that provides up to date information on all aspects of alcohol and other drugs use relative to the families and carers of people who use drugs.[12] The organisation was founded by their CEO, Tony Trimingham who lost his son to a heroin overdose in 1997. He talks about how 'anger' motivated him to establish FDS after feeling dismissed at the health and criminal systems response to his experience, which he says were lacking compassion. FDS operates in multiple Australian jurisdictions such as NSW, QLD, ACT, VIC, and SA including a national 24/7 support line for families affected by drug issues, runs peer support groups, community workshops and its flagship program Stepping Stones, along other online-based services.

Harm Reduction Australia (HRA)

HRA is a national charity organisation for individuals committed to reducing the health, social and economic harms potentially associated with drug use.[13] It was originally formed in 2015 by a group of professionals concerned about drug policy in Australia. HRA is a volunteer, membership-based organisation that represents the views of people working in the health, welfare and law enforcement sectors, but also concerned community members, consumers and other individuals wanting to advocate for the continuation and expansion of harm reduction policies in Australia.

Students for Sensible Drug Policy Australia (SSDP Australia)

SSDP Australia is a community organisation formed in 2016, and Australia's only national youth- and student-led organisation that empowers and represents young people to bring change to drug policy.[14] SSDP Australia was originally established because a group of students and young people were worried about the injustices of our current drug policies, particularly that young people disproportionately impacted by these policies were not having their voices heard and were being neglected in drug policy discussions locally and globally. SSDP Australia aims to build a grassroots movement where students and young people have a platform to speak about issues that matter to them, and to connect young people around Australia to a wide network of experts and policymakers. Their national network is shaped by affiliated clubs formed at university campuses including the University of Melbourne and La Trobe University in VIC, and the University of Western Australia and Edith Cowan University in WA.

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[12] FDS (2023) *Family Drug Support Australia*, Available here.

[13] HRA (2020 *Harm Reduction Australia*, Available here.

[14] SSDP Australia (2020) *Students for Sensible Drug Policy Australia*, Available here.

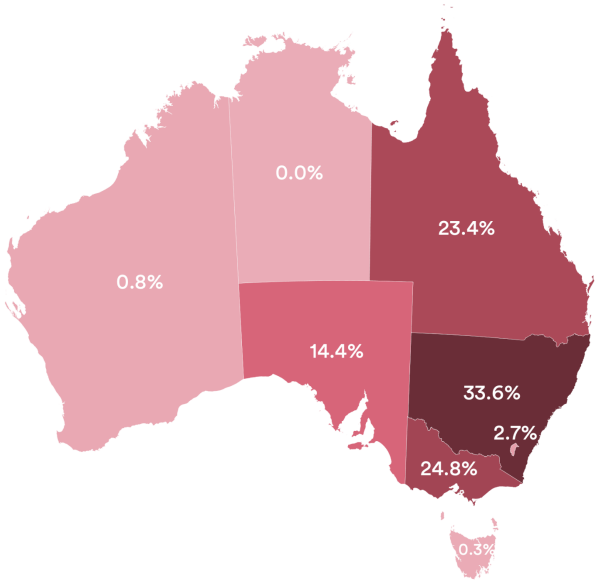
Methodology

Each of the surveys were administered during 2021 and 2022, with variations in questions, target populations, and sample sizes. Online technologies were used to disseminate questionnaires easily and effectively to all relevant audiences. The privacy and anonymity of participants was protected through organisational data management procedures, and no identifiable information was collected in any of the surveys. Each organisation provided their respective communities with information about the survey and how their data would be used at the beginning of the survey, and informed consent was indicated by proceeding with the survey. Ethics approval was not sought for these initiatives as the purposes of the research were grounded in community consultation and advocacy, with the aim of elevating the voices of the communities that each organisation represents. The findings of all three surveys do not represent all respective communities affected by alcohol and other drug use and policy, and cannot be generalised to the rest of the population.

While all surveys asked about attitudes towards various drug policy reform options, each differed slightly in the way that drug policy was asked about to inform each organisation's advocacy strategies and campaigns into the future. For instance, SSDP Australia was the only survey that asked about their community's interest in learning more, and their confidence in discussing different drug policy topics with their peers. Similarly, the FDS and SSDP Australia surveys were community-led, meaning that they better represented both communities because those involved in the research are a part of these communities. Comparatively, the HRA survey was community-based and was not co-designed or conducted with wider professionals. All three organisations advocate strongly for a participatory research model involving data exchange where the information provided to organisations is shared and re-distributed back to the community.

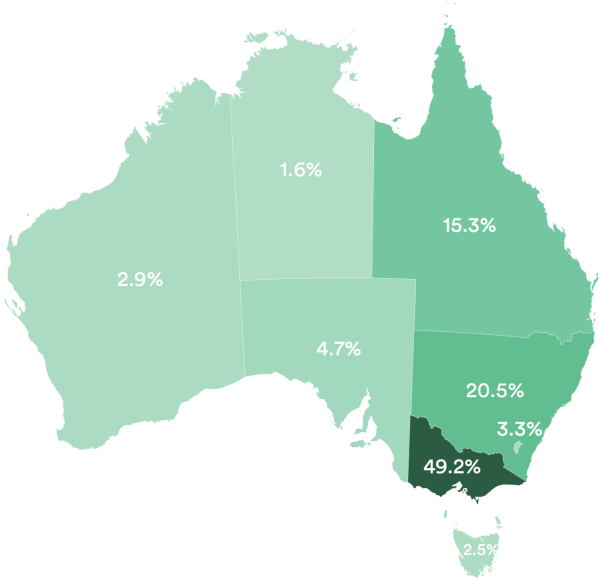
Demographics

FDS



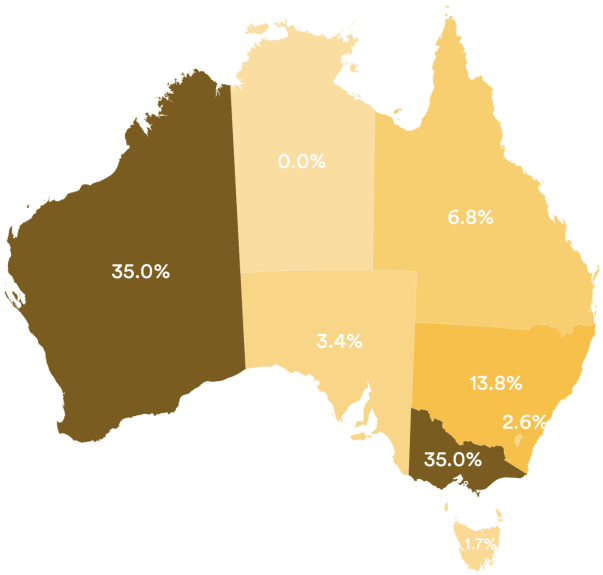
601 family members were consulted from across Australia, largely from FDS' major operating areas including NSW, VIC, QLD, and SA. Approximately two-thirds (70%) were based in metropolitan areas and one-third (30%) in regional and rural areas. 64% were mothers and fathers of a person using drugs and alcohol.

HRA



Of the 524 respondents to the HRA Survey, over 90% identified as coming from the AOD and harm reduction sectors, including clinicians, managers, frontline harm reduction specialists, peer education experts, and academics. 70% were based in metropolitan areas, 30% in regional and rural areas, and almost half of respondents were based in VIC.

SSDP Australia



117 community members were consulted. 41% of participants were aged 25 and under, 42% were aged 26 to 40, and 15% were aged 41 and over, with a median age of 28. 57% were currently studying. SSDP Australia's participants lived across Australia, and the majority were from VIC (35%) and WA (35%).

In comparing the jurisdictional distribution of responses across all three surveys, it is notable that VIC, NSW and WA were the states that returned higher numbers of responses. Future survey projects could look at targeting the NT, TAS, ACT and QLD to gain a more balanced representation of responses within these jurisdictions.

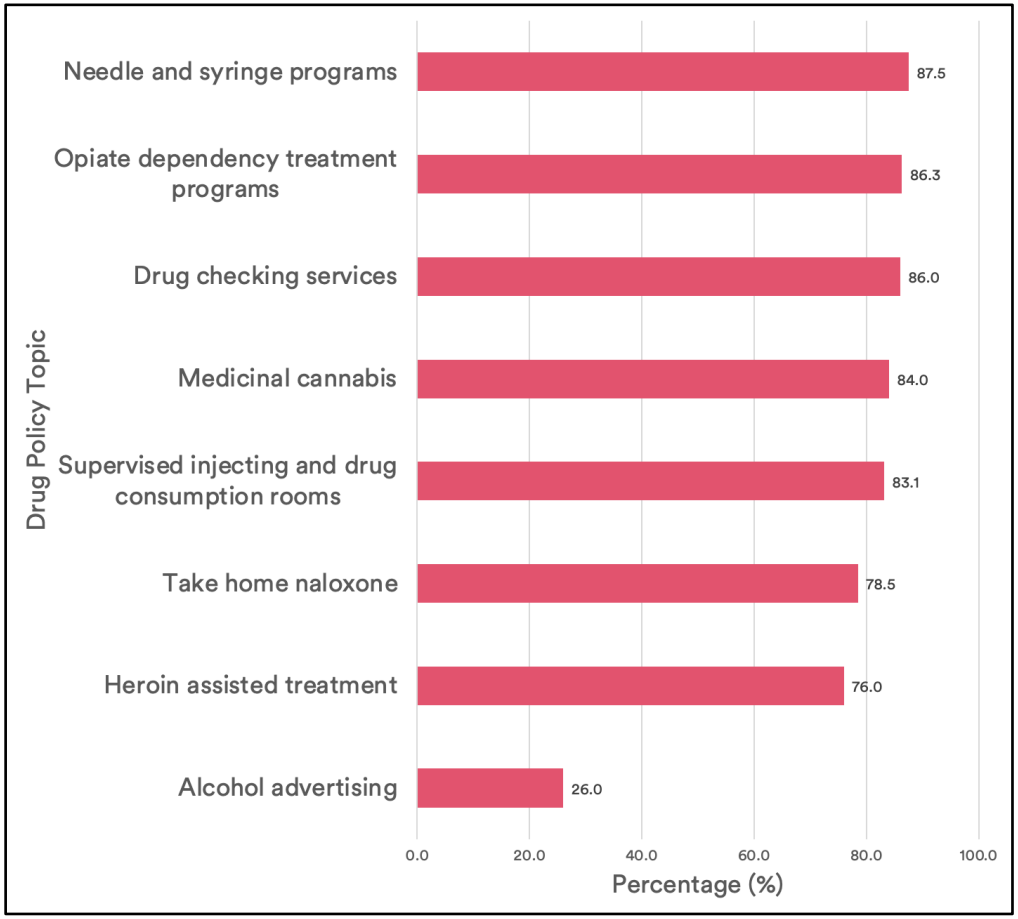
“The ongoing harms from our current drug laws simply must be addressed. As many countries around the world move to reform drug laws to an evidence-based approach that recognises the importance of human rights, public health, reducing stigma and increasing investment in programs that reduce harms, in Australia we are mired in too many old and tired debates that reject reform and continue to punish people for political and ideological reasons. The people who work daily with drug use issues and understand the outcomes of drug policies overwhelmingly support reform. It really is time to listen to the experts.”

- **Founder and President of Harm Reduction Australia, Gino Vumbaca**

Survey Results

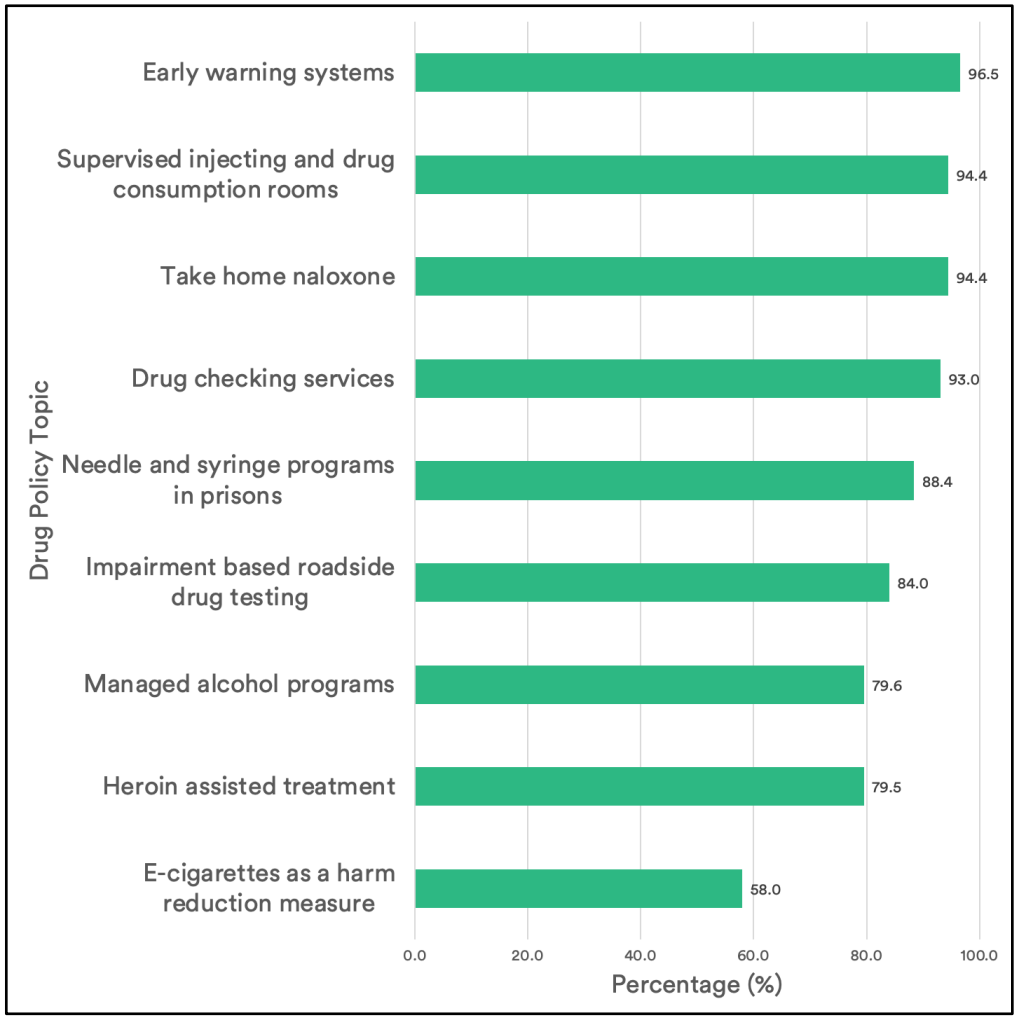
FDS

Figure 1. Support from families for different drug policies



Among families there was clear and widespread support for most drug policies and programs, as strongly reflected in the responses (see Figure 1). The drug policies and programs that received the highest levels of support were needle and syringe programs (87.5%), opioid dependency treatment programs (86.3%), drug checking services (86.0%), medicinal cannabis (84.0%), and provision of supervised injecting and drug consumption rooms (83.1%). While heroin-assisted treatment ranked lower in comparison to other harm reduction approaches, a substantial 76.0% of families still endorsed its use. Notably, only 26.0% were in favour of alcohol advertising, indicating families' concerns about its far-reaching impact.

Figure 2. Support from professionals for different drug policies

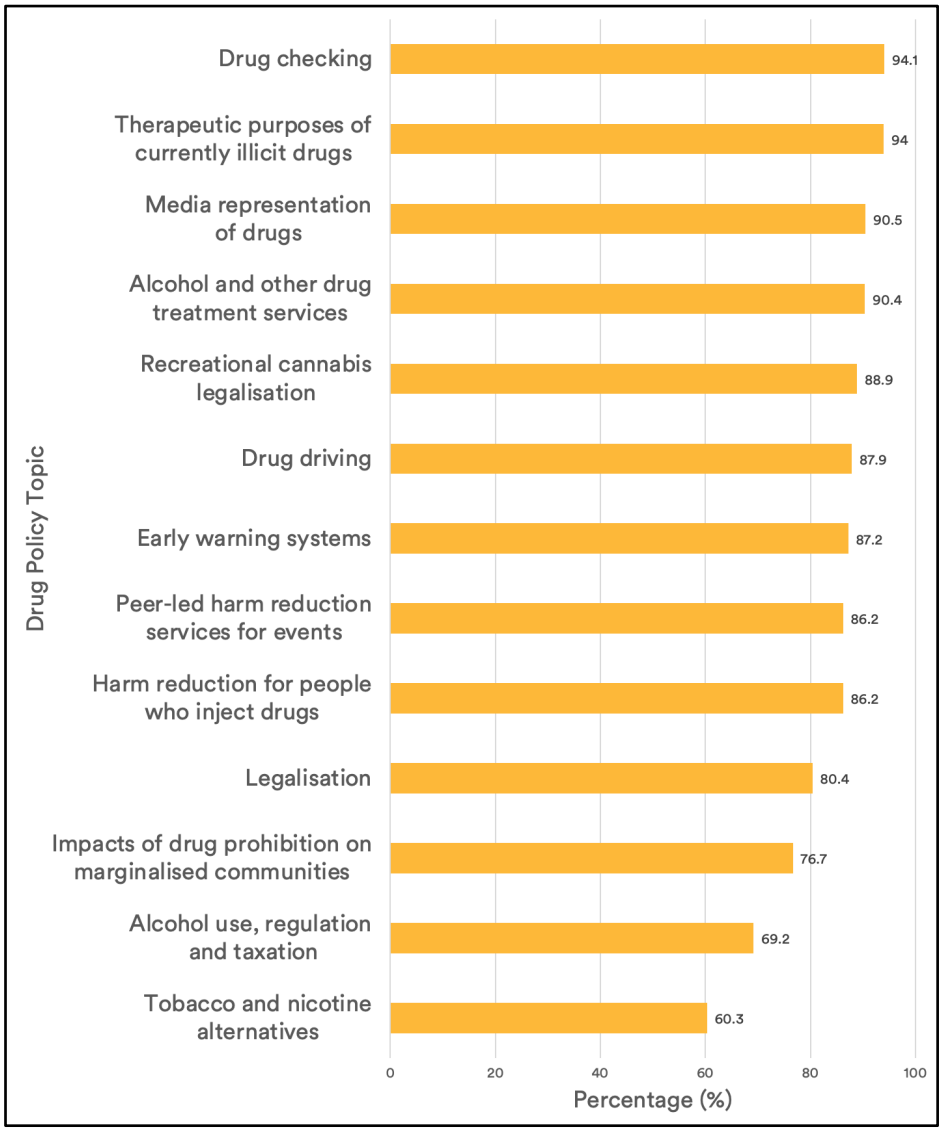


Based on responses from HRA's community (n=524), it was evident that there was resolute support across most drug policies and programs, indicating strong endorsement (see Figure 2). The drug policy topics that received the highest support were early warning systems (96.5%), provision of supervised injecting and drug consumption rooms (94.4%), expansion of take-home naloxone (94.0%), establishment of drug checking services (93.0%), and needle and syringe programs in prisons (88.4%). Among substance use professionals, the utilisation of e-cigarettes as a harm reduction measure received the least support compared to other strategies. However, it still garnered the backing of the majority (58.0%) of respondents.

Notably, the consistent high level of support was seen across past HRA surveys, which highlights the unwavering endorsement from substance use professionals for increased access to harm reduction services.

These findings align with the general position of shifting funding and resources away from law enforcement approaches and into health and welfare measures, which according to the large majority of respondents to this survey, is the most needed and appropriate response to keeping those people safe from harm.

Figure 3. Support from young people and students for different drug policies

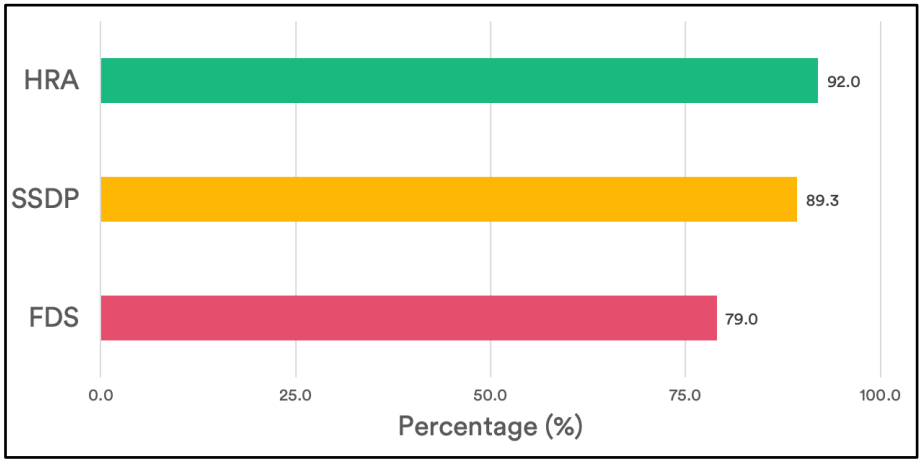


Students and young people across Australia (n=117) shared that most drug policies and programs were important to them, with high levels of importance across all options (see Figure 3). The most important drug policies and programs across SSDP Australia's national community were drug checking (94.1%), investment in therapeutic purposes of currently illicit drugs (94.0%), media representation of drugs (90.5%), reforming and investing in alcohol and other drug treatment services (90.4%), drug decriminalisation (89.3%), and recreational cannabis legalisation and reform (88.9%). Less important topics were improved access to nicotine vaping products and tobacco alternatives (60.3%), alcohol use, regulation, and taxation (69.2%), and the impacts of drug prohibition on marginalised communities (76.7%). These results suggest that SSDP Australia's community supports evidence-based harm reduction initiatives and drug policy reform.

Students across Australia (n=67) named drug checking (95.5%), investment in therapeutic purposes of currently illicit drugs (94.1%), decriminalisation (94.0%), and reforming and investing in AOD treatment services (94.0%) as the most important reforms to them. Comparatively, the most important policies and programs for people aged 25 and under in SSDP Australia's national community (n=48) were investing in AOD treatment services (93.6%), investment in therapeutic purposes of currently illicit drugs (91.7%), drug checking (89.6%), and decriminalisation (89.6%).

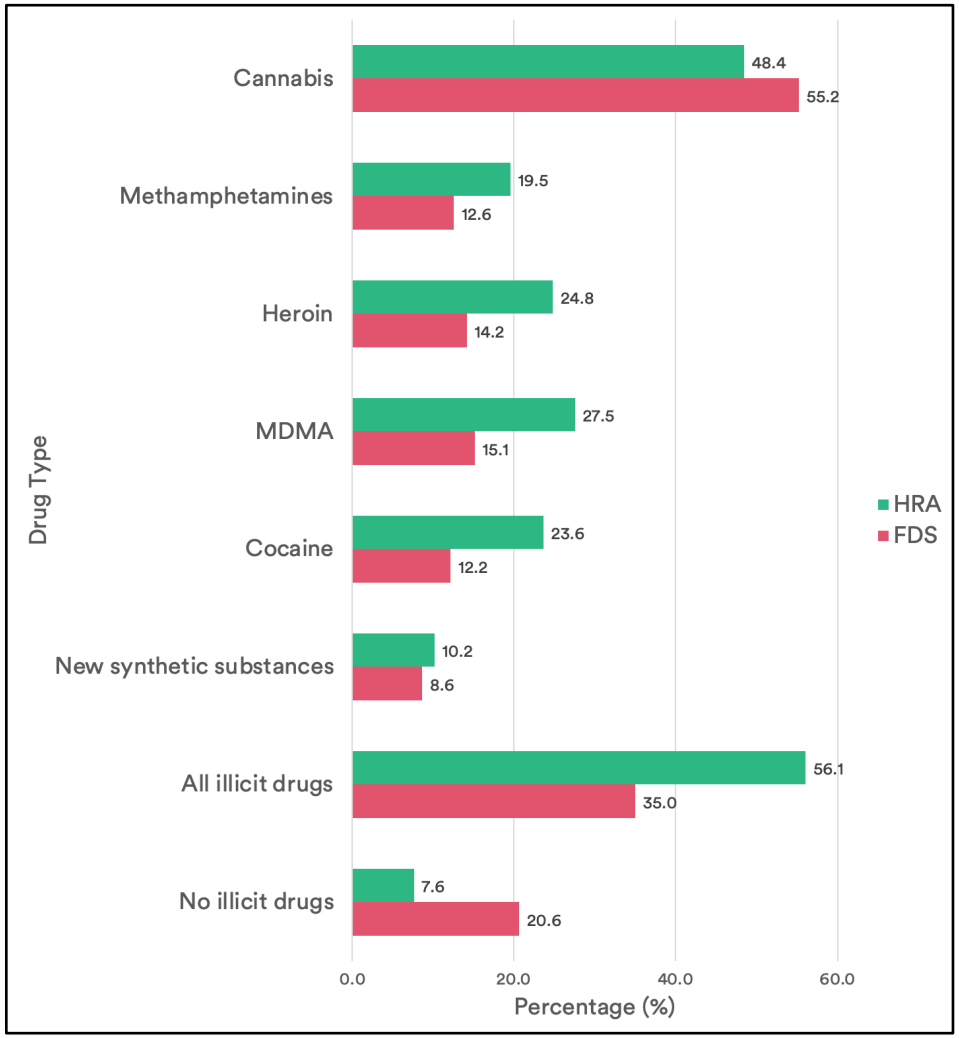
Decriminalisation

Figure 4. Support for decrim from families, professionals, & young people



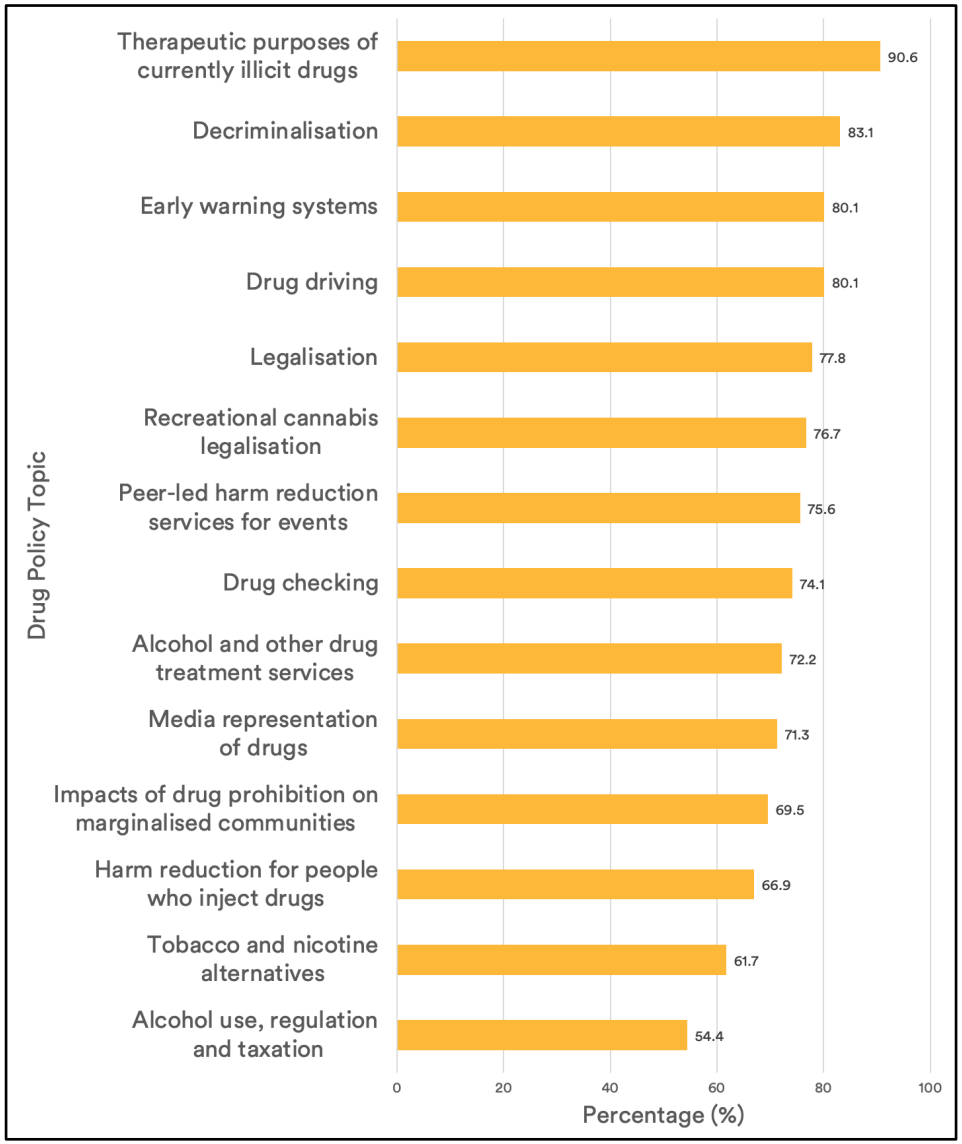
Families, professionals, and young people expressed high support for decriminalisation. A notable 56.1% of professionals were for the decriminalisation of all drugs, while 35.0% of families echoed this stance. Cannabis stood out, with 55.2% of families and 48.4% of professionals backing its individual decriminalisation. However, when it came to substances like methamphetamine, heroin, MDMA, cocaine, and new synthetic drugs, professionals exhibited a notably higher endorsement for decriminalisation, albeit at lower overall percentages. Notably, only 2.6% of students and young people, 7.6% of professionals, and 20.6% of families stated they did not support the decriminalisation of any drug, which suggests broader societal recognition of the benefits of decriminalisation.

Figure 5. Support for decrim by drug type from families and professionals



Unique Findings Across all Three Surveys

Figure 6. Young people's interest in learning more about different drug policies

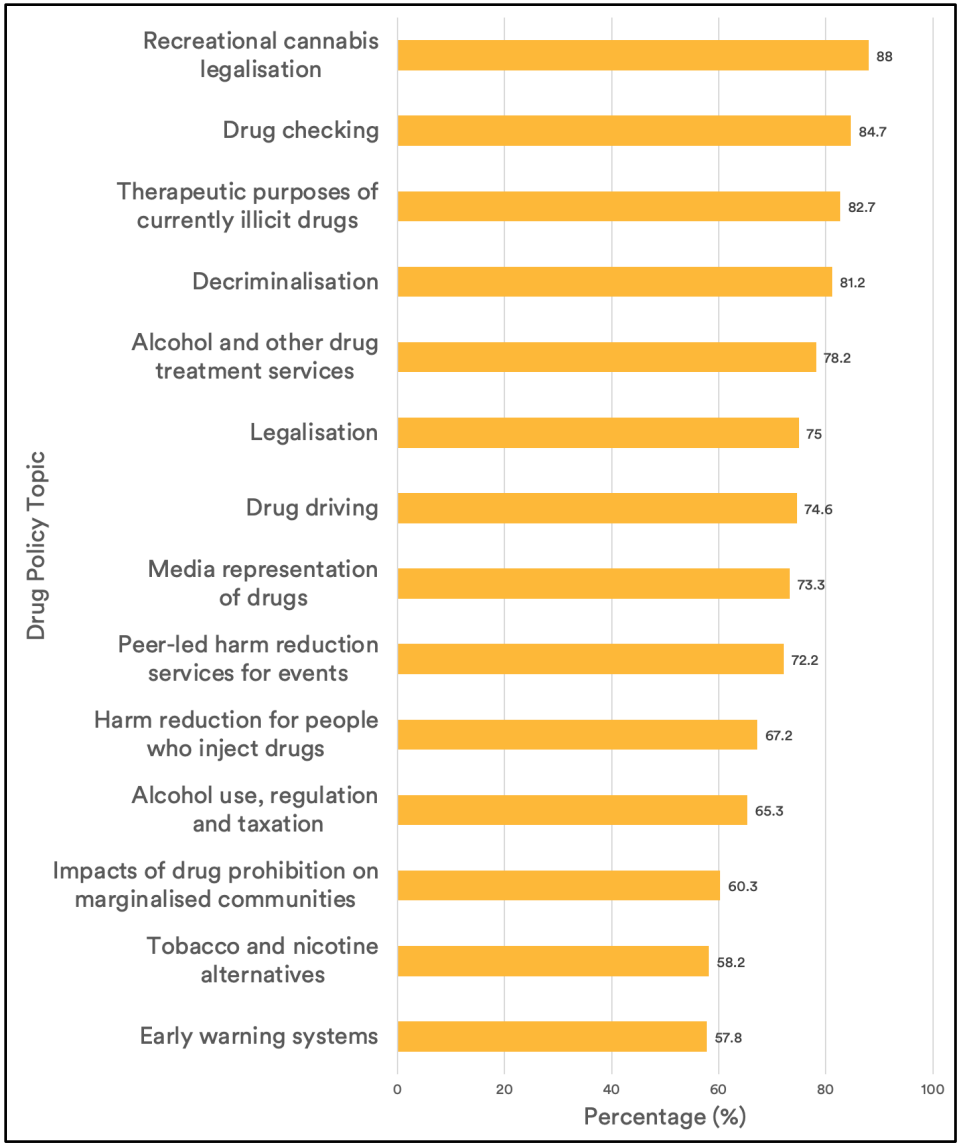


SSDP Australia also asked their community about the policies and programs that they would be interested in learning more about (Figure 6), and the topics that they felt confident discussing with their peers (Figure 7). The results highlight avenues for targeted and meaningful education.

Students and young people (n=117) shared that they were most interested in learning more about investment in therapeutic purposes of currently illicit drugs (90.6%), decriminalisation (83.2%), early warning systems (80.1%), and drug driving law reform (80.1%). Generally, students expressed greater interest in learning about drug policies than non-students.

SSDP's national student community (n=67) were the most interested in learning about investment in therapeutic purposes of currently illicit drugs (92.6%), drug decriminalisation (92.5%), and early warning systems (91.1%). These preferences were also reflected among young people aged 25 and under (n=48). Comparatively, non-students (n=50) were interested in drug driving law reform (77.1%), and recreational cannabis legalisation and law reform (70.8%).

Figure 7. Young people's confidence discussing different drug policies with peers

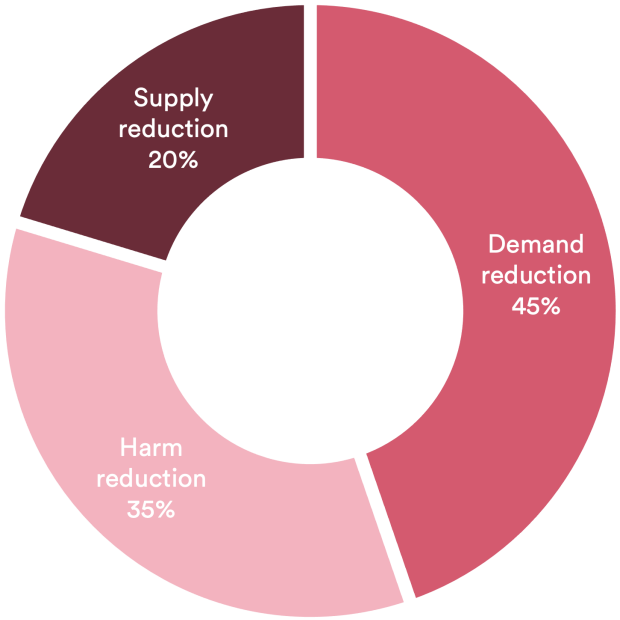


Just over half of the students and young people who took the SSDP Australia survey were confident in discussing all 14 drug policies and programs. The three topics that our community felt the least confident discussing with their peers were early warning systems (57.8%), improved access to nicotine vaping products and tobacco alternatives (58.2%), and the impacts of drug prohibition on marginalised communities (60.3%).

Students and young people aged 25 and under expressed less confidence discussing all drug policies and programs with their peers in comparison to non-students and older people. Comparatively, non-students were more confident discussing all options with peers than students. Young people were the least confident discussing the establishment of early warning systems (37.5%) with peers, which alongside drug driving law reform, was a topic that younger people were notably less confident with.

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

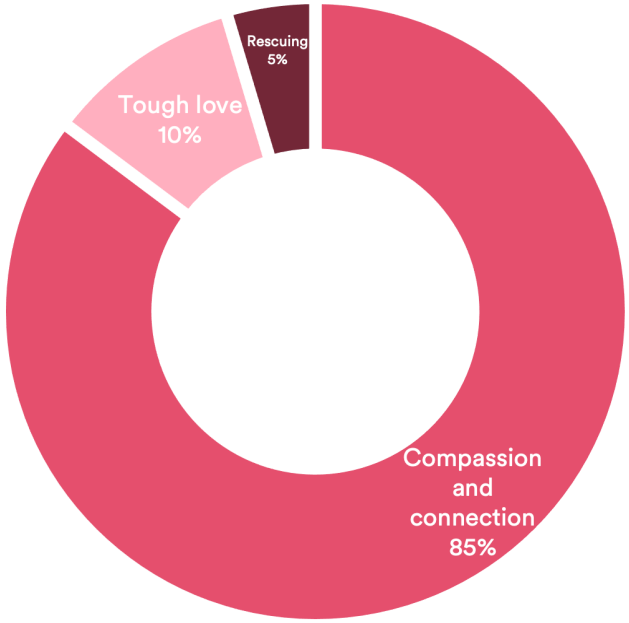
Figure 8. Families: 'If you had $100 to give for drug policies and programs, how would you allocate to the following areas?'



In respect to the three pillars of our National Drug Strategy (NDS), families who responded to the FDS survey wanted resources allocated under the harm reduction and demand reduction pillars by a factor of 7:1. In other words families were not in favour of the supply reduction pillar and the police, and criminal system response that it entails. Families preferred genuinely helpful and compassionate options available for their person, such as the demand and harm reduction pillars.

Demand reduction aims to prevent the uptake of substance use, and can involve public health initiatives, and investment in treatment services. Harm reduction acknowledges that for people who are already using drugs that it may not be realistic to immediately stop or cease their use, and that needle and syringe programs, injecting centres, and drug checking services can provide timely support.

Figure 9. Families: 'In dealing with issues in your family, which of the following strategies did you find most effective?'

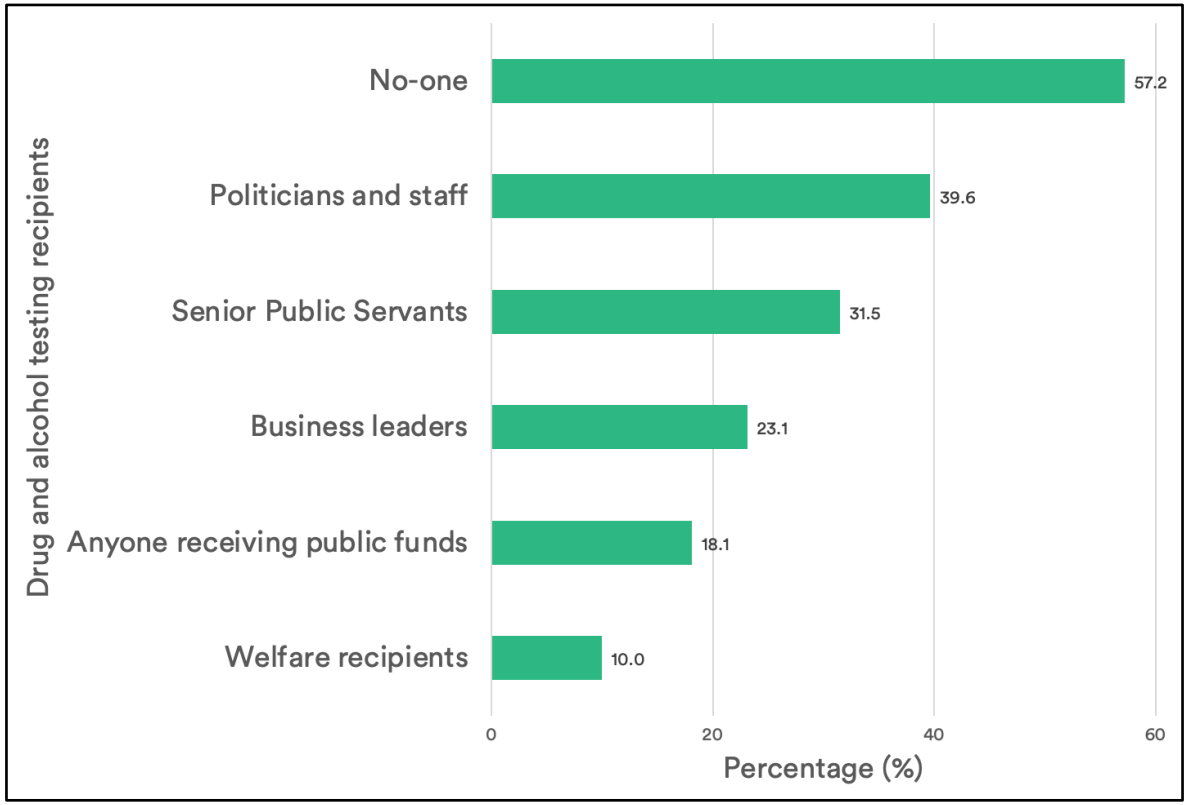


An overwhelming majority of FDS respondents favoured an approach of engaging their family member, friend and/or loved one with connection and compassion compared to that which is commonly understood as 'tough love.' To define what is meant by tough love, Tony Trimingham, CEO of FDS, offered the following statement:

"Tough love is not supportive, it is not a strategy, it is cruel to both the loved one and the family, it creates winners and losers, it is not open, honest communication and it is NOT boundary setting. Just like there is a difference between rescuing and supporting, there is a difference between tough love and boundaries. Tough love is the act of taking away love and contact for the purpose of changing someone – it is manipulative and requires the person with a substance use disorder to completely change their lives overnight for everyone else. Is that even possible? FDS advocates for boundary setting to be done based on what the family member needs to live peacefully, not based on changing the behaviour of another. FDS does not condone tolerating any kind of abuse and does not tell families they must live with their loved one or provide them with a home."

The interpretation by FDS about these statistics is that most families, carers, and supporters start off trying to control the person in a way that they hope will result in a reduction and / or an abstinence of substance use. However, over time, many tend to change and adapt their expectations to be more reality-based, which typically involves practical strategies such as storing take-home naloxone and prioritising the relationship with the person, including re-building meaningful and trustworthy connections over solution-based interventions.

Figure 10. Support from professionals for workplace drug and alcohol testing



A majority of HRA's professionals did not support the use of workplace AOD testing *for anyone*. 57.2% thought that no-one should be subject to workplace testing, while testing was supported by around a third of respondents for politicians and their staff (39.6%), and senior public servants (31.5%).

Notably, only 10.0% indicated support for welfare recipients to be subject to testing. These findings suggest a hierarchy of power and responsibility, where the preferred recipients of workplace testing were those with the highest responsibility in state governance, while the least preferred recipients were people highly reliant on the state.

Workplace alcohol and other testing differs substantially from drug checking and roadside testing. Drug checking involves examining *substances*, while roadside testing and workplace testing involve examining *people*. Workplace testing extends the reach of roadside testing past the operation of vehicles or machinery and functions as a form of surveillance, monitoring, criminalisation, and stigmatisation which often rests on the assumption that drugs are a threat to workplaces.

Understanding the Shared Findings

These findings provide unique insights into community attitudes towards drug policy reform, and reflect a nuanced and sophisticated understanding of what is working and importantly, what needs to change.

Across all datasets, there was a very strong message about supporting reform. All three community organisations expected their survey results to favour more compassionate policies, however the degree that they all told of unanimous support for change was undeniable.

The respondents to all three surveys strongly supported the reallocation of funding and resources away from supply reduction measures, such as policing, into demand reduction and harm reduction measures, prioritising health and wellbeing over criminalisation.

This unified support is at odds with much of the "tough of drugs" and "tough of crime" rhetoric commonly heard by Australian politicians in both commonwealth and state and territory jurisdictions. [15,16,17]

- Families were fed up with governments' inability to provide compassionate support towards people with a drug dependence and the families that surround them. Families are impatient for a health-based response towards their family members' various struggles, including harm reduction services, many of which Australian governments are reluctant to consider.
- The strong endorsement for harm reduction services and policy change from those working in the AOD field, is consistent with the findings of previous HRA surveys. In 2017 and 2019 for example, HRA uncovered overwhelming support amongst respondents for compassionate, evidence-based initiatives - a trend that has remained stable over the course of five years from 2017 to 2022.[18,19]
- The demand for meaningful and relevant drug education was highlighted by students and young people, who expressed less confidence discussing some drug policy topics with peers alongside their interest in learning more.

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[15] Kolovos B (2023) 'Changing the justice system: Victorian Liberal Brad Battin goes from tough on crime to keeping people out of jail,' The Guardian. Available here.

[16] Gregoire P (2022) 'NSW Launches yet another 'tough on crime' drive,' Sydney Criminal Lawyers. Available here.

[17] Parliament of Australia (2007) 'Tough on drugs,' Liberal Party of Australia. Available here.

[18] Harm Reduction Australia (2017) 'HRA Survey 2017 Results'. Available here.

[19] Harm Reduction Australia (2019) 'HRA Survey 2019 Results'. Available here.

There was almost unanimous support across all three surveys for evidence-based harm reduction and treatment, particularly fixed site, and mobile outreach drug checking facilities: FDS (86%), HRA (93%), and SSDP Australia (94%).

We highlight this as a topical and important approach relevant to Australian festival cultures as well as ongoing engagement with nighttime economies. Implementing drug checking across Australia would align with the wishes of our respective communities who want more timely health interventions available when they need it.

There was agreement across all three surveys for establishing a decriminalisation approach nationally, where penalties for carrying small quantities of currently illicit drugs would not be processed by the criminal system: FDS (79%), HRA (92%), and SSDP Australia (89%).

We recognise how the ACT reforms are leading the way for other jurisdictions to implement changes that our communities are impatient to see. We believe that there are many lessons to be learnt from this policy approach and encourage all Australian governments to strongly consider different models that will best uphold the health and human rights of people who use drugs, their families, and communities.

Our aligned findings emphasise the support amongst our respondents for non-punitive justice responses and legal reforms that protect rights and ensure equitable access to effective health, and social services for people who use drugs, their families, and supporters.

We strongly advocate for investment in community-led research to help drive service delivery, advocacy, and ultimately the de-stigmatisation of the lifesaving reforms explored in this report.

For example, to the best of our knowledge, the SSDP Australia survey is the only youth-led research conducted nationally that has investigated youth perspectives on drug policy reform.

Research by the National Drug and Alcohol Centre (NDARC) in partnership with the Australian Injecting & Illicit Drug Users League (AIVL) also shows that when asked, people who use drugs support health-based reforms particularly, medically supervised regulation of heroin to people who use opiates and the legalisation of cannabis.[20] Communities of people who inject drugs, also favour the implementation of needle and syringe programs, opioid agonist therapy (i.e., methadone and buprenorphine), and drug decriminalisation to even greater levels than found

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

among the general population.[21,22] The problem these authors identify, however, is that people who use and have used drugs are rarely, if ever, formally surveyed about their attitudes to these policies which so significantly affect their lives.

Moving Forward Together

All three organisations urge policymakers to honour the lived and living experiences of our respective communities by introducing the reforms supported by these results.

As a collective, FDS, HRA, and SSDP Australia have unique expertise that relates to our various positions towards AOD use and policy, yet we are calling for the same changes because, as the respondents to each survey have indicated, we know they work.

We understand that a health and human rights approach, harm reduction programs, and drug decriminalisation, are life saving strategies and believe it's time for policymakers to start listening.

We interpret increasing support for AOD policies that are yet to be fully realised by many state and federal governments as highlighting a clear service gap in the current system. We strongly advocate for policies which successfully engage people who use drugs and their networks to prevent avoidable harms.

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

[22] Lancaster K, Santana, L, Madden A & Ritter A (2013) Stigma subjectivities: Examining the textured relationship between lived experience and opinions about drug policy among people who inject drugs. *Drugs: Education Prevention and Policy 22*(3): 224-231. Available here.

Fundamentally, the views of respondents across all three surveys are also consistent with 'the right to the highest attainable standard of health' which is in line with the core principles of key international human rights conventions to which Australia is a signatory.[23,24,25] In this context, our findings demonstrate support for non-punitive justice responses and legal reforms that protect rights and ensure equitable access to effective health and harm reduction services.

All three surveys, regardless of the variation in methodologies, showcase the expertise of families, professionals, and young people as communities who are uniquely impacted by drugs and alcohol in various ways. Their insider knowledges gained through lived and living experience hold weight and deserve to be listened to and heard by policymakers and governments.

Families, professionals, students, and young people are all in agreement. We argue that this sends a strong message to governments that it is time to start taking these voices seriously. Those who are most impacted by current prohibitionist and criminalising approaches have important practical wisdom to offer in this space. To this end, we argue that their views should be fully represented and acknowledged in all drug policy deliberations.[26,27,28,29,30]

We firmly believe that the people most affected by policies need meaningful and central roles in the co-design and implementation of all reforms.

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[23] Harm Reduction International (2022) 'What is Harm Reduction?' Available here.

[24] United Nations (2015) 'The Universal Declaration of Human Rights'. Available here.

[25] Australian Human Rights Commission (2023) 'The International Covenant on Civil and Political Rights – Human Rights at your fingertips.' Available here.

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

[27] Lancaster K, Santana L, Madden A & Ritter A (2013) Stigma subjectivities: Examining the textured relationship between lived experience and opinions about drug policy among people who inject drugs. *Drugs: Education Prevention and Policy 22*(3): 224-231. Available here.

[28] Span C (2022) 'Time for change report: voices to be heard survey,' *Family Drug Support*. Available here.

[29] Madden A, Span C & Vumbaca G (2022) 'HRA Biannual Survey Summary Report 2021-2022,' *Harm* Reduction *Australia.* Available here.

[30] 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.

“SSDP Australia strongly supports research on, investment in, and de-stigmatisation of harm reduction initiatives. Our survey results suggest that young people and students care about drug policy reform, and want access to meaningful drug education. Young people, students, and people who use drugs need to be involved in drug-policy conversations and decision-making. By providing young people with the tools to participate in discussions and debates around drugs and drug policy, we can empower young people to foster healthy relationships with drugs, and find their voices in the policy debate.”

- **Co-National Director of SSDP Australia, Nick Kent**

Next Steps

This report is an example of the collaboration that can occur to help facilitate coordinated advocacy efforts, but we would like to see commitment to collaboration across the sector, including the kinds of partnerships that can promote and support our organisations and our communities.

To do this, we need adequate funding geared within a system where engagement and advocacy is valued and integral. Our projects are all unfunded, and to do this work, we need investment that recognises the efforts and lived experiences of affected communities. Not all organisations are well-placed to engage in advocacy, and many underfunded orgs may struggle to engage in best practice community engagement outside of our primary organisational objectives. This is not new - community consultation is key for all our practice, as is coordination and collaboration across and between sectors.