



POLICY IN AOD

CHAIR: CATH PEAKE, PROGRAM MANAGER, BARWON HEALTH

1. Developing a structured approach to monitoring system reform
2. Families, professionals, and young people: three national surveys exploring attitudes towards drug policy reforms.
3. The Drug and Alcohol Services Planning Model (V-DASPM) – making it fit for purpose for Victoria

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Families, professionals, and young people: three national surveys exploring attitudes towards drug policy reforms.

Chloe Span, Family Drug Support
Oisin Stronach, SSDP

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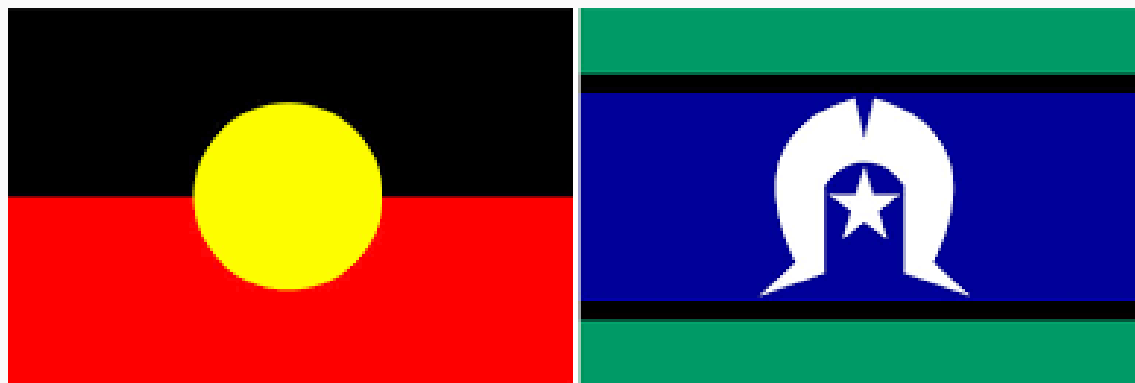


Families, professionals, and young people: Three national surveys exploring attitudes towards drug policy reforms

Chloe Span & Oisin Stronach: Clinical Services Manager, FDS Australia & Research Officer, SSDP Australia

February 2023





We acknowledge the traditional custodians of this land, the Aboriginal and Torres Strait Islander peoples of the First Nations. We express our profound gratitude to the Wurundjeri Peoples of the Kulin Nations whose land we are on today, and the custodians of the lands that our work was completed on. We pay our respect to their elders past, present, and emerging. We ask that everyone 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.**

Three independent national surveys were conducted.

Each allied not-for-profit charity explored community attitudes towards drug policy reforms among students and young people, health professionals, and families affected by AOD use.

Family Drug Support (FDS) Australia



Harm Reduction Australia (HRA)



Students for Sensible Drug Policy (SSDP)
Australia



Three distinct & experienced communities

- **Families and carers** of FDS are typically supporting someone whose AOD use can cause distress including ambulance call outs and police intervention;
- **Professionals in the medical, community and AOD sectors** - the members of HRA - who have insider knowledge into the ways our health and criminal systems operate;
- **Students and young people** - the groups SSDP represents - are disproportionately affected by AOD use and policy, and have lived and living experience of AOD use in their social lives;

Methods



This is the first time that three national organisations have run similar surveys to gather evidence about attitudes towards drug policy reforms in Australia.

- Each survey was administered separately during **2021** and **2022**
- All surveys were **anonymous**, with no identifiable information collected
- The surveys were **methods of community consultation** to inform organisational conduct and advocacy
- All surveys **measured attitudes** towards drug policy reform options
- SSDP also asked about their community's **interest in learning more**, and their **confidence discussing** different policy topics with their peers

Demographics



FDS

Over 600 responses from families across Australia. Families mainly came from metropolitan areas.

64% were mothers and fathers of a person using drugs and alcohol.

HRA

524 responses from across Australia. 70% were based in metropolitan areas and 30% in regional and rural areas.

Over 90% were from the AOD and harm reduction sectors.

SSDP

117 responses from SSDP's national community across Australia.

Median age of 28 years. 57% were currently studying.

What matters the most to our communities?

Key findings and learnings



FDS

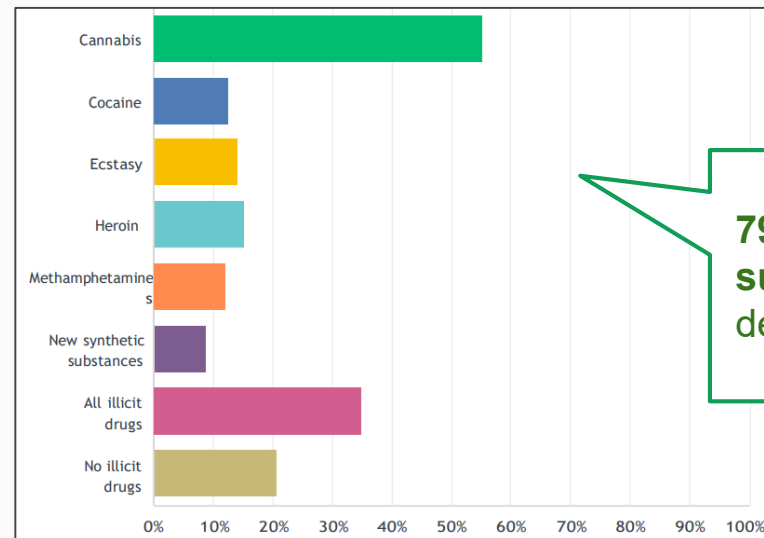
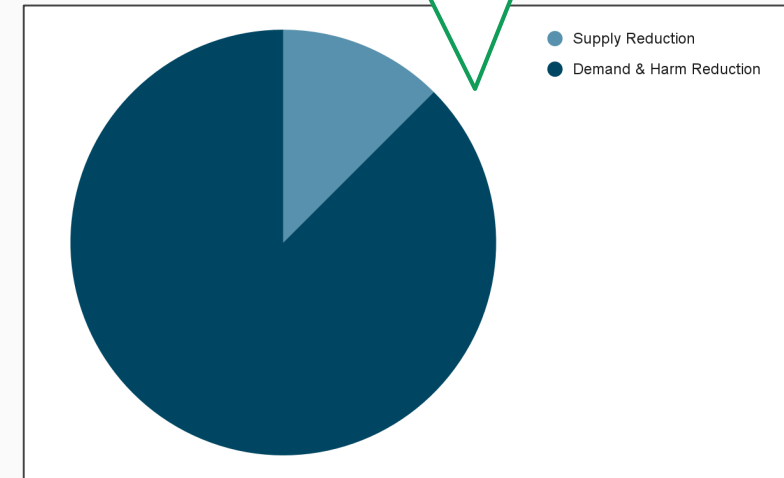
Families overwhelmingly supported evidenced-based harm reduction programs

Families wanted resources allocated to harm and demand reduction by a factor of 7:1 compared to supply reduction

Families strongly supported the legalisation of cannabis and the decriminalisation of all currently illegal drugs

- Needle & syringe programs (88%)
- Pill testing services (86%)
- Pharmacotherapy programs (86%)
- Supervised injecting centres (83%)
- Medicinal cannabis (84%)
- Prescription heroin programs (75%)

7 to 1 families preferred a health intervention over the police



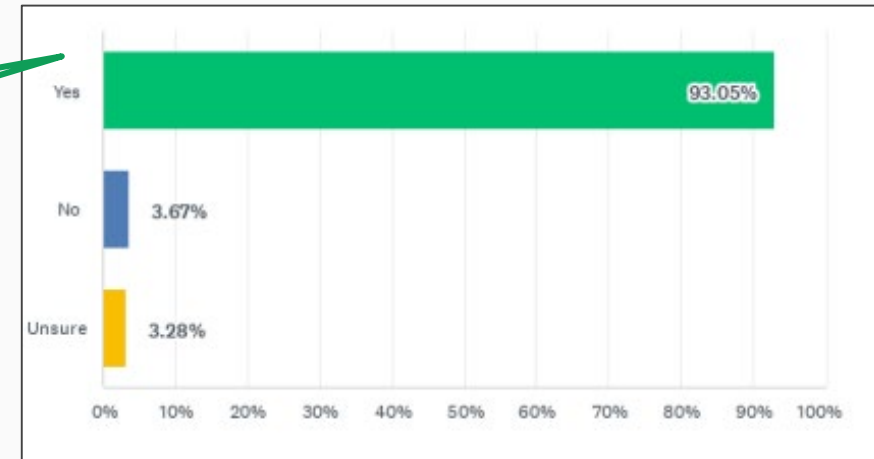
79% of families supported drug decriminalisation

HRA

Significant levels of support for harm reduction-oriented programs from those working in the AOD field. This endorsement is consistent with the findings of previous HRA surveys. In 2017 and 2019.

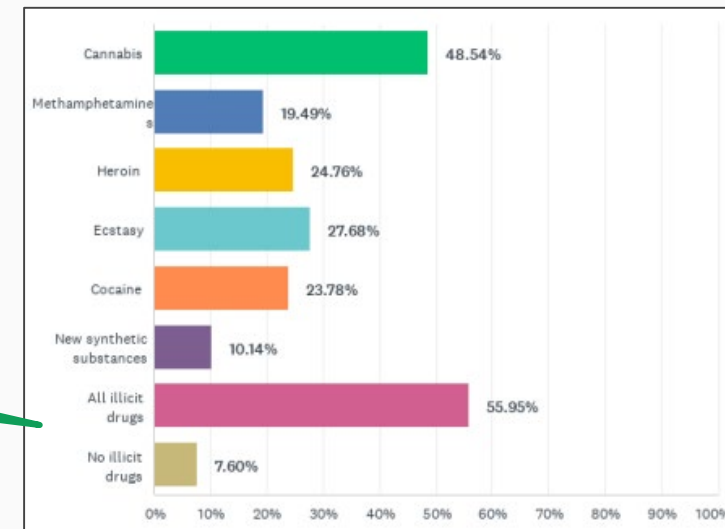
HRA uncovered overwhelming support amongst respondents for compassionate, evidence based initiatives - a trend that has remained stable over the course of five years from 2017 to 2022.

93% support for drug checking and pill testing



- Needle and Syringe Programs in prisons (88%)
- Provision of drug checking services (93%) and an early warning system (97%)
- Expansion of injecting centres (94%)
- Decriminalisation of currently illegal drugs (92%)
- Introduction of Heroin Assisted Treatment (80%)

92% supported drug decriminalisation



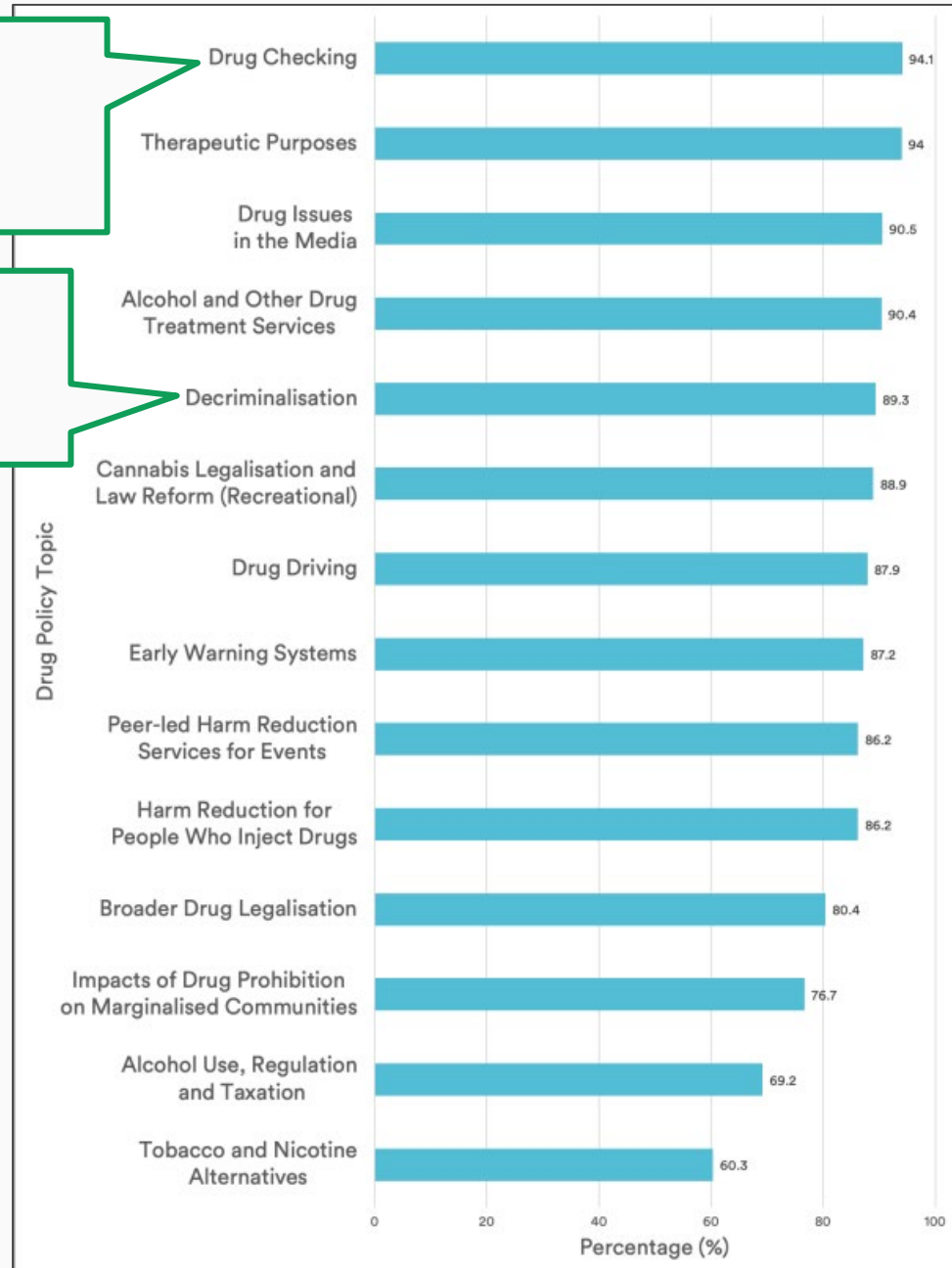
SSDP

Evidence-based harm reduction initiatives and drug policy reform are highly important to SSDP's community

The six most important policy topics were drug checking, investment in therapeutic purposes of currently illicit drugs, media representation of drugs, reforming and investing in AOD treatment services, decriminalisation, and recreational cannabis legalisation and law reform

94% supported drug checking services

89% supported drug decriminalisation



Key overlaps

Synergies across all three surveys

1. **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.**
1. 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 (94%).
1. 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 and treated as a civil matter, including referrals to drug education and counselling: FDS (79%), HRA (92%), and SSDP (89%).

“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.”

FDS Founder and Clinical Director, Tony Trimmingham

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

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

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

The word "CHANGE" is spelled out using six white, rectangular letter tiles with black capital letters. The tiles are arranged in a single row on a light grey, textured surface. The background is a blurred outdoor scene with green foliage and a grey wall.

Thanks!

Contributors

FDS:

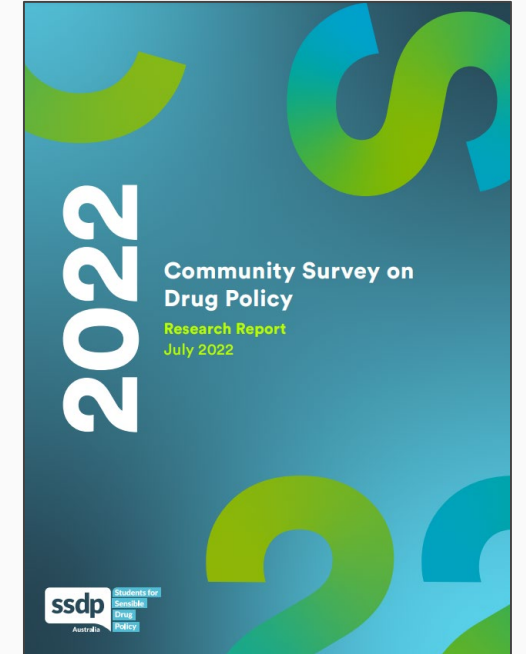
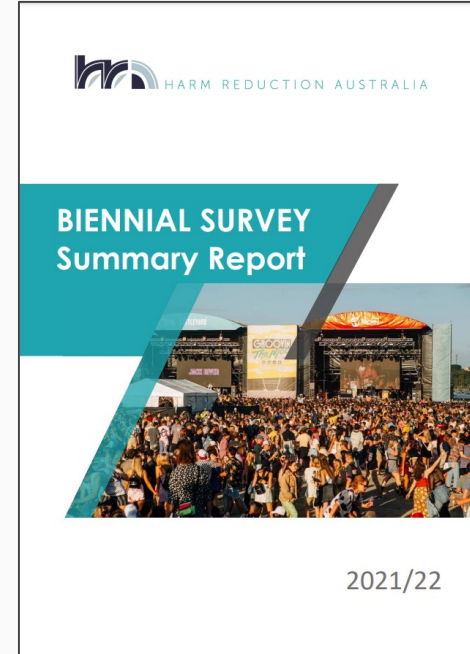
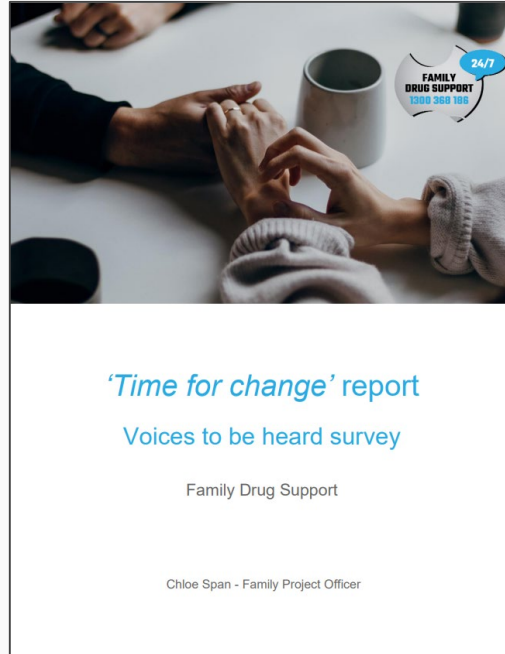
Tony Trimmingham OAM, Founder and Clinical Director.

HRA:

Dr. Annie Madden, Executive Director,
Gino Vumbaca, OAM, Founder and President.

SSDP:

Baillee Farah, National Research Coordinator,
Jamie Houston, Advocacy Coordinator,
Nick Kent, National Director.



All reports are available on each organisation's websites

Chloe Span, VIC Clinical Services Manager,
FDS Australia chloes@fds.ngo.org.au 0448177083

Oisin Stronach, Research Officer, SSDP Australia
oisin@ssdp.org.au 0429569977