

BIENNIAL SURVEY Summary Report



2021/22

Summary Report

This year's biennial, [Harm Reduction Australia \(HRA\)](#) Survey, measuring attitudes towards harm reduction and drug law reform among our members, most of whom are experts in the Alcohol and Other Drugs (AOD) field, once again shows significant levels of support for harm reduction-oriented programs and much needed drug policy reform. This 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 (Harm Reduction Australia 2017; Harm Reduction Australia 2019).

Information about political opinion towards Australian drug policy is typically collected every 2 or 3 years through the National Drug Strategy Household Survey - a population-basis tool (AIHW 2020). This routine data collection on the attitudes and perceptions of the general population, while useful, has also been criticised for its lack of specific focus on the perspectives of affected communities - that is, those who are most affected by drug policies (Lancaster, Ritter & Stafford 2013; Lancaster, Santana, Madden & Ritter 2014).

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As identified above, a majority of respondents in the HRA survey work in the AOD field including clinicians, managers, frontline harm reduction specialists, peer education experts and academic researchers. Indeed, of the 524 respondents to the HRA Survey 2021/22, over 90 percent identified as coming from the AOD and harm reduction sectors with approximately two-thirds (70%) based in metropolitan areas and one-third (30%) in regional and rural areas.

In this context, data from the 2021/22 HRA Survey can be rightly said to represent the perspectives of experts and professionals who routinely work on, and with people who are directly affected by, AOD issues across a variety of settings. Thus, HRA argues that our biennial Survey provides a unique perspective on harm reduction and wider drug policy matters and reflects a nuanced and sophisticated understanding of what is working and importantly, what needs to change. It is interesting to note therefore, that consistent with previous HRA Surveys in 2017 and 2019, key findings from the 2021/22 Survey continue to reflect high levels of unwavering support among respondents for:

- **Ongoing provision and expansion of core harm reduction services including Needle & Syringe Programs (NSP) and Opioid Agonist Treatment (OAT)**
- **Provision of NSP in prisons**
- **Provision of pill testing (aka drug checking) at music festivals and fixed sites**
- **Expansion of supervised injecting centres and drug consumption facilities**
- **Expanded access to Take-Home Naloxone**
- **Introduction of Heroin Assisted Treatment (HAT) in Australia**
- **Decriminalisation of currently illegal drugs**
- **Legalisation of cannabis**
- **Support for Drug Alerts/Early Warning System**
- **Expansion of peer-based drug user organisations.**

Some respondents expressed a slightly higher level of uncertainty in relation to some specific initiatives or reforms such as e-cigarettes/vaping, heroin prescription, managed alcohol programs and removing prohibitions on certain currently illegal drugs. This questioning, however, highlights the importance of making quality information and evidence on harm reduction initiatives more available within the broader community to allow for informed decision making on these issues.

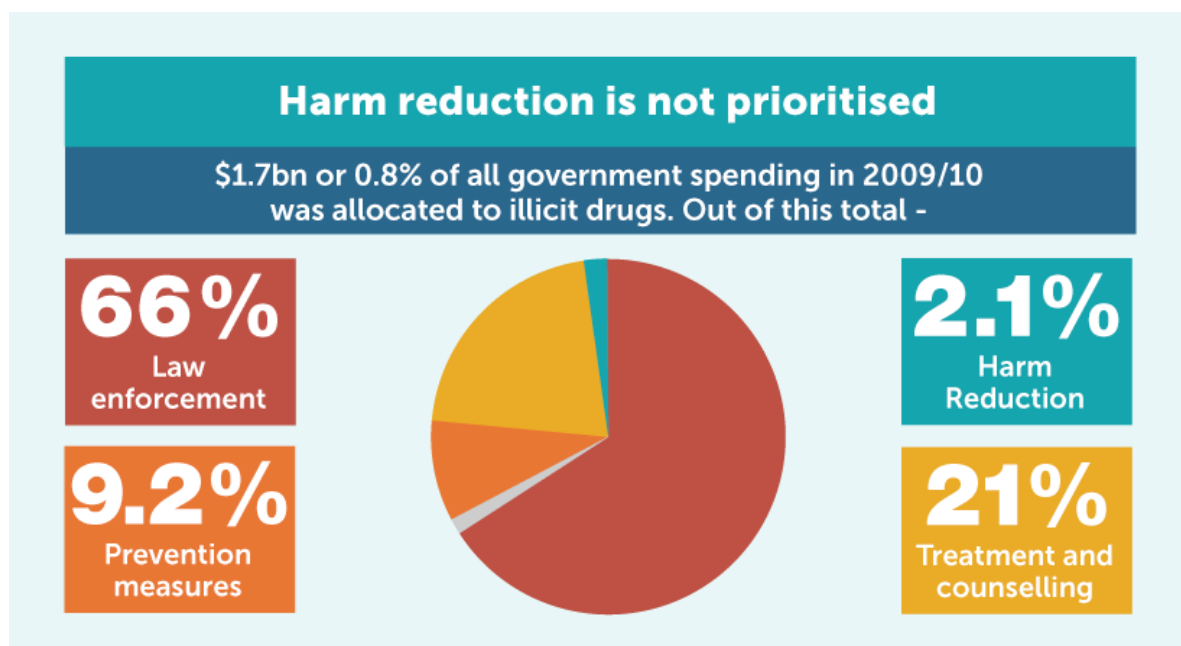
HRA believes that the overwhelmingly high levels of ongoing support for evidence-based harm reduction initiatives and drug policy reform as expressed in the 2021/22 survey, has a direct relationship to the fact that the majority of respondents work in the AOD field and therefore, have a greater understanding of the impact of current drug policies, services and

systems on people's everyday lives. Further, HRA argues that survey respondents know what needs to be done including what is currently working, where the gaps and problems exist and critically, where there are opportunities for reform and better outcomes. Moreover, their responses reflect an appreciation of the value of evidence-based harm reduction not just as a principle that underpins service provision, but as a wider pragmatic approach to drug use in society.

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Fundamentally, the views of the survey respondents 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 (Harm Reduction International 2022; United Nations 1948, United Nations 1966). In this context, the findings from the 2021/22 HRA Survey also highlight support among respondents for non-punitive justice responses and legal reforms that protect rights and ensure equitable access to effective health and harm reduction services for people who use drugs, their families and friends. This includes almost 85 percent of HRA respondents supporting ‘impairment only’ approaches to Roadside Drug Testing to prevent people on medicinal cannabis for example, being charged with driving offences merely due to the presence of trace amounts of medicinal cannabis in their saliva or blood system.



Interestingly, the findings from the HRA 2021/22 Survey are consistent with the findings of a similar survey conducted by [Family Drug Support Australia \(FDS\)](#) released recently, in April 2022. The FDS Survey focused on understanding the policy attitudes of family members' impacted by a loved one's substance dependence (FDS 2022; Span 2022). Those responding to the FDS Survey also revealed almost unanimous support for rehabilitation over punitive justice responses, including a rejection of 'tough on crime' rhetoric commonly used by Australian politicians (FDS 2022; Millar 2021; Span 2022). In presenting the survey results, FDS CEO, Tony Trimmingham reiterated that the essential voice of families is all too often ignored in contemporary drug policy debates and called on decision-makers to start listening (FDS 2022).

When taken together, it is clear that both families and AOD specialists and harm reduction experts are impatient for change and frustrated by the lack of political will to improve lives of people most directly affected by current drug policy frameworks (FDS 2022; Harm Reduction Australia 2017; Harm Reduction Australia 2019 Harm Reduction 2022).

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, too, support health-based reforms particularly, medically supervised regulation of heroin to people who use opiates and the legalisation of cannabis (Lancaster, Ritter & Stafford 2013). Communities of people who inject drugs, also favour the implementation of NSP's, OAT (i.e., methadone and buprenorphine) and drug decriminalisation to even greater levels than found among the general population (Lancaster, Ritter & Stafford 2013; Lancaster, Santana, Madden & Ritter 2014). 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.

Additionally, campaigns, reports and submissions from [Students for Sensible Drug Policy \(SSDP\) Australia](#), an organisation focused on empowering young people to bring change to drug policy, have also routinely expressed strong support for harm reduction, drug law reform and human rights issues. SSDP's #BeHeardNotHarmed campaign conducted a survey in 2020/21 and while the results were not published, the key findings have been used to inform SSDP's advocacy work including support for pill testing at music festivals, ending the use of 'sniffer' or drug-detection dogs in public, expanding peer-based harm reduction and in calling for wider drug policy reforms such as decriminalisation and legalisation (SSDP Australia 2021).



In summary, AOD professionals, people who use drugs and their families and students and young people are all in agreement. HRA argues that this sends a strong message to governments that it is time to start taking these voices more seriously. Those who are most impacted by current prohibitionist and criminalising approaches, that is, people who use drugs, family members, young people and AOD workers, have important practical wisdom to offer in this space. To this end, HRA (and others in the field) argue that their views should be fully represented and acknowledged in all drug policy deliberations (Lancaster, Ritter & Stafford 2013; Lancaster, Santana, Madden & Ritter 2014, FDS 2022).

Four groups in the community with significant expertise to offer have surveyed their memberships and people working in the field at various intervals and either published the results or made them public through their advocacy campaigns. It is now time for governments and policymakers to honour their unique knowledge, experience and understanding, by heeding their repeated calls for much needed policy and programmatic reform. Reforms that not only align with evidence-based harm reduction principles and practices, but also with realistic and effective approaches to responding to drug use in society.

The HRA 2021/22 Survey results serve to reinforce once again, that for those who see AOD use and substance dependence up close on a daily basis, the answer is straightforward and simple. More evidence-based harm reduction approaches, more progress on drug policy reform and more genuine compassionate and caring assistance to people who use drugs, their families and wider communities is urgently needed. For Australian governments and bureaucracies, the time to listen and act is now.

HRA wishes to thank those who participated in the 2021/22 HRA Survey. The ongoing and regular input of our membership and interested others is vital to informing our future policy and advocacy agendas. As a national membership-based organisation, it also ensures that HRA is always appropriately guided by the expertise and experiences of its members. These views are also critical to HRA's ongoing efforts to bring these important issues to the attention of governments and to demand they take action to better support harm reduction and implement urgently needed drug policy reform.

References

Australian Institute of Health and Welfare (AIHW) (2020) National Drug Strategy Household Survey DSHS 2019 Main Report (Report edition: 16 Jul 2020), p.35. Available online:

<https://www.aihw.gov.au/getmedia/77d8ea6e-f071-495c-b71e-3a632237269d/aihw-phe270.pdf.aspx?inline=true>

Family Drug Support Australia (FDS) (2022) 'International Family Drug Support Day Media Release' *International Family Drug Support Day*, available online: <https://internationalfdsday.fds.org.au/2022/ifds-day-2022-media-release>

Harm Reduction Australia (2017) 'HRA Survey 2017 Results' available online:

<https://www.harmreductionaustralia.org.au/wp-content/uploads/2017/11/HRA-Survey-2017-Results.pdf>

Harm Reduction Australia (2019) 'HRA Survey 2019 Results' available online

<https://www.harmreductionaustralia.org.au/hra-survey-results-2019/>

Harm Reduction International (2022) 'What is harm reduction?' *Harm Reduction International*, available online: <https://www.hri.global/what-is-harm-reduction>

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

Lancaster, K., Santana, L., Madden, A., & Ritter, A. (2015) Stigma and subjectivities: Examining the textured relationship between lived experience and opinions about drug policy among people who inject drugs, *Drug Education Prevention and Policy*, 22(3), pp 224 231.

Millar, R. (2021) 'Tough-no-crime leaders playing a game of chicken that will cost us' *The Age*, available online: <https://www.theage.com.au/national/victoria/tough-on-crime-leaders-playing-a-game-of-chicken-that-will-cost-us-20211111-p5986q.html>

Span, C. (2022) 'Time for change report: voices to be heard survey,' *International Family Drug Support Day*, available online: <https://internationalfdsday.fds.org.au/time-for-change-report-2022>

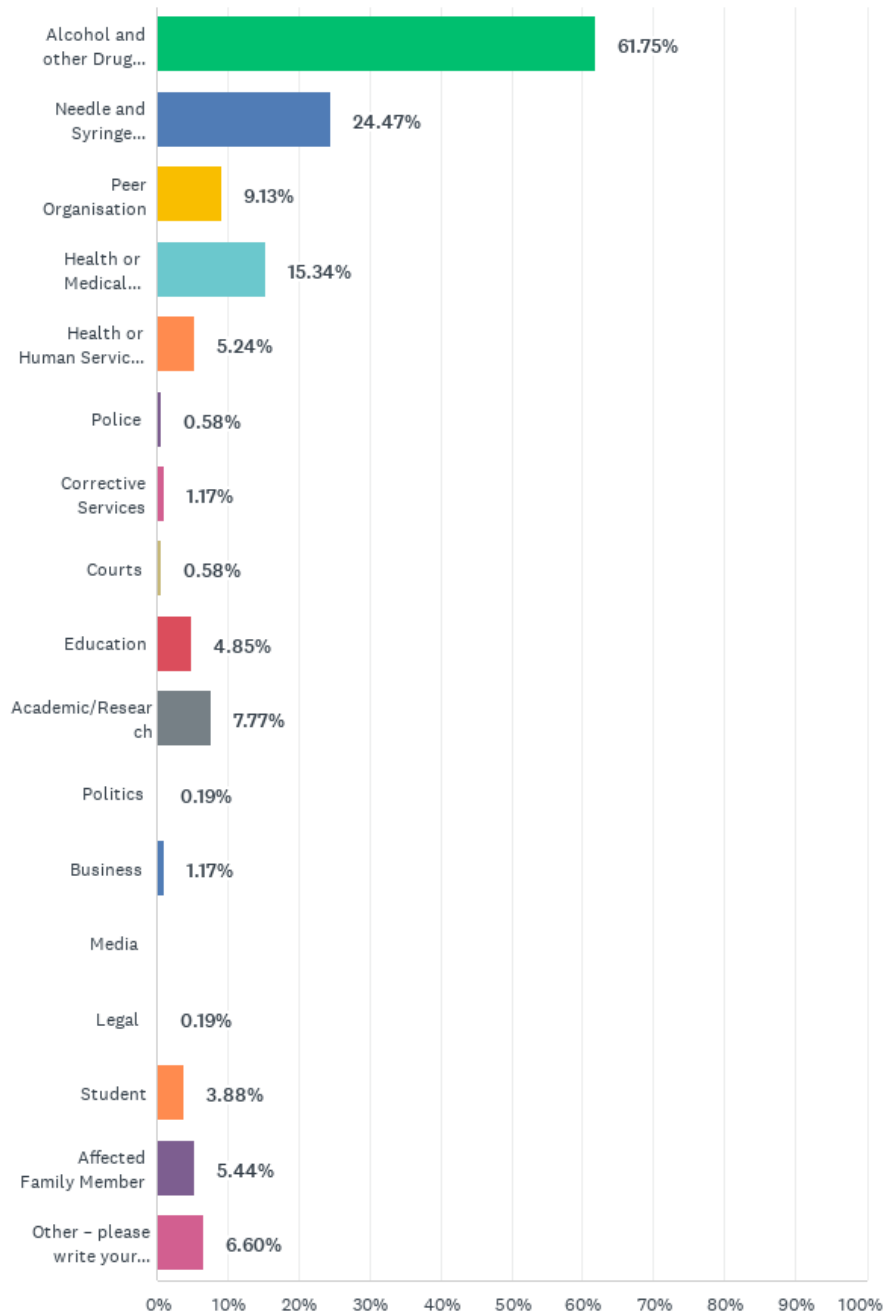
Students for Sensible Drug Policy (SSDP) Australia (2021) #BeHeardNotHarmed campaign survey and other advocacy reports and submissions available online: <https://www.ssdp.org.au/advocacy> and <https://www.beheardnotharmed.com/>

United Nations (1948) 'Universal Declaration of Human Rights' proclaimed and adopted by United Nations General Assembly Resolution 217 A, United Nations, 1948: New York, available online: <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

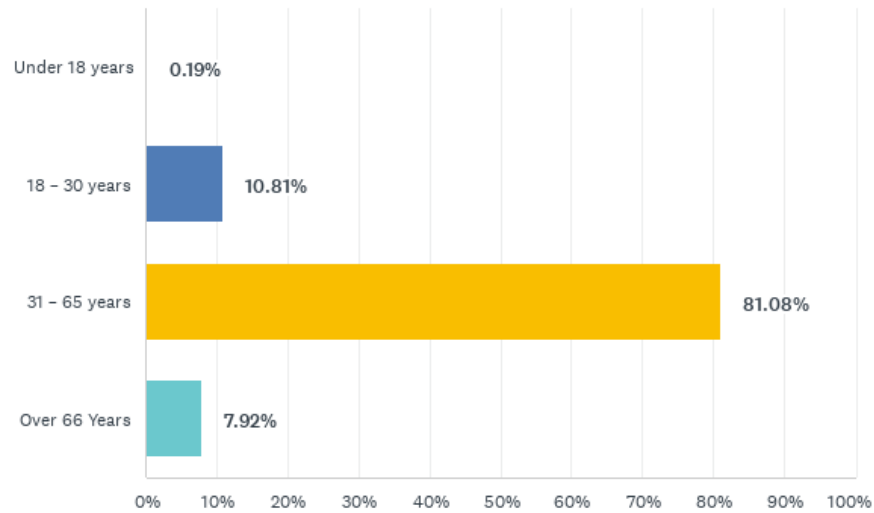
United Nations (1966) Article 12, International Covenant on Economic, Social and Cultural Rights (ICESCR), adopted and opened for signature, ratification and accession by United Nations General Assembly Resolution 2200 A(XXI), United Nations, 1966: New York, available online: <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights>

Appendix: Survey results

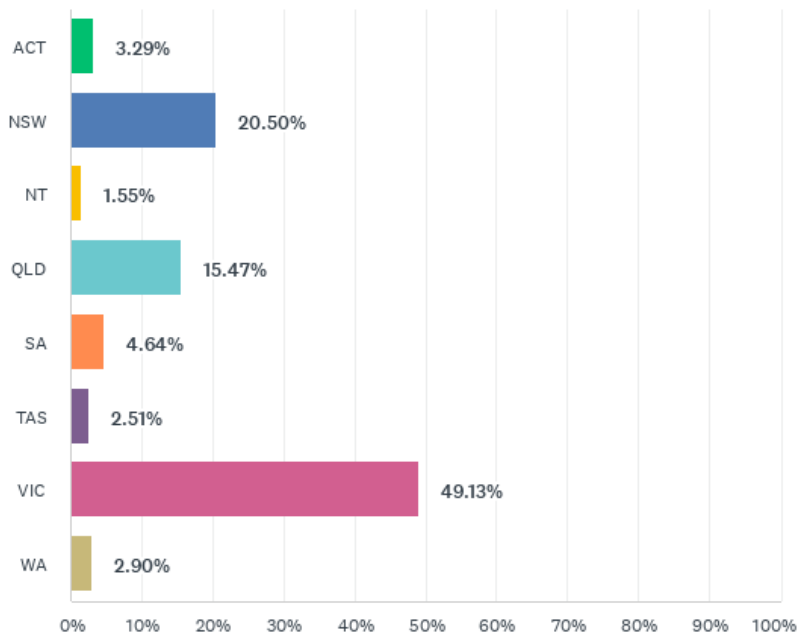
Q1 What is your professional or work category? More than one category can be ticked.



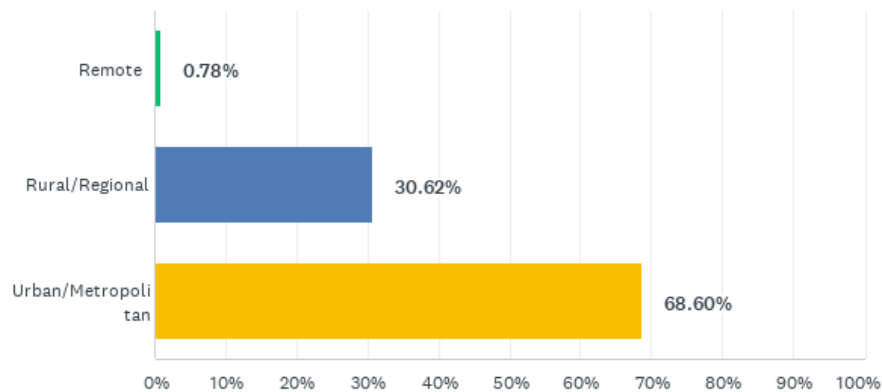
Q2 Age range?



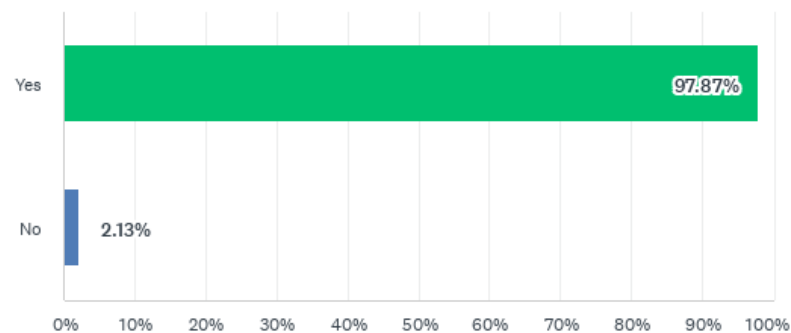
Q3 State or Territory - please tick



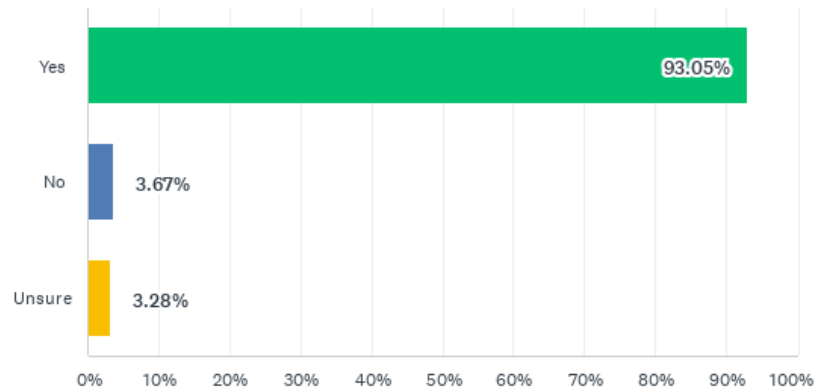
Q4 How would you describe the area you live in?



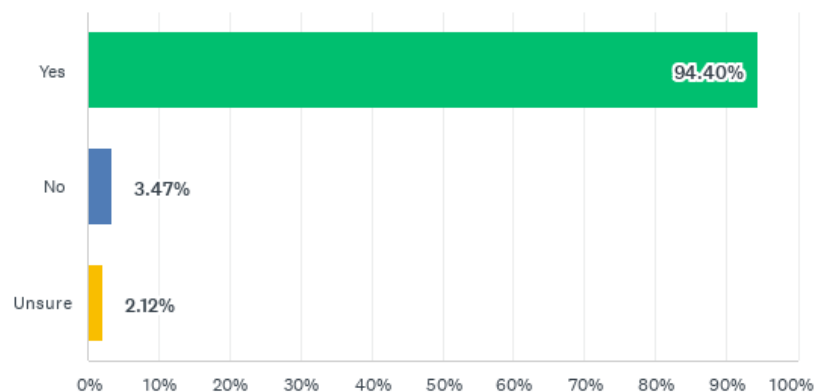
Q5 Do you support greater investment in harm reduction programs and peer based organisations in Australia? Harm reduction is a person-centred philosophy that aims to reduce the harms associated with drug use. Peer based organisations are community-based organisations staffed and governed by people with lived/living experience of drug use.



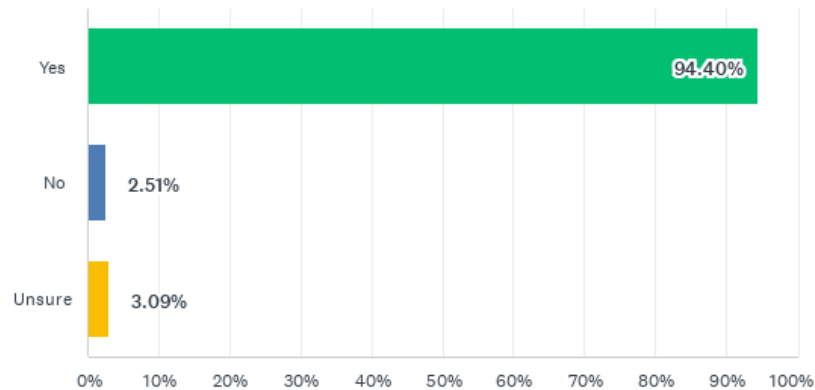
Q6 Do you support pill testing programs at music events and fixed sites?



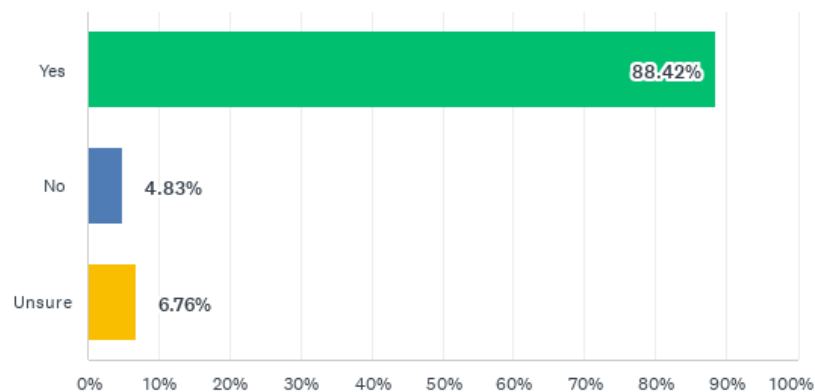
Q7 Do you support the establishment of drug consumption rooms, including Supervised Injecting Facilities, where there is a demonstrated community need for these facilities?



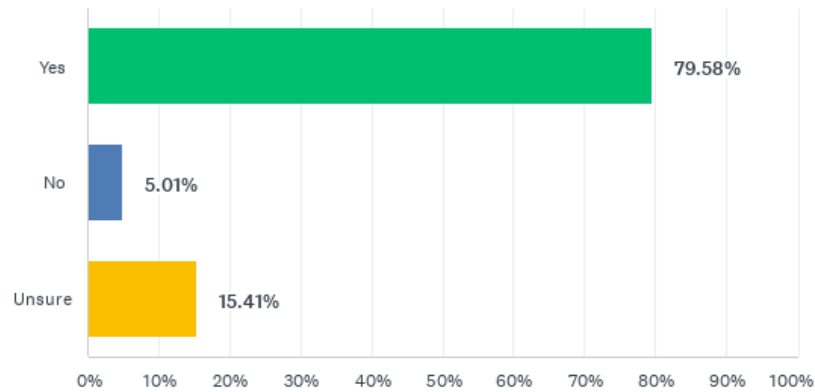
Q8 Do you support broader and free access to take home naloxone for people and family/friends of people who use heroin/other opioids? Naloxone is a drug that temporarily reverses opioid overdoses.



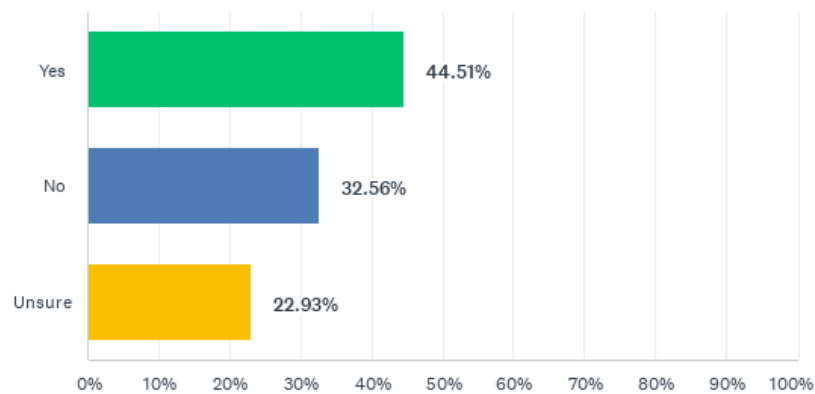
Q9 Do you support the establishment of needle and syringe programs in prisons?



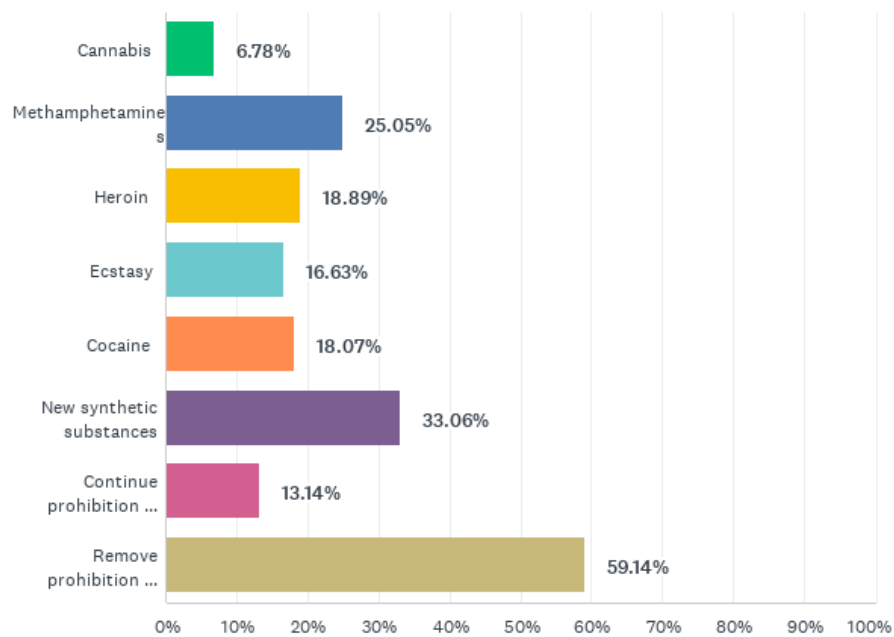
Q10 Do you support the introduction of prescribed heroin (also known as heroin assisted treatment)?



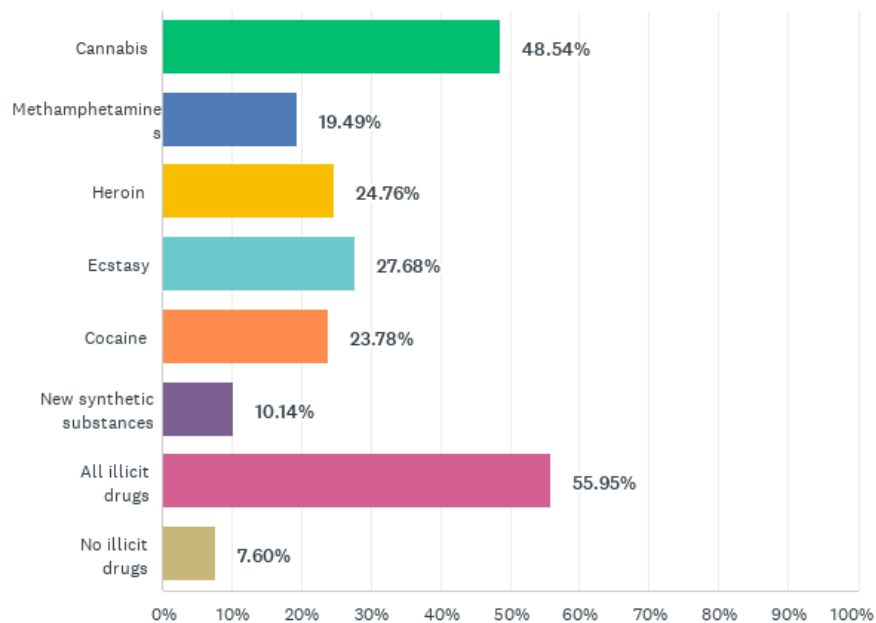
Q11 Do you understand the system for people to access medicinal cannabis?



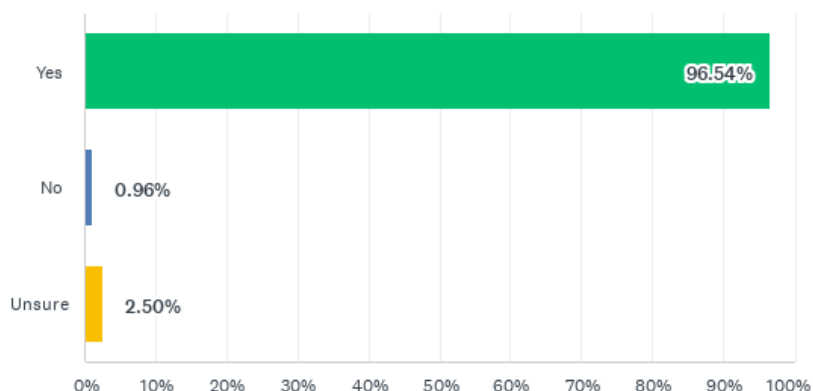
Q12 Do you support the continued prohibition of any of these drugs? (More than one drug can be ticked.)



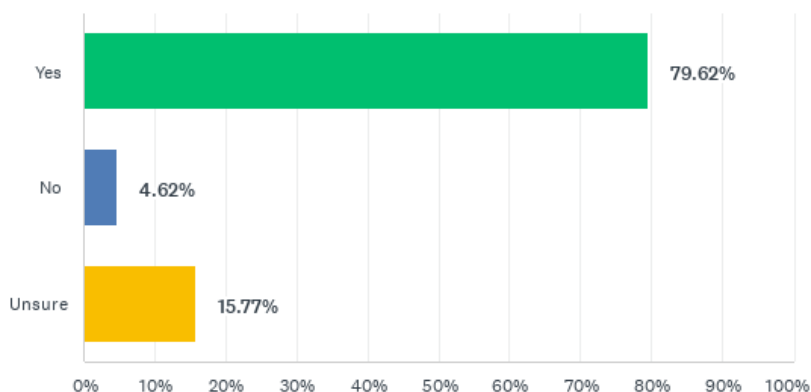
Q13 Which of these currently illicit drugs do you support being decriminalised for personal use? More than one drug can be ticked. Decriminalisation is the removal of criminal sanctions for the personal use of drugs.



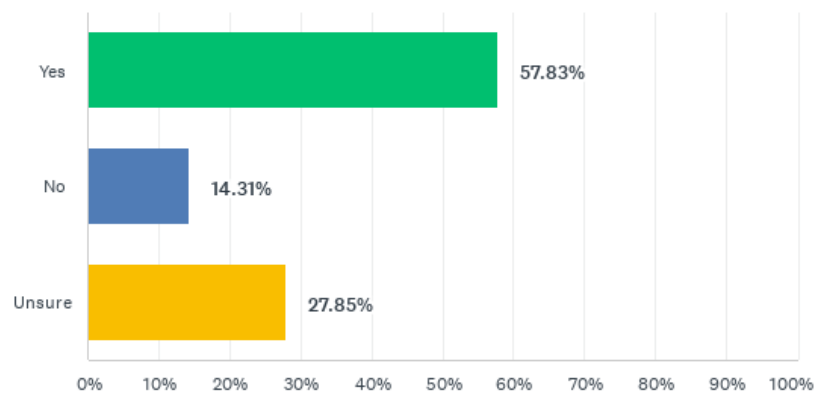
Q14 Do you support the establishment of a public early warning system to alert people to drug-related events of concern? An early warning system is where information on drug-related events of concern from people who use drugs, health and law enforcement can be quickly shared to the public. Information could be related to overdoses due to high potency or other side effects and is made available online and via social media.



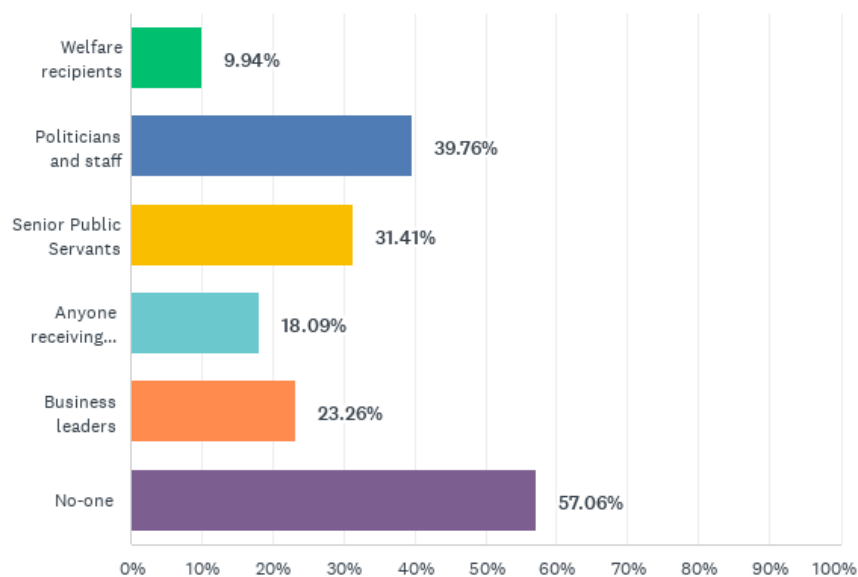
Q15 Do you support Managed Alcohol Programs? These are services where a supervised maintenance dose of alcohol is provided to chronic homeless alcohol dependent people.



Q16 Do you support the availability of e-cigarettes as a harm reduction measure?



Q17 Do you support workplace drug and alcohol testing for the following? (More than one response can be provided.)



Q18 Do you support roadside drug testing programs that are designed to measure the level of impairment rather than simply test for the presence of a drug?

