

**SOLUTIONS**

**NOT STIGMA**

**COMMUNITY  
VOICES ON**

**DRUG REFORM**

**FINDINGS FROM  
THE 2024 DRUG POLICY SURVEY**

**FEBRUARY 2025**



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## Acknowledgements



### *Acknowledgement of Country*

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

### *Acknowledgment of Lived and Living Experience*

We would like to acknowledge that each individual has their own unique experiences, including those related to past and present drug use, as well as the experiences of family members, friends, and others who choose to remain involved and advocate for someone they care about. These perspectives bring valuable knowledge and insight that are essential in shaping services and supports that are both safe and responsive to the needs of our communities. We strive to honour these viewpoints in this report and throughout our continued efforts.

### *Statement of Rights*

Our organisations embrace all people, regardless of their origin, cultural, drug using status, religious background, gender, and sexual orientation. 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 and Support*

We would like to thank everyone who shared their perspectives in these surveys. Your participation has and will continue to inform each organisations advocacy and service delivery, to ensure that our work is always guided by the expertise and experience of our respective communities. We are also grateful to those who assisted with survey design and revisions.

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

### Family Drug Support (FDS)

FDS extends its gratitude to all members, families and friends who generously contributed their time and effort to participate in this survey. It is a shared perspective among both staff and members of FDS that family-focused drug and alcohol support and education are often deprioritised by governments, with more emphasis placed on services aimed directly at individuals who use drugs. FDS believes that by strengthening the support systems of individuals, such as their immediate family, chosen family, or close networks, more positive outcomes can be achieved—ultimately benefiting the recovery goals of the affected family member. Without the valuable insights derived from lived experience in this area, families and carers may face challenges in ensuring their perspectives are represented in public discussions, both locally and nationally, on this critical issue. Thank you again for your involvement.

### Harm Reduction Australia (HRA)

HRA would like to take this opportunity to thank our members, advocates and supporters for contributing to this important bi-annual survey and report on drug policy issues in Australia. HRA has a diverse membership including those working in the Alcohol & Other Drugs (AOD) sector, parliamentarians, government employees, those working in allied health, social & legal services, people who use drugs, interested family members, young people and other individuals wanting to advocate for the continuation and expansion of harm reduction and drug policy reform in Australia. HRA is committed to reducing the health, social and economic harms potentially associated with drug use and drug policies. The Board and members of HRA are people who understand the complexities of drug use and are advocating for the safest, most effective ways to protect the wellbeing of individuals, families and communities. As an organisation, we aim to ensure that drug policies in Australia first and foremost do no harm and provide real benefit to Australian society through evidence-based and humane responses to drug use. HRA takes a non-judgmental approach to drug use within society and is dedicated to ensuring that Australia has drug policies and laws that are just, effective and humane.

### Students for Sensible Drug Policy (SSDP) Australia

SSDP Australia sincerely thanks everyone who took the time to share their perspectives in our advocacy survey. We deeply appreciate your support and contribution, and your responses help us to better represent diverse community perspectives when advocating for reforms that prioritise evidence, compassion, and human rights. Young people are disproportionately impacted by current drug policies and are the most likely age group to use drugs, yet we are systemically excluded from decision-making. Young people who use drugs also face challenges overcoming stigma and discrimination in accessing health, education, and platforms for advocacy. As the country's only national youth- and student-led drug advocacy organisation, SSDP Australia seeks to empower and represent young people to bring change to drug policy. 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.

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## Executive Summary

This survey is a collaborative effort between three allied organisations, Family Drug Support (FDS), Harm Reduction Australia (HRA) and Students for Sensible Drug Policy (SSDP) Australia. This report presents data from an ongoing research initiative, including a series of national surveys conducted over the past 5 years.<sup>1</sup> Under this initiative each participating organisation independently conducted similar surveys aimed at assessing the level of support among their constituents for reform in the area of alcohol and other drug policies.<sup>2,3,4</sup> Upon comparing results, notable similarities and trends emerged, prompting the three organisations to collaborate on a centralised data collection and reporting process.

This report represents an important step in a broader effort to track trends and shifts in attitudes toward drug policy reform over time. We discuss the findings from our 2024 Drug Policy Survey and include recommendations for policy reform based on clear community demand. For further recommendations, evidence, and advocacy, we recommend exploring the work of each organisation: [FDS](#), [HRA](#), and [SSDP](#).

People who use drugs are uniquely affected by drug policies and face high levels of stigma, discrimination, legal consequences, and a multitude of other barriers to accessing support and looking after their own health. Families, friends, and supporters of people who use drugs also experience unique impacts of poor policies, as they often face unexpected collateral consequences from the drug dependencies and/or use of their loved ones. This can include supporting loved ones, responding to overdoses, managing challenging behaviours such as violence and abuse, and coping with the shame and stigma from the broader community, which may unfairly assume there is something inherently wrong with their family dynamics.

Many professionals working in the alcohol and other drug sector, as well as in harm reduction services, witness firsthand how their support and compassion, and public health initiatives, can significantly improve the health and wellbeing of individuals who use drugs and/or are seeking to reduce or manage their substance use. These professionals understand the engagement strategies and policies that are most effective when working with people who use drugs, their families, and their communities.

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<sup>1</sup> Span C, Stronach O & Farah B (2024) 'Families professionals and young people: three national surveys exploring attitudes towards drug policy reform,' *Family Drug Support, Harm Reduction Australia, Students for Sensible Drug Policy Australia*. [Available here](#).

<sup>2</sup> Span C (2022) 'Time for change: voices to be heard survey report' *Family Drug Support*. [Available here](#).

<sup>3</sup> 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](#).

<sup>4</sup> Madden A, Span C & Vumbaca, G (2022) 'HRA Biannual Survey Summary Report 2021-2022,' *Harm Reduction Australia*. [Available here](#).

Furthermore, young people and students are often exposed to drug use through their friends, everyday encounters, or by observing family members who engage in substance use. They are also the most likely groups to use illicit drugs and to advocate for more progressive and humane policies, with a history of leading activism and rights-based movements. Despite their resilience, young people face significant challenges related to drug policies and support systems, and it is crucial that they are afforded safer, responsive, and compassionate support to determine their own health and social outcomes.

It is rare for those most affected by drug policies to have their voices heard in policy debates. To this end, community-led and community-based research projects such as this one, are crucial for bringing attention to the unique knowledge and insights of individuals who live with and understand the everyday realities of alcohol and other drug use and the impact of current drug policies and laws on individuals, families and communities.

Combining both community-led and community-based research approaches, this report brings together insights on current drug policies and potential reform options from the perspectives of individuals and communities directly affected by these policies. Each of the organisations involved strongly value the lived/living expertise of their respective memberships, the communities and groups they serve and the importance of understanding how these issues manifest in their personal and professional lives. These perspectives offer valuable contributions to decision-makers, politicians, and policy change processes at both the state and national levels across Australia.

The findings from the 2024 Drug Policy Survey underscore a growing demand for drug policy reform in Australia, particularly in the areas of harm reduction, decriminalisation, and service accessibility. Across diverse respondent groups—including families, professionals, people who use drugs, and young people—there is widespread support for policies that prioritise health, safety, and human rights over punitive measures.

Key trends emerging from this research indicate that a substantial majority of respondents endorse harm reduction initiatives such as supervised drug consumption rooms, needle and syringe programs in prisons, peer-led harm reduction at music festivals, and expanded access to take-home naloxone. Additionally, there is significant support for the decriminalisation of drugs for personal use and the legalisation of cannabis, reflecting a shift in public attitudes towards evidence-informed, person-centered and rights-based approaches to drug policy.

The survey also highlights a strong call for greater investment in alcohol and other drug (AOD) treatment services, particularly in regional and rural areas, and the need for affordable access to Opioid Treatment Programs (OTP). Respondents consistently voiced concerns about the inequities in funding allocation across the National Drug Strategy's three pillars, advocating for a more balanced investment of funds across harm reduction, prevention/treatment and law enforcement approaches.

A key theme of the report is the role of stigma and discrimination in shaping the experiences of people who use drugs, their families, and those working in harm reduction and other AOD services. Many respondents reported that punitive policies contribute to social exclusion, criminalisation, and barriers to accessing critical health and support services. This reinforces the importance of policy reform efforts that prioritise the dignity and rights of all individuals affected by drug laws and policies.

The 2024 Drug Policy Survey findings are similar to those from the previous surveys conducted by FDS, HRA, and SSDP Australia.<sup>5</sup> Support for drug checking among family members (86%), professionals (93%) and young people (94%) in this study was similar to the current analysis (94%, 96%, and 97%, respectively). Support for drug consumption rooms was also similar among family members (83% versus 85%) and professionals (94% versus 92%) in the previous surveys compared to the current report. We also see consistently high support from family members (79% vs 89%) and professionals (94% vs 93%) for naloxone as a harm reduction measure from the 2021/2022 surveys to the present report.

By integrating these insights with existing research and policy recommendations, this report serves as a crucial resource for policymakers, advocates, and service providers working to create a more just, effective, and humane drug policy landscape in Australia. The recommendations put forward reflect not only strong public support but also international best practices in reducing drug-related harms while promoting health and social equity. We strongly affirm that solutions, not stigma, should guide drug policy reform to ensure justice and dignity for all.

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<sup>5</sup> Span C, Stronach O & Farah B (2024) 'Families professionals and young people: three national surveys exploring attitudes towards drug policy reform,' *Family Drug Support, Harm Reduction Australia, Students for Sensible Drug Policy Australia*. [Available here](#).

## RECOMMENDATIONS

### *Harm Reduction Policies and Programs*

1. We recommend that all Australian governments increase funding for harm reduction and reinvest law enforcement resources allocated to enforcing drug use into evidence-based harm reduction programs and practices that focus on community care.
2. We recommend that all state/territory governments (a) urgently implement fixed-site and mobile drug checking services where services do not currently exist, (b) expand existing services with ongoing funding, and (b) ensure that people who use drugs and peer organisations are centred in the design, implementation, delivery, and evaluation of services.
3. We recommend that all state/territory governments expand and secure greater funding for peer-led harm reduction services at music festivals and events.
4. We recommend that all state and territory governments commit to (a) ceasing drug detection dogs and strip searching practices targeting people who use drugs, (b) promoting accountability and transparency through accurate public reporting on how search powers are exercised by police, and (c) shifting the role of police from enforcement to community care through enhancing harm reduction training and practices.
5. We recommend that the Australian Government shows national policy leadership on the importance of safe injecting facilities/drug consumption rooms to reduce negative attitudes at local and community levels, and that all state/territory governments fund and implement safe injecting facilities/drug consumption rooms where there is a demonstrated need in the community.
6. We recommend that Australian governments at the federal and state/territory levels must (a) meet their obligations at domestic and international law in relation to ensuring all people who are incarcerated have access to an equivalent standard of health as the general community, and (b) take all necessary steps to implement NSPs in prisons as a matter of urgency.
7. We recommend that the Federal Government follows the lead of countries such as Aotearoa/New Zealand to make vaping more available than cigarettes, treating vapes as a regulated, adult consumer product, available from licensed, age-restricted premises.
8. We recommend that the Federal Government increases investment in community-led harm reduction in the Asia Pacific region.

### *Decriminalisation and Legalisation*

9. We recommend that the Australian Government adopt a full decriminalisation model for all illicit drugs to reduce the health and social harms associated with prohibition and its effects.
10. We recommend that the Australian Government establish a federal legal regulation framework for cannabis to replace the current prohibitionist approach, and commit to exploring legalisation models for other currently illicit substances.



### *Service Accessibility and Urgent Funding*

11. We recommend that all federal and state/territory governments ensure a balanced and equitable investment in drug policy spending across the 3-pillars, and commit to a reinvestment of funds to appropriately resource demand reduction and harm reduction, consistent with the ostensible goals of Australia's National Drug Strategy.
12. We recommend that all federal and state/territory governments increase investment in peer-based drug user organisations to adequately resource their activities and potential at state/territory and national levels.
13. We recommend that federal and state/territory governments invest in a diversified AOD Family Support Services sector providing families, friends, and supporters with increased access to specialised, tailored, peer-based services that are responsive to their needs.
14. We recommend all Australian governments prioritise alcohol and other drug (AOD) treatment funding as a core public health strategy. This includes sustained investment in diverse, evidence-based treatment services that are accessible, affordable, and responsive to community needs.
15. We recommend that governments urgently expand Opioid Treatment Programs (OTP) for under-served communities and areas, including Aboriginal and Torres Strait Islander and regional and rural communities including increased funding for accessible, culturally safe, and community-led treatment options, along with incentives to recruit and retain healthcare providers.
16. We recommend that all Australian governments increase investment in and support for research on the therapeutic potentials and purposes of currently illicit drugs.

### *Overdose Prevention*

17. We recommend that the Australian Federal Government leads the development of a National Overdose Prevention Sub-Strategy as a matter of urgency.
18. We recommend that the Federal Government (a) work with state/territory governments to support the development, implementation, and data collection and sharing for a national, public early warning system, (b) ensure the system is focussed on public health and harm reduction, and (c) ensure the system is co-led by health, customs, police, and community, including people who use drugs and peer organisations.
19. We recommend that governments significantly increase the current \$20 million investment in the Take Home Naloxone (THN) Program to ensure that all pharmacies provide naloxone free of charge and that police officers and other first responders across all jurisdictions carry and are trained in the use of naloxone.

### *Drug Testing and Cannabis Reform*

20. We recommend that governments enhance public education on Australia's medicinal cannabis system through clear, accessible, and evidence-based information. This should include public awareness campaigns, healthcare provider training, and simplified patient access guidelines.
21. We recommend that current roadside drug testing legislation be brought in line with other prescription medicines by (a) granting exemptions for medicinal cannabis when drivers do not show signs of impairment, and (b) establishing a legal defence for

medicinal cannabis prescription holders who are charged with the presence of THC in their system while driving unimpaired.

22. We recommend that all Australian state/territory governments commit to introducing threshold limits for substances to account for the presence of a drug in a driver's system at levels that would not cause impairment.
23. We recommend that workplace drug testing be restricted to roles involving high-risk machinery or safety-sensitive tasks and that workplace drug testing policies are evidence-based, proportionate, and focused on workplace safety rather than punitive measures. This approach will protect workers' rights while maintaining safety in risk-prone environments.

## KEY FINDINGS



**97%**

Support greater investment in harm reduction programs



**95%**

Support peer-led harm reduction at music festivals/events



**95%**

Support stronger government action on overdose deaths



**95%**

Support a public drug early warning system



**94%**

Support greater investment in family/carer led services for families



**94%**

Support drug checking programs



**93%**

Support affordable opiate dependency treatment programs



**93%**

Support AOD treatment resourcing being an urgent government priority



**90%**

Support greater investment in peer-based drug user organisations



**90%**

Support free, widespread access to naloxone



**88%**

Support new drug consumption rooms



**79%**

Support needle and syringe programs in prisons



**77%**

Support government backing for community-led harm reduction in Asia Pacific



**76%**

Support increased investment in therapeutic uses of illicit drugs



**74%**

Support allowing people cannabis prescribed to drive if not impaired



**63%**

Support banning drug detection dogs at events, and public places



**44%**

Support vaping as a harm reduction measure



**44%**

Understood the medicinal cannabis system



**24%**

Support current roadside drug testing



**22%**

Support random workplace testing where impairment isn't a risk

## Method

### *Project design*

This drug policy advocacy survey was initiated by three allied not-for-profit organisations, each representing diverse and overlapping memberships affected by drug policies. Each organisation had previously conducted membership and community surveys that explored attitudes towards harm reduction and drug policy reform. The organisations collaborated with a shared goal of gathering the perspectives of our respective memberships in a streamlined survey. The survey was co-designed with input from members of each community organisation, utilising their unique expertise as individuals directly impacted by these issues. This included contributions from university students and young people, families affected by drug-related issues, and those working in the alcohol and other drugs (AOD), harm reduction, and related sectors. The results are intended to inform the advocacy efforts of each organisation, aiming to amplify the voices of their communities to improve access to services, enhance representation in political discussions, and raise public awareness about the complex policy factors influencing life outcomes.

### *Survey design*

The anonymous survey was administered via SurveyMonkey, from December 2023 to June 2024. The survey took approximately 10 minutes to complete and included both demographic questions and Likert scales, where participants expressed their agreement or disagreement with various reform options, as well as open-ended questions designed to capture additional viewpoints not covered by the predefined questions. A previous pilot survey conducted by the partnering organisations served as a blueprint for the final questionnaire. Participation was entirely voluntary, and informed consent was obtained before participants proceeded with the survey. To safeguard participants' health and wellbeing, support services and referral pathways were offered should some questions trigger motivation to connect with external support agencies. Many respondents had personal experiences related to the survey's content and measures were taken to ensure their privacy and confidentiality. Data collected was strictly confidential, with encrypted filing systems and no collection of identifiable information. All data were stored securely, with access limited to project members, and data analysis was only performed at an aggregate level.

### *Sample*

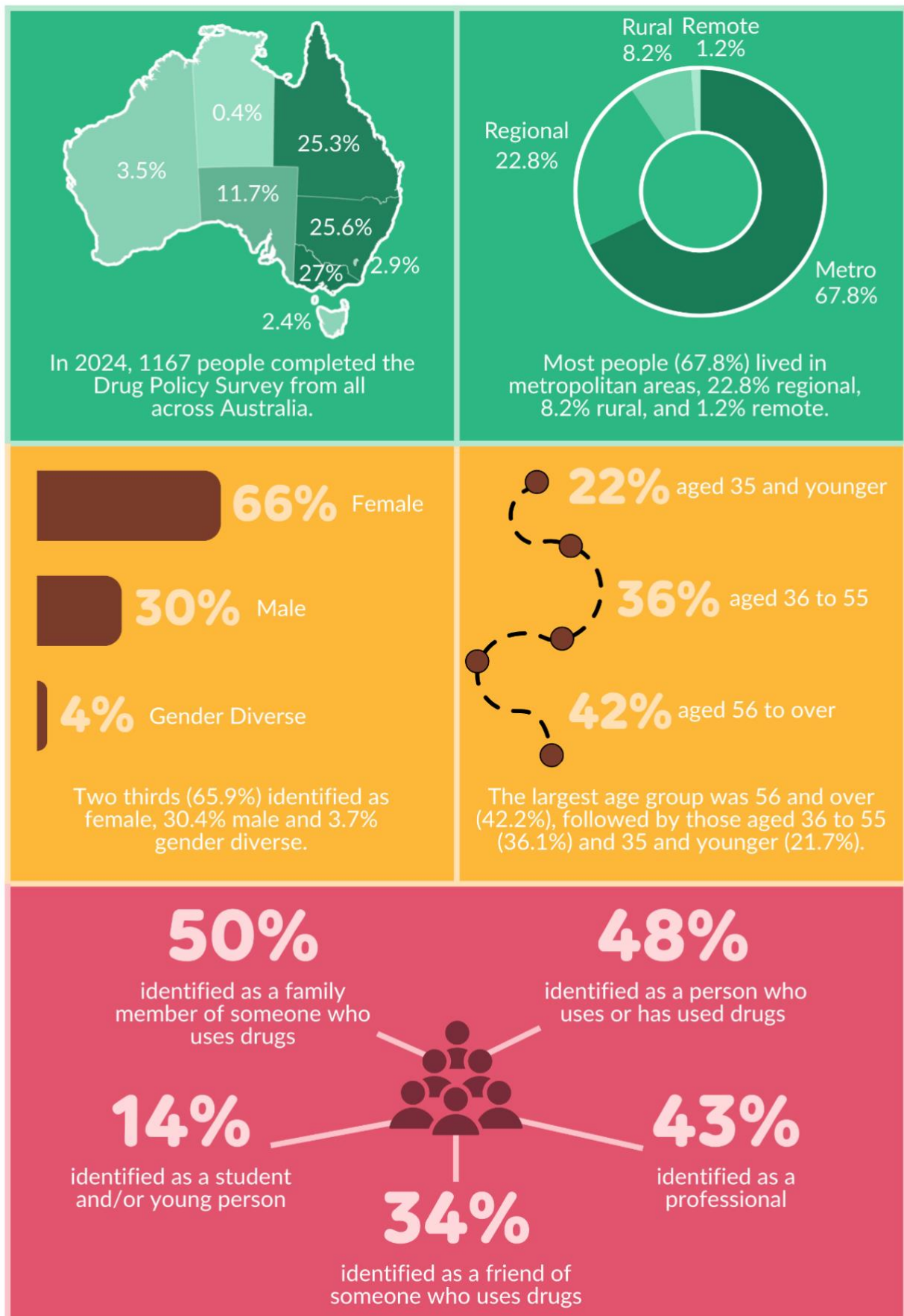
The survey was promoted through the membership networks of all three organisations, including peak bodies such as the Australian Alcohol and Drug Council (AADC), the Victorian Alcohol and Drug Association (VAADA), South Australian Network of Drug and Alcohol Services (SANDAS), The New South Wales Alcohol and other Drugs Agencies (NADA) and the Western Australian Network of Alcohol and other Drug Agencies (WANDA). It was also advertised at a national advocacy event hosted by one of the organisations in February 2023, and promoted via social media, newsletters, university campuses, and relevant AOD and harm reduction services. Snowball sampling was also used, with the personal and professional networks of all three organisations helping to extend the survey's reach. Prior to participation, all individuals were provided with a description of the survey and what participation involved.

### *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 and Canva.

Quantitative analysis was conducted using descriptive statistics, correlations, and crosstabs. Chi-square tests are used to test for relationships or differences between categorical variables. Kruskal-Wallis tests were conducted to compare the medians of the two groups to determine if there was a significant difference between them. A Dunn test was used after a Kruskal-Wallis test to identify which specific groups have significant differences. T-tests were conducted to determine if the means of continuous variables differ between the categorical variables with two groups. ANOVA tests were conducted to determine if the means of continuous variables differ between the categorical variables with two groups. P-values of less than 0.05 were considered statistically significant. Statistically significant test data are provided in the [Supplementary Materials](#), available as a separate document. Where appropriate, qualitative responses were included to support and expand on quantitative findings.

## Sample Characteristics

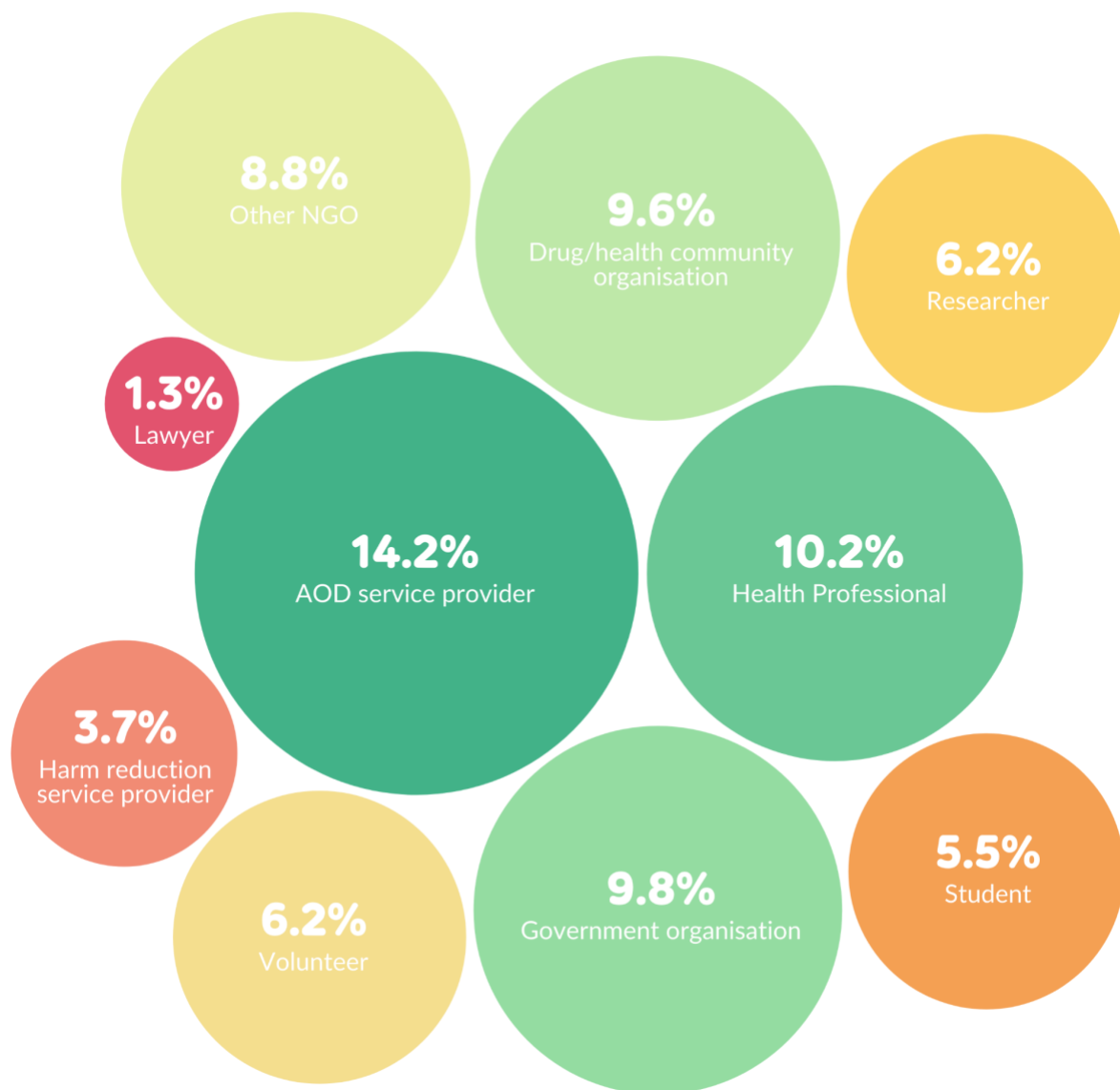


Of the 1167 people who completed the survey, the majority were female and aged 36 and over, and most lived in urban/metropolitan areas in VIC, NSW, or QLD. Around half identified as a family member of someone who uses drugs and/or as a person who uses or has used drugs. Close to two-thirds worked or volunteered in fields related to health, policy, and community services.

We found a number of statistically significant relationships between demographic characteristics (see the [Supplementary Materials](#) for all significant findings).

- People from NSW and South Australia were less likely to be under 36, while more Victorians were under 36, and more female-identifying people lived in Queensland. Those from urban/metropolitan areas were more likely to be younger or from Victoria or South Australia and less likely to be female-identifying or living in Queensland. There were more young people from rural areas, with more older respondents (aged 36+) and female-identifying people living in regional areas.
- People who either had lived/living experience of drug use or who identified as a friend of someone who uses drugs were significantly more likely to be younger, gender diverse, and living in Victoria. People with lived/living experience were also less likely to be female-identifying or a NSW resident, while friends of people who use drugs were less likely to live in South Australia. More family members were Queenslanders and less were Victorian, male-identifying, and under the age of 36. More students and young people were gender diverse, while more professionals were aged 55 and under. Lastly, significantly less young people were female-identifying, while more identified as gender diverse.

Figure 1. Primary professional or work category



Note: 19.8% Other; 5.4% Prefer not to answer



## Support for Reforms

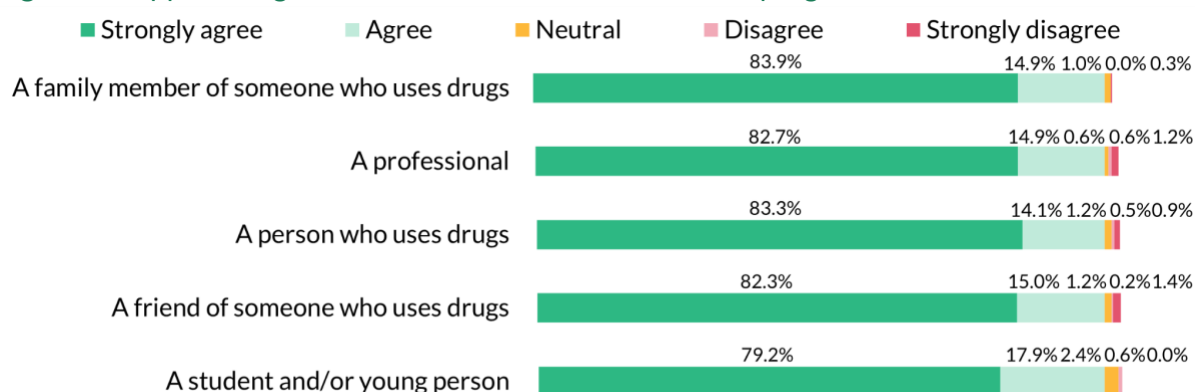
### HARM REDUCTION POLICIES AND PROGRAMS

#### Investment in harm reduction programs

Overall, there is very strong support for greater investment in harm reduction programs in Australia, with 96.5% of respondents agreeing or strongly agreeing. Harm reduction is a person-centred philosophy and practice that aims to reduce the harms that may be associated with drug use.

Family members of someone who uses drugs had the highest level of support (98.8%), followed closely by professionals (97.6%), people who use drugs (97.4%), friends of someone who uses drugs (97.3%), and students and/or young people (97.1%; see Figure 2). This high support from young people was also consistent with SSDP Australia's recent #BeHeardNotHarmed Survey for young adults who party and use drugs, with 95% of respondents indicating support for the effectiveness of harm reduction services in promoting safer drug use.<sup>6</sup>

**Figure 2. Support for greater investment in harm reduction programs in Australia**



Some differences in support for investment in harm reduction were statistically significant across demographics:

- There was significantly more support from VIC residents in comparison to other states/territories.
- There was also significantly more support among respondents who identified as people who use drugs, or who identified as friends of someone who uses drugs, in comparison to people who did not identify these ways.

<sup>6</sup> Stronach O, Farah B & Webb P (2024) '#BeHeardNotHarmed National Survey Report.' Students for Sensible Drug Policy Australia. [Available here.](#)

Some respondents mentioned what harm reduction programs should look like, and spoke to the importance of considering the needs of priority populations in harm reduction provision:

*“Harm reduction approaches should be collaborative across service providers. They should also be critically reflective, intersectional and holistic in their approach and delivery. Harm reduction services should not be a black and white alternative to the medical model”*

*“Funding for priority populations to have community controlled peer harm reduction programs is essential - eg. for LGBTQ+ communities, First Nations communities etc.”*

Other people commented on the need for harm reduction education and programs for youth:

*“[We need] more access to harm reduction in schools or for adolescents. not just based in the adult system.”*

*“[We need] harm reduction interventions appropriate for schools and health education apps accessible for people who use drugs to support informed decision making.”*

Another respondent spoke to the need for “immediate, substantial investment in addressing the drivers of drug harms”:

*“This includes addressing housing and homelessness, increasing free and accessible health care (including dental and mental health), and fully funding the public school system to the SRS minimum. There should be an overhaul of the welfare system to make sure the needs of those with the least in our society are fully looked after.”*

## Recommendation #1

We recommend that all Australian governments increase funding for harm reduction and reinvest law enforcement resources allocated to enforcing drug use into evidence-based harm reduction programs and practices that focus on community care.

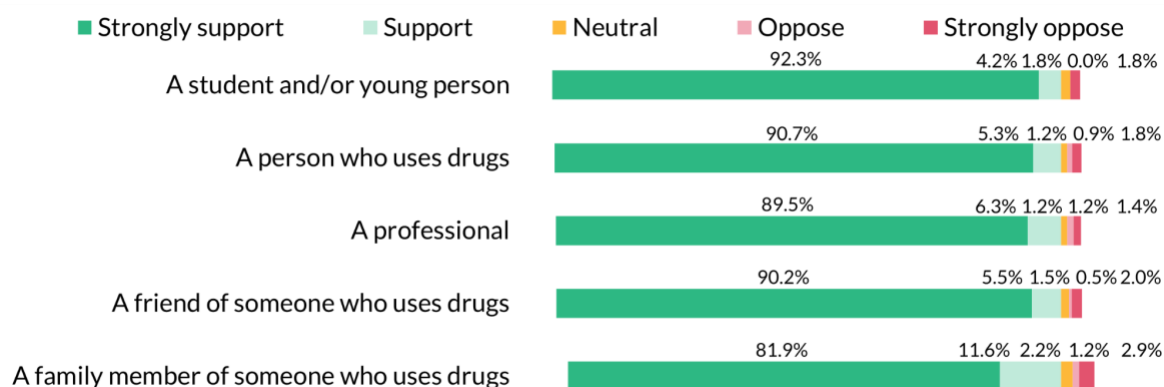
## Fixed site and mobile drug checking

Drug checking programs at music events and fixed sites in Australia are also strongly supported (94.1% agree/strongly agree). Drug checking/pill testing involves testing a small amount of someone's drug (e.g., MDMA) to check if it is what they think it is, or whether it contains dangerous or unknown substances. This allows people accessing these services to make more informed choices and reduces drug-related harms. One respondent highlighted the importance of these services while also noting legal repercussions as a potential barrier to access:

*“People should feel safe to access drug testing facilities without the threat of law enforcement”*

Notably, students and/or young people showed the highest level of support at 96.5%, followed closely by people who use drugs (96.0%), and both communities had significantly higher support. Support was also high among professionals (95.8%), friends of someone who uses drugs (95.7%), and family members of someone who uses drugs (93.5%; see Figure 3).

**Figure 3. Support for drug checking programs at music events and fixed sites**



Wide support for increased availability of drug checking services was also found in SSDP Australia’s #BeHeardNotHarmed Survey.<sup>7</sup> Among young adults who party and use drugs, 75% would use drug checking services at music festivals/events, and 66% and 63% would use mobile and fixed-site drug checking services, respectively. Respondents indicated wanting to use these services to ensure they consumed the substances they intended to (73%) and avoid any potential negative side effects from consuming adulterated drugs (71%). Importantly, 75% of respondents indicated these services would be their preferred source of drug information if they were available and accessible, with 73% rating this information as very or extremely relevant. Increasing the availability of drug checking services was noted as important for these respondents, with 72% noting inaccessibility as a barrier to accessing drug checking.

## Recommendation #2

We recommend that all state/territory governments (a) urgently implement fixed-site and mobile drug checking services where services do not currently exist, (b) expand existing services with ongoing funding, and (b) ensure that people who use drugs and peer organisations are centred in the design, implementation, delivery, and evaluation of drug checking services.

<sup>7</sup> Stronach O, Farah B & Webb P (2024) ‘#BeHeardNotHarmed National Survey Report.’ Students for Sensible Drug Policy Australia. [Available here.](#)

## Peer-led harm reduction at music events

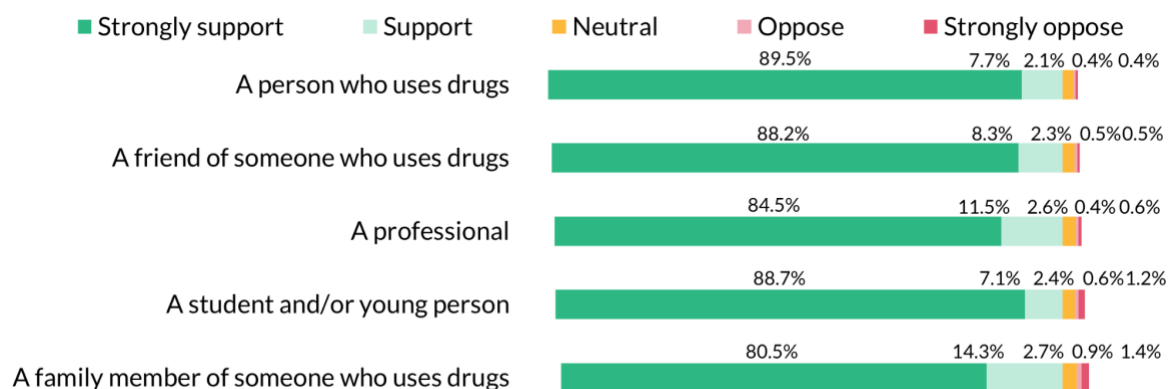
There is also strong support (94.9% agree/strongly agree) for the availability of peer-led harm reduction services at music festivals and events in Australia. These services promote safer drug use through collaboration with other services. They also use trained peer educators, provide chill-out zones, and offer education and other harm reduction materials, which provides a safe space for patrons:

*“A big emphasis for peer led harm reduction at events with young people. [Their] presence is extremely supporti[ve] and provides a safer environment in comparison to authorities.”*

*“Music festivals should provide warnings on arrival for any dangerous drug batches known to be circulating. Police should only be at festivals or public events to prevent violence and ensure physical safety rather than drug prohibition.”*

People who use drugs showed the highest level of support at 97.2%, followed by friends of someone who uses drugs (96.5%), professionals (96.0%), students and/or young people (95.8%), and family members of someone who uses drugs (94.8%; see Figure 4).

**Figure 4. Support for the peer-led harm reduction services at music festivals and events**



Support varied significantly across communities, ages, and states/territories:

- There was significantly higher support among respondents who identified as someone who uses drugs, as a professional, a student and/or young person, or as a friend of someone who uses drugs, compared to people who did not identify these ways.
- There was also significantly more support for peer-led harm reduction at music events among younger people, compared to people aged 56 and older.
- Victorians were significantly more supportive while South Australians were less supportive than people who resided in other states and territories.

### Recommendation #3

We recommend that all state/territory governments expand and secure greater funding for peer-led harm reduction services at music festivals and events.

## Banning drug detection dogs

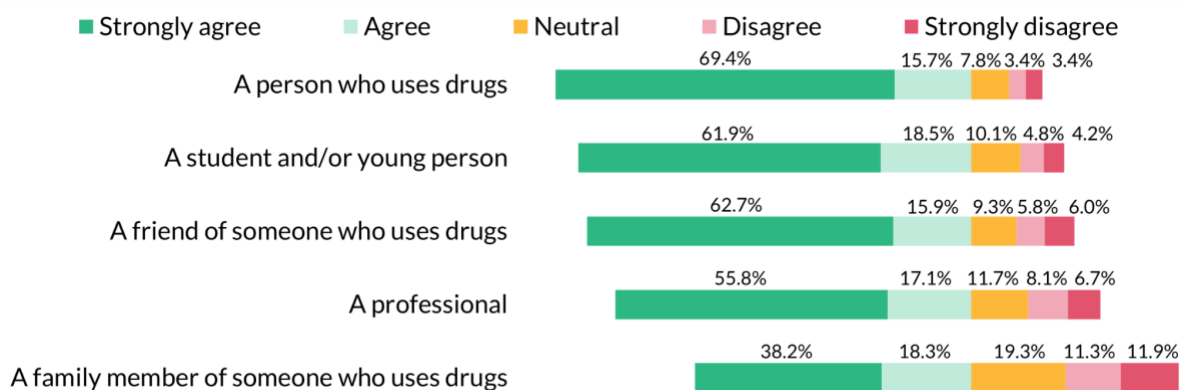
Almost two-thirds (63.2%) agreed or strongly agreed that drug detection dogs should be banned from music festivals, events, and in public places, while 15.7% neither agreed or disagreed, and 20.3% disagreed or strongly disagreed. Some people left additional comments on policing at festivals, with one respondent outlining the potential for panic ingestion as a concern:

*“In my view the cessation of sniffer dogs is one of the most urgent issues. Panic ingestion was implicated in several of the deaths reported on in the NSW coronial inquest into music festival death patrons.”*

*“Police should only be at festivals or public events to prevent violence and ensure physical safety rather than drug prohibition”*

Unsurprisingly, the communities that are directly targeted and affected by drug dog policing were most likely to agree or strongly agree, with people who use drugs (85.1%), students and/or young people (80.4%), and friends of someone who uses drugs (78.6%) showing the highest levels of support for a drug dog ban. Comparatively, just over half (56.5%) of people who identified as a family member of someone who uses drugs agreed or strongly agreed (see Figure 5), partially accounting for a lower overall percentage of support.

**Figure 5. Agreeance with banning drug detection dogs at music festivals, events, and in public places**



We also observed several statistically significant findings across demographics:

- Individuals aged 35 and younger and those aged 36 to 55 showed significantly less support than those aged 56 and older. These results indicate that support for banning drug detection dogs increases with age, with the oldest age group expressing the highest levels of support.
- Support for banning drug detection dogs was also significantly higher among respondents who identified as people who use drugs, friends of people who use drugs, professionals, or as students and/or young people. However, people who identified as a family member of someone who uses drugs expressed significantly lower support than respondents who did not identify this way.

- Female-identifying people expressed significantly more support for banning drug detection dogs compared to male and gender-diverse individuals.
- Support was also varied across states/territories, with significantly higher support from Victorian residents and NSW residents, and lower support from Queenslanders and South Australians.

#### Recommendation #4

We recommend that all state and territory governments commit to (a) ceasing drug detection dogs and strip searching practices targeting people who use drugs, (b) promoting accountability and transparency through accurate public reporting on how search powers are exercised by police, and (c) shifting the role of police from enforcement to community care through enhancing harm reduction training and practices.

#### Establishment of new drug consumption rooms

Despite widespread government reluctance to respond to community need for drug consumption rooms, including supervised injecting facilities, 87.7% support the establishment of more services where there is demonstrated community need. Support was consistently high across all respondents, with slightly less support from family members of people who use drugs (see Figure 6). Some respondents added additional comments around the availability of and access to different kinds of drug consumption rooms:

*“There should be more Supervised Injecting Facilities around Australia”*

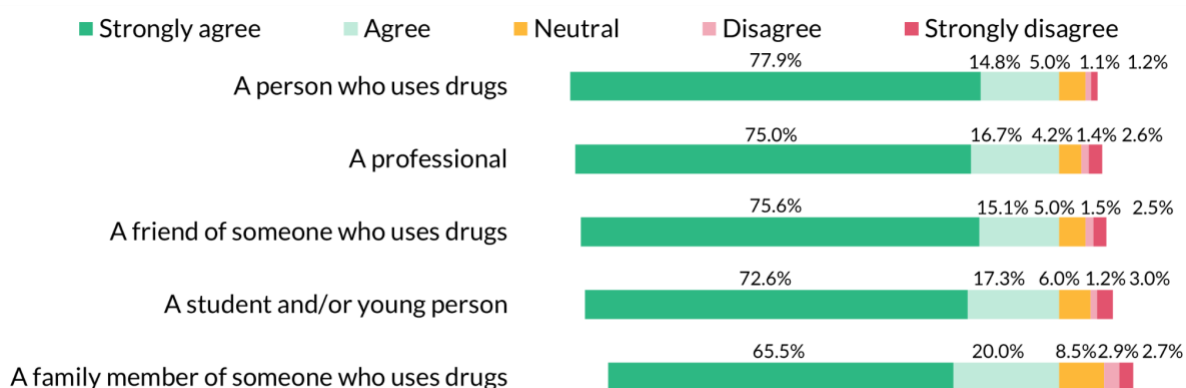
*“I strongly oppose police hanging around safe injecting rooms, it is a deterrent for users and causes unnecessary stress”*

*“Safer smoking kits and supervised inhalation rooms should be looked into to support everybody that chooses to smoke their drugs”*

There were statistically significant differences in support for establishing new drug consumption rooms across demographics:

- There was significantly more support from NSW residents and less support from QLD residents compared to respondents from other states or territories.
- Individuals aged 56 and older showed significantly less support compared to those aged 35 and younger and those aged 36 to 55, while no significant difference was observed between those aged 35 and younger and those aged 36 to 55.
- Support was significantly higher among respondents who identified as people who use drugs, friends of people who use drugs, and professionals, when compared to people who did not identify these ways. Family members of people who use drugs were less supportive, when compared to people who did not identify in this way.

**Figure 6.** Agreeance with establishing new drug consumption rooms, including supervised injecting facilities, where there is a demonstrated community need



### Recommendation #5

We recommend that the Australian Government shows national policy leadership on the importance of safe injecting facilities/drug consumption rooms to reduce negative attitudes at local and community levels, and that all state/territory governments fund and implement safe injecting facilities/drug consumption rooms where there is a demonstrated need in the community.

We further recommend that all state and territory governments investigate new and more cost-effective models for the provision of safe injecting facilities/drug consumption rooms.

### Needle and syringe programs in prisons

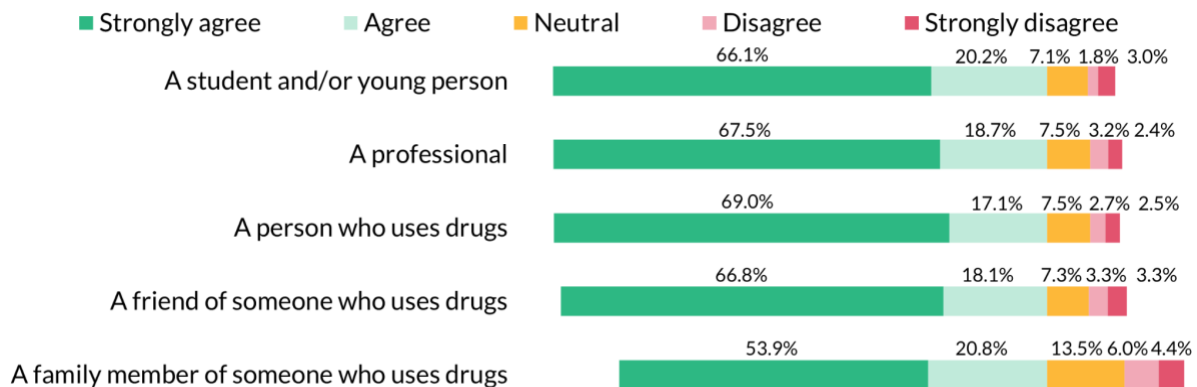
Support for the establishment of needle and syringe programs (NSPs) in prisons was high at 78.7%, with 11.2% of people reporting that they were “neutral”, and only 9.2% disagreeing or strongly disagreeing. Currently there are no NSPs in Australian prisons, despite other countries implementing these programs. Support was highest among students and/or young people (86.3%), closely followed by professionals (86.2%), people who use drugs (86.1%), and friends of someone who uses drugs (84.9%), with slightly lower support from family members of people who use drugs (74.7%; see Figure 7).

Support varied significantly across ages, states/territories, genders, and identities:

- Support was significantly higher among people aged 35 and younger and people aged 36 to 55, compared with those aged 56 and older. No significant difference was observed between those aged 35 and younger and those aged 36 to 55.
- Support was also significantly higher among people who use drugs, professionals, friends of people who use drugs, or students and/or young people.

- Gender-diverse people showed significantly more support for NSPs in prisons compared to female-identifying respondents. The difference between gender-diverse individuals and male-identifying people approached significance.
- Support was lower among family members of people who use drugs when compared to respondents who did not identify this way, and among Queenslanders compared to residents of other states/territories.

**Figure 7. Agreeance with establishing needle and syringe programs (NSP) in prisons**



### Recommendation #6

We recommend that Australian governments at the federal and state/territory levels must (a) meet their obligations at domestic and international law in relation to ensuring all people who are incarcerated have access to an equivalent standard of health as the general community, and (b) take all necessary steps to implement NSPs in prisons as a matter of urgency.

People also highlighted the necessity of harm reduction for people in custodial settings:

*“I would love to see a NSP within the prisons. I work within the prisons and with people on parole as a[n] AOD counsellor and there are way too many drug related deaths, and the rates of Hep C and HIV are higher than ever. People in prison struggle to get treatment for Hep C and if they do, they often become re-infected quickly due to there being no NSP within the walls of a prison. It is an awful cycle, how are they expected to succeed and rehabilitate when their environment is so damaging and they aren't getting the right equipment or care?”*

*“At least allow NSP's in prisons!! The Australian peer drug user[s] has been asking for prison NSP's for the last 20 years! It would save the Australian government millions in HCV. HBV and HIV treatments and medication. The evidence from overseas countries with NSP's in prisons, already proves the financial value.”*



## Vaping as a harm reduction measure

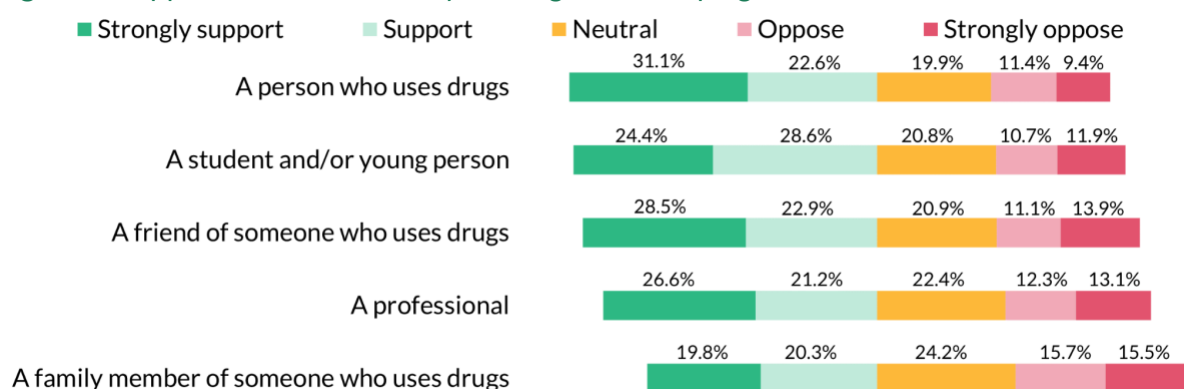
There is lower support for the availability of vaping or e-cigarettes as a harm reduction measure, with less than half (44.2%) indicating their support or strong support, and a significant number of respondents (24.7%) neither agreeing or disagreeing. Support was notably higher among people who use drugs (53.7%), and students and/or young people (53.0%), with less support from family members of people who use drugs (40.1%; see Figure 8). However, one respondent noted that:

*“Importation and use of vaping products (excluding disposable vapes) should continue to be allowed for users over 18 years of age as a primary harm reduction strategy. With the new laws commencing on 1-3-24, users will have to resort to recommencing tobacco use due to the restrictions around obtaining products for vaping. The return of vapers to nicotine use will only increase the burden of disease for smoking-related illnesses.”*

Another respondent spoke to concerns about vaping among children, and outlined that addressing the supply of unregulated vaping products is a government responsibility:

*“I think that nicotine vapes are one of the biggest problems affecting children. [...] They have such a high concentration of nicotine [and] tobacco stores sell to young children and nobody is doing anything about it. Whilst new vape reforms are a great start, the tobacco stores are still selling vapes to children. It hasn't fixed the problem. The access is still there so our government needs to do more to shut down the supply network.”*

**Figure 8. Support for the availability of e-cigarettes/vaping as a harm reduction measure**



Support varied significantly across demographic details:

- Individuals aged 56 and older showed significantly less support for vaping as a harm reduction measure compared to those aged 35 and younger and those aged 36 to 55.
- Female-identifying respondents showed significantly more support than male and gender-diverse people.
- Support was higher among Victorians, but lower among South Australians.

- Respondents who identified as people who use drugs, friends of people who use drugs, professionals, or students and/or young people, also showed significantly higher support for this policy area.
- However, family members of people who use drugs expressed significantly lower support compared to respondents who did not identify this way.

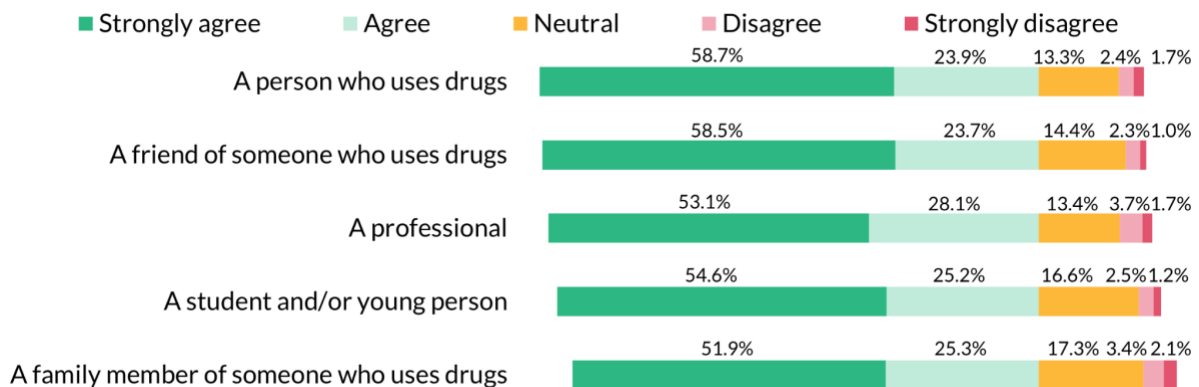
### Recommendation #7

We recommend that the Federal Government follows the lead of countries such as Aotearoa/New Zealand to make vaping more available than cigarettes, treating vapes as a regulated, adult consumer product, available from licensed, age-restricted premises.

### Government support for community-led harm reduction in the Asia Pacific region

Over three-quarters of people (76.6%) agreed or strongly agreed that the Australian Government should increase support for community-led harm reduction services in the broader Asia Pacific region, while only 6.3% disagreed or strongly disagreed. Support was fairly equal across different groups (see Figure 9), although there was a lower percentage of respondents who strongly agreed with this policy topic than with other areas of reform. We observed significantly higher support among respondents who identified as people who use drugs, as friends of people who use drugs, or as professionals, in comparison to people who did not identify these ways.

**Figure 9.** Agreeance with increased support from the Australian Government for community-led harm reduction in the Asia Pacific region



### Recommendation #8

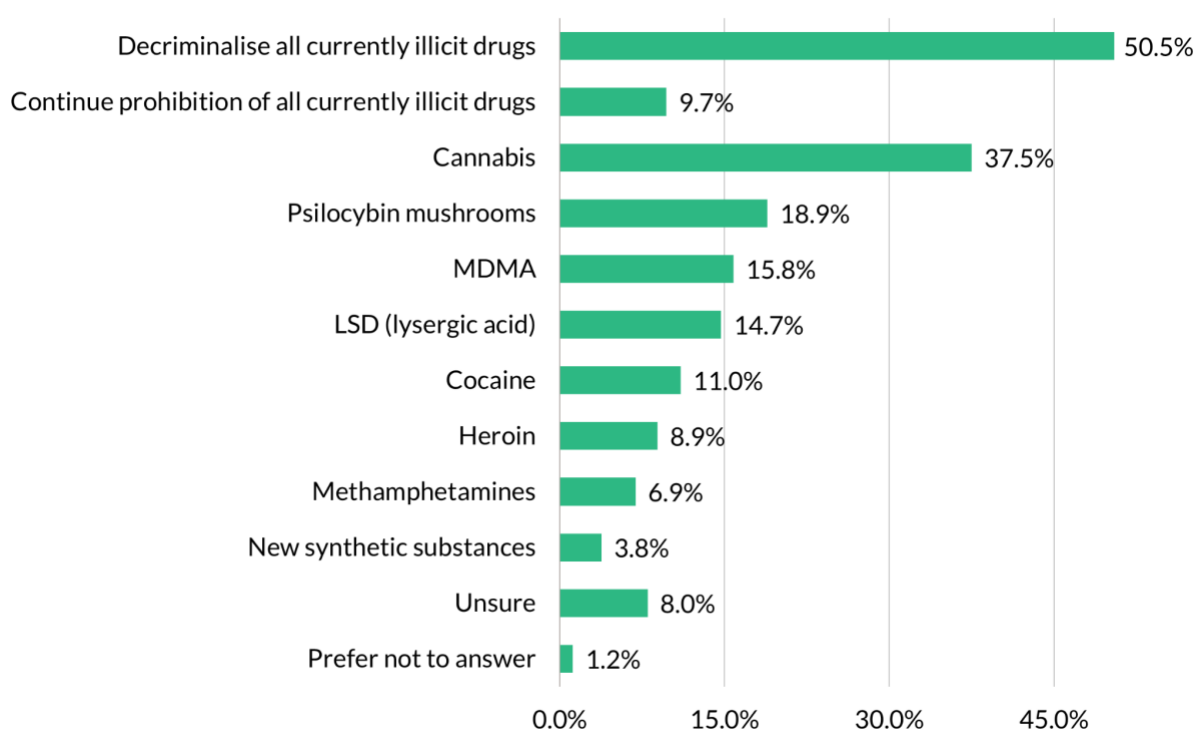
We recommend that the Federal Government increases investment in community-led harm reduction in the Asia Pacific region.

## DECRIMINALISATION AND LEGALISATION

### Decriminalisation of drugs for personal use

Just over half (50.5%) of respondents supported the decriminalisation of ALL drugs, while only 9.7% supported the continued prohibition of all currently illicit drugs (see Figure 10). This demonstrates significant support for decriminalising some substances, with 37.5% supporting the decriminalisation of cannabis but not all illicit drugs, followed by psilocybin mushrooms (18.9%), MDMA (15.8%) and LSD (14.7%).

Figure 10. Support for decriminalisation



### Recommendation #9

We recommend that the Australian Government adopt a full decriminalisation model for all illicit drugs to reduce the health and social harms associated with prohibition and its effects.

Some respondents shared additional views on a shift from criminalisation to decriminalisation, including the importance of approaching drugs through a health and social lens and supporting people in custodial settings:

*“Drug use MUST be treated as a social/health issues and not a criminal one. Money and resources put into prohibition and enforcement is much better spent on literally anything else, but in particular harm reduction practices and education in our institutions.”*

*“Access to support rather than punitive measures should be provided to [all] who want support.”*

*“I don't believe that imprisonment is a useful or helpful approach in addressing harm from drugs, as once people are released, unless they have a safe and secure support network surrounding them, they tend to relapse. Most who are on short sentences or who are remanded in custody are not able to access any D&A support”*

According to the Drug Policy Modelling Program's Evidence Hub, the majority of people across Australia prefer non-criminal responses to the use and/or possession of currently illegal drugs.<sup>8</sup> Specifically, in New South Wales, 93% favour non-criminal responses to cannabis, 84% prefer non-criminal responses to MDMA, 74% support non-criminal approaches for heroin, 73% for meth, and 79% for hallucinogens.

Respondents in SSDP's #BeHeardNotHarmed Survey indicated even greater support for the decriminalisation of all drugs for personal use in Australia (85%).<sup>9</sup> Given this sample predominantly included young people who use drugs, support for decriminalisation may be particularly important for this demographic. Additionally, 60% of #BeHeardNotHarmed respondents also reported the legal status of drugs as a barrier to accessing both mental health and alcohol and other drug support services, suggesting that decriminalisation can facilitate help-seeking for those who want/need it.

Growing research on desistance from crime – the long-term cessation of currently illegal activities, such as drug use and possession for the purposes of this report – highlights key factors that support an individual's desistance process.<sup>10</sup> These include family support, social networks, meaningful opportunities (such as employment pathways), and the "age-crime curve." When applying this framework to the data presented here, it becomes evident that individuals should be supported in achieving the life they aspire to, rather than being subjected to punitive measures and punishment for engaging in alcohol and drug use.

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<sup>8</sup> Drug Policy Modelling Program (2024) 'Public opinion on what action should be taken against people found in possession of illicit drugs for personal use?' *DPMP Evidence hub for the NSW Drug Summit 2024*. Social Policy Research Centre, UNSW. [Available here.](#)

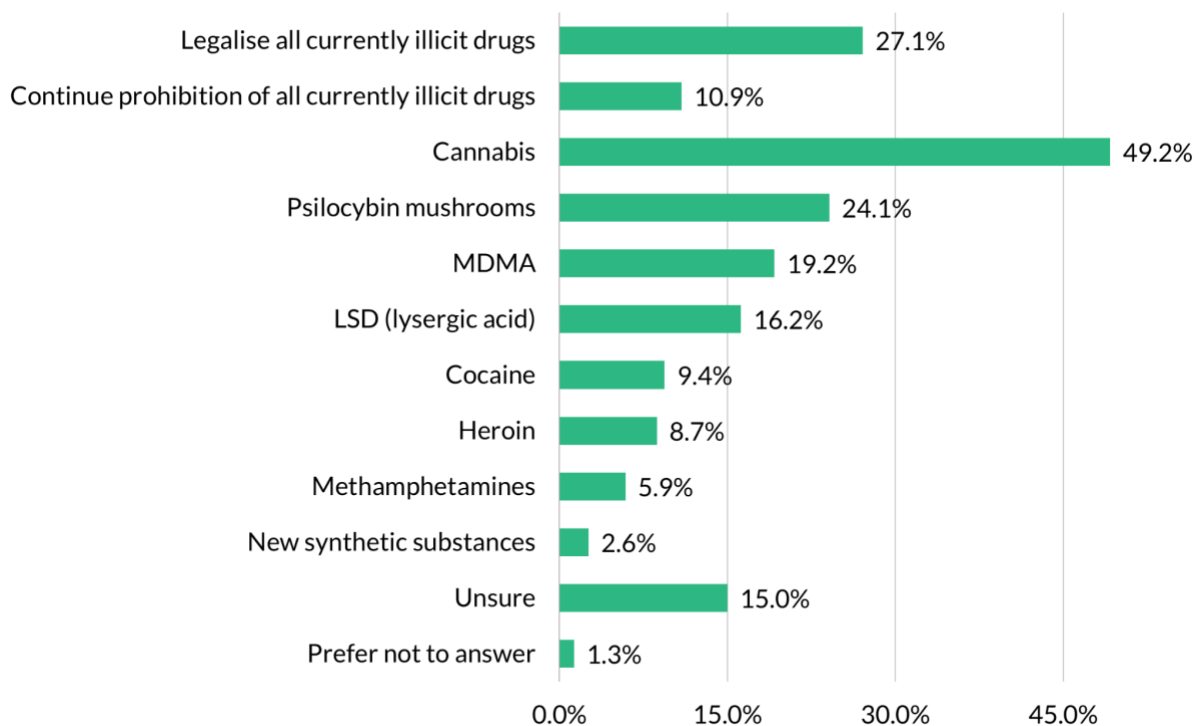
<sup>9</sup> Stronach O, Farah B & Webb P (2024) '#BeHeardNotHarmed National Survey Report.' Students for Sensible Drug Policy Australia. [Available here.](#)

<sup>10</sup> McNeill et al (2012) 'Evidence summaries to support social services in Scotland: how and why people stop offending. Discovering desistance' *Institute for Research and Innovation in Social Services*. [Available here.](#)

## Legalisation and regulation of drugs

Just over a quarter of people (27.1%) supported the legalisation of ALL drugs, which would result in their availability through legal and regulated markets (see Figure 11). Comparatively, half (49.2%) only supported cannabis legalisation, 24.1% supported the decriminalisation of psilocybin mushrooms, 19.2% supported MDMA decriminalisation, and 16.2% supported LSD decriminalisation. For people who did not support the decriminalisation of all drugs, attitudes towards which drugs should be decriminalised and/or legalised were notably consistent.

**Figure 11.** Support for legalisation and regulation



### Recommendation #10

We recommend that the Australian Government establish a federal legal regulation framework for cannabis to replace the current prohibitionist approach, and commit to exploring legalisation models for other currently illicit substances.

People also commented further on their views on different models of regulation and their benefits:

*“All current illicit drugs should be available and dispensed through pharmacies, and taxed similarly to alcohol and cigarettes”*

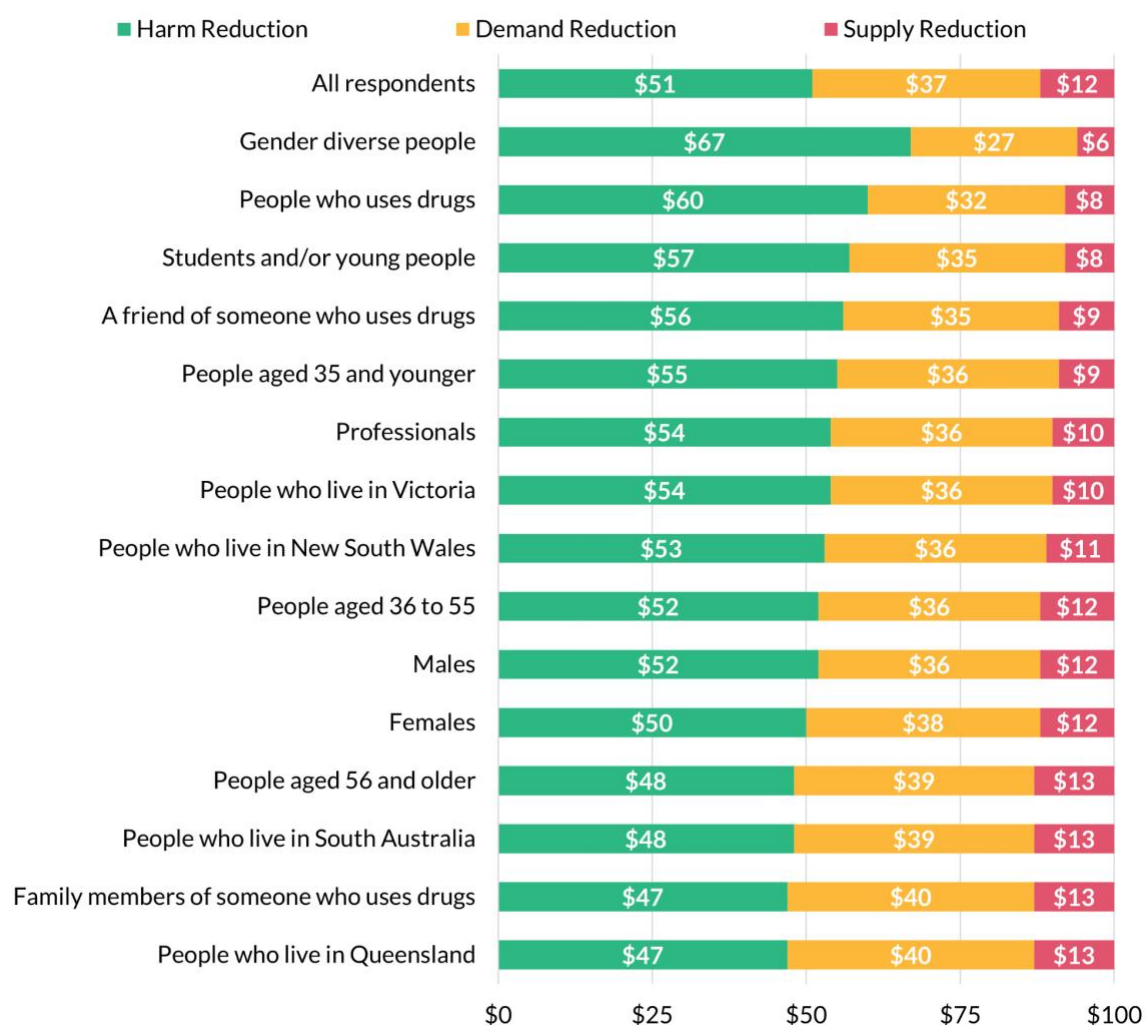
*“I think safe supply is an underrepresented topic within harm reduction. If drugs of dependence were available under the PBS, where people could get a script from their doctor and pick up controlled and regulated dose from the chemist, the transformative potential would be enormous. People would have more money, stability, and capacity to connect with themselves and others, and would be exposed to less potential for harm. Criminal networks in the illicit trade would be nearly made redundant all together. People would have more engagement with services and opportunity to learn about the drugs they take. The demand for prisons would drop by 60% overnight. It is the natural conclusion to the argument for pill testing, and it has the potential to fundamentally change society forever.”*

## SERVICE ACCESSIBILITY AND URGENT FUNDING

### Allocation of funding across supply, demand & harm reduction

People were asked to allocate \$100 worth of funding across the three pillars of the National Drug Strategy 2017-2026. On average, they chose to allocate just over half of funding to harm reduction programs, with 37% of funding allocated to demand reduction (e.g., treatment, public awareness campaigns), and just 12% allocated to supply reduction strategies such as law enforcement. As shown in Figure 12, investment in harm reduction was notably higher among gender diverse people, who also allocated less money to demand reduction than other respondents. Preferences for investment varied slightly between states, and genders, with higher investment in harm reduction and lower investment in supply reduction among younger age groups.

**Figure 12.** Allocation of funding across harm reduction, demand reduction, and supply reduction



## Recommendation #11

We recommend that all Australian governments ensure a balanced and equitable investment in drug policy spending across the 3-pillars, and commit to a reinvestment of funds to appropriately resource demand reduction and harm reduction, consistent with the ostensible goals of Australia's National Drug Strategy.

We further recommend that the Australian Government implements Recommendations 2 and 3 of the Joint Committee on Law Enforcement's *Australia's illicit drug problem: Challenges and opportunities for law enforcement* inquiry report.<sup>11</sup>

Respondents also commented further on how overdose prevention could be significantly managed by regulating supply, reinvesting funds spent on criminalisation, and therefore addressing harms associated with unregulated markets:

*"Prohibition does not reduce overdoses, the best solution for overdose is legal supplies of regulated drugs! If there was a regulated, legal supply of all drugs the massive savings that would occur in the health sector would be almost enough to effectively fund harm and demand reduction programs. Add the savings to the justice/criminal services and money wasted on supply reduction, the government would have an entirely new stream of revenue so large that wouldn't have a valid reason to introduce the heavy taxes that are imposed on currently legal substances like alcohol and tobacco!! Drug dependence is the only health issue listed in the DSM that is also a criminal offence."*

*"Wipe out supply reduction & invest that funding into harm, treatment & peer based initiatives. Complete review of demand reduction strategies"*

Australia's National Drug Strategy 2017-2026 is based on a three-pillar approach—supply reduction, demand reduction, and harm reduction—yet government investment remains heavily skewed towards law enforcement. Over 65% of funding is allocated to supply reduction, while demand reduction receives just over 30%, and harm reduction accounts for less than 2% (1.6%). A recent national report from the Drug Policy Modelling Program at UNSW estimated that of the \$5.5 billion spent annually on drug policy, \$3.5 billion is directed towards law enforcement, including \$1.8 billion on routine street-level policing, while only \$90 million is spent on harm reduction<sup>12</sup>. Public sentiment strongly supports a more balanced approach, with this survey showing that 96.5% of respondents favour greater investment in harm reduction.

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<sup>11</sup> Commonwealth of Australia (2024) 'Australia's Illicit Drug Problem: Challenges and opportunities for law enforcement' *Parliamentary Joint Committee on Law Enforcement*. [Available here](#).

<sup>12</sup> Ritter A, Grealy M, Kelaita P & Kowalski M (2024) *The Australian 'drug budget': Government drug policy expenditure 2021/22*. DPMP Monograph No. 36. Sydney: Social Policy Research Centre, UNSW. [Available here](#).



Despite widespread recognition that punitive, prohibitionist approaches to drug use are ineffective, outdated, and inhumane, the funding imbalance has persisted for over a decade. The most recent National Drug Strategy Household Survey found that 18% of Australians aged 14 and over had used an illicit substance in the past year, and 43% had done so in their lifetime, underscoring the need for evidence-based, health-centered policies<sup>13</sup>. With shifting drug use patterns and the rise of novel synthetics like nitazenes, it is critical that governments prioritise investment in harm reduction.

Research from the Australian Institute of Criminology strongly highlights the cost-efficiency of the AOD and harm reduction sectors.<sup>14</sup> For every dollar invested in harm reduction programs, such as injecting centres and drug checking services, the community gains \$27 in return. Additionally, for each dollar spent on AOD treatment, more than \$5 is returned to the community.

The Australian Alcohol and Other Drug Council further highlights that, since 2018, there have been 13 government inquiries in Australia related to drug policy.<sup>15</sup> The majority of these inquiries have advocated for a balanced allocation of resources across the three pillars of the National Drug Strategy: Demand, Supply, and Harm Reduction. Notably, they have called for increased investment in the Demand and Harm Reduction pillars. Despite these ongoing calls for change, the criminalisation of people who use drugs and their actions remains the status quo in how our nation continues to address the harms associated with drug and alcohol use.

### Investment in peer-based drug user organisations

Overall, there is strong support for greater investment in peer-based drug user organisations, with support or high support from 90.1% of respondents. Peer-based drug user organisations are community-led organisations staffed and governed by people with lived/living experience of drug use.

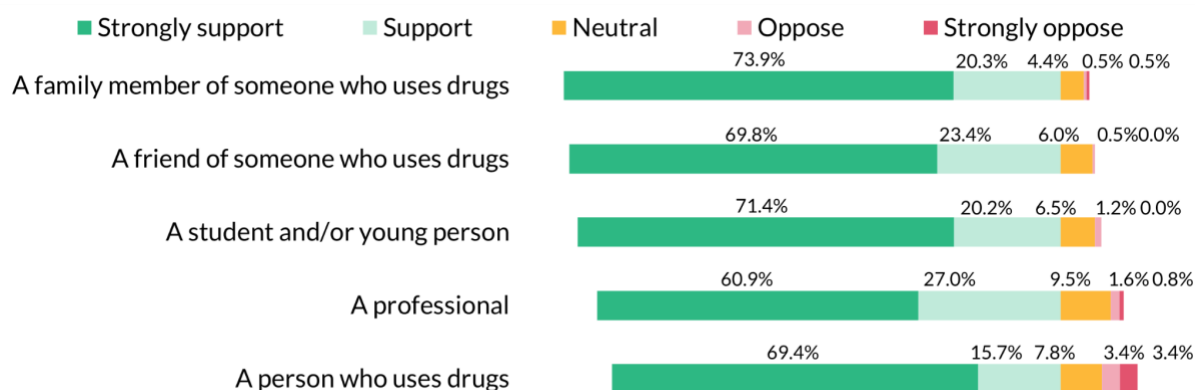
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<sup>13</sup> Australian Institute of Health and Welfare (2024) *National Drug Strategy Household Survey 2022-23*. Canberra: AIHW. [Available here](#).

<sup>14</sup> Voce A & Sullivan T (2022) What are the monetary returns of investing in programs that reduce demand for illicit drugs? *Trends & issues in crime and criminal justice* no. 657. Canberra: Australian Institute of Criminology. [Available here](#).

<sup>15</sup> Australian Alcohol and Other Drugs Council (2024) 'Submission to the Inquiry into the health impacts of alcohol and other drugs in Australia: 30 September 2024'. *Australian Alcohol and Other Drugs Council*. [Available here](#).

**Figure 13. Support for greater investment in peer-based drug user organisations**



Support was highest among respondents who identified as family members of people who use drugs (94.2%), followed closely by friends of people who use drugs (93.2%), and students and/or young people (91.6%), followed by professionals (87.9%), and people who use drugs (85.1%). Greater investment in peer-based drug user organisations was supported by significantly more respondents who identified as someone who uses drugs, or as a student and/or young person in comparison with people who did not identify these ways. Gender-diverse people also showed higher support than male-identifying people.

Similar support for peer-based services among young people who use drugs was found in SSDP Australia’s #BeHeardNotHarmed Survey, where 73% of respondents indicated that they would prefer to access services run by peers, and a further 20% indicated that they did not mind.<sup>16</sup> Of the 164 respondents who provided reasons for this preference, 50% mentioned the safe space these services provide, 39% felt that peers could better understand their experiences, and 34% stressed the importance of lived and living experience in providing meaningful support. Importantly, 48% reported peer-based services as their primary source of alcohol and other drug information and 55% indicated that these services would be their preferred source of such information if they were accessible and available, indicating an unmet need. Overall, 71% of respondents said these services provided very or extremely relevant info. These findings point to the core role of peer-based drug user organisations for young adults who use drugs.

### Recommendation #12

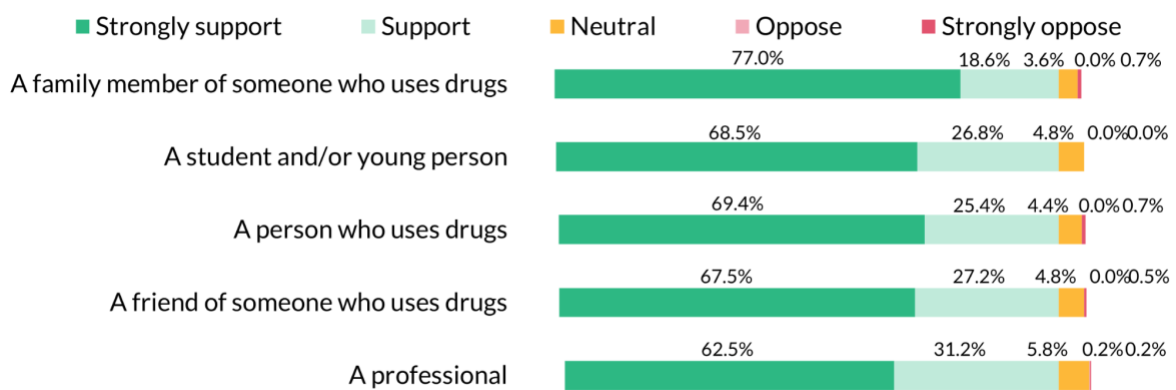
We recommend that all federal and state/territory governments increase investment in peer-based drug user organisations to adequately resource their activities and potential at state/territory and national levels.

<sup>16</sup> Stronach O, Farah B & Webb P (2024) '#BeHeardNotHarmed National Survey Report.' Students for Sensible Drug Policy Australia. [Available here.](#)

## Investment in AOD support services led by and for families/carers

We also saw strong support (94.4% support/strongly support) for greater investment in support services led by and for families/carers who have experience assisting family member/s to navigate issues related to drug and alcohol use. Peer-based family/carer organisations provide education and support to families, carers, and supporters of people who use drugs in a support group, community workshop, and/or structured group program capacity. Unsurprisingly, support was highest among people who identified as a family member of someone who uses drugs (95.6%), with almost equal support from students and/or young people (95.3%), people who use drugs (94.8%), friends of people who use drugs (94.7%), and professionals (93.7%; see Figure 14).

**Figure 14. Support for investment in family/carer-led services for families**



Support varied significantly across states/territories, genders, and communities:

- NSW residents showed significantly more support for family/carer-led services than people from other states/territories, while South Australians expressed less support.
- Female-identifying people expressed higher support in comparison to male-identifying people.
- Respondents who identified as professionals expressed significantly lower support.

People shared additional comments around the need to support families and carers:

*“More support is needed for family and partners of users.”*

*“Increased education around the understanding of Drug and Alcohol use and dependency - aimed to remove the negative view by society and recognise it is a health issue that needs support and actions to assist. Particularly for families that are impacted that not only deal with the gradual loss of a loved one but the loss of friendship and social support as people avoid the family as if they are responsible somehow. All parties impacted need support to be able to support their loved ones.”*

*“Fund local family support centres to help people in families enrol in skills knowledge programmes to help them support a loved one who uses drugs”*

“[We need] easily accessed support for families of drug users in rural and remote [areas].”

### Recommendation #13

We recommend that all federal and state/territory governments invest in a diversified AOD Family Support Services sector providing families, friends, and supporters with increased access to specialised, tailored, peer-based services that are responsive to their needs.

We further recommend that Australian Governments:

- A. Establish family-oriented AOD services that include evidence-informed support, as well as training and education programs underpinned by harm reduction and human rights-based principles.
- B. Commit to ensuring that health, mental health, and social support agencies have access to professionals trained in AOD family-inclusive practice. Such training will help improve service engagement and encourage help-seeking behaviour among families, friends and supporters impacted by another person's drug and alcohol dependence.
- C. Review and update current drug education and harm reduction programs with community members to ensure their relevance for families, friends, and supporters of people who use drugs.

Research has confirmed that AOD-related shame and stigma affect not only individuals with substance dependence but also their immediate families and networks.<sup>17</sup> The stigma that this population experiences from other family members, friends and society alike tends to be based on the assumption that they are responsible for their relatives substance use,<sup>18</sup> often leading family members to also blame themselves for their loved one's drug dependence.<sup>19</sup> This stigma contributes to physical and psychological ill health for some family members and creates barriers to seeking help and engaging with both formal and informal support systems.<sup>20</sup> Findings from the Alcohol and Drug Foundation (ADF) show that, on average, it takes five years for families and friends of individuals affected by substance use issues to seek help for themselves.<sup>21</sup> As a result, families of individuals with substance dependence often represent a hidden cohort with unique needs that are not well understood by the broader health system.

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<sup>17</sup> McCann TV & Lubman D (2018) Stigma experience of families supporting an adult member with substance misuse. *International Journal of Mental Health Nursing* 27(2): 465-921. [Available here.](#)

<sup>18</sup> Corrigan PW, Watson AC & Miller FE (2006) Blame, shame, and contamination: the impact of mental illness and drug dependence stigma on family members. *J Fam Psychol* 20(2): 239-246. [Available here.](#)

<sup>19</sup> Lindeman SK, Titlestad KB, Lorås L & Bondas T (2021) An unknown invisible intrusion. Impact of an adult family member's problematic substance use on family life: a meta-ethnography. *Drugs: Education, Prevention and Policy* 29(5): 464-476. [Available here.](#)

<sup>20</sup> McCann TV & Lubman D (2018) Help seeking barriers and facilitators for affected family members of a relative with alcohol and other drug misuse, *Journal of substance abuse treatment* (93): 7-14. [Available here.](#)

<sup>21</sup> Alcohol and Drug Foundation (2024) *Help-seeking among family and friends of people who use alcohol and drugs: Survey report.* [Available here.](#)

The Victorian Mental Health Royal Commission revealed that family members and friends faced specific challenges when choosing to remain connected to someone with both mental illness and substance use issues, including:

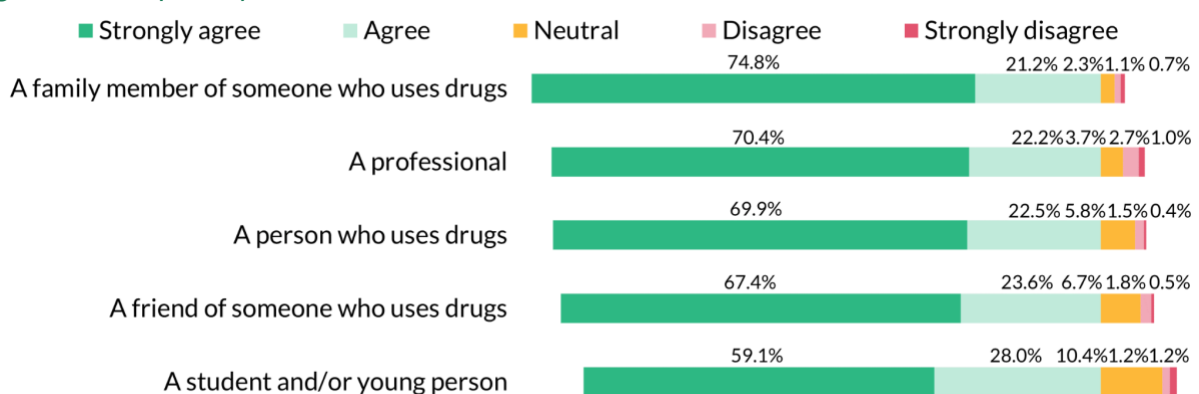
- Providing high degrees of emotional support
- Managing crises
- Dealing with stigma and isolation
- Supporting care planning
- Maintaining vigilance to prevent self-harm<sup>22</sup>

This highlights that the stigma and discrimination associated with AOD use is pervasive, impacting not only the individual but also their family and friends. This stigma is often unconscious and systemic in some settings, underscoring the need for intentional efforts to address its effects. Given these challenges, we recommend that families be provided with increased access to tailored AOD-specialist services that are responsive to their needs. These services should include evidence-informed support, training, and education programs.

## Government prioritisation of AOD treatment resourcing

Overall, 92.8% agreed or strongly agreed that the resourcing of alcohol and other drug treatment services in Australia should be an urgent priority for governments. As shown in Figure 15, support was highest among people who identified as a family member of someone who uses drugs (96.0%), followed by professionals (92.6%), people who use drugs (92.4%), friends of people who use drugs (91.0%), and students and/or young people (87.2%).

**Figure 15.** Agreeance with the resourcing of AOD treatment services in Australia as an urgent government priority



<sup>22</sup> State of Victoria (2022) 'Recommendation 31 Supporting families, carers and supporters', Department of Health. [Available here.](#)

We observed significant differences in support across demographics:

- There was significantly more support for government prioritisation of drug treatment resourcing by female-identifying respondents compared to male-identifying respondents.
- Support differed between states/territories, with higher support among NSW residents, and less among South Australian residents, compared to respondents from other jurisdictions.
- Unsurprisingly, respondents who identified as a family member of someone who uses drugs expressed greater support compared to people who did not identify this way.
- Support also varied by age, with people aged 56 and older expressing significantly less support compared to those aged 35 and younger, and people aged 36 to 55 showing more support than those aged 35 and younger. No significant difference was observed between those aged 36 to 55 and those aged 56 and older. Interestingly, students and/or young people expressed significantly lower support than people who did not identify this way.

As commented by some respondents, there is a demonstrated need for well-resourced and accessible drug treatment services:

*“AOD is a health issue and therefore needs every AOD dependent shall be entitled for access to treatment services and adequate funding and community/family lead services should be promoted, invested, and expanded”*

*“There needs to be greater investment in residential rehab and/or day clinics that provide a safe therapeutic space for clients.”*

## Recommendation #14

We recommend all Australian governments prioritise alcohol and other drug (AOD) treatment funding as a core public health strategy. This includes sustained investment in diverse, evidence-based treatment services that are accessible, affordable, and responsive to community needs.

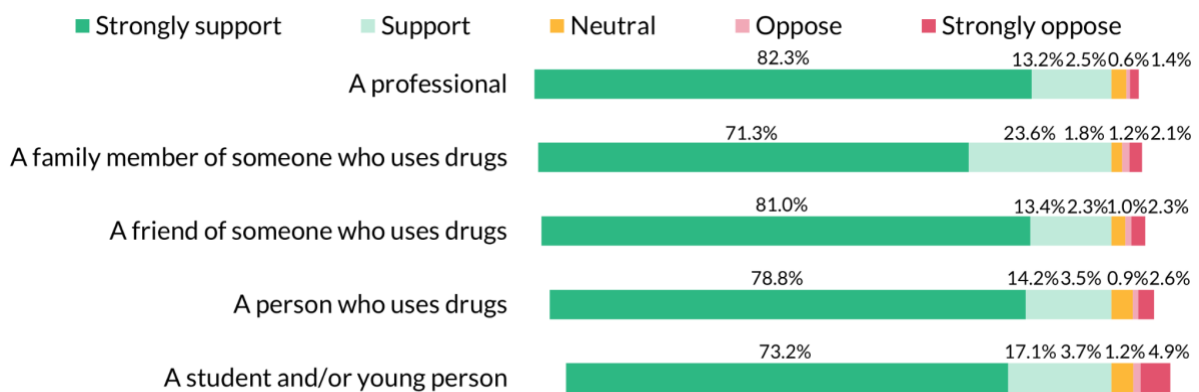
## Affordable access to Opiate Treatment Programs

There is strong support for affordable access to Opiate Treatment Programs (OTP) for those who need and want treatment for opioid dependence, with 93.3% indicating support or strong support. Support was consistently high across respondents, with the highest support among professionals (95.5%), family members of people who use drugs (94.9%), and friends of people who use drugs (94.3%), and slightly lower support among people who use drugs (92.9%) and students and/or young people (90.2%; see Figure 16). Support for affordable access to OTP

was significantly higher among respondents who identified as a professional, as a friend of someone who uses drugs, or as someone who uses drugs<sup>23</sup>.

In this context it is worth noting the recent Pharmaceutical Benefits Scheme (PBS) reforms by the Australian Government that came into effect on 1 July 2023 and listed opioid medications on the PBS for the first time. This measure has significantly reduced the cost of OTP medicines for the majority of people on OTP in Australia who have their medications dispensed through community pharmacy and previously, were forced to pay uncapped, unregulated and discriminatory private fees to access their OTP medications.

**Figure 16. Support for affordable access to Opiate Dependency Treatment Programs for those who need and want treatment for opioid dependence**



Some people left additional comments on the need for reforms to ODTP and other assisted therapies:

*"[We need] amphetamine assisted therapy (access to an amphetamine in place of street meth) and access to diamorphine as a form of OAT, [as well as] access to injectable OST medications."*

*"[We need] more choice in pharmacotherapy (ODTP) - we don't want opioid antagonist treatments. Hydromorphone perhaps?? Or Diacetylmorphine"*

*"We also desperately need more ODTP prescribers, AOD services and rehab and detoxes - especially in regional areas."*

*"Access to ODTP in prison - currently you need to be on the opioid program prior to being incarcerated so for people addicted to heroin they often have to detox in prison."*

<sup>23</sup> For further information on the PBS 'affordability' reforms see: <https://www.harmreductionaustralia.org.au/treatment-equity/>

*"[There is] a much needed revamping of the opioid substitution/treatment program, specifically including hydromorphone and diacetylmorphine as treatment options for patients who were unable to stabilise on methadone or suboxone, or for those for whom it did not work."*

*"I believe methadone/bupe programs should be free & easier to access than they are currently & that there should be options for people who wish to stop using ice/speed. Ultimately I believe there should be medicinal heroin provided (as those programs worked successfully 50yrs ago in the UK)."*

### Recommendation #15

We recommend that governments urgently expand Opioid Treatment Programs (OTP) for under-served communities and areas, including Aboriginal and Torres Strait Islander and regional and rural communities including increased funding for accessible, culturally safe, and community-led treatment options, along with incentives to recruit and retain healthcare providers.

## Investment in therapeutic purposes of drugs

Just over three-quarters (76.2%) of respondents agreed or strongly agreed that there should be greater investment in the therapeutic purposes of currently illicit drugs (e.g., the use of MDMA, psilocybin, and ketamine for treating mental health conditions). Overall, 12.5% of people neither agreed nor disagreed with this policy topic, with more professionals (10.6%) and family members of people who use drugs (13.9%) selecting "neutral". As shown in Figure 7, support was reasonably consistent among friends of people who use drugs (86.5% agree/strongly agree), people who use drugs (85.6%), and students and/or young people (83.9%), with slightly lower support from professionals (79.2%) and family members of people who use drugs (75.7%).

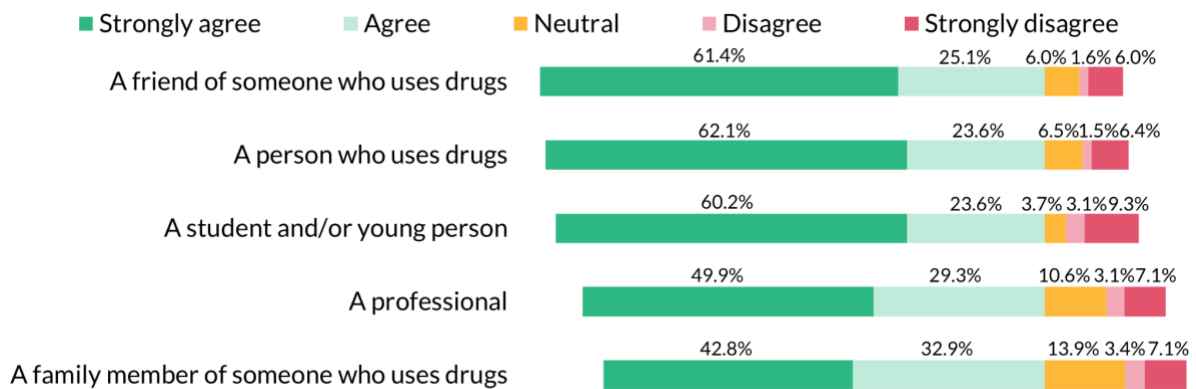
People also commented their views on the availability of therapies utilising ketamine and psychedelics:

*"I'm a strong proponent of ketamine for mental health treatment and support it being approved for at home ketamine therapy"*

*"Making psychedelic assisted therapy more readily available to the wider community instead of being so damn expensive, and having to meet such a strict criteria"*



**Figure 17. Agreeance with greater investment in the therapeutic purposes of currently illicit drugs**



Support varied significantly across demographics:

- Individuals aged 56 and older expressed significantly less support compared to those aged 35 and younger and those aged 36 to 55. Individuals aged 36 to 55 also showed significantly less support than those aged 35 and younger.
- Female-identifying respondents expressed significantly higher support than male-identifying respondents.
- Support was higher among South Australians, while Victorians showed less support compared to people residing in other jurisdictions.
- There was also significantly more support from respondents who identified as professionals, or family members of people who use drugs, in comparison to respondents who did not identify these ways.
- People who use drugs, friends of people who use drugs, and students and/or young people expressed significantly lower support.

### Recommendation #16

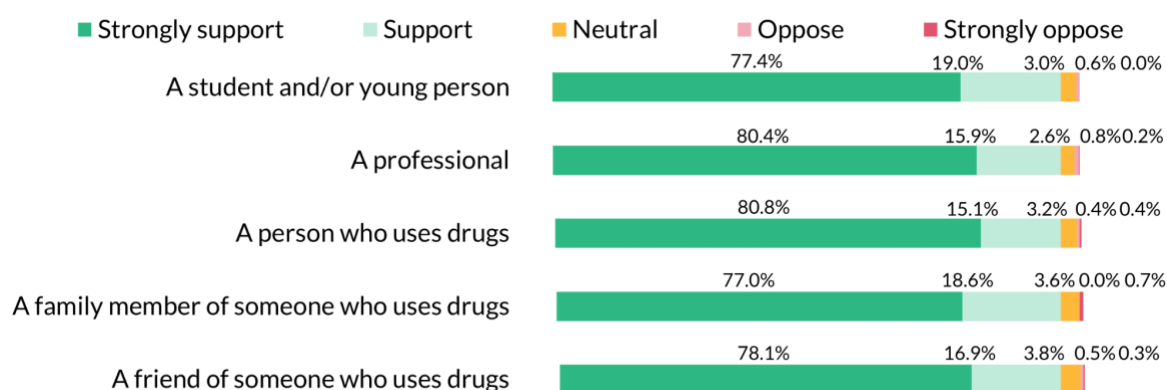
We recommend that all Australian governments increase investment in and support for research on the therapeutic potentials and purposes of currently illicit drugs.

## OVERDOSE PREVENTION

### Government response to overdose mortalities

There is very strong support (94.7% support/strongly support) for Australian governments to do more to respond to the growing number of drug-related overdose deaths. There were 2,231 drug-induced deaths reported in Australia in 2021. The vast majority of these deaths were unintentional. This equates, on average, to one Australian dying from a drug-related overdose every four hours<sup>24</sup>. Support was consistently high among students and/or young people (96.4% support/strongly support), professionals (96.3%), people who use drugs (95.9%), family members of people who use drugs (95.6%), and friends of people who use drugs (95.0%; see Figure 18). Respondents who identified as a person who uses drugs or as a professional, or were a NSW resident, showed significantly higher support for an improved government response to overdose mortalities than other respondents.

**Figure 18.** Support for governments doing more to respond to the growing number of drug-related overdose deaths in Australia



### Recommendation #17

We recommend that the Australian Federal Government leads the development of a National Overdose Prevention Sub-Strategy as a matter of urgency.

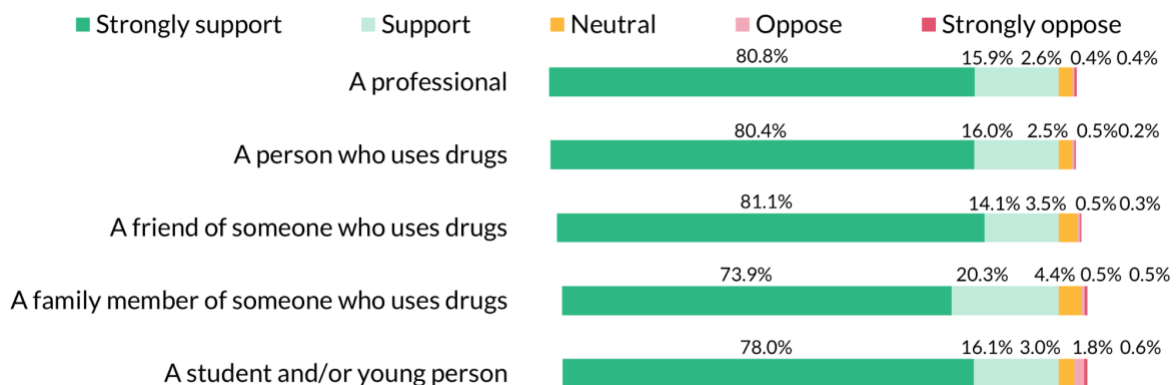
<sup>24</sup> Australian Institute of Health and Welfare (2024) *National Drug Strategy Household Survey 2022-23: Alcohol, tobacco & other drugs in Australia*. Canberra: AIHW. [Available here.](#)

## Public drug early warning systems

Establishing a public early warning system to alert people to drug-related events of concern was strongly supported, with 94.6% of people indicating their support or strong support. An early warning system (EWS) aims to disseminate timely information about unusual drugs of concern and drug market shifts directly to the public. Information can be gathered from multiple sources, including people who use drugs, health agencies, and law enforcement.

Support was fairly consistent across demographic groups, with the highest support from people who identified as a professional (96.7% support/strongly support) and the lowest among students and/or young people (94.1%). Support was significantly higher across some demographics, with significantly more support from people who identified as someone who uses drugs, as a professional, or as a friend of someone who uses drugs, and higher support among people residing in NSW compared to other jurisdictions. Respondents who resided in QLD showed significantly less support compared to other jurisdictions. Additionally, young people who use drugs who participated in SSDP's #BeHeardNotHarmed Survey showed very strong support for early warning systems.<sup>25</sup> Specifically, 77% thought that access to timely alerts about dangerous drugs in circulation was very or extremely important and 59% indicated that these alerts would be their preferred source of drug information if they were accessible and available.

**Figure 19.** Support for the establishment of a public early warning system to alert people to drug-related events of concern



### Recommendation #18

We recommend that the Federal Government (a) work with state/territory governments to support the development, implementation, and data collection and sharing for a national, public early warning system, (b) ensure the system is focussed on public health and harm reduction, and (c) ensure the system is co-led by health, customs, police, and community, including people who use drugs and peer organisations.

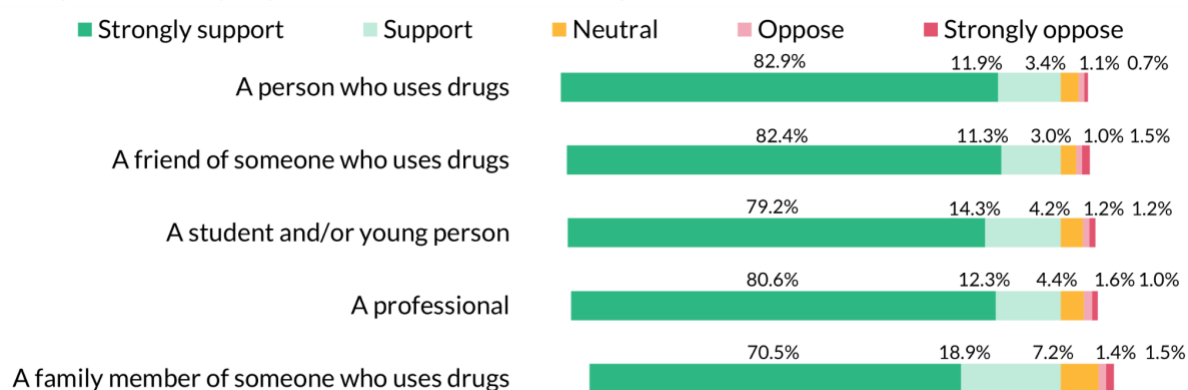
<sup>25</sup> Stronach O, Farah B & Webb P (2024) '#BeHeardNotHarmed National Survey Report.' Students for Sensible Drug Policy Australia. [Available here.](#)

## Access to take home naloxone

Overall, 89.7% of respondents supported or strongly supported free, widespread access to take home naloxone (THN) for people and family/friends of people who use heroin/other opioids. As shown in Figure 20, the highest support came from respondents who identified as someone who uses drugs (94.8%), followed by those who identified as a friend of someone who uses drugs (93.7%), a student and/or young person (93.5%), a professional (92.9%), and a family member of someone who uses drugs (89.4%).

While this question referred specifically to access to naloxone for people and family/friends of people who use heroin and other opioids, we have since seen an onslaught of nitazenes and other potent synthetic opioid adulterants across many different substances, including stimulants. As a drug that temporarily reverses opioid overdoses, access to naloxone for everyone has become even more pertinent to save lives considering the high potential for unwanted and accidental ingestion of opioids.

**Figure 20.** Support for free, widespread access to take home naloxone for people and family/friends of people who use heroin/other opioids



There were significant differences in support across ages, jurisdictions, and identities:

- People aged 56 and older showed significantly lower support compared to those aged 35 and younger and those aged 36 to 55. No significant difference was observed between those aged 35 and younger and those aged 36 to 55.
- We also observed some differences across state/territory and gender, with lower support from QLD residents compared to other jurisdictions, and higher support among gender-diverse people in comparison to female- and male-identifying people.
- Support was significantly higher among people who use drugs, people who identified as friends of people who use drugs, and professionals, as well as among students and/or young people.

### Recommendation #19

We recommend that governments significantly increase the current \$20 million investment in the Take Home Naloxone (THN) Program to ensure that all pharmacies provide naloxone free of charge and that police officers and other first responders across all jurisdictions carry and are trained in the use of naloxone.

We also fully support the recommendation outlined by one respondent, that naloxone be incorporated into First Aid training:

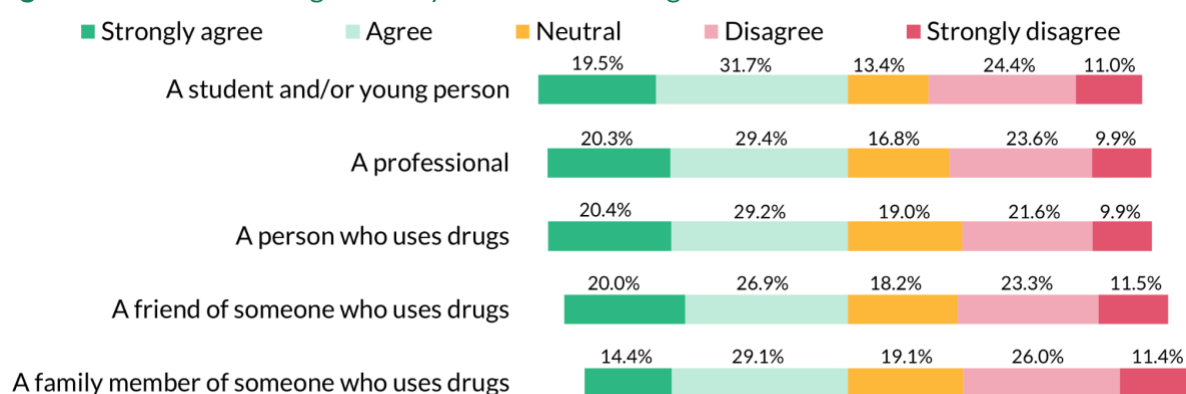
*“Naloxone training should be worked into all First Aid training courses/all mandatory workplace first aid courses.”*

## DRUG TESTING AND CANNABIS REFORM

### Understanding of the medicinal cannabis system

Only 44.3% of people agreed or strongly agreed that they had a good understanding of the system for accessing medicinal cannabis in Australia, while 19.4% neither agreed or disagreed, and a massive 36% disagreed or strongly disagreed. Students and/or young people had the highest understanding overall (51.2% agree/strongly agree), followed by professionals (49.7%) and people who use drugs (49.6%), with lower understanding among friends (46.9%) and family (43.5%) of people who use drugs (see Figure 21).

**Figure 21. Understanding of the system for accessing medicinal cannabis in Australia**



Understanding was significantly different between age groups, genders, states/territories, and communities:

- Individuals aged 56 and older expressed less understanding of the current system for accessing medicinal cannabis compared to those aged 36 to 55, while no significant differences were found between those aged 35 and younger and the other age groups.
- Male-identifying people expressed significantly higher understanding compared to female-identifying people, and gender-diverse people.
- Respondents who identified as someone who uses drugs or as a professional reported lower understanding than people who did not identify this way.
- Less QLD residents reported a good understanding of the medicinal cannabis system than residents from other jurisdictions.

These results indicate a notably low level of understanding about the medicinal cannabis system in Australia, highlighting the need for clearer public education and accessible information. Targeted efforts may be particularly beneficial for older adults, female-identifying and gender-diverse individuals, and residents of Queensland, who reported significantly lower levels of understanding.

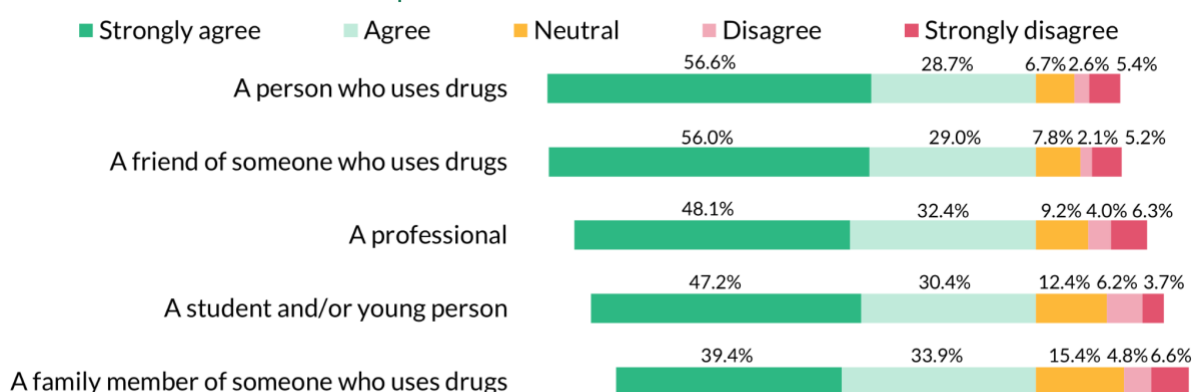
## Recommendation #20

We recommend that governments enhance public education on Australia's medicinal cannabis system through clear, accessible, and evidence-based information. This should include public awareness campaigns, healthcare provider training, and simplified patient access guidelines.

### Drug driving reforms for prescribed cannabis

Three-quarters (74.7%) of respondents agreed or strongly agreed that people prescribed cannabis should be able to drive while not impaired, while 13.1% neither agreed or disagreed, and 10.9% disagreed or strongly disagreed. People who use drugs (85.2% agree/strongly agree), and friends of people who use drugs (85.0%), had the highest support for driving reforms for medicinal cannabis (see Figure 22). There was slightly lower support among professionals (80.5%), students and/or young people (77.6%), and family members of people who use drugs (73.2%).

**Figure 22.** Agreeance with people on a stabilised dose of medicinal cannabis being legally permitted to drive when not impaired



There were significant differences in support for drug driving reforms for cannabis:

- Individuals aged 35 and younger showed significantly more support compared to those aged 56 and older, however no significant differences were observed between other age groups.
- Support also varied significantly between states/territories, with higher support among residents of South Australia, and less support among Victorians, compared to residents of other jurisdictions.
- Higher support was observed for respondents who identified as someone who uses drugs, as a friend of someone who uses drugs, or as a professional, in comparison to people who did not identify these ways, while family members of someone who uses drugs showed significantly lower support.

## Recommendation #21

We recommend that current roadside drug testing legislation be brought in line with other prescription medicines by (a) granting exemptions for medicinal cannabis when drivers do not show signs of impairment, and (b) establishing a legal defence for medicinal cannabis prescription holders who are charged with the presence of THC in their system while driving unimpaired.

Additional comments from respondents described current issues with roadside enforcement of prescribed cannabis use:

*"The roadside testing for medicinal cannabis is a major element that needs to be addressed; this is one of the main barriers for patient access."*

*"People can drive on very strong painkillers which do impact their ability to drive. I don't see how it is fair to penalise patients using medical cannabis and not impaired to drive."*

*"Tasmania is the only state you can have medical cannabis and still drive yet they cannot test the amount only if it is present in your system which anyone who uses cannabis knows it stays in your system long after you have used it."*

## Current roadside drug testing practices based on presence rather than impairment

There is very low support for Australia's current approach to drug driving, with less than a quarter (23.7%) supporting or strongly supporting roadside drug testing based on *presence* rather than *impairment*. Presently, drug driving tests (e.g., saliva, urine) do not indicate driving impairment and only indicate whether someone has a certain drug in their system. This can include very low concentrations of drug(s), where people's ability to drive is not impaired, and detections can occur days after consumption. Overall, 64.9% opposed or strongly opposed roadside drug testing based on the presence of a drug in a driver's system.

As shown in Figure 23, support for the current system was highest among respondents who identified as a family member of someone who uses drugs (24.9% support/ strongly support), with lower support from professionals (16.8%). Just over 10% of friends of people who use drugs (11.8%), students and/or young people (11.4%), and people who use drugs (11.2%) supported the current system. These results suggest considerable support for reforms to roadside drug testing that are focussed on road safety rather than criminalisation.

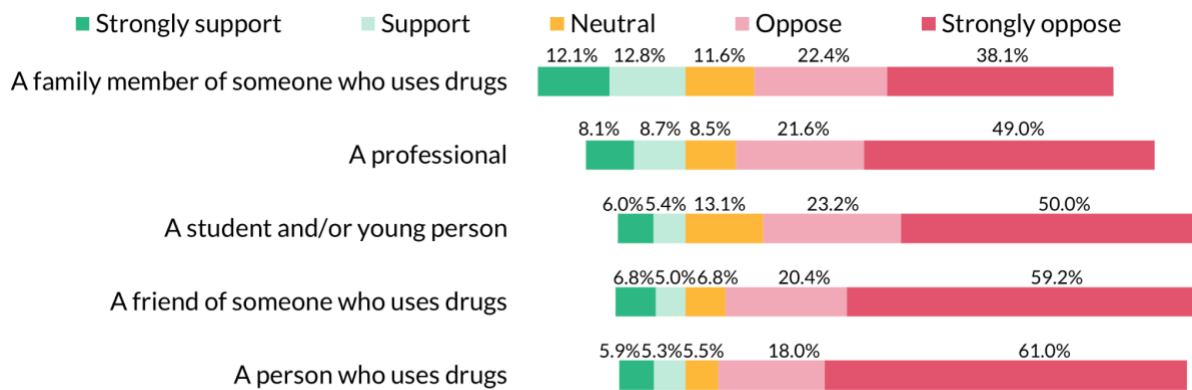
Some people commented further on the impacts and intentions of drug driving practices:

*"Driving offences with drug in system but not impaired can ruin a young person's life. We should make this sort of problem a health issue, not a legal issue and block up the court system. These kids need help, not life affecting fines and gaol time."*



*“I strongly believe driving & AoD should depend on impairment rather than factual drug alcohol levels in tests ... It's justifiable to aim attention toward people driving badly or dangerously rather than blanket amounts detected in blood or breathalyzers”*

**Figure 23.** Support for current roadside drug testing programs that test for the presence of a drug rather than measuring the level of impairment



We observed some statistically significant differences in support across age, gender, jurisdiction, and identities:

- Individuals aged 35 and younger and those aged 36 to 55 showed significantly lower support for current roadside testing approaches compared to those aged 56 and older. No significant difference was observed between those aged 35 and younger and those aged 36 to 55, with consistently low support across these age groups.
- Gender-diverse respondents and male-identifying respondents both expressed less support than female-identifying respondents.
- Comparatively, there was more support among QLD residents than non-QLD residents.
- Support was also significantly lower among respondents who identified as someone who uses drugs, a professional, or a student and/or young person, in comparison to people who did not identify these ways. Support was significantly lower among family members of someone who uses drugs in comparison to people who did not identify these ways.

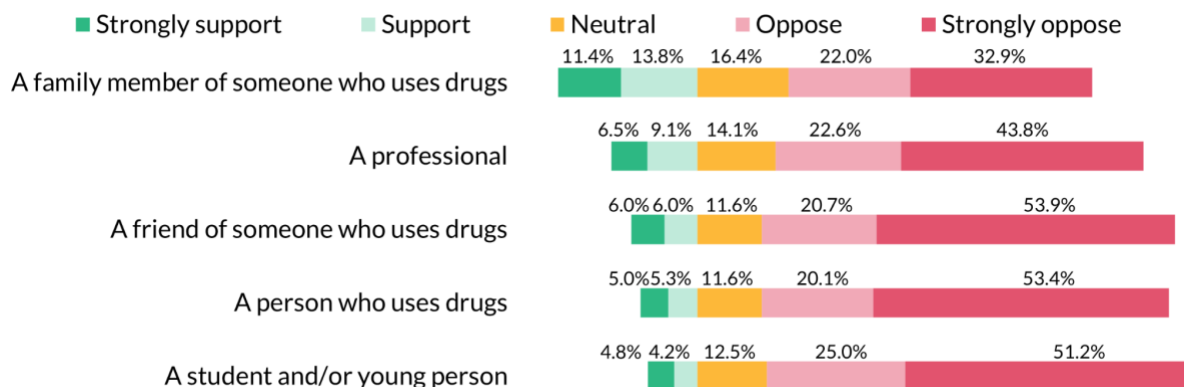
### Recommendation #22

We recommend that all Australian state/territory governments commit to introducing threshold limits for substances to account for the presence of a drug in a driver’s system at levels that would not cause impairment.

## Random workplace drug testing

There was also very low support (22.2% support/strongly support) for random workplace drug and alcohol testing in professions where impairment at work does not pose a risk to protecting public safety. The majority of respondents (60.9%) opposed or strongly opposed workplace drug and alcohol testing performed on workers who were not responsible for tasks where intoxication could increase workplace risk (e.g., operating machinery) and/or risk to clients. Students and/or young people had the lowest support, at only 9.0%, followed by respondents who identified as someone who uses drugs (10.3%) or as a friend of someone who uses drugs (12.0%; see Figure 24). There was slightly higher support among professionals (15.6%), with the highest support coming from people who identified as a family member of someone who uses drugs (25.2%).

**Figure 24.** Support for random workplace drug and alcohol testing in professions where impairment at work does pose a risk to protecting public safety



As commented by one person:

*“People on a stabilised dose of legally prescribed medicinal cannabis should not be penalised in the workplace”*

Another respondent commented on the ways that workplace drug testing may increase or encourage the use of certain substances:

*“I know people who work in sectors where they are encouraged to use cocaine as it clears the system faster. I think without those drug tests it might not be such a common thing for those workers to always use it because it is ‘safe’ from the testing.”*

Statistically significant findings suggest differences in support across demographics:

- Support increased with age, with individuals aged 56 and older expressing significantly higher support compared to those aged 35 and younger and those aged 36 to 55. There was also greater support among those aged 36 to 55 compared to respondents aged 35 and younger.

- Support also varied between genders, with significantly less support among gender-diverse people than female-identifying people, and less support among male-identifying respondents compared to female respondents.
- Interestingly, QLD residents expressed higher support for workplace testing compared to non-QLD residents.
- Family members of people who use drugs also showed higher levels of support in comparison to people who did not identify this way. However, there was significantly lower support across other groups, including respondents who identified as people who use drugs, professionals, or students and/or young people.

### **Recommendation #23**

We recommend that workplace drug testing be restricted to roles involving high-risk machinery or safety-sensitive tasks and that workplace drug testing policies are evidence-based, proportionate, and focused on workplace safety rather than punitive measures. This approach will protect workers' rights while maintaining safety in risk-prone environments.

## Conclusion

This report presents clear and compelling evidence that Australia's current drug policies are in urgent need of reform. The overwhelming support for harm reduction initiatives, wider systemic reforms, and improved access to treatment services demonstrates a strong public desire for drug policies that prioritise health and human rights over criminalisation and enforcement.

The data highlights the need for governments at all levels to shift resources away from punitive law enforcement measures and toward evidence-based strategies that improve health outcomes, prevent overdoses, and support individuals and families affected by drug use and/or the negative effects of current drug policy approaches. Importantly, this requires meaningful engagement with people who use drugs, their families, frontline workers, and communities to ensure that policy decisions are informed by lived/living experience and real-world evidence.

Harm reduction measures such as supervised drug consumption rooms, peer-led support services, and public drug early warning systems have been shown to save lives and reduce the negative impacts of drug use on individuals and communities. The lack of needle and syringe programs in prisons remains a significant public health failure that must be addressed, while greater investment in Opioid Treatment Programs is critical to ensuring affordable and accessible treatment for those in need.

The growing support for decriminalisation and legal regulation of cannabis and other drugs reflects a global trend towards more progressive drug policies that treat drug use as a social issue with health dimensions rather than a criminal justice issue. Countries that have embraced these models have seen significant reductions in drug-related harms, criminal justice system burdens, and social stigma, providing Australia with a clear path forward.

The Australian Government also has a responsibility to extend its harm reduction efforts beyond its borders by increasing investment in community-led harm reduction services in the broader Asia-Pacific region. With over three-quarters (76.6%) of survey respondents supporting such initiatives, there is clear public backing for a stronger regional response to drug-related harms, particularly in countries where harm reduction services are limited. Targeted funding and collaboration with regional partners will not only enhance public health outcomes but also strengthen Australia's leadership in promoting humane and effective drug policies in the Pacific.

While this report acknowledges the complexity of drug policy reform, the findings indicate that a more balanced and humane approach is not only possible but widely supported by those who understand these issues the most – people who use drugs, families, young people, and those working in frontline AOD services. Moreover, the findings in this report are also consistent with the wider views of the Australian public as expressed in annual surveys such as the

National Drug Strategy Household Survey and other routine data monitoring systems.<sup>26</sup> Moving forward, it is essential that policymakers act on these insights, committing to reforms that will create a safer, healthier, and more equitable society for all Australians.

The time for action is now. We urge all levels of government to listen to the voices of communities, experts, and those with lived/living experience to implement policies that truly reflect the needs and values of the people they serve. We not only deserve but urgently need policies and programs that offer evidence-based solutions and actively work towards decreasing stigma. Drug policy reform is not just a political issue—it is a matter of public health, human rights, and social justice.

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<sup>26</sup> Australian Institute of Health and Welfare (2024) *National Drug Strategy Household Survey 2022-23*. Canberra: AIHW. [Available here](#).