



PENINGTON  
INSTITUTE

# Parliamentary Joint Committee on Law Enforcement Inquiry into public communications campaigns targeting demand for drugs and substance abuse

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## About Penington Institute

Penington Institute connects lived experience and research to improve community safety in relation to drugs.

It is too easy to judge people who use drugs.

Legal or illegal, the misuse of any psychoactive substance impacts us all.

At Penington Institute, we think it's far more productive to prevent and tackle drug use in a safe, effective and practical way.

Risky behaviours are part of being human.

Our focus is on making individuals and families safer and healthier, helping communities, frontline services and governments reduce harm, respect human rights and improve the rule of law.

Founded by needle exchange workers and people with lived experience of drug use in 1995 as a peak body, The Association of Needle Exchanges (ANEX) grew into Penington Institute, named in honour of Emeritus Professor David Penington AC, who led Australia's early and world-leading approach to HIV/AIDS.

Like Professor Penington, who remains our Patron to this day, we confront the most important issues and champion innovative evidence-based action to improve people's lives – no matter how challenging our perspective might appear.

A not-for-profit organisation, Penington Institute's research and analysis provides the evidence needed to help us all rethink drug use and create change for the better.

We focus on promoting effective strategies, frontline workforce education and public awareness activities. Our work has a positive impact on people, health and law enforcement systems, the economy and society.

An independent voice of reason on drug policy, we are a straight-talking ally for practical insights, information and evidence-based action for people in need.

## Contents

About Penington Institute .....	3
Introduction .....	5
Community attitudes towards people who use drugs.....	5
Stigma and drug use .....	5
Reducing stigma and discrimination.....	7
The value of education in reducing stigma and discrimination .....	8
Mass media campaigns / Public awareness campaigns relating to drug use .....	9
Review of evidence about mass campaigns .....	9
Penington Institute’s public awareness campaigns relating to drug use .....	10
Understand Ice– a practical example of a stigma reduction program supporting people to access services.....	10
YEAH – educating young people about sex, alcohol and drugs .....	12
International Overdose Awareness Day (IOAD).....	13
Australia’s Annual Overdose Report – Australia’s most comprehensive source of information about drug overdose deaths .....	14
Conclusion.....	15

## Introduction

Penington Institute welcomes the opportunity to respond to the *Inquiry into public communications campaigns targeting demand for drugs and substance abuse*.

A focus of our work is to increase awareness and educate those in diverse communities about the harms associated with drug use and, most importantly the ways to reduce these harms.

Well designed and targeted public awareness campaigns can play a vital role in changing community conversations and improving prevention and early intervention efforts.

We are aware of and acknowledge the wider issue of discrimination and stigma surrounding those who have used or are using substances and work to raise awareness and provide necessary information for people to make well informed decisions about drugs and drug use.

## Community attitudes towards people who use drugs

### Stigma and drug use

The social context of campaigns is complex and can create unintended consequences for different population segments, including people who use drugs and their family members and people who have no experience of drug use issues whatsoever.

People who use drugs face a stigma that is complex, pervasive and wide-ranging.<sup>1</sup> While stigma exists across all cultures,<sup>2</sup> drug stigma combines with, and is intensified by, criminal prohibition. Addiction, is highly stigmatised in the community;<sup>3</sup> addiction stigma often becomes internalised by people who are dependent on drugs.<sup>4</sup> Families of people who use drugs also experience stigma.<sup>5</sup>

The effects of stigma are less-safe drug consumption,<sup>6</sup> a reduction in people seeking help<sup>7</sup> and feelings of shame and loss of honour.<sup>8</sup> Experiences of stigma and discrimination are frequently cited by drug users around the world.<sup>9</sup> By contrast, some of the most effective interventions for people who use drugs are those that actively seek to eliminate stigma from the service experience, such as in primary NSPs and evidence-based treatment.

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<sup>1</sup> Room (2005) "Stigma, social inequality and alcohol and drug use", *Drug and Alcohol Review*, 24(2):143-55.

<sup>2</sup> Buchman and Reiner (2009), "Stigma and Addiction: Being and Becoming", *American Journal of Bioethics*, 9(9): 18-19.

<sup>3</sup> Ibid.

<sup>4</sup> Room (2005), p. 152.

<sup>5</sup> Commonwealth of Australia (2015), *Final Report of the National Ice Taskforce*, p. 164.

<sup>6</sup> Csete et al (2016), "Public health and international drug policy", *The Lancet Commissions*, 387(10026): 1427-1480.

<sup>7</sup> Ibid.

<sup>8</sup> Treloar C and Jackson LC et al (2016), "Multiple stigmas, shame and historical trauma compound the experience of Aboriginal Australians living with hepatitis C", *Health Sociology Review*, vol. 25, pp. 18-32.

<sup>9</sup> Drug Policy Alliance (2014), "Stigma and People Who Use Drugs", [http://www.drugpolicy.org/sites/default/files/DPA\\_Fact\\_Sheet\\_Stigma\\_and\\_People\\_Who\\_Use\\_Drugs.pdf](http://www.drugpolicy.org/sites/default/files/DPA_Fact_Sheet_Stigma_and_People_Who_Use_Drugs.pdf).

It has been argued that, in limited circumstances, stigma can be beneficial for public health by creating and strengthening a social deterrent not to take certain decisions or actions. The reduction in smoking rates in developed countries is the most commonly cited example in this case.<sup>10</sup>

However, stigmatising smoking appears to have mostly changed behaviour in relatively privileged population groups and, among those who continue to smoke heavily, this group is highly disadvantaged, suggesting stigma will only worsen health and economic inequalities over time.<sup>11</sup>

The Victorian Parliamentary Inquiry into Drug Law Reform identified the role of community attitudes as a major obstacle to government responses to drug use. A commonly identified theme throughout the inquiry was the negative attitudes towards people who use illicit drugs, which often results in discrimination and marginalisation. The Committee noted:<sup>4</sup>

*There was a strong consensus in the evidence received by the Committee that negativity and fear of disapproval are significant barriers for people who use substances to access health care and treatment services. Negative community attitudes not only influence an individual's willingness to seek help but also the willingness of others, such as some health professionals, to help them. This is a considerable barrier to identification and management of people with substance use disorders, in addition to an individual completing treatment, achieving full recovery and successfully reintegrating back into the community.*

*The Committee notes that addressing these negative narratives in the community will positively influence people with substance use disorders to seek help for their substance use issues. It will also increase the effectiveness of broader prevention and early intervention strategies, and harm reduction and treatment efforts. Addressing these narratives is required on numerous levels, including exploring how existing laws and policies exacerbate negative attitudes, in addition to the misrepresentation of the extent of substance use and associated harms in the media.*

Issues relating to community awareness and education are not limited to illicit drugs, but also applies to pharmaceutical misuse. The Victorian Parliamentary Inquiry into Drug Law Reform highlighted the role of pharmaceutical misuse as contributing to harms, and the need for improved community awareness and education in the following recommendation:

*The Victorian Government develop resources and support or conduct awareness raising campaigns targeting the broader community about the safe and appropriate use of prescription medications for pain relief and promoting the role of non-pharmacological treatments for certain conditions. This could start with a targeted campaign that aims to reach patients in health settings and expand to a broader audience if required.*

Given the significant stigma that exists towards people who use drugs, and the implications of marginalisation in terms of discrimination in health care and community settings and reduced access to services, the Committee recommended a public education campaign:<sup>5</sup>

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<sup>10</sup> Dean (2014), "Stigmatization and denormalization as public health policies: some Kantian thoughts", *Bioethics*, 28(8):414-9.

<sup>11</sup> Bell (2010), "Smoking, stigma and tobacco 'denormalization': Further reflections on the use of stigma as a public health tool", *Social Science and Medicine*, 70(6):795-9.

*The Victorian Government develop a public awareness campaign on substance use and disorders in order to reduce negative labelling of people who use substances, both illicit and prescription medications, and to reduce the harms associated with substance misuse.*

The Committee also recommended ‘conducting education and awareness programs to communicate with the public about the need to treat drug use as a health issue’.<sup>6</sup>

Penington Institute notes that the Victorian Government’s response to the Inquiry proposes several future directions to enhance treatment for drug use, including in culturally linguistic and diverse (CALD) communities, using data-driven treatment planning.<sup>7</sup>

## Reducing stigma and discrimination

People involved with problematic drug use are among the most marginalised groups in the community, with levels of stigma particularly high among those who inject. Although there are no data available, it is likely that even greater stigma and discrimination are experienced by people who both use drugs and have a mental illness. The co-occurrence of the two circumstances presents challenges in terms of reducing stigma and discrimination.

Public campaigns, governments and social services are increasingly aware of the stigma associated with mental illness and therefore increasingly focused on the elimination of that stigma as part of their response.

Much work has been undertaken to reduce the stigma associated with mental illness; very little, however, has attempted to reduce the stigma and widespread discrimination experienced by people who use drugs. This disjunction means that people who use drugs who also have a mental illness are not afforded the same level of protection against stigma as others, which potentially acts as an obstacle to receiving appropriate treatment.<sup>12</sup>

*The stigma often associated with substance use disorders—driven by perceptions that they are moral failings rather than chronic diseases—can exacerbate these treatment barriers. For example, negative attitudes among health care professionals toward people with OUD [opioid use disorder] can contribute to a reluctance to treat these patients. “Stigma has created an added burden of shame that has made people with substance use disorders less likely to come forward and seek help.*

Reducing stigma is important to encourage people into AOD treatment; stigmatising people who use drugs reduces the likelihood that those who need care will actually seek it. The NSW Branch of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) recommends:<sup>13</sup>

*Developing a sustained and comprehensive stigma reduction strategy to improve community and service understanding and attitudes towards meth/amphetamine use*

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<sup>12</sup> Pew Charitable Trusts (2017). *The case for medication-assisted treatment*. Fact Sheet. Although the document focuses on opioid dependence, it is relevant to illicit drugs more broadly.

<sup>13</sup> Royal Australian and New Zealand College of Psychiatrists [NSW] (2019). *Improving the mental health of the community: Submission to the Special Commission of Inquiry into the drug ‘ice’*. RANZCP, p. 10.

*and dependence and enable affected individuals to seek treatment and help, is paramount to both minimising harm and reducing demand.*

Even in the health care sector, drug use is seen as a moral failure and personal choice, while mental illness is considered beyond a person's control. This 'moralisation' of drug use places the responsibility firmly on the individual for her or his life circumstances, rather than seeing substance use as a product of broader social forces, inequality and disadvantage.

The implications of this stigma can be profound. Anxiety about encountering stigma and discrimination can lead people to avoid seeking help from support services or to withdraw from treatment. Stigma can lead to health professionals refusing to offer services or responding to people who use drugs in a negative way. Indeed, survey data of NSP clients show that almost one-quarter (24%) have 'always' or 'often' experienced stigma or discrimination in relation to their injecting in the last 12 months, with a further 30% 'sometimes' experiencing stigma.<sup>14</sup>

There is significant inequity in the health system's response to people who use drugs,<sup>15</sup> based largely on the stigma associated with drug use.<sup>16</sup> For example, health professionals do not hesitate to treat chronic diabetes or heart disease, yet are reluctant to treat opioid dependence: despite evidence of its efficacy, medically-assisted treatment for opioid dependence is offered by less than 10% of general practitioners and 40% of pharmacies nationwide.<sup>17</sup>

Stigma may be a particular obstacle to accessing service in rural and regional areas, where inadequate training/knowledge, lack of access to addiction experts/services and the role of stigma in small communities all combine to exacerbate general barriers.<sup>18</sup>

### The value of education in reducing stigma and discrimination

As a key strategy for reducing stigma and discrimination among people who use drugs, Penington Institute advocates public education around the nature, causes and consequences of drug use, as well as ways to support people who use drugs and their families. Through its own work, Penington Institute promotes public discussion and understanding to empower the community to rethink ways to tackle drug use, while also promoting hope and eliminating stigma.

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<sup>14</sup> Cama, E., Broady, T., Brener, L., Hopwood, M., de Wit, J. and Treloar, C. (2018). *Stigma Indicators Monitoring Project: Summary report*. Sydney: Centre for Social Research in Health, UNSW Sydney.

<sup>15</sup> For example, a New Zealand study identified service-related factors as key barriers to accessing MATOD, including staff having abstinence-oriented beliefs, poor staff/client relationships and negative staff attitudes. See further: Deering, D.E.A. et al. (2011). Consumer and treatment provider perspectives on reducing barriers to opioid substitution treatment and improving treatment attractiveness. *Addictive Behaviors*, 36(6): 636-642.

<sup>16</sup> Studies have shown that the stigma associated with substance use, and the stigmatisation involved in seeking help for substance use problems, contributes to low levels of help-seeking, such that people delay seeking help until their substance use problems start affecting multiple domains in their lives. When they do finally seek help, people often present with a variety of additional health and social issues, including unstable housing. See further: Lubman, D.I. et al. (2016). Characteristics of individuals presenting to treatment for primary alcohol problems versus other drug problems in the Australian patient pathways study. *BMC Psychiatry*, 16(1): 250.

<sup>17</sup> King, Ritter and Berends, 2011; cited in Kovitwanichkanont, T. and Day, C.A. (2018). Prescription opioid misuse and public health approach in Australia. *Substance Use and Misuse*, 53(2): 200-205.

<sup>18</sup> DeFlavio, J.R. et al. (2015). Analysis of barriers to adoption of buprenorphine maintenance therapy by family physicians. *Rural and Remote Health*, 15(1): 3019-3029.



A useful example is found in the UK-based organisation *Release*, which runs a campaign entitled ‘Nice People Take Drugs’ that aims to dislodge stereotypes about the kinds of people who use drugs.<sup>19</sup> Removing the ‘us versus them’ community perception of drug users has the potential to contribute significantly to reducing harm from drugs.

Results from the *National Drug Strategy Household Survey* identify an opportunity to undertake a similar campaign in Australia. Data show that the use of illegal drugs in Australia is not uncommon: one in eight people had used at least one illegal substance in the last year and one in 20 had misused a pharmaceutical drug. The use of any illicit drug is reported among people from all age groups; while illicit drug use decreased from 2001 to 2016 among people aged under 30,<sup>20</sup> it increased among people aged 40 to 49 and 50 to 59.<sup>21</sup>

Public education campaigns about the prevalence of drug use in the community across all ‘types’ of people (across age, socio-economic and other groups) can help remove the ‘us versus them’ delineation in the public mind and highlight that ‘nice people’ use drugs too. Public education around the links between drug use and mental health problems may also help to reduce stigma by tapping into the tolerance and understanding that has been gradually achieved around mental illness.

Education is an effective means of preventing and reducing drug harms including negative consequences for mental health, provided the education is evidence-based, non-judgmental and delivered through effective and accessible means. Education can be delivered in a variety of settings but should be tailored to the needs of specific audiences.

## Mass media campaigns / Public awareness campaigns relating to drug use

The use of mass media campaigns as a drug prevention intervention is relatively common, but not without controversy. Both policymakers and practitioners have debated the effectiveness of such campaigns in reducing drug use among young people, and there is a possibility that they may be counterproductive. In Europe, more than one-third of the 30 countries affiliated to the EMCDDA report that mass media campaigns on illicit drugs are either not carried out or have been cut back, in some cases because of concerns about their safety.<sup>22</sup>

### Review of evidence about mass campaigns

Mass campaigns have been widely used to raise awareness, reduce or prevent illicit drug use in young people. They provide a powerful means for disseminating health promotion messages. However, while mass media campaigns offer the advantage of disseminating health messages to a large audience at a low

<sup>19</sup> Release is the UK’s centre of expertise on drugs and drugs laws. See: <https://www.release.org.uk/nice-people-take-drugs>

<sup>20</sup> Although the use of illicit drugs decreased among 20 to 29-year olds over this period, this cohort still has the highest prevalence of use: Australian Institute of Health and Welfare (2017). *National Drug Strategy Household Survey 2016: Detailed findings*. Canberra: AIHW, p. 12.

<sup>21</sup> Australian Institute of Health and Welfare (2017). *National Drug Strategy Household Survey 2016: Detailed findings*. Canberra: AIHW, p. 13. As the survey is based on self-reports of drug use, and people may be reluctant to report using illicit drugs for a range of reasons, it is likely that the true prevalence of illicit drug use in the community is even higher than this survey shows.

<sup>22</sup> The European Monitoring Centre for Drugs and Drug Addiction 2018, PERSPECTIVES ON DRUGS I Mass media campaigns for the prevention of drug use in young people [http://www.emcdda.europa.eu/topics/pods/mass-media-campaigns\\_es](http://www.emcdda.europa.eu/topics/pods/mass-media-campaigns_es) (accessed 27 January 2020).

cost, there are underlying assumptions that the message can reach large and diverse audiences. Wakefield et. al. notes that:

*a major ethical dilemma associated with such campaigns lies in the fact that the target population has generally not requested this kind of social intervention, and furthermore they might have negative effects.*<sup>23</sup>

A review, conducted by Allara et al,<sup>24</sup> of the effectiveness of mass media campaigns in preventing drug use or the intention to use illicit drug among young people found that while mass media campaigns are used to change attitudes and behaviours they are seldom evaluated for effectiveness and sustainability. Evaluations are limited in assisting policy makers and practitioners in designing program as they tend to focus on assessing level of understanding and retention. The exception are mass media campaigns focused on tobacco and traffic accidents, that have shown some evidence for benefit.

Allara et al, claim that from the available evidence, the worst-case scenario for media campaigns is that they can be both ineffective and harmful, arguing:

*Contrary to common belief, antidrug media campaigns may be damaging and their dissemination is ethically unacceptable without a prior assessment of their effects. New campaigns should be implemented in the framework of rigorous evaluation studies, ideally in field settings with cohort or ITS [interrupted time series] study designs. A better understanding of which media interventions work best is likely to result in a more effective prevention of drug use and increased efficiency in the management of public resources.*<sup>25</sup>

## Penington Institute's public awareness campaigns relating to drug use

Penington Institute has years of experience in developing and implementing public education campaigns designed to increase community knowledge of drugs and drug harms while also reducing negative attitudes toward people who use drugs.

Our campaigns are all based on linking research and the equally legitimate knowledge gained from frontline workers and people with lived experience of drugs. This enables us to build a meaningful body of evidence which is then presented in ways which are effective, accessible, and tailored to the audiences and desired campaign outcomes.

### Understand Ice— a practical example of a stigma reduction program supporting people to access services

In 2016, in response to the growing problem of crystal methamphetamine (ice) in Victoria, Penington Institute, with the support of Lord Mayors Charitable Fund and the William Buckland Foundation developed an educational online resource for young people at risk of ice use, their friends and their

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<sup>23</sup> Wakefield MA, Loken B, Hornik RC. Use of mass media campaigns to change health behaviour. [Lancet](#) 2010;376:1261–71.

<sup>24</sup> Allara E, Ferri M, Bo A, et al. Are mass-media campaigns effective in preventing drug use? A Cochrane systematic review and meta-analysis. [BMJ Open](#) 2015;5:e007449. doi:10.1136/bmjopen-2014-007449

<sup>25</sup> Ibid p 9

families – *Understand Ice*.<sup>26</sup> At the time there were no online resources for young people that provided calm, evidence-based, non-judgmental information.

Young people have embraced digital and social media, engaging with these extensively in all aspects of their lives. Many use this medium to access information about drugs – as evidenced by numerous online ‘drug forums’ where people exchange information and experiences.

*Understand Ice* provides accessible, straightforward information about ice and its effects on a person’s health and life. The resource and the education program are evidence-based and non-judgemental. Evidence suggests that ‘scare campaigns’ tend to be ineffective and may (further) stigmatise people who use drugs.

The site’s information is easy to understand and highlights practical actions that can be taken, including links to health services. It aims to help reduce the fear and anxiety for families and friends.

The resource is structured around four sections, each tailored to a specific target audience (young people or their friends or family):

- The facts about ice – the forms it comes in, its effects, how it is used, problems with more frequent use.
- Ice and health – the potential impacts of ice on a person’s mental and physical health.
- Ice and life – the potential impacts of ice on a person’s work and study.
- What can I do? – links and help line numbers plus information about how and when to talk to a young person about their ice use.

*Understand Ice* aims to contribute to the reduction of adverse consequences of ice use among young people aged 19-24 years by:

1. Encouraging young people to consider the impact that their ice use was having on them and help them manage the impacts of their use.
2. Giving young people support and advice on things they could do if they recognised that their ice use was becoming a problem.
3. Providing harm reduction information that gave people the information and knowledge with which to reduce the harms of their ice use, in the event that they chose to continue to use.
4. Linking them in with information, advice and referral if they wanted to take action about their ice use.

Over two years, Penington Institute ran an extensive education campaign across regional and rural Victoria and metropolitan Melbourne to promote the *Understand Ice* campaign, using the latest social media promotional tools and advertising as well as more traditional channels such as media relations activities and print advertising.

Penington Institute originally aimed to encourage 10,000 unique visitors to the *Understand Ice* resource during the whole project. As at 30 June 2018 (the end of the campaign) it had attracted more than 52,000 people (unique visitors) to the site, demonstrating the need for such a resource.

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<sup>26</sup> [www.understandice.org.au](http://www.understandice.org.au)

## YEAH – educating young people about sex, alcohol and drugs

Young people who engage in alcohol and other drugs (AOD) are at increased risk of a range of harms including injury, hospitalisation and death,<sup>27</sup> suicide,<sup>28</sup> poor mental health,<sup>29</sup> higher risk sexual activities and many more. However, alcohol and drugs aren't necessarily the cause: these issues interact in complex ways. For example, problems with AOD may begin as a means of coping with emerging mental illness.

In late 2017, Pennington Institute integrated the longstanding work of Australia's largest youth sexual health organisation, YEAH ('Young and Empowered Around Health') to bring together sexual health with alcohol and drug use. Established in 2005, YEAH advocates for the positive promotion of youth sexual health, supporting young people with facts and tools to talk about sex, sexuality and relationships, and helping them to make safer choices. YEAH has successfully built the largest online platform and face-to-face engagement program in Australia for providing young people with sexual health information.

Substance use and misuse by young people is associated with sexually risky behaviours, putting people at risk of non-consensual sex, sexually transmitted illness, pregnancy and sexual violence. Drugs can provide increased confidence and decrease inhibitions while also enhancing the intensity and pleasure of sexual experiences.

Drugs can also complicate the issue of consent and increase the likelihood of decisions that can lead to unsafe sex. For example, data from the National Community Attitudes towards Violence against Women Survey found that, among young people aged 16 to 24, one in ten young men believe that a man is less responsible for rape if he is affected by alcohol or drugs, and 15 per cent of young men and 11 per cent of young women believe that if a woman is raped while drunk or affected by drugs, she is at least partly responsible.<sup>30</sup> The 5<sup>th</sup> National Survey of Australian Secondary Students found that 25 per cent of sexually active high school students reported experiencing unwanted sex, with 49 per cent of those reporting it was because they were 'too drunk'.<sup>31</sup>

With the increasing use of a variety of substances in sexual encounters, it is even more important to address ways for people to be safe. Evidence shows that as the frequency of substance use increases, the likelihood of sex, unsafe sex and the number of sexual partners also increase; teens who do not use substances are the least likely to engage in sexual risk-taking. This reinforces the fact that the need to revitalise a public health response to sexual health issues has never been more urgent, nor more complex and challenging.

One of the principal contributors to YEAH's success has been the creation of the *Agents of YEAH* peer education network. *Agents of YEAH* works by recruiting engaged young people and training them as peer

<sup>27</sup> Women's and Children's Health Network: <http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=141&id=1747>

<sup>28</sup> Suicide Prevention Australia (2011): <https://www.suicidepreventionaustralia.org/sites/default/files/resources/2016/Suicide-Prevention-Australia-Alcohol-Drugs-and-Suicide-Prevention-2011%5B1%5D.pdf>

<sup>29</sup> Headspace: <https://headspace.org.au/young-people/category/alcohol-and-drugs>

<sup>30</sup> Politoff, V., Crabbe, M., Honey, N., Mannix, S., Mickle, J., Morgan, J., Parkes, A., Powell, A., Stubbs, J., Ward, A. and Webster, K. (2019). *Young Australians' attitudes to violence against women and gender equality: Findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS)*. Sydney: ANROWS

<sup>31</sup> Mitchell A, Patrick K, Heywood W, Blackman P, Pitts M. 2014. 5th National Survey of Australian Secondary Students and Sexual Health 2013, (ARCSHS Monograph Series No. 97), Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia.

educators, so they can continue promoting evidence-based sexual health messages to their immediate and broader social networks.

The success of *Agents of YEAH* is based on the understanding that young people are often more receptive to messages from peers of similar age and social status as opposed to traditional, often older authority figures, and more likely to take action if presented with messages they deem as being from a credible source. *Agents of YEAH* also understands that one of the most effective safeguards available to any young person are their friends. Effective sexual healthy messaging often revolves around themes of ‘looking after your friends’ as a means of preventing risky behaviours from ever occurring.

## International Overdose Awareness Day (IOAD)

International Overdose Awareness Day (IOAD) is a global campaign that brings people together to remember those lost to overdose, acknowledge the grief of those left behind, create change for the better, and end the stigma of drug use and addiction.

Founded in Melbourne in 2001, IOAD has been convened by Penington Institute since 2012.

The 2019 campaign continued the strong growth in the profile of International Overdose Awareness Day. The final total of 874 events held in 39 countries surpassed the previous high of 747 set in 2018.

In addition to the final tally of events, several headline statistics further demonstrated the growth of International Overdose Awareness Day. The 2019 campaign brought more than 273,000 visitors to the IOAD website, [www.overdoseday.com](http://www.overdoseday.com). Visitors to the website downloaded online resources – posters, fact sheets, and event support kits – more than 20,000 times.

IOAD supporters bought and distributed close to 60,000 individual pieces of merchandise (in the form of wristbands, badges, and lanyards) – 30 per cent more than in 2018.

Beyond these metrics, the success of each year’s International Overdose Awareness Day is primarily measured by the quality of real-world outcomes it contributes to.

The outcomes of the 2019 campaign included, but were not limited to:

- Overdose prevention and response training and the distribution of naloxone.
- Dozens of Mayoral Proclamations in US and Canada.
- The Michigan State Legislature being trained in overdose prevention (on October 23rd, 2019).
- The Victorian Minister for Mental Health, Martin Foley, announcing \$2.2 million of funding to strengthen essential harm reduction services by increasing access to naloxone and Needle Syringe Programs (NSPs) across Victoria (Australia).
- The BC-Yukon Association of Drug War Survivors (in Canada) calling on the Minister of Mental Health and Addictions of British Columbia, Judy Darcy, to enact an order that provides a legal framework for drug buyers’ clubs.
- The EU drugs agency (EMCDDA) launching three new resources looking at overdoses in Europe and interventions: [http://www.emcdda.europa.eu/news/2019/7/overdose-awareness-day\\_en](http://www.emcdda.europa.eu/news/2019/7/overdose-awareness-day_en)

- The *European Network of People who use Drugs* (EuroNPUD) producing a video campaign and *Naloxone Saves Lives* resources in 10 different languages. EuroNPUD also distributed small grants to support country-based advocacy for the rights of people who use drugs.

The amount of media coverage generated by the IOAD campaign in 2019 – 2,550 stories in all – resulted in a total Advertising Value Equivalency of AU\$9.2 million.

International Overdose Awareness Day is a decentralised, grassroots campaign supported primarily by a North American network of bereaved parents, family members and friends of people who have passed away or died of overdose, and drug treatment and recovery services. This provides the campaign with a authenticity that is essential in community-driven campaigns. This authenticity, combined with the organisational acumen of Penington Institute provides the campaign with much of its emotional resonance and, subsequently, its track record of creating behaviour and attitude change.

### Australia's Annual Overdose Report – Australia's most comprehensive source of information about drug overdose deaths

Since 2016, Penington Institute has published *Australia's Annual Overdose Report*.

The 2019 Report deepened its existing focus on the geographic, socioeconomic, and age factors which contribute to drug-induced deaths. It also highlighted emerging issues of concern such as the increasing number of poly-substance overdoses (for the first time, more drug-induced deaths were attributed to the presence of four or more substances than to a single drug), increasing deaths attributable to anti-convulsant and anti-psychotic drugs, and dramatically increasing heroin-related mortality in Victoria.

Overall, *Australia's Annual Overdose Report 2019* found that 1,612 Australians died of an unintentional overdose in 2017, the year of study. That represents a 55 per cent increase from 2007 to 2017, which has been driven by shocking rises in unintentional deaths involving stimulants (such as 'ice'), heroin, and benzodiazepines over the last decade.

*Australia's Annual Overdose Report 2019* generated 470 unique stories in the traditional media, including front page stories in the *Courier Mail* (QLD) and *West Australian* (WA), a story on page 3 of *The Age*, widely-circulated online stories on the ABC and News, a commissioned article about the Report's principal findings for the AMA Victoria magazine *VicDoc*, and high-profile mentions on television and radio.

The quality of Penington Institute's report, as well as the large amount of media coverage it attained, reinforced its standing as the most reliable source of information about drug-induced deaths in Australia.

It also reflected Penington Institute's belief that good policy requires effective, sustained communications and advocacy to enable it to reach its intended audience and have its intended effects.

The success we attained was partly attributable to our commitment to provide as much local data as possible, in order to engage media outlets with smaller, local reach.

In addition to the national media release, we produced 75 separate releases for every state and territory and Australia's major SA3 areas – each with locally relevant data to help journalists understand the impact of overdose in their communities.

That same commitment was present when our CEO John Ryan and Deputy CEO Dr Stephen McNally fulfilled their many media engagements on the days leading up to the report's release and on the day of release itself. They were provided with local data, which was complemented by the frontline knowledge of Penington Institute's Workforce Development staff, to provide local insights to aid in the development of important stories about drug use and overdose around Australia.

## Conclusion

Penington Institute believes that although there are no inviolable principles regarding public communications campaigns targeting drugs and substance abuse, there are important factors which can help to increase their reach and efficacy.

Those factors include understanding the target audience, the key messages to be conveyed and the most effective means of communicating those messages.

The four campaigns mentioned in this submission are all targeted at different audiences and therefore use different types of messages to attain their intended outcomes. The audiences for each campaign and the types of messages are roughly summarised below:

- Understand Ice: young people using ice and their friends and family. These groups are presented with information that is non-judgmental, accessible and honest about the effects of ice use on a person's health and life.
- YEAH: young people seeking reliable information about sexual health and the intersection with alcohol and other drugs and mental health. The information is presented in ways that are accessible and authentic, including from peers through the *Agents of YEAH* program.
- International Overdose Awareness Day: a global network of bereaved family members and people with their own lived experience of drug use and overdose, seeking to commemorate their lost loved ones and push for changes to drug laws.
- Australia's Annual Overdose Report: clinicians, researchers, journalists and policymakers seeking information that is reliable, well-presented, and localised.

Furthermore, these campaigns all strive to recognise the complex interaction of factors surrounding drug use and, in many cases, contributing to feelings of shame, isolation and stigma which can prevent people affected by drug use seeking treatment or support. An important component to these campaigns is ensuring lived experience underpins the design and execution of campaigns to ensure credibility and ultimately impact.

Therefore, Penington Institute calls on the Parliamentary Joint Committee on Law Enforcement to take stock of the examples of successful public communications campaigns presented in this submission, and to incorporate this knowledge as they consider the next steps of their Inquiry.