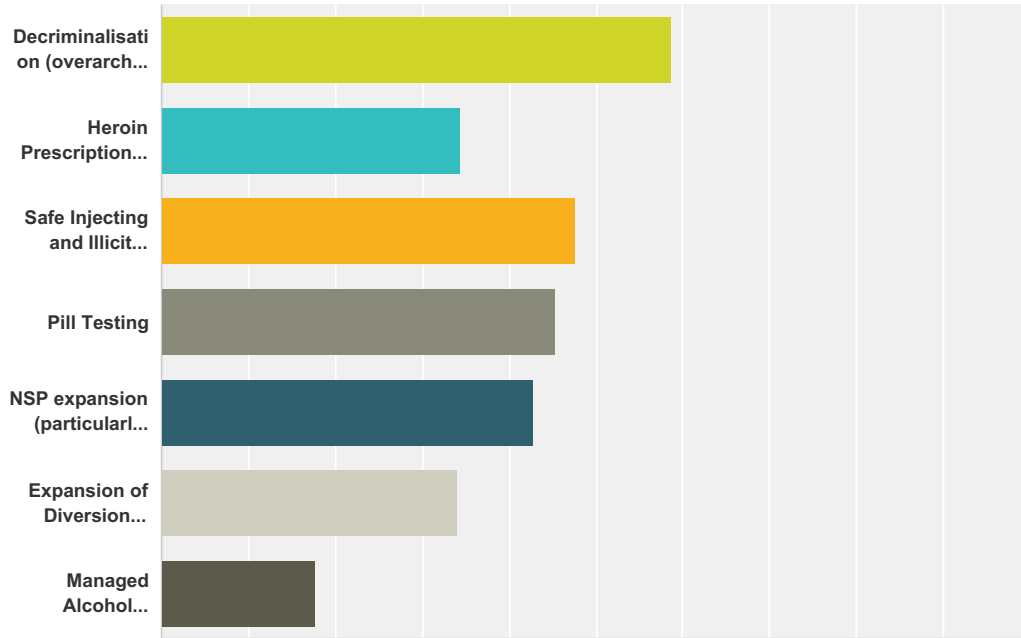


Q1 The current top 7 priorities for HRA in 2016 are listed below. Of these priorities, number in order of priority for HRA in 2017.



HARM REDUCTION AUSTRALIA

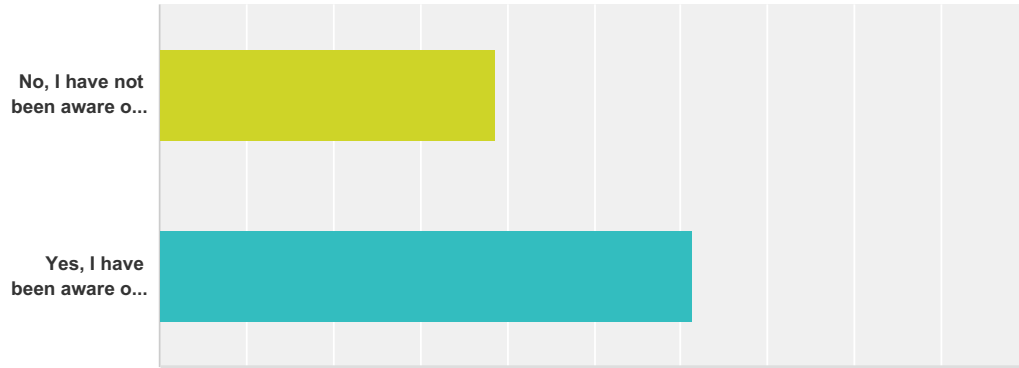
Q2 If you could add up to 3 additional priorities for HRA in 2017 what would they be?

#	A
1	Intranasal Naloxone
2	Mental Health education in schools
3	One national body for Regulation of medicinal cannabis.
4	Getting rid of the sniffer dogs
5	Making sure Meth use isnt further criminalised
6	Evaluation of roadside drug testing wrt its road safety impacts
7	Public education
8	Data to show trends in drug use (at least quarterly)
9	Promotion of harm reduction strategies
10	early intervention/education programmes
11	Accreditation of treatment services based on best harm reduction practice.
12	Deal withe the Ice 'panic'
13	Respond to stigma
14	stigma and discrimination
15	Removal of daily dispensing fees for methadone and buprenorphine dispensing across the country
16	New pscoactive substances
17	Implementing L-Lysine-Dexamphetamine meth substitution programs nationally
18	Reducing the stigma around drug use and BBVs
19	get rid of sniffer dogs
20	medical marijuana rollout
21	Regulation of recreational cannabis (legalisation)
22	expand OST for pharmaceutical pain patients
#	B
1	NSP in Prisons
2	More accessable assistance to families struggling with children
3	National, and state drug summits.
4	Highlighting countries within our region who are killing Drug users
5	Legalising peer distribution of sterile injecting equipment where still illegal
6	Data to show detaiuls on treatment bed use, waiting times(1/4ly)

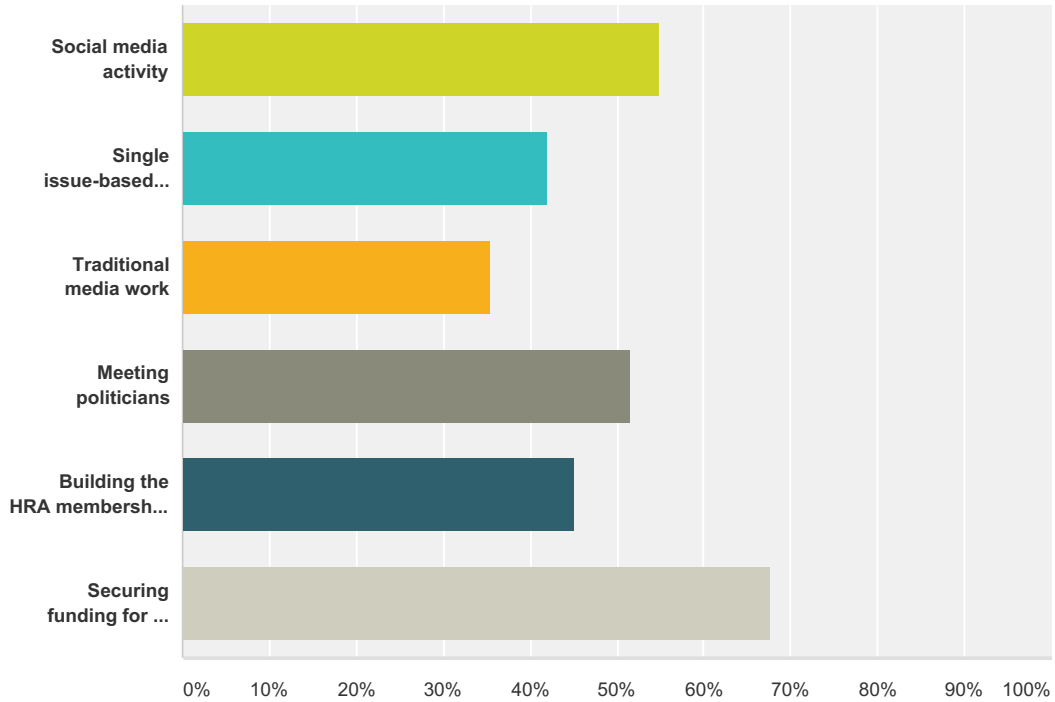
HARM REDUCTION AUSTRALIA

7	Better reporting of D&A like the new D&A media FB page
8	increased and improved rehab programmes
9	Accurate press reporting
10	AOD media watch
11	Expanded access to comprehensive harm reduction commodities after hours in well dispersed model
12	Programmatic and system funding
13	Enabling the sale of electronic 'cigarette' cartridges containing nicotine and distributing as a a harm minimisation measure to smokers
14	Ensuring education materials are realistic and evidence based
15	Law reform re possession, use and supply of small quantities
#	C
1	Legalise Cannabis
2	A more functional welfare system to support children in need.
3	Justice reinvestment
4	ensuring PHN know what they are doing
5	Getting a worthwhile National Drug Strategy
6	duty of (easy) rescue laws (such as in the NT)
7	Truthful public education
8	develop a vocal voice to counter the expanding presence of pernicious advertising of addictive substances and processes
9	Issues arising from pharmaceuticals and real time monitoring impacts
10	Re-directing 1/3 of the illicit drug-specific policing, surveillance & detection and criminal prosecution budget towards the provision of 'morally-neutral' information & resources about the potential risks associated with the use of drugs and 'morally-neutral' and treatment aimed at harm reduction,
11	Advocacy for the rights of People who use drugs and combating irresponsible media reporting and depictions

Q3 As a member have you been aware of HRA's advocacy activities in 2016 and do you feel able to list one or more HRA initiatives that caught your attention during the past year?



Q4 In keeping with our principle of not accepting funding which may restrict HRA's ability to publicly advocate, we currently have no ongoing source of funding or paid staff. With this in mind, tick the top 3 areas below where you think the bulk of HRA's advocacy efforts should be placed in 2017?

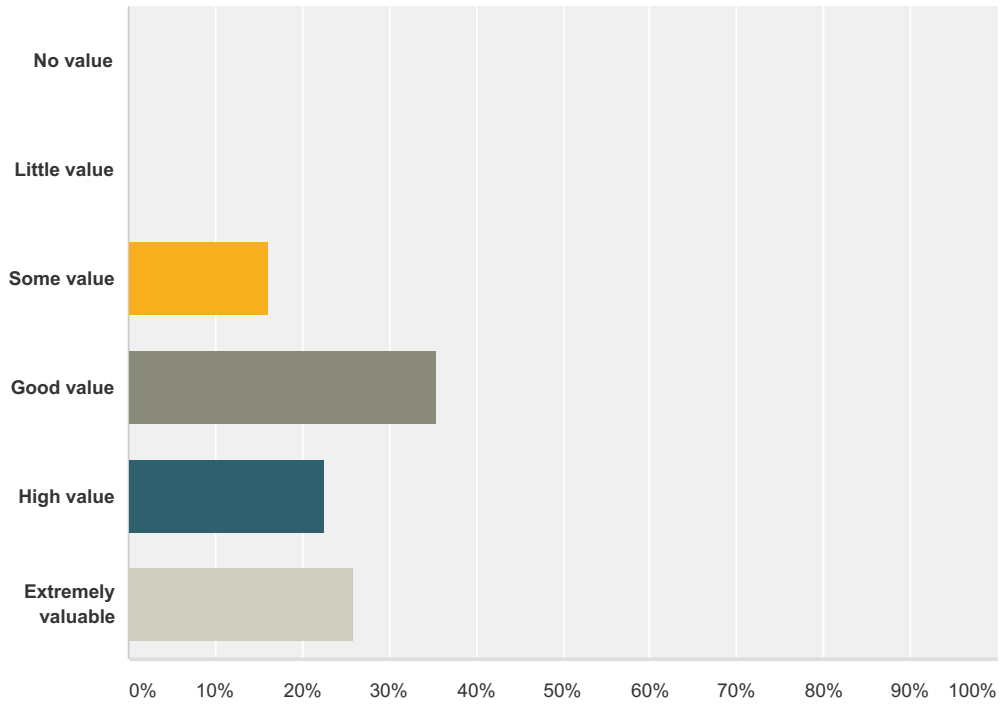


HARM REDUCTION AUSTRALIA

Q5 Do you have any suggestions on how HRA could acquire ongoing funding without compromising its principles?

#	Responses
1	Donations
2	unsure sorry
3	.
4	Philanthropic
5	Govt or philanthropic grants or crowd funding
6	either a social justice foundation
7	Charitable foundations in Oz or abroad
8	Philanthropists
9	Philanthropic,
10	Philanthropic organisations and deceased estates
11	public fundraising for specific campaigns through crowdfunding
12	crowd funding
13	Ask Richard Branson
14	Crowd funding?
15	Sending annual subscription accounts to members. Exploring Philanthropy possibilities
16	Donation request to membership / Crowd funding
17	encourage individual members to make donations in addition to membership fees; enable other supporting Australian organisations (e.g. peaks) to make contributions (e.g. as friends or something)
18	Some of the international agencies like OSI perhaps
19	Broad based fundraising??
20	A difficult question in the current climate. Securing philanthropic money is risky as Mothers Against Drugs found out in the US when donations for an anti-NORML campaign were traced to one of the 5 largest tobacco companies in the US at the time. The current Government is not convinced by advocacy OR the positions HRA will take on many issues. As a Manager of a Peak we detect very little appetite from philanthropy of 'impact investors' to fund advocacy & project work. Whether or not there are wealthy private benefactors out there with drug habits or who lost someone close who would be responsive to a call out for unconditional dollars, I'm not sure.
21	no
22	apply to state and fed govt BBV programs

Q6 HRA currently engages with its members through a regular email update. Using the scale below can you please indicate how valuable you find this publication as a member and as a way to stay up-to-date on HRA activities?



HARM REDUCTION AUSTRALIA

Q7 Is there anything else you would like to add as a HRA member about the work, priorities or future direction of the organisation?

#	Responses
1	No - keep up the good work
2	Keep up the great work. Engagement with politicians is crucial, including at State level. A great opportunity exists with a newly elected WA govt.
3	Stay focussed!!
4	doing a good job
5	A fine first year
6	Work closely with other organisations and build a better understanding of Harm Reduction
7	Keep up the fight!
8	Parents like me who have lost children. We will be a mighty force! I want to create an online group.
9	We need you. I hope you can keep it up.
10	I feel it's important for HRA to establish strong connected relationships with key peak NGOs in the community services/health sector
11	Thank you and congratulations to the HRA Board and executive, particularly the President. HRA has quickly become a core and key part of the Australian AOD sector. Do not hesitate to call on your members to provide additional support where we can. Keep up the great work.
12	Are there any individual progress highlights with particular illicit substances towards their being decriminalised.
13	We have some local capacity to assist with some campaigns (Sam B.)
14	In response to question 1 I deprioritised diversion programs and prescription heroin. This does not mean I do not view them as important and in fact if were completing this survey in 1997 rather than 2017 they would have been in the top 5
15	perhaps join forces with the drug law reform party, sex party, liberal democrats, greens and others who want to decriminalize drugs if it could make a stronger political force to change the states and federal government policy