



NSW Greens position paper regarding Drugs and Alcohol

The Australian Taskforce for Drug Prevention thanks the NSW Greens for the 53 position statements items outlined below. We have aimed for brevity in our replies, which also has up-to-date information you may not have yet seen.

We look forward to your response, particularly with regard to the health and safety of children and the broader Australian community. Considering the clear evidence now available, the need for transparency in both current and future policy is vital and we request that the Australian Greens respond as a matter of urgency with regards to the Australian Taskforce issues and concerns clearly outlined below.

We also request your comments, current position and future plans regarding the unintentional poisoning of children due to the legalisation of edible cannabis in Australia. The latest research on cannabis shows that both hemp as food and cannabis as medicine are a very real danger to population health, and not just for this generation, but future ones as well. We have appended the evidence for your comment.

Principles:

The Greens NSW believe:

1. Drug use has occurred throughout history, and this is unlikely to change.	Quite true . . . and so have attempts to curtail them because of their damage, with prohibiting their use very successful page 4 . Slavery likewise occurs through history, but that doesn't justify it.
Further, abuse of drugs causes massive harm.	Well said

<p>Drug abuse poses a serious risk to the mental and physical health of individuals, and their families, and is costly to communities and society.</p>	<p>Very true! So why would the Greens support policies already proven to dramatically increase all of these risks and associated grief?</p>
<p>2. Notwithstanding the positive medical, cultural, creative and relaxation benefits of drugs, the abuse of drugs, not just illicit substances but also currently legal drugs such as alcohol and tobacco has a wide range of adverse health, social and economic effects.</p>	<p>So if they recognise the harms done by alcohol and tobacco, why do they want to legalise/decriminalise another dozen more-harmful drugs to create even far greater carnage? Greens obviously want to multiply the harms of drug use, not prevent them.</p>
<p>The task of drug policy is to minimise the harms from drug use, including to ensure that where use occurs, it is as safe as possible and to make users fully aware of the possible adverse effects.</p>	<p>The Greens' policy assumption is that a person has the RIGHT to use any drug. That is not shared by the community which doesn't approve of illicit drug use Tab 9.7. A politician's job, including the Greens, is to prevent, not minimise harm.</p>
<p>3. The so-called 'War on Drugs', with its emphasis on prohibition and 'law and order' policies, has manifestly failed to reduce the harmful use of drugs and associated social impacts.</p>	<p>The international Drug Conventions of 1912 almost eliminated (page 4) all illegal drug use until the Greens' fellow-travelers in the 1960s began vigorously promoting illicit drug use as safe and exciting. The problem is not with prohibitions but with pro-drug lobbyists and now, Big Business interests.</p>
<p>Alternatives to prohibition for drug policy have been successfully trialled and legislated internationally.</p>	<p>On the contrary, alternatives have only increased drug use and harms, e.g. * Portugal decriminalisation - +62% overdose deaths here * Oregon's decriminalisation + 216% increased opiate deaths in 1st 10 months * Colorado's cannabis legalisation – doubled adult use within 2 years</p>
<p>4. In practice, drug prohibition leads to the development of unregulated black markets that encourage the growth of</p>	<p>So do the prohibitions against human trafficking and sex slavery. We don't legalise/liberalise them as a result, do we? We're sure you'd agree.</p>

<p>corruption and organised crime.</p>	
<p>Therefore, the use and possession of quantities of all drugs for personal use should be treated as a health and social issue and not as a matter of law enforcement.</p>	<p>Prevention agencies all promote drug rehab, even mandatory drug rehab, if necessary, keeping it a health issue.</p>
<p>5. Taxes recouped from a regulated supply of drugs (including alcohol and tobacco) should be directed to an independent drug regulatory authority to adequately fund its activities, and the prevention of harmful drug use. Regulated drug use in our society should always be coupled with a harm minimisation approach, including policies and programs directed towards reducing the adverse health, social and economic consequences of drug use to the user and the community.</p>	<p>This is what they tried in Portugal in 2001. Overdose deaths since 2002 are up 62% here and drug use by high school kids up 60% Figure 28.</p> <p>Oregon tried the same policy in 2021 and saw a 216% increase in opiate deaths within 10 months</p> <p>California did the same in 2015 and now 40% of Californians surveyed want to leave, citing the drug policy and associated homelessness as main issues</p>
<p>6. Information and education programs relating to all drugs should be made freely available to enable informed and safe drug use and the development of sensible community attitudes.</p>	<p>All information, health literacy and education should aim to prevent the uptake of any illicit drug use. Greens' policies only lead to more and more drug use. Some drug education content is often compliant with dangerous myths and folklore and actually endorses the notion of drug use under the aegis of harm minimization.</p>
<p>7. Drug policy and regulation, including the development of regulated supplies of some drugs, should be informed by evidence and developed under the guidance of health experts. Programs should be continuously evaluated and tested against new drugs and emerging user behaviours.</p>	<p>On the contrary, drug policies should be drafted according to community expectations. If Australians do not approve of illicit drug use the legislators should legislate policies accordingly. Too many families, children, vulnerable ethnic and first nations populations have been damaged. Legality does not make these drugs safer, only sending the dangerous message they can be used safely, which is patently false.</p>

<p>8. Aboriginal and Torres Strait Islander communities must control to the greatest extent possible the development and management of alcohol and drug harm minimisation programs in their communities with adequate funding for their population's needs.</p>	<p>No, they need drug prevention programs rather than harm minimisation policies which have failed their communities for 37 years now.</p>
<p>9. Drug policies must be sensitive to the needs of other vulnerable groups. The state has an essential role in protecting people from exploitation and preventing profiteering from drugs.</p>	<p>The only way to stop criminals from exploiting and profiteering is to put them out of business by getting people off drugs. Mandatory drug rehab has worked spectacularly well for Sweden.</p>
<p>10. The health and safety of the drug user(s), local community, the police, paramedics, nurses and doctors is paramount when developing strategies to deal with people affected by drugs and alcohol.</p>	<p>If their safety is paramount, it will get drastically worse with Greens' policies which will, based on research and past experience, only ever increase drug use.</p>
<p>11. The primary drivers of harmful consumption of legal drugs such as alcohol and tobacco are price, availability and promotion. These three factors must be effectively managed to minimise the harmful impacts of over-consumption.</p>	<p>The reason we have illicit drug use a fraction of alcohol (usually 90%) and tobacco use (has been as high as 65%) is because the illegality of other drugs keeps their price high, while not promoted commercially.</p>
<p>12. The strength of the emotional attachment to alcohol promoted by marketing and cultural norms must also be acknowledged as a contributing factor to the continued popularity and ubiquitousness of alcohol in social or celebratory events.</p>	<p>And Greens' policies will extend this fortuitous windfall to every other illicit drug they want to legalise or decriminalise.</p>
<p>13. The ingredients and nutritional information in an easily readable form to become mandatory on alcohol packaging.</p>	<p>Anything that educates people about harm has our agreement.</p>
<p>Aims</p>	

The Greens NSW will work towards:	
Prevention	
14. In advertising:	
14.1. Ban advertising promotions for alcohol that encourage harmful and or underage drinking and continue the ban on tobacco advertising.	Greens, why not show the public why the Cancer Council and the Heart Foundation no longer speak positively of alcohol and emphasise its harm?
14.2. Ban the sponsorship and advertising of alcohol of sporting events, teams and venues.	Agreed
14.3. Ensure public and transparent participation into any review of alcohol advertising and promotions.	Agreed
15. Require mandatory evidence-based health warnings on all drug products. These warnings must be prominent.	This already exists on pharmaceuticals which have gone through rigorous trials. The only exception are some medicinal cannabis products. This has created an exception to the rigorous clinical trial process in Australia. The bottom line is that when Greens propose to have legalised most drugs, only then would they tell the public why they never should have been legalised.
16. Reform licensing laws with respect to changes in opening hours and density of outlets to put the onus on licensees to prove that such changes will not adversely affect public health and safety. Also reform the laws to favour venue types, for instance small bars, which are less likely to encourage rapid consumption of alcohol which is linked to increases in alcohol-related crime.	As we said at #1, societies have been trying to curtail the use of drugs as long as they have been used
17. Support comprehensive evidence-based education programs on the risks and harms of drug use, especially for	Yes, Greens, do all this, but please take out your harmful harm-reduction education approach which says all these

<p>children and young people and including specific areas of concern such as driving or operating heavy machinery under the influence.</p>	<p>drugs can be used safely if done the right way.</p>
<p>18. Develop community-based programs to empower people to take control of their drug use through education as to strategies to control problem use.</p>	<p>No, if opiates are killing <u>one in every hundred</u> problem users EACH YEAR you need to keep their illegality to the fore by policing trafficking . . . and stopping doctors illegally writing prescriptions.</p>
<p>19. Reform licensing laws to require annual risk-based licence applications. Where premises have to reapply each year for their licence subject to reassessment of operating practices and community consultation. Revenue raised from licensing should cover a significant proportion of the costs of further harm minimisation, community safety, prevention, and clean up measures.</p>	<p>This conceivably only applies to alcohol at present and any money so raised should go to harm prevention rather than harm minimisation.</p>
<p>20. Licence fees for on-premise venues should be set on a sliding scale that is based on the volume of alcohol sold, patron capacity and the number and severity of reported violent incidents with discounts for the provision of live music. The objective is to avoid undermining the viability of smaller bars and those that provide live music.</p>	
<p>21. Licence fees for package liquor outlets should be set by alcohol-related harm and violence statistics for the outlet's postcode, including police reports and hospital admittance numbers.</p>	
<p>22. High levels of domestic violence or existing bottle-shop density should preclude new applications for off-premises licences or the expansion of</p>	

existing stores.	
Drug and Alcohol Treatment	
23. Improve access to, and the effectiveness and capacity of the drug and alcohol treatment system with increased funding, more and better facilities and staffing levels by diverting funds from punitive law enforcement programs. Also increase funding for the related range of health, mental health, rehabilitation and ongoing support services for people with adverse effects from use of drugs, including families and carers of substance users.	By maintaining funding for law enforcement and providing the best drug rehab facilities in the world, Sweden went from the highest levels of drug use in Europe to the lowest. There is no need to defund the police.
24. Extend access to free counselling and treatment programs under the health system and fund targeted drug and alcohol treatment programs for high-risk groups.	Agreed, but we also need expanded health literacy programming and advertising, similar to the Quit tobacco campaigns, targeting particularly teens and pregnant women and women planning a pregnancy.
25. Make proven replacement treatments accessible, with intensive psycho-social support as a means of treating drug dependence.	Because addiction is psycho-socially mediated, intensive psycho-social support is very essential, with sustainable funding..
26. Support scientific trials of new replacement treatments for substance dependence.	Any money for expensive scientific trials premised on maintaining a user's dangerous drug use should be reassigned to rehab. Funding for supervised injecting facilities would be far better directed into rehabilitation initiatives.
27. Increase the availability of voluntary diversion to rehabilitation and treatment programs as a sentencing alternative for people accused of crimes to which an addiction or intoxication was a contributing factor.	Our drug courts have been successful, so we should do more. Drug diversion programs have operated in all states and territories for more than 2 decades

<p>28. Ensure that drug treatment and harm minimisation programs are equally available across the community, in prisons, for young and elderly people and for people with disabilities, prioritising high-risk groups.</p>	<p>Only recovery-focused drug rehab with effective after-care programs are going to give the community that does not approve Tab 9.7 of drug use what it wants, where prison rehab has been additionally shown to work. Rehab in remand setting is dangerously overdue.</p>
<p>Non-treatment Harm Minimisation Strategies</p>	
<p>29. Increase the availability of harm reduction programs, including needle and syringe exchanges and medically supervised injecting rooms.</p>	<p>Needle programs have not reduced the incidence of either Hep C or HIV, and we must not fund failed interventions. Injecting rooms demonstrably support drug experimentation which is further drug policy failure, They also draw a cohort of first time users because of the so-called safety.</p>
<p>30. Ensure effective crowd management and transport solutions are available in entertainment precincts. Hot spot areas in particular require appropriate transportation to be available for the full duration of premises opening hours.</p>	<p>Harm minimisation processes that sanction drug use will elevate costs and safety issues to crowd management and transport solutions, as well as more potential violence and medical episodes to be dealt with at events and premises.</p>
<p>31. Ensure that Local Liquor Accord representation is balanced between industry, council and community. Require all licensed venues to become members of their Local Liquor Accord, paying a fee commensurate to their size and impact on alcohol related problems in the area according to venue type.</p>	<p>The Greens need to show us where this has worked elsewhere</p>
<p>32. Revenue collected by the Local Liquor Accord to be available to local councils for the purposes of mitigating the impacts of alcohol consumption and addressing the costs of the impacts.</p>	<p>The Greens need to show us where this has worked elsewhere</p>

<p>33. Local Alcohol Management Plans:</p>	<p>At present we avoid all this administrative grief by not normalising any of the illicit drugs</p>
<p>33.1. Empower local councils, in active collaboration with the public, to develop Alcohol Management Plans for their communities that are enforceable by the Director General.</p>	<p>The Greens need to show us where this has worked elsewhere</p>
<p>33.2. Local Action Management Plans may contain any measures that relate to restrictions on the hours of sale of alcohol, hours of operations for venues, new licence freezes, transportation measures, data collection and community education.</p>	<p>The Greens need to show us where this has worked elsewhere</p>
<p>33.3. In the absence of a Local Action Management Plan, support communities requesting the implementation of an alcohol licensing restriction trail if a demonstrated need exists and there is community support.</p>	<p>The Greens need to show us where this has worked elsewhere</p>
<p>34. Empower communities to oppose bottle shop licences application by:</p>	
<p>34.1. Changing legislation to give local communities standing with the Independent Liquor and Gaming Authority,</p>	<p>We'd like to see examples of this empowerment and the Greens need to show us where this has worked elsewhere</p>
<p>34.2. Provide resources to the community, including free legal advice.</p>	
<p>35. Continue restrictions on the sale of alcohol and tobacco products to people under 18 years of age.</p>	<p>Better to raise the age to 21 as in the US</p>
<p>36. Reform alcohol taxation so that the tax rate is based on alcohol content rather</p>	<p>The Greens need to show us where this has worked elsewhere</p>

than beverage type.	
37. Maintain and strengthen bans on smoking in workplaces and other defined public places to reduce the impacts of passive smoking.	This is obviously for the public good. Smoking bans should include cannabis and vaping.
38. Ban donations from the tobacco, alcohol and pharmaceutical industries to political parties.	Agreed
39. Support penalties for driving with impaired cognitive or psycho-motor skills due to the consumption of alcohol and other drugs that are based on evidence and risk management.	We believe this already to be the case and fully support it
40. Ensure there are no criminal sanctions for personal drug use and the possession of associated implements.	Without the threat of criminal sanctions the drug courts will get nobody into the rehab that the community wants.
41. Remove all criminal sanctions for the possession and use of personal quantities of cannabis and MDMA, including the cultivation of a small number of cannabis plants for personal use.	Without the threat of criminal sanctions the drug courts will not deliver what the community wants - getting users into rehab.
42. Establish an independent drug regulatory authority to develop evidence-based and continuously evaluated policies and programs for safer drug use. The authority is to be governed by an advisory committee made up of independent experts, and ensuring that the best policies are developed as new drugs and drug use behaviours emerge. The scope of policies determined by this authority can include the development of a legal regulated supply of drugs managed by this authority, starting with the supply of cannabis and MDMA.	<p>We already did this with alcohol and tobacco, which just sanctions their use, adding another bureaucratic layer while sending the false message that drug use is safe and OK . . . without considering the family members, increased crime and black markets (we already have a \$6 billion tobacco black market in Australia so why make that mistake again)?</p> <p>And what did we already say? . . . Greens want more drugs regulated (legalised) so we can wring our hands all the more over the damage they are</p>

	causing – just like alcohol and tobacco.
43. The new state drug regulatory authority should provide expert advice to government as to the best laws and measures to regulate the licensing of premises selling alcohol based on the best available scientific evidence.	As above
44. Ensure the supply of any quantity of cannabis, MDMA, or other illegal drugs by an adult to a juvenile will remain a criminal offence.	Agreed, but this would inevitably still happen as with alcohol, tobacco and vaping.
45. Provide for regulated supply of cannabis and MDMA to adults in NSW.	As for #42
46. Retain criminal penalties for the unsanctioned production, importation and commercial-scale supply of drugs and especially for sale of drugs with harmful impurities.	Agreed – but we have seen that pure pharmaceutical opiates like Oxycodone kill as many people as heroin, and Fentanyl far more, so impurities have not been the thing killing users, at least in this country.
47. Require the legal responsibilities of licensed venues such as Responsible Service of Alcohol (RSA) guidelines to be actively enforced by officers undertaking thorough and regular operations to monitor venue practices at key problem times. Increase penalties for the licensee, but not staff, for failure to adhere to RSA guidelines.	Agree with the sentiments, but it would be difficult to change what is already happening with current levels of law enforcement officers and social workers etc. With more drugs on the streets, if Greens' policies were to come to fruition, there would be a need for many more personnel to be made available.
48. Improve RSA training quality and the testing of competencies. Also improve training for staff in dealing with violent and intimidating behaviours.	Agreed
49. Reform the '3-strikes' legislation to fulfil its original purpose, by re-evaluating the penalties and removing the existing discretionary powers of the Director-	We question the term 're-evaluating penalties'. Reviews need all stakeholders involved and changes can then be made in a responsible way. Change for change's sake is usually harmful.

General.	
Other measures:	
50. Support the comprehensive roll out of non-sniffable fuel throughout regions of NSW where petrol sniffing is endemic, with associated diversionary and rehabilitation programs.	Agreed
51. End the NSW Police practice of using sniffer dogs in public places to carry out stop-and-searches, because it is both a proven ineffective policing practice and an infringement of civil liberties.	Data suggests that sniffer dogs DO work. Not selling alcohol to minors is an infringement of civil liberties <i>per se</i> , so let's not bring drug user rights into the picture because the United Nations never maintained any right to use drugs.
52. Allow drugs to be regulated and provided for medicinal purposes based solely on their therapeutic and palliative effects.	This is the current position of the international Drug Conventions, so nothing needs to change.
53. Drug Courts and the Magistrates Early Referral Into Treatment ('MERIT') scheme should operate in NSW and be extended throughout NSW.	Agreed

The Taskforce for Drug Prevention comprises the Dalgarno Institute, Drug Free Australia, Drug Advisory Council of Australia, Women's Christian Temperance Union, Touchstone & Teen Challenge Tasmania



The unacceptable harms of ingested hemp

The use of hemp for all manner of uses – clothing, rope, textiles, food, paper – has been urged on politicians in order to overturn decades of prohibitions on growing cannabis in any form.

While hemp has the psychoactive ingredient of cannabis, THC, mostly or entirely removed and at levels customarily below [0.3%](#), the hemp cultivars may have been bred to contain higher levels of other cannabinoids such as CBD.

Multiple studies tracking entire populations within the USA and Europe comparing their State or National cannabis use against cancers and birth defects monitored in those jurisdictions have shown what has been known from in vitro and animal studies for decades – that cannabis causes mutations which further cause cancers and birth defects.

The US population studies show that cannabis exposure is causally related to [46 of 62](#) birth defects in the USA, and [90 of 95](#) in Europe. The same is true of cancers where [25 of 28](#) cancers tracked by the US Centre for Disease Control and Prevention are causally related, and in Europe [33 of 40](#) cancers tracked there. What is crucially important for those wanting to consume hemp as food or medicine, is that THC is not necessarily the cannabinoid responsible for these conditions, with a very significant study showing that THC is related to less cancers than cannabidiol or CBD (12 cancers) and another cannabinoid cannabichromene (9 cancers). In addition, cannabis appears causal for premature [ageing](#), where users are physiologically aged 30 years in advance of non-using peers.

It is important to note that a particular physiological mechanism resulting from cannabis use is likely to be the cause of the mutations involved with these cancers and birth defects. It has been known for decades that cannabis literally shatters chromosomes, and in the process of chromothripsis the body's DNA repair mechanisms can be incorrect, introducing mutations into human DNA. These mutations can be passed down to children by both the mother and the father, negatively affecting children for generations.

The clear conclusion from these massive population studies is that the ingestion of any hemp product, whether used medicinally or for nutrition, does not in any way reduce the alarming effects of cannabis on the body.

A further objection to industrial hemp is its ability, mainly from hemp CBD, to be [converted](#) in a home laboratory to the psychoactive and [dangerous](#) drug Delta-8 THC. While the conversion process presents high risks, the profit motive will ensure that hemp – which is legal only because it is not psychoactive hemp - is the base for a psychoactive product which produces as much unacceptable harm as Delta-9 THC.

All concerns that relate to hemp products here are amplified by any use now of medicinal cannabis, which combines all of the harms listed here with the psychoactive harms of THC and associated psychosis.

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