

23 August 2024

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We wish to give thanks to Melisha Leggett from Community Liaison in your office for replying to our questions as to what position was driving the Greens' opposition to the Government's vaping legislation.

We have felt that it is best that we, as a peak drug prevention organisation, provide sound feedback on what Melisha sent to us as an explanation of the Greens' and perhaps Nationals' position.

Immediately below we provide an entirely evidence-based fact check of what we have been sent.

Essentially the arguments sent to us can be summarised as follows:

1. Harm Reduction approaches work better than prohibition
2. Prohibition (so often wrongly denoted as a 'war on drugs') does not work
3. A health approach works better than a criminalising approach
4. A prescription model is a drag on health professionals
5. A prescription model unfairly impacts low-income and marginalised communities
6. Opening the gate wide-open can be countered by education when it comes to kids
7. Prohibitions unfairly impact lower classes
8. The need for adult pathways to vaping outweigh the need to ensure there are zero pathways for children to get addicted
9. A three-year review has been secured

Taking these one by one:

## **1. False Assumption – Harm reduction measures work better than prohibitions**

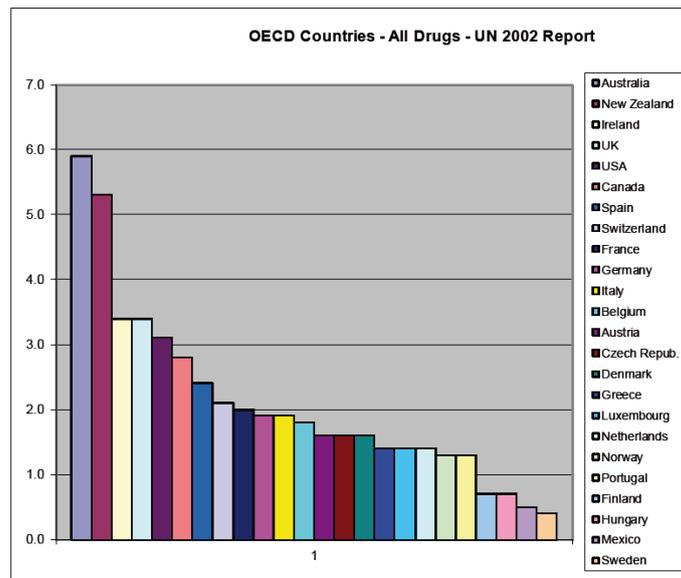
We can test this Greens assertion against the official Australian evidence, which shows (below) that when [harm reduction](#) was ascendent over drug prevention, drug use in this [country](#) literally **skyrocketed**, portending that vaping and conversion of vaping to cigarette use with all attendant harms, particularly amongst young people, will likewise skyrocket.

### **DRUG USE UNDER HARM REDUCTION**

#### **1985–1998 – PERIOD WHEN HARM REDUCTION WAS ASCENDENT IN FEDERAL DRUG POLICY**

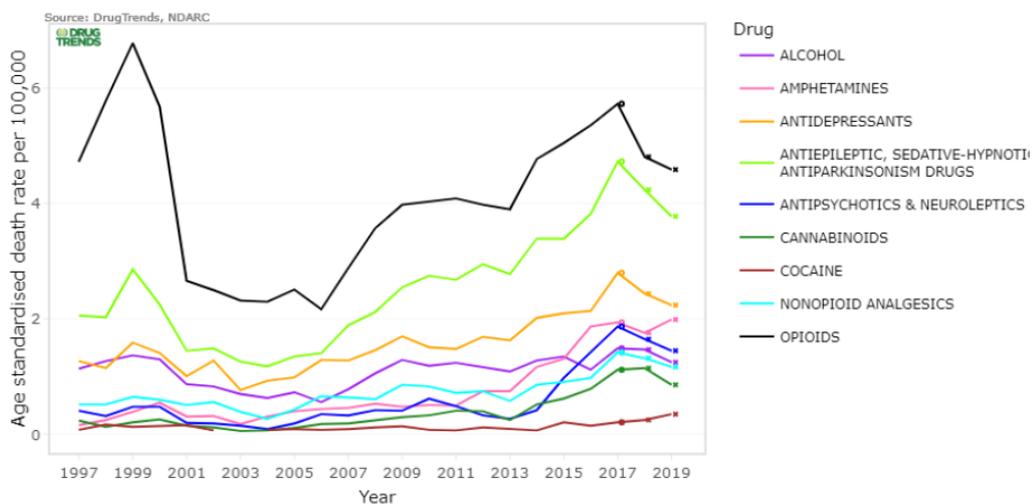
- a. Harm Minimisation commenced as the Federal drug policy in 1985. By 1998:
  - i. **Amphetamine use** increased **500%**

- ii. **Cannabis use** increased **300%**
- iii. **Cocaine use** increased **400%**
- iv. **Ecstasy use** increased **750%**
- v. **Heroin use** increased **300%**
- vi. Australia had the **highest** drug use amongst OECD countries, with more than **double** the use of almost every one of those countries, other than New Zealand which followed in our footsteps opening its first needle exchange in 1987



## DRUG DEATHS UNDER HARM REDUCTION

1985–1998 – PERIOD WHEN HARM REDUCTION WAS ASCENDANT IN FEDERAL DRUG POLICY



**Figure 9. Age-standardised rate (per 100,000 people) of drug-induced deaths for the Australian population, by drug class, 1997-2019.**

*Causes of death data for 2017, 2018 and 2019 are not final and subject to further revision. The symbol 'o' indicates revised estimates and 'x' preliminary estimates. One drug-induced death may involve multiple drugs and the findings here reflect the number of drug-induced deaths involving each drug (not necessarily attributed primarily to that drug).*

- b. After the 1998 Tough on Drugs policy substantially reduced deaths from EVERY drug type, the Federal Government reinstated Harm Reduction as the ascendent drug policy for Australia
  - i. **Opioid deaths** increased **261%**
  - ii. **Antiepileptic deaths** increased by **336%**
  - iii. **Antidepressant deaths** increased by **212%**
  - iv. **Non-opioid analgesic deaths** increased by **209%**
  - v. **Alcohol deaths** increased by **273%**
  - vi. **Amphetamine deaths** increased **443%**
  - vii. **Antipsychotic deaths** increased **588%**
  - viii. **Cannabinoid deaths** increased **565%**
  - ix. **Cocaine deaths** increased **289%**
- c. We can safely say that Harm Minimisation was and is a demonstrable failure wherever it takes precedence over drug prevention
- d. A HARM REDUCTION APPROACH TO VAPING WILL END IN THE SAME FAILURE - WHERE TOBACCO DEATHS WILL LIKEWISE INCREASE AS YOUNG PEOPLE CONVERT FROM VAPING TO CIGARETTE SMOKING**

## 2. False Assumption – the prohibition of certain drugs hasn't worked

We first note that:

- a. There has never been a 'war on drugs' in Australia
- b. In reality we do everything here to facilitate illicit drug use, with subsidised methadone provision, free needle and syringe programs and free injecting rooms
- c. The policing of illicit drug use works to limit drug use, just as the policing of stealing seeks to limit stealing despite never having any hope of stopping stealing

### DRUG DEATHS UNDER HARM PREVENTION

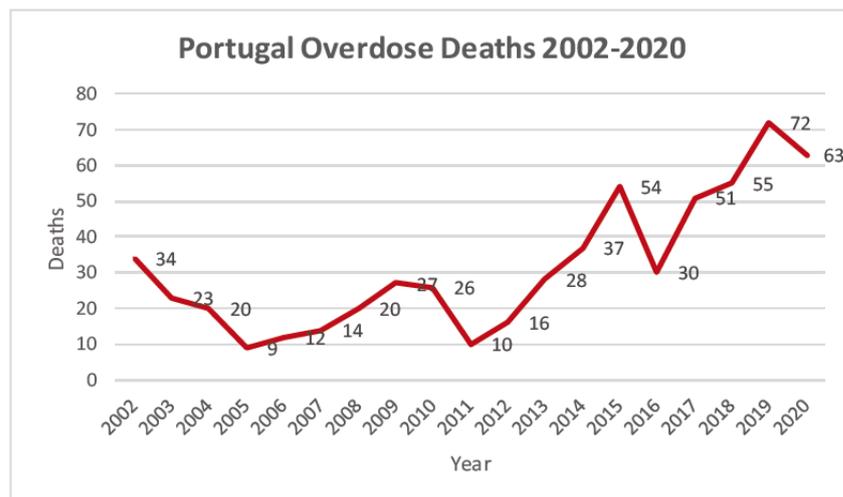
**When the Federal government introduced a 'Tough on Drugs' approach in 1998, putting more money into drug prevention, drug rehabilitation and interdiction:**

- i. **Opioid deaths** decreased **67%**
- ii. **Antiepileptic deaths** decreased by **50%**
- iii. **Antidepressant deaths** decreased by **16%**
- iv. **Non-opioid analgesic deaths** increased by **2%**
- v. **Alcohol deaths** decreased by **59%**
- vi. **Amphetamine deaths** increased **16%**
- vii. **Antipsychotic deaths** decreased **36%**
- viii. **Cannabinoid deaths** decreased **2%**
- ix. **Cocaine deaths** decreased **25%**
- x. **use of all illicit drugs** reduced by **40%**
- xi. demonstrating that a previous lack of political will was the driver of increasing drug use

### 3. False Assumption – a decriminalised policy works better than criminalised

The assertion is that decriminalisation must be preferred because it is a ‘justice’ measure and that it places health above criminal penalties.

However the example of Portugal demonstrates that [deaths](#) (a health indicator if ever there was one) only sharply increased



### 4. False Assumption – a prescription model will overwhelm doctors

Clearly against all evidence – doctors recently went through a pandemic where they were paid to administer literally tens of millions of shots in a two-year period. **We had no complaints of overwork.**

When balanced against the number of school children (see following statistics at point 5) who will convert from vaping to cigarette use, this is a false argument carrying no weight.

### 5. False Assumption – a prescription model is unfair to many

The precise reason we have prescription is to maintain control over a medication, which if made freely available and misused, would cause unacceptable societal and individual harm.

Given that there has been universal agreement that minors must be protected from predatory industries initiating them early to nicotine, the most addictive of drugs, prescription wholly aligns with a need to diminish and monitor this drug’s availability. **This is wholly congruent with any other medication that requires prescription for the very same reasons and is consequently unfair to none.**

From the 2022 National Drug Strategy Household [Survey](#), Australian minors saw a 685% increase from 2019 to 2022 in vaping amongst minors who don’t smoke. 75% of these vapes contained [nicotine](#).

Table 3.3: Current<sup>(a)</sup> use of electronic cigarettes (e-cigarettes), by age and smoking status, 2016 to 2022–2023 (per cent)

| Age group (years)    | Proportion |      |                                       |      |      | Persons<br>2022–2023 |
|----------------------|------------|------|---------------------------------------|------|------|----------------------|
|                      | 2016       | 2019 | Do not smoke currently <sup>(a)</sup> |      | 2019 |                      |
|                      |            |      | 2022–2023                             | 2016 | 2019 |                      |
| 14–17 <sup>(a)</sup> | *0.8       | *1.3 | 8.9#                                  | *0.9 | *1.8 | 9.7#                 |
| 18–24                | *2.0       | 2.9  | 16.1#                                 | 2.8  | 5.3  | 20.6#                |
| 25–29                | *0.5       | 3.2  | 11.1#                                 | *1.2 | 4.8  | 13.9#                |
| 30–39                | 0.5        | 1.7  | 6.7#                                  | 1.5  | 2.8  | 9.1#                 |
| 40–49                | 0.8        | 1.0  | 2.9#                                  | 1.5  | 2.6  | 5.0#                 |

Given that a major 2017 [review](#) of nine studies examining percentages of young people converting from vaping to smoking found that:

“Among 17 389 adolescents and young adults, the ages ranged between 14 and 30 years at baseline, and 56.0% were female. **The pooled probabilities of cigarette smoking initiation were 23.2% for baseline ever e-cigarette users and 7.2% for baseline never e-cigarette users.**”

We note that an alternate [review](#) by players for the tobacco industry was an attempt to muddy the waters of this same review.

**Any argument of justice or injustice avoids the fact that prescription is equally available to all. To say that economically disadvantaged people will moreso financially struggle is a circular argument – that they struggle more than others do with food, transport or even recreation is purely definitional. It also ignores the fact that vaping or smoking is a major cost, something that can be entirely avoided by quitting.**

## 6. False Assumption – a wide-open gate to addiction can be countered by education

Prohibitions, teamed with education against the use of particular drugs have seen far lower use of [drugs](#) such as heroin (0.1%), ice and speed (1%), ecstasy (2.1%) and cocaine (4.5%) than for legally available drugs where the risky use of alcohol currently stands at [31%](#) of Australians and use of tobacco at [8.3%](#)

It has taken 6 decades and literally hundreds of millions of dollars, along with the imposition of geographical/site prohibitions to reduce Australia’s smoking population to where it is today. Down from usage rates as high as 60% in the 1960s, it is the legality of tobacco that has made education about its very apparent harms a still-uphill battle. Despite heavy stigmatisation of smoking, tobacco use still remains well above most illicit.

The outlier of course is cannabis, where a decades long media campaign, sadly along with school education programs have falsely labelled it a ‘soft’ drug. Currently, mass media has worked to cover up the latest massive population studies from the entire US as well as EU demonstrating that cannabis is causal in 33 cancer types (as opposed to 16 for tobacco) and 89 of 95 birth defects tracked by the European Medicines Agency. They are likewise silent on medical journal and other studies which demonstrate it is heavily implicated in domestic violence, mass murder, suicide and driving fatalities – all withheld from the public by mass media silence on these crucial issues. Given the gate is closed to recreational cannabis use, education has mostly trivialised its harms, making it the very evident outlier it is.

## 7. False Assumption – prohibitions unfairly impact low-income people

Our society has prohibitions against many things such as:

- child trafficking
- forced prostitution

where the richer and lawyered classes who flout those prohibitions are less easy targets than those from working or welfare classes.

This is very clearly no excuse to remove such prohibitions on child trafficking or forced prostitution or to rather opt for harm reduction. The same holds for vaping – it is a recruiting mechanism for Big Tobacco and their flagrantly harmful business model where their cash cow is smoking.

## 8. False Assumption – prioritising healthier adult vaping outweighs the problem of kids initiating smoking

As described at point 5, young people using vapes had a 3.2 times higher risk of becoming smokers than young people not using vapes. **Minors have, for millennia, been considered more vulnerable than adults.**

The Greens and Nationals consider this naked grab by Big Tobacco for market expansion to be of no account, rather giving priority to the convenience of adult smokers who would mostly, if presented with young adult initiation statistics, be happy to safeguard the young via continuing the existing prescription model.

## 9. False Assumption – a three-year review is scheduled

Three years is enough time for people to forget and for the issue to drop off the media radar.

## 10. And a note for the Nationals

The National Party appears to be using the principle of Libertarianism as justification for a liberal harm reduction approach to nicotine addiction. Drug Free Australia would urge the Nationals to go to the founding Libertarian John Stuart Mill and study his objection that addictions undermine free will – addicts lose the freedom to make the choice to not be addicted – undermining the founding assumption of Libertarianism. Libertarianism is not the argument to be using when it comes to this issue.

Crucial documents on this issue are:

[Australian Government](#) – Proposed reforms to the regulation of vapes - Impact Analysis

We recommend our evidence to you.

Regards

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