

THEY SAID...

That the **legalisation of Marijuana** would...

- ...reduce criminal supply
- ...reduce youth access
- ...reduce other drug use
- ...prevent harms of cannabis
- ...nullify law enforcement costs

THEY WERE WRONG!

THE FACTS

Post-liberalisation, **traffic fatalities** involving drivers who tested positive for marijuana in Colorado rose by



230%

306%

Cannabis-related **hospitalisations** went up

410%

Cannabis-related **suicides** went up

200%

Adult cannabis **use** went up

30%

Cannabis **use among youths** went up

164%

Cannabis-related **emergency visits** went up

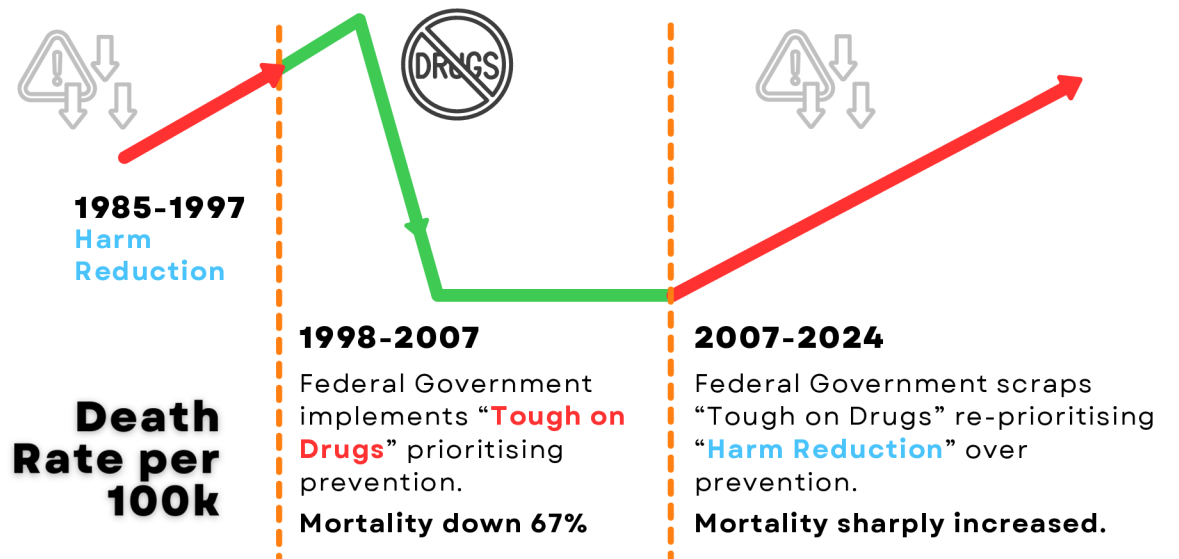
THEY SAID...

That **"Harm Reduction"** policies would...

- ...reduce drug-related deaths and harm
- ...reduce crime
- ...reduce new users
- ...lower youth uptake
- ...reduce strain on emergency services
- ...improve public health

THEY WERE WRONG!

THE FACTS



From 2007 to 2017 deaths increased:

- Opiates 260%
- Antiepileptics 340%
- Non-opioid Analgesics 210%
- (Alcohol) 270%
- Amphetamines 440%
- Antipsychotics 590%
- Cannabinoids 570%
- Cocaine 290%

59%

Drug-related **deaths** increased after **Portugal** decriminalised drugs

350

1,116

Opiate-related **deaths increased** in **Australia** under these policies between 1985 and 1999

250%

Increase in **Methadone fatalities** between 2007 and 2018

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THEY SAID...

That having **Pill Testing** would...

- ...reduce consumption of dangerous or unknown substances
- ...help users make informed decisions
- ...make drug use safer
- ...reduce emergency service callouts

THEY WERE WRONG!

THE FACTS

Within 5 years of pill-testing being introduced in the UK Ecstasy **deaths increased** by



214%

Not only does pill testing cause an increase in use, but the **majority of deaths are from causes which pill testing simply does not prevent.**

48%

of MDMA deaths are from taking pills **with alcohol, cocaine, etc.**, which pill testing **won't stop**

14%

of MDMA **deaths** were due to **allergic-like reactions**, which testing **cannot detect**

29%

of MDMA-related deaths resulted from **accidents post-intoxication**, which drug testing **cannot prevent**

THEY SAID...

That adding **Safe Injecting Rooms** would...

- ...reduce overdose deaths
- ...reduce public drug use
- ...reduce crime rates in the area
- ...reduce burden on emergency services
- ...integrate users into addiction treatment services
- ...improve public health
- ...improve overall safety



THEY WERE WRONG!

THE FACTS

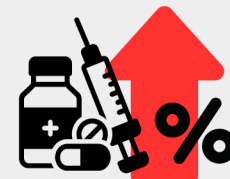
Overdose within **Sydney's** injecting room are **63 times higher** than otherwise recorded rates.

63x

- **No significant public health improvements** observed in areas with injecting rooms.
- Drug-related emergency room visits did **not decrease**.
- **Only a minority** of injecting room clients engage with addiction treatment services.

50%

Ambulance overdose callouts are **comparatively higher** whilst the **Sydney** facility is open vs. closed



Available supply from local dealers markedly **increased** to cause multiplied **overdoses**

102x

Overdose rate within **Melbourne's** MSIR facility was staggeringly **higher** than street rates

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