

## Why I quit the AMA over pill-testing hypocrisy

By Colin Mendelsohn

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I have cancelled my membership of the Australian Medical Association after 30 years as a loyal member. I can no longer tolerate the AMA's hypocrisy on harm reduction: supporting pill testing for drug takers but opposing vaping to reduce the harm from smoking.

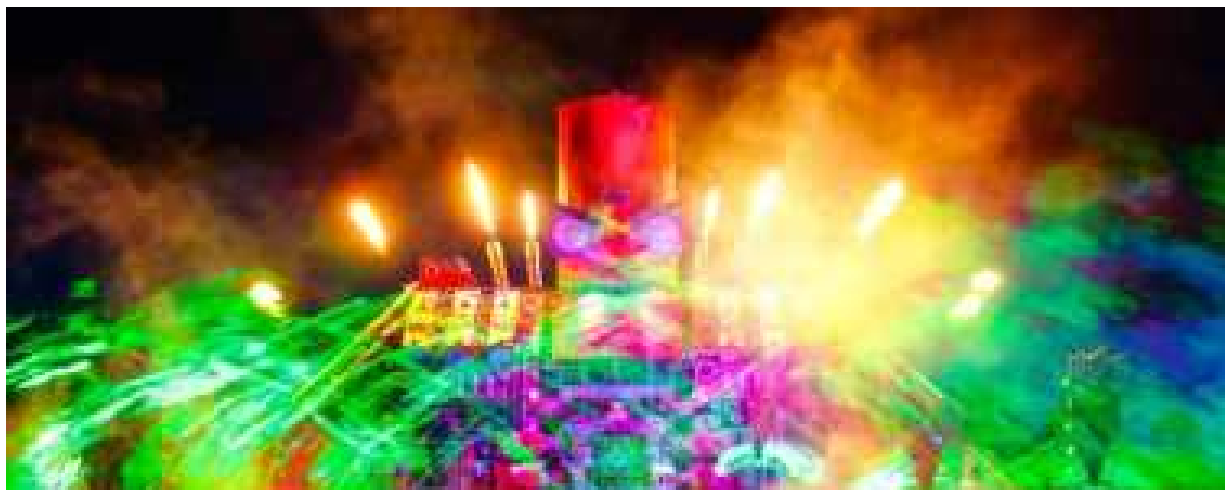
The association [recently lent vocal support for pill testing at music festivals](#). Pill testing is a sensible harm reduction policy which aims to reduce harm from illicit drugs. The association accepts that people will continue to use drugs despite the risk. Pill testing is a pragmatic solution which aims to reduce the harm that will inevitably occur in some cases.

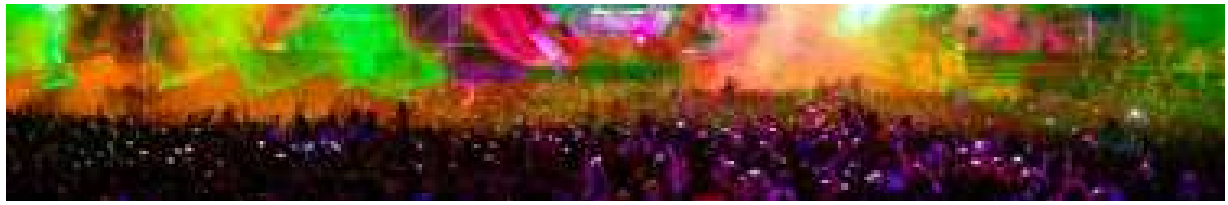
However, with smoking the association takes a zero-tolerance approach and rejects safer alternatives such as vaping for smokers who are unable to quit. According to the UK [Royal College of Physicians](#), long-term vaping "is unlikely to exceed 5 per cent of the harm from smoking tobacco".

Smoking is a powerful addiction and quit rates are low. Most smokers try to quit repeatedly, but fail, even with the best available treatments. The average 40-year-old smoker has tried and failed more than 20 times. The association's advice is just to keep trying.

This advice is especially troubling as the stakes are so much higher for smoking than for illicit drug use. Each year in Australia, 19,000 smokers die prematurely from their smoking. Smoking rates in Australia have not declined since 2013.

Are the lives of smokers less important than those of pill takers at music festivals?





The Defqon.1 music festival at Penrith. Are the lives of partygoers more important than that of smokers? JESSICA AQUILINA

Vaping is a way out for addicted smokers, and has helped millions of smokers quit overseas. A large randomised controlled trial published only last week in the *New England Journal of Medicine* found that vaping was nearly twice as effective as conventional nicotine replacement products such as the patch and gum.

However, the association has shut the door on vaping. In its position statement it tells members there is no place for e-cigarettes. As a result, many smokers will continue to smoke and many will die unnecessarily.

AMA policy is in stark contrast to its sister organisations, the British Medical Association and New Zealand Medical Association, both of which endorse vaping for smokers who cannot quit.

The policy inconsistency suggests there are hidden motivations for opposing vaping. The AMA has a long-standing commitment to a "quit only" approach to smoking. Accepting a behaviour that resembles smoking and involves nicotine may be seen as an admission of failure. It can be hard to change established thinking.

The AMA position is based on fear of potential risks. These fears, such as the "gateway theory", the risk of "renormalising" smoking and uncertainty about safety, are exaggerated and are not supported by the evidence to date. In setting its position, the AMA fails to accept the growing international evidence that vaping is an effective and legitimate quitting aid.

There is also a moral or paternalistic feeling about the AMA attitude. "We know best and smokers should just do as you are told." Er ... no. It is actually their right to make an informed decision about a behaviour that improves their health and harms no one else.

The AMA is also in breach of its own code of ethics, which advises doctors to consider the interests and wellbeing of their patient first. This principle applies to smokers who have tried and repeatedly failed to quit. If these smokers switch to vaping, they are likely to have substantial health improvements. If they continue to smoke, up to two in three will die as a result. The AMA says they should keep smoking.

If the AMA reviews the evidence and reverses its position on vaping, I will renew my membership. But I am not holding my breath.

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