Coalition of Alcohol and Drug Educators

Dalgarno INSTITUTE

AOD Primary Prevention & Demand Reduction Priority Primer:

Tasking the National Health Strategies for Community Well-Being

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Australian principals rated alcohol and drug abuse as having the biggest impact on the psychological wellbeing of young people.

INTERCAMHS SURVEY, 2008.

PRIMARY PREVENTION & DEMAND REDUCTION PRIORITY
– AN INTRODUCTION & OVERVIEW

MISSION AUSTRALIA 2018 YOUTH SURVEY

Note the second highest issue of concern is AOD. Guess what fuels that? The First ONE!

Top issues identified in Australia today

Mental health
29%

Alcohol and drugs
29%

Equity and discrimination
23%

The % of young people identifying **mental health as an issue of national importance** has **DOUBLED** in the past 3 years **21% to 43%**

WHEN ALL SCIENCE UNEQUIVOCALLY REPORTS THAT THERE IS NO 'SAFE' LEVEL OF DRUG USE FOR THE DEVELOPING BRAIN, (UP TO 25 – 32 Y.O) AND THAT ABSTINENCE DURING THIS PHASE IS BEST PRACTICE. THEN WHY IS THE BEST MECHANISM FOR MAINTAINING THAT BEST PRACTICE, THE CAPACITY NOT TO ENGAGE – TO IN FACT SAY 'NO THANK YOU' – IS BEING CONSTANTLY DISEMPOWERED AND UNDERMINED IN THE DEMAND REDUCTION EDUCATION SPACE?

Why has choice, particularly in the current Australian Drug Policy Education arena, been culled down to only one option… 'yes!' (all-be-it a qualified 'yes')

As absurd as that sounds, that is in fact what is tacitly reinforced in this space.

For example, the use (ad nauseum) of tired propaganda messaging such as, 'just saying 'no' to drugs doesn't work' and 'young people will always experiment, so drug use in inevitable' is often standard fare. In most Harm Reduction Only mandated policy interpretations, education starts and ends with a tacit permission model, *'You are most likely going to use drugs, there are risks, so you must be careful – here's how you do that!'*

When best practice of denying or delaying uptake of any drug by the under 28-year-old cohort is ignored because an overused and under scrutinized cultural stereotype is parroted, then you know that the welfare of the emerging generation – our children – is of little concern to pro-drug minority who continue to hijack messaging.

Empowering, enabling, endorsing, and equipping *Generation Now* to actualize their full potential, in health, relationships, life and productivity, should be the highest priority of all civic minded leaders.

Therefore, empowering and equipping the emerging generation to exercise the best choice of 'NO', should be the strongest incentive in all messaging, not the validation of the ever increasing 'permission' messaging, that drug use is normal and expected.

It is time to change the narrative around drug education!"

Shane Varcoe – Executive Director.

> "AUSTRALIAN PRINCIPALS BELIEVE 1 IN 5 STUDENTS NEED MENTAL HEALTH SUPPORT AND RATED ALCOHOL AND DRUG ABUSE AS HAVING THE BIGGEST IMPACT ON THE PSYCHOLOGICAL WELLBEING OF YOUNG PEOPLE"
>
> INTERCAMHS SURVEY, 2008

> "THE RISK AND HARM POSED BY ILLICIT DRUGS TO THE AUSTRALIAN COMMUNITY IS EVER-GROWING, WHICH UNDERSCORES THE NEED FOR LAW ENFORCEMENT AND HEALTH AGENCIES TO WORK COLLABORATIVELY TO COMBAT BOTH THE SUPPLY AND DEMAND FOR ILLICIT DRUGS IN AUSTRALIA"
>
> AUSTRALIAN CRIMINAL INTELLIGENCE COMMISSION, ILLICIT DRUG DATA REPORT 2018-2019

BUILDING RESILIENCE – BUILDING VALUES

When it comes to building resilience into our communities and their families, governments (and all civic minded people) should be seeking best practice to that end, not simply attempting to manage an ever-growing suite of self-inflicted harms resulting from engaging in risk-taking and/or self-medicating behaviours. Therefore 'upstream' is where we must start.

As a clearly mandated component of the 'context' outlined in the **National Framework for Values Education in Australian Schools**, we have the following...

> *"The National Goals include the goals that students when they leave school should: .. have the capacity to exercise judgment and responsibility in matters of i) morality, ii) ethics and iii) social justice, and the capacity iv) to make sense of the world, v) to think about how things got to be the way they are, to vi) make rational and informed decisions about their own lives, and vii) to accept responsibility for their own actions. ..Values education is an essential part of effective schooling"'**

*Goal 1.3 (DEST, 2005, 2) excerpt Department of Education, Science and Training 2005, National Framework for Values Education In Australians Schools, Commonwealth of Australia.

When we take an inventory of the above very important statement you'll find *seven key points* that the Authors of the National Framework of Values Education in Australian Schools, believe are vital for students to not merely 'complete' their schooling, but grow into a participating community member; benefiting society as a positive culture contributing adult. These are key points, as stated above...

> *"Exercise judgment and responsibility in matters of i) morality ii) ethics iii) social justice iv) sense of the world v) how things got to be the way they are vi) rational and informed decision-making processes and vii) accepting responsibility for their actions.*

ALL YOUNG CANNABIS USERS FACE PSYCHOSIS RISK

(Medscape and JAMA Psychiatry) June 2018

Cannabis use directly increases the risk for psychosis in teens, new research shows. A large prospective study of teens shows that "in adolescents, cannabis use is harmful" with respect to psychosis risk, study author Patricia J. Conrod, PhD, professor of psychiatry, University of Montreal, Canada.

The study included 3720 adolescents from the Co-Venture cohort, which represents 76% of all grade 7 students attending 31 secondary schools in the greater Montreal area. Cannabis use, in any given year, predicted an increase in psychosis symptoms a year later, said Conrod.

The effect was observed for the entire cohort. *This finding, said Conrod, means that all young cannabis users face psychosis risk, not just those with a family history of schizophrenia or a biological factor that increases their susceptibility to the effects of cannabis.*

***"The whole population is prone to have this risk!"* In light of these results, Conrod called for increased access by high school students to evidence-based cannabis prevention programs.** Patricia J. Conrod, PhD, professor of psychiatry, University of Montreal, Canada.

The study was **Association of Cannabis Use With Adolescent Psychotic Symptoms** June 6 in *JAMA Psychiatry.* For complete article: https://www.medscape.com/viewarticle/898120

The statements are not only fair, but reasonable and the purpose admirable and worthy, but if we are to take steps forward to achieving these ends, with any real consistency, we need to ask some important foundational questions, and then from there begin to construct a sound *home* for such outcomes so students can find strong and solid reasons to apply these values and not fall down after the first 'puff of critical wind' or challenge to their validity.

At the Dalgarno Institute, we have long understood that 'context is everything' - it gives us not only what, where and when, but most importantly the 'why.' It is the motivation, intent and 'because' of the context that should drive the implementation. Without a sustainable 'why', then the developing citizen can easily fall prey to the 'Why Not' that peer pressure can effectively lobby in a 'valueless' context. Instead of the emerging adult **Exploring and seeking Reward**, they can easily swap that out for *Experimentation and Rebellion*.

To assist families, schools and their communities build resilience, not rebellion, into our emerging citizens, tokenism will not suffice.

If the 9 Values of Australia Schools and healthy drug free environments are to flourish, then both demand and supply reduction are key. This means concerted, sustained and relentless effort in a single direction – *One Focus, One Message, One Voice* – deny/delay uptake. Whilst deviants from this do and will exist in the marketplace, they can be attended to without changing the salient best-practice message of abstinence from iliicit drug use. We see this strategy perfectly played out with the anti-tobacco QUIT Campaign. There are no alternative voices in the marketplace validating tobacco use, or worse, instructing people how to use tobacco 'more safely'.

> *"In alcohol and drug education it is roughly estimated that for each person to change knowledge required roughly 15 hours, to change attitudes needed 30 hours and to change behaviour required 50 hours. But in Australian schools it was estimated that only 44 per cent of students aged between 12-17 received more than one lesson on illicit drugs in the past year."*

Carruthers S, Drug Education: Does it Work?' in Wilkinson C and Saunders B (eds), Perspectives on addiction: Making sense of the issues (1996), William Montgomery, cited in Ryder D et al, Drug use and drug related harm: A delicate balance (2006), 2nd ed, IP Communications, p.104.

> *"Schools have a critical role in equipping young Australians with the necessary knowledge, attitudes and skills to lead healthy lives. Alcohol and other drug education in WA schools is not mandatory and no one knows exactly what is going on – what is being taught, how much, how well, and with how much teacher training.*
>
> *Teachers should be well supported [and parents/communities] to deliver regular, comprehensive, evidence-based alcohol and other drug education with appropriate teacher training, professional development and access to high quality resources.*

http://shareyourshout.com.au/are-one-off-school-alcohol-education-sessions-enough-to-prevent-harm/

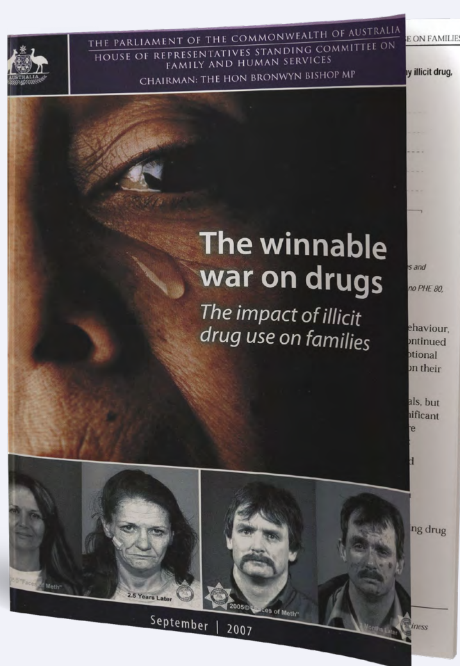
Harm Reduction has its place, but never in a context where it can be surreptitiously used to endorse, enable or worse, equip, ongoing drug use.

NATIONAL DRUG STRATEGY 2017 – 2026

The paramount priorities of this strategies – being Demand and Supply Reduction – are being largely ignored when it comes to the illicit drug issue.

More than that, active misuse or misinterpretation of the Harm Reduction Pillar is seeing drug 'normalization' in our community grow.

It is time that those charged with the maximizing the health, well-being and productivity of our citizens tasked the National Drug Strategy and its partner Strategy, The National Preventative Health Strategy, to their most efficacious ends.



In 2007 a long awaited and very thorough review of drug use and its impact on Australian families and communities was completed. The House of Representatives Standing Committee on Family and Human Services comprehensive report ***The Winnable War on Drugs - The impact of illicit drug use on families***, was handed down.

The scope and breadth of this insightful inquiry and the recommendations were geared to the intent of the current National Drug Strategy. Sadly, the recommendations were not put into practice and only 'lip service' given in principle and not practice. It is time for this to change and re-task the current strategy to align with both its priorities and intents as the following excerpts demand.

The overall responsibilities of the Federal Government in relation to illicit drugs include:

- national policy management and coordination, which would include communications campaigns;
- coordination of any national schools-based drug education strategy (none current);
- monitoring adherence to international treaties, and policy development and implementation in the areas of crime prevention, money laundering, extradition, mutual assistance and illicit drug supply reduction and law enforcement;
- investigating offences related to, and disrupting, the international supply of illicit drugs; and
- collecting and analysing crime-related intelligence and investigating organised criminal activities such as illicit drug dealing.

(Timothy Moore, What is Australia's "drug budget"? The policy mix of illicit drug-related government spending in Australia, December 2005, p. 7.)

The responsibilities of state and territory governments in relation to illicit drugs include:

- drug policy development, implementation and evaluation within their jurisdiction, which would include communications campaigns;
- controlling the supply of illicit drugs and enforcing laws through the relevant Police service;
- public information and education prevention programs;
- drug treatment services via public sector health services or funding for community-based organisations;
- managing the criminal justice system including police and court drug diversion programs;
- establishing an appropriate public policy framework to deal with drug use and drug-related harm; and
- analysing and monitoring patterns of drug use and drug-related harm.

(Timothy Moore, What is Australia's "drug budget"? The policy mix of illicit drug-related government spending in Australia, December 2005, p. 7,8)

NATIONAL PREVENTATIVE HEALTH STRATEGY 2021 – 2030

The final draft of this important strategy (which was submitted for public commentary) waxed protective and preventative, much like the National Drug Strategy, yet the devil is in the detail. The acknowledgement of the growing harms of illicit drug use, particularly on the young and the need to delay uptake are also mentioned there.

However, in a full reading the emphasis seemed more on 'reducing the harms of drug use', not 'reducing drug use' itself which is the cause of the harms. Now it is important to recall the sub-heading and mantra of this National Preventative Health Strategy above – ***"Valuing Health Before Illness – Living Well for Longer!"*** The clear mandate of this strategy is to prevent illness by promoting health. Therefore, best practice in this context of illicit drug use can never mean prioritizing 'damage management', which is the precise focus of harm reduction (not prevention) – trying to reduce the harms of the drug taking that is causing the harm!

For this strategy not to clearly state that *the reduction of drug use was a priority* requires a rethink and reword, if we are going to be true to the strategy's priority intent and focus.

The Dalgarno Institute made a submission to the draft committee to bring their attention to this, from what is preventative health 101, poor wording. Again, it appears that certain Harm Reduction ONLY interpretations of the drug policy are determining priorities.

However, to state the imperative again, a national preventative health strategy must prioritize the denying, delaying or at very least reduction of drug use, not providing options that continue substance use engagement.

The following is an excerpt from the draft document.

> *The aim of the National Drug Strategy is: To build safe, healthy and resilient Australian communities through preventing and minimising alcohol, tobacco and other drug-related health, social, cultural and economic harms among individuals, families and communities. The National Drug Strategy identifies drug-related harm as including 'health, social, cultural and economic harms among individuals, families and communities'.*
>
> DEPARTMENT OF HEALTH, NATIONAL DRUG STRATEGY 2017–2026, NOVEMBER 2017, P. 1.)

Illicit drug use contributes *2.7% of the total disease burden, through accidental poisoning, self-harm, mental illness and suicide, among others[516]. Opioid use accounted for the largest proportion (36%) of the illicit drug burden, followed by amphetamine use, cocaine and cannabis[517]. The non-medical use of pharmaceutical drugs is an ongoing public health challenge in Australia, with evidence suggesting an increase in associated harms including mortality[518]. As with many health issues, social and structural determinants significantly contribute to harmful AOD use and can include complex issues such as social and economic exclusion, poverty, marginalisation, racism and stigmatisation[519, 520].*

Many Australians whilst growing up have unfortunately experienced one or many risk factors that can lead to problematic AOD use, including genetic influences, social disadvantage, ease of access, family breakdown, childhood neglect and poor adolescent adjustment[521]. Although no single risk factor can be pinpointed as the cause of future issues, the more risk factors that persist, the greater the cumulative impact. It is the building of protective factors and the development of resilience throughout the lifespan that can counter these risk factors. Much of Australia's preventive efforts, when it comes to AOD use, rightly focusses on preventing uptake and/or delaying first use, and preventing or reducing harm from use. This approach is underpinned by clear evidence that early onset puts an individual at high risk for problems now and in the future [522].

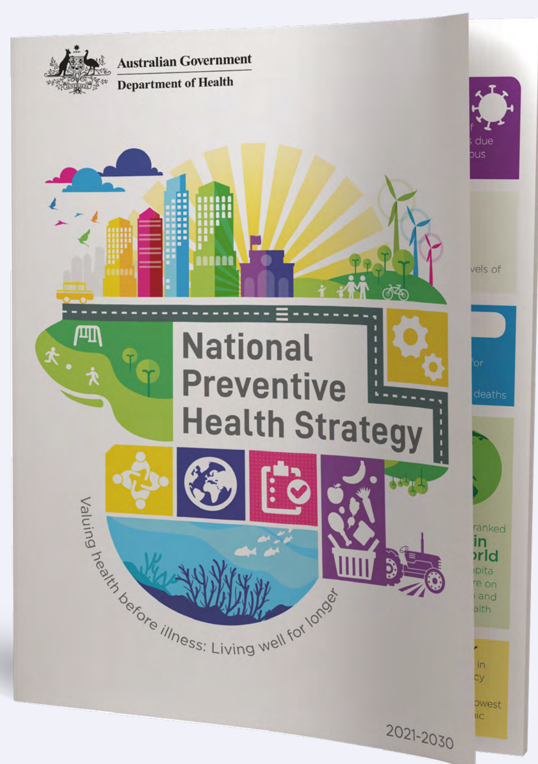
A greater focus on prevention and action across the lifespan is needed. When it comes to addressing AOD use, the focus should be on a harm minimisation response and one that focuses on the social determinants. There is an opportunity to strengthen Australia's approach to AOD prevention. There is a need for sustainable, coordinated and evidence-based prevention action to shift cultural norms for our younger generations, prevent and delay use, and minimise harms.

At the same time, programs that prevent harmful AOD use across the life span should be developed. A significant part of this action must focus on tackling the determinants (individual, social and structural) that lead to AOD related harm through sustained and whole-of government action coupled with community engagement and participation.

Furthermore, a stronger sense of connectedness to schools and the community are important goals, as well as strategies to enhance wellbeing through a focus on the social and structural influences on risk and protective factors. (Pp 61-62 Draft Plan)

DRAFT

DALGARNO INSTITUTE SUMMARY:



These are the strategic priorities for our Nations Preventative Health. The Dalgarno Institute has been championing primary prevention, early intervention, and demand reduction for decades. The current strategy affirms the Dalgarno Institutes commitment to best health practice of denying and/or delaying uptake of alcohol and other drugs. As overwhelming evidence-based literature reports, that along with other human capacity and agency developments, there is NO safe limit of any drug use for the developing brain – up to 28-32 years of age. So, best practice for keeping in step with the Draft National Preventative Health Strategy 2021-30 of prioritizing Health promotion over illness repair and thus *'living well for longer'* is not using for as long as possible. For those who have engaged in the use of psychotropic toxins, then early intervention for exiting the health and well-being diminishing activities is the secondary priority of public health betterment.

> *$1.00 in Prevention gives the community a saving of $18.00... Good drug education in schools delay the uptake of drugs by 2 years."*

Any tactic, measure, program, or sentiment that undermines these best practices is in contradiction with the strategy.

Demand Reduction the priority harm minimisation pillar of the **National Drug Strategy** – remains the key (but not only) focus for this decade long Preventative Health Strategy.

Effective Evidence-based Alcohol & Other Drug Education for Young People – Emerging Criteria:

- *informed by harm minimization.. as theoretical framework to guide the approach*
- *informed by evidence-base about effective drug education or prevention of drug-related harm*
- *promotes positive relational climate around learning and activity*
- *uses engaging and interactive pedagogy to direct learning and exploration of social, health and wellbeing issues (avoids passive or didactic approaches)*
- *provides information or explores harm minimisation strategies as appropriate to the age, developmental stage and context of the young people involved*
- *actively seeks to debunk myths and misconceptions about risky drug use as a norm for young people*
- *promotes critical thinking about influences conducive to risky drug use such as the glamorising images found in media and advertising*

- *promotes active development of harm prevention and harm minimisation strategies*
- *is responsive to the cultural and contextual needs of the participants*
- *is part of a broader approach to the promotion of wellbeing in school, community and family*

The evidence-base suggests that drug education programs that include knowledge, social and life skills, and refusal skills can produce significant reductions in licit and illicit drug use (Loxley et al 2004). These programs employ highly interactive pedagogies, engage students in problem-solving and critical thinking and assist students to relate their learning to real life situations. They are enhanced when positioned within a broader health and personal development curriculum that focuses, amongst other things, on mental health issues such as stress and coping.

They actively seek to ensure that drug use is not inadvertently glamorised or normalised. The teachers implementing the programs are strongly grounded in the rationale of the program and are supported by training which models effective practice and are equipped to attune the program to the cultural and social needs of their students (Loxley et al 2004).

A Toolkit of Interventions to Assist Young People to Negotiate Transitional Pathways (University of Melbourne)

(All of which the Dalgarno Institute has delivered, and even more ALL of community engagement and recalibration evidence-based protective and resiliency building AOD education vehicles)

Prevention continues to be far better than cure in all measures – health, well-being, safety, and productivity. Speaking at the Queensland Mental Health Commission's alcohol and other drugs Leading reform webinar on 25 February 2021, was academic Associate Professor Nicola Newton who in her presentation amongst other facts stated that ***"$1.00 in Prevention gives the community a saving of $18.00...Good drug education in schools delay the uptake of drugs by 2 years."*** This is a vital window, yet a mor through AOD education mechanism that builds personal and community resilience, including parents and community voices can see not merely delaying, but denying uptake.

According to academic Carruthers research, ***'Does Drug Education Work?'*** The answer is yes, particularly when done properly and community wide.

> *In alcohol and drug education it is roughly estimated that for each person to change knowledge required roughly 15 hours, to change attitudes needed 30 hours and to change behaviour required 50 hours. But in Australian schools it was estimated that only 44 per cent of students aged between 12-17 received more than one lesson on illicit drugs in the past year.*

Other educators have also reiterated the need for 'all of community' education and the better resourcing of key architects of that education – teachers – to help the community and its families delay and better yet, deny drug use uptake.

> *Schools have a critical role in equipping young Australians with the necessary knowledge, attitudes and skills to lead healthy lives. Alcohol and other drug education in WA schools is not mandatory and no one knows exactly what is going on – what is being taught, how much, how well, and with how much teacher training.*
>
> *Teachers should be well supported [and parents/communities] to deliver regular, comprehensive, evidence-based alcohol and other drug education with appropriate teacher training, professional development and access to high quality resources.*

The community in **Iceland** understood this and put an all of community anti-drug resiliency building strategy in play 20 years ago and are reaping the rewards of this long-term strategy – not short-term band-aids or tokenism.

All voices, all agencies, all sectors, all communities with ***One Focus – One Message – One Voice,*** *and that is demand reduction and primary prevention.*

Incongruence and/or cognitive dissonance in applications and use of strategies that undermine these best-health practices must be identified and amended as to minimise inefficacy on both strategies, if potential for *'living well for longer'* is to be achieved.

Whilst the 'harm reduction' pillar of the National Drug Strategy is important, its mechanisms must be employed to help people caught in drug use, to exit such practices for best public health outcomes. If the vehicle is misused to inadvertently or deliberately undermine both

Supply and Demand Reduction pillars of the national strategy (this adding the undermining of Preventative Health Strategy) then these vehicles must be recalibrated to collaborate with, not contradict the prevention agenda. If the harm reduction tool cannot be tasked to that proactive end, its use, may well end up simply enhancing drug use normalisation culture, which again is in direct contradiction to the national strategy.

Every vehicle that can be used to permit, promote, enhance, enable, equip or otherwise endorse ongoing illicit drug use is a failed strategy/tactic and must be removed from the marketplace for best public health outcomes for all the community and their families be realized.

Simple evaluation questions on a tactic

1. Does this harm reduction vehicle undermine either Supply or Demand Reduction Pillars?
2. Does this harm reduction vehicle de-normalise or further normalise drug use?
3. Does the harm reduction vehicle enhance, enable, equip, or endorse ongoing drug use, or does it facilitate, reduction, remediation and/or recovery from drug use?
4. Can the harm reduction vehicle be tasked to facilitate exit from drug use? If not, its efficacy in both National Drug Strategy and National Preventative Health Strategy is compromised and counterproductive.

PROTECTIVE FACTOR NUMBER ONE IN DRUG USE PREVENTION SCIENCE:
SO, WHY ARE WE IGNORING, OR WORSE, SABOTAGING THIS CHILD PROTECTING FACTOR?

In Denying or Delaying Uptake of Substances the Key Protective Factor for Your Children/Students is the ***"Belief that Drugs are Bad".***

Latest research out of University of Illinois, and not before time, has published what has been intuitively

AD CAMPAIGNS ABOUT DRUG DANGERS EFFECTIVE, PARLIAMENT REPORT FINDS

DAILY TELEGRAPH (MAY 2021)

THE TRENDY HARM MINIMISATION APPROACH TO ILLICIT DRUG TAKING HAS "TIPPED THE BALANCE TOO FAR" IN IGNORING THE HARMFUL IMPACT OF DRUG CRIMES ON THE COMMUNITY, A NEW PARLIAMENTARY REPORT HAS WARNED.

And despite drug reformers claiming government campaigns against taking drugs don't work – the parliamentary inquiry has found "many such campaigns have been effective in reducing drug demand".

It also heard police fear the promotion of pill testing at music festivals is misleading the public into thinking drugs can be safe.

Social workers had argued money earmarked for public awareness campaigns about the dangers of drugs should instead be spent on addiction treatments and harm minimisation.

But the Joint Committee on Law Enforcement committee members, who spent a year investigating the issue, said the government had a duty to cut future drug use by "preventing or delaying people from starting illicit drug use" in the first place.

Their report, public communications campaigns targeting drug and substance abuse, recommended government campaigns include "targeted messages on the dangers of illicit drug use to key cohorts".

"The committee is deeply concerned that in the laudable approach to reduce harms felt by regular drug users, the harms felt by the broader community in relation to drug-related crimes are being ignored or understated," the committee found.

"While the problem of illicit drug use must include a health approach, policy and practice appears to have tipped the balance too far in ignoring the necessity for law enforcement approaches to remain a valuable part of the picture." The Police Federation of Australia told the committee they have ongoing concerns with the negative outcomes of some harm minimisation strategies that take the above view, in particular pill-testing, as it is 'leading people down that path of taking pills and giving them the perception that it's safe'."

Dalgarno Institute executive director Shane Varcoe welcomed the report, saying other "warning" government campaigns had been successful, such as drink driving campaigns in the 1980s and successful antitobacco ads. But he said the campaigns needed to come with a whole community approach, not just be reliant on sound bites.

...the final report said police organisations and anti-drug campaigners had argued drug-related harms were much broader and "felt by the entire community".

"These harms ... include road accidents, child maltreatment, victims of crime, impaired work performance and increased staff turnover, the cost of taxpayer funded health and harm reduction services, border protection and the judicial system."

"Another approach argued during this inquiry, is that illicit drug use is only a problem because of the harm that it causes and therefore governments should address drug-related harms only, rather than reducing illicit drug use itself."

This view does not take into account the significant harms caused by the illicit drug trade, that occur before any drug is even consumed. "There needs to be greater recognition of these harms and of the involvement of organised crime groups in the manufacture and distribution of illicit drugs."

FOR COMPLETE ARTICLE,
CLARISSA BYE (DAILY TELEGRAPH MAY 17TH MAY 2021) *© DAILY TELEGRAPH, CLARISSA BYE 2021*

CLICK HERE FOR COMPLETE COMMONWEALTH PARLIAMENTARY REPORT:
PUBLIC COMMUNICATIONS CAMPAIGNS TARGETING DRUG AND SUBSTANCE ABUSE

known for decades – That is that the key, and it would appear overarching, protective factor against substance use uptake is the ***'Belief that drug use is wrong'.*** (Also, parental reinforcement of this belief, along with honest caring and proactive parenting of the child as the other bookend of this primary protective factor).

The researchers found ***individual beliefs that drug use is wrong had twice the magnitude of impact compared to other risk and protective factors examined in the study.*** Thus, influencing adolescents' beliefs about drug use may be an important but relatively underemphasized key to modifying their behavior.

The researchers analyzed information from the 2018 Illinois Youth Survey, which measured risk behaviors among middle and high school students. The study included more than 128,000 youths in grades 8, 10, and 12 from schools across Illinois. Respondents noted whether and how frequently they had used alcohol, cannabis or tobacco in the past year. They also answered a range of questions about their attitudes, school, family and health.

"It is not surprising that drug use beliefs are linked to behavior; we certainly would expect a correlation between them. What's most noticeable is the magnitude of the effect, particularly in comparison to more established factors included in the analyses," Barton states.

In the survey, youth were asked how wrong they think it is for someone their age to consume alcohol or drugs, ranking from "not wrong at all" to "very wrong" on a four-point scale. For each unit increase in response, the likelihood of past-year drug abstinence increased by 39% for 8th graders, 50% for 10th graders, and 53% for 12th graders.

Beliefs not only correlated strongly with past usage, but also with frequency of use.

"Even among individuals who used drugs in the past year, individual beliefs that drug use is wrong were associated with less frequent use," Barton says.[1]

The Dalgarno Institute and other primary prevention, demand reduction and community resilience building educators, have been fully aware of this issue for many years and have challenged some of the confusing narratives coming out about drug education priorities which lean toward normalizing or even sanitizing drug use as, 'part of growing up'!

It is concerning for all communities and their families that pro-drug advocates have been working tirelessly to hijack our very important **National Drug Strategy** and create the very 'cognitive dissonance' we are seeing in many AOD education offerings.

What is even more concerning however, is the outcome (whether intended or not) of sending a strong tacit message to our young people that drug use is somehow 'normal' or at least, *a phase of experimentation that is normal.* Messages that clearly undercut this primary prevention vehicle of *drug use being wrong,* The reason for this undercutting appear varied and also concerning.

Consequently, the emerging generation are being primed by this 'messaging' along with an increasingly consistent indifference to adolescent drug use that either ignores best practice of prevention, demand reduction and abstinence or worse; actively mocks these positions as unsophisticated or sub-culturally 'uncool'. Subsequently this all creates the self-fulfilling predictor that kids are being primed to hear, and that is... *'drug use is normal, a little risky, but manageable', because some of the 'grown ups' are telling me it is!*

Add to that, the following tactics

- Socio-behavioural undermining drivers such as couching some psychotropic toxins in a 'medicinal' context – thus feigning a type of legitimacy for 'recreational' engagement. e.g. cannabis and psychedelics.
- The ongoing misuse of legitimate de-stigmatizing vehicles, not to assist those caught in substance use, but more cynically to defend those who willing use substances for 'recreational' purposes.
- The touting of the damage management model of harm reduction (not prevention) as the preferred emphasis in AOD education.
- Not to mention the decriminalisation agendas that all scream at the emerging adult, (all-be-it sub-textually) that 'drug use can't be all that bad!'

It is important for us all to understand these advocacies and the associated conduct in the public square is all an in-kind drug 'education', and the pro-drug lobby knows this.

Our Children/Students have as their actual ***'Human Right' under Article 33 Convention the Rights of the Child*** to be protected from all aspects of illicit drug use – all aspects. Any vehicle of mechanism that undermines or interferes with that authentic human right is at best incredibly concerning, at worst utterly egregious.

It is time that all teaching/learning environments had ***Demand Reduction and Primary Prevention at the centre of all AOD education*** – as we do with Tobacco.

There is Only one message, one voice and one focus in the marketplace and that is Don't Uptake or QUIT. There is no dissenting, contrary or confusing voices in any public sectors of education, medical and government policy on Tobacco, so why are we permitting this confusion in the illicit drug space?

It's time we had a *'war for the brains, health and future'* of the emerging generation, and stop pandering to a cultural minority who continue to expend extraordinary amounts of social, intellectual, and financial capital on trying to convince the culture that drug use and the outcome of 'getting high' or 'having fun' is not only manageable, but important.

The usefulness of lived experience of the Recovering Alumni – The ex-drug user – in understanding this key protective factor cannot be understated.

Key questions that must be answered,

1. What is best practice around AOD (alcohol & other drug) use for the developing brain – Prevention of damage management?
2. What 'drug education' are your children/ students being subject too?
3. Why, as educators, would we permit any cognitive dissonance in our teaching/learning environments in the AOD education space?

It's time to #preventdontpromote and work tirelessly in promoting #demandreduction

Also see:

1. **Drug Policy: Prevent, don't promote. Part 3, Changing language: Control Language, Control Culture (What Drug Education are Your Kids Getting?** Cognitive Dissonance Theory) Drug Policy: Prevent, don't promote. Part 3, Changing language: Control Language, Control Culture - YouTube **Drug Policy: Prevent, don't promote. Part 3, Changing language: Control Language, Control Culture - YouTube**
2. **Drug Policy: Prevent, don't promote. Part 2, What's in Play? Controlling language**

CONCLUSION

It has taken our national health sector no small effort over many decades to rein in the harms of tobacco use in our culture. A success that has been attributed to a relentless, one direction and unconfused priority for those caught to QUIT, and to reduce the demand and supply of this 'legal' product.

The cognitive dissonance in our National Drug Strategy is in that when it comes to tobacco we have only one focus – QUIT and do NOT uptake. For Alcohol we have – Moderate and drink 'responsibly'. Yet for the genre of illicit substances the focus appears – 'keep using, just don't die'.

The category of substance use that has the capacity to do the quickest and most acute harms be the illicit drug one, yet it is handled with what can only be seen as a careless or even permissive mode.

The intent of genuine harm reduction may have never been about this emergence, but it appears over time that all attempts at trying to assist the hapless drug user exit use, has morphed into a tacit permission for the non-drug user to try it.

Such an outcome is a clear failure of policy practice, not necessarily policy itself.

It is time we #preventdontpromote, reduce demand and invest in drug use exiting recovery, so that we can all, as a community, protect and/or renew the agency, capacity, and dignity of all our citizens, but particularly the vulnerable young.

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Dalgarno

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