

Minimising Harm By
Maximising Prevention



DALGARNO INSTITUTE



Why Prevention Matters and to Whom!

ORGANISATION INFO AND CONTACT

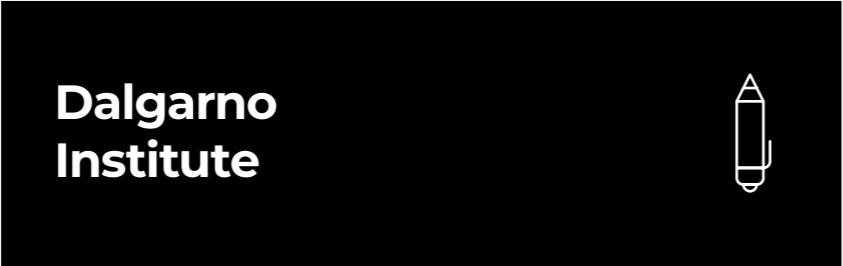
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Dalgarno

The introduction

Dalgarno Institute



Firstly, no credible individual on the planet concedes that recovery is better than prevention – However, prevention is always – always **better** than cure.



Why Prevention Matters and to Whom!

Firstly, no credible individual on the planet concedes that recovery is better than prevention – However, prevention is always – always better than cure.

Three major demographics that must not only be considered but given highest priority in all drug policy and drug policy interpretations.

This better status of prevention is so because it considers and prioritises the following,

1. Citizens – Communities and their families
2. Children
3. Recovered and Recovering Alumni



Three major demographics given highest priority in all drug policy and drug policy interpretations.

Citizens – Communities and their families

- Public, Community, as well as Personal Health and Wellbeing.
- Safety and security of the individual, family and the community.
- Development and potential of the most vulnerable citizens – the children (the first demographic that must be protected by drug policy and practice)
- Protects and maximises potential for greatest productivity and societal contribution of citizens.
- Consequently, the fiscal benefits alone from this priority are staggering when juxtaposed with the harm reduction and recovery processes and agendas. “\$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.” (Associate Professor Nicola Newton)



Some hard facts

01

Name:

Dalgarno Institute

Movement Commenced:

1844

Funding:

Not For Profit

Reach:

3000 Visitors/month

Associate Professor Nicola Newton

“\$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.”

02

Dalgarno Institute

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Children & Youth

“We express deep concern at the high price paid by society and by individuals and their families as a result of the world drug problem, and pay special tribute to those who have sacrificed their lives and those who dedicate themselves to addressing and countering the world drug problem...”

We commit to safeguarding our future and ensuring that no one affected by the world drug problem is left behind by enhancing our efforts to bridge the gaps in addressing the persistent and emerging trends and challenges through the implementation of balanced, integrated, comprehensive, multidisciplinary and scientific evidence-based responses to the world drug problem, placing the safety, health and well-being of all members of society, in particular our youth and children, at the centre of our efforts... “UNODC – Commission On Narcotic Drugs – Vienna: 2019 Ministerial Declaration (page 3 & 5).



Some hard facts

Name:

Dalgarno Institute

Movement Commenced:

1844

Funding:

Not For Profit

Reach:

7000 Subscribers



01

The Rights of the Child states

...“and Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and must prevent the use of children in the illicit production and trafficking of such substances.”

(UNCRC Human Rights Charter: The Convention on the Rights of the Child – Article 33)

“There is no credible voice in the literature that promotes or defends early uptake of alcohol or other drugs, as there is no safe drug use at all, of any drug, for the developing brain 0-26/32 years of age. And whilst not using any drug is not the only option, it is the best practice option for this vital stage of development of the young. As proactive and protective agents of children’s development we seek to afford and/or provide all children, their parents, care-givers or significant others, with as many best practice delaying/denying uptake mechanisms, vehicles and options as possible – Health Care Professionals and Families Must Focus on Youth Substance Use Prevention.

Individuals, groups and/or organisations that seek to permit, promote or otherwise enable young people to engage with psychotropic toxins at this vulnerable stage are not only denying best health practice, but are also contravening United Nations Conventions and Guidelines.” United Nations Economic and Social Council: Commission on Narcotic Drugs – Fifty-ninth session Vienna, March 2016: Operational recommendations on demand reduction and related measures, including prevention and treatment, as well as other health-related issues (p 5.)

However...

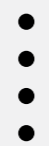
Not due to trauma or duress

However, people do engage willingly and unwittingly in substance use for a variety of reasons – most not due to trauma or duress. (at least in First World contexts).

Psychotropic toxins dependence

Consequently, many of them become dependent on the psychotropic toxins that diminish capacity, agency, morality, as well as health and well-being. These are the third group that need to be protected and risk factors for engaging with substances should be reduced, not enabled.

02



Prevention Over Cure

Recovered & Recovering Alumni

The third demographic are the recovery drug users – Those who have seen dependency morph into live and other harming addiction and have or are trying to exit drug use. (World Drug Report 2019: 35 million people worldwide suffer from drug use disorders while only 1 in 7 people receive treatment). This group is incredibly vulnerable to the dangers and harms of drug use and permission models that keep enticing them back into substance use.

If the disease model applies to substance use dependency, then foundational disease management principles of aetiology matter. These two are to 1) Reduce Susceptibility and 2) Reduce Exposure to the contagion – substances. So, the first question that must be asked and answered is, does the policy practice and/or interpretation doing this, or doing the opposition and thus increasing susceptibility and exposure?

Also see Best Practice for Drug Policy Overview



#3



Some hard facts

01

- Name: **Dalgarno Institute**
- Movement Commenced: **1844**
- Funding: **Not For Profit**
- Reach: **Over 30 Programs**

The question

The first question that must be asked and answered is, does the policy practice and/or interpretation doing this, or doing the opposition and thus increasing susceptibility and exposure?

02

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