

### REALLY!

- 1. Recent ABS figures show that Beer made up three-quarters of all alcohol consumed in the 1960s, but has now fallen to less than half (44 per cent), in the same period wine consumption tripled, from 12 per cent to 36 per cent, and spirit consumption rose from 12 to 20 per cent.<sup>1</sup>
- 2. Aussies are now drinking more than ever before in our recent history our average alcohol intake per person per annum is over 10 litres of pure alcohol.
- 3. At the peak of the Temperance Movement (Dalgarno Institute forerunners) Alcohol consumption per head got as low as 2 litre pp a year.
- 4. 10 year old children are seeking treatment for alcohol addiction—One Australian youth dies a week in incidents tied to binge drinking—by 16 one in five teenagers regularly binge drink; by 18 it is 50% Parents have eclipsed friends and all other sources of supply of alcohol—every third child aged 12-17 turns to mum or dad for party booze <sup>2</sup>
- 5. 67.1% of Australians, [just shy of 12 million people] had their first drink of alcohol before the age of 17 including 2.35 million under the age of 10! <sup>3</sup>
- 6. Besides owning scores of liquor outlets and 'bottlo's' selling cut price booze, Woolworths alone has a 75% stake in over 270 pubs and clubs—helping them be 'family-friendly'
  - 1 Edition 1 19 JAN 2011, P017 Beer boozers a dying breed By MARIANNE BETTS, health reporter Herald Sun
- 2 http://www.heraldsun.com.au/news/ national/boozy-children-beg-for-rehab/ story-e6frf7l6-1226004703053
- 3 'Alcohol Awareness Study', conducted by Roy Morgan research in 2009

# It's official! We have a drinking problem!

As far back as April 2009, the national Galaxy Research was commissioned by the Alcohol Education Rehabilitation Foundation (AER) to undertake a community audit on alcohol. The, oddly enough, difficult to locate results revealed, among others that...80% of people NOW

SAY WE HAVE A
NATIONAL DRINKING PROBLEM—
85% WANT TO SEE
MORE ACTION
ADDRESSING THE
ISSUES!

So what are we going to do? Unless we address the underlying issues of what Professor Michael Resnick called 'cultural abuse', then we are going to continue to struggle with the following...

Paul Williams, senior lecturer at Griffith
University's School of Humanities stated in
recent article for a major QLD newspaper
that Aussies are basically self-medicating.
"It's the Australian way to turn to alcohol in
times of stress. And for the two million "at
risk" drinkers in Australia today, it is indeed
the preferred method of stress management." Now for those of us who have been
fighting to help keep Australian's from
'drowning' not only their sorrows, but also
their potential and future, this is not news.
I interviewed an occupational Therapist
working in a large Melbourne hospital who
told me that at the time of interview every

single client she was working with was as the result of alcohol alone. She had clients as young as 10 and as old as 70 all needing her skills to man-



Recreation, Medication or Obliteration!

age damage from alcohol. Although this was a real eye-opener for her, it wasn't until after the Black Friday fires that she realised just how many people were self-medicating. The influx of people to the hospital for treatment was ridicu-

lously high. People couldn't cope and turned to the easiest drug to access alcohol. Of course this was no help and consumption only added to their already considerable woes. People need help, real help on a holistic level, and it's time to

stop being reactive and start being proactive and protective – let's start with giving people not only the option and right again to say NO, but the Emotional Quotient to make that call and stand up against these destructive elements.

Alcohol and Brain Cancer!

A massive and long running study of no less than 39,766 participants in the 2020 Health study, which engages individuals for an overall average of 15 years in the study has found that 67 had been diagnosed with glioblastoma, the most common form of brain tumour.

It was revealed that the risk of developing the tumour was related to the amount of alcohol consumed.

There was a 16% increase in risk for each additional 10 grams of alcohol consumed per day.

no People drinking 40 grams or more of alcohol a day had up to 3-fold higher risk compared to those who didn't drink at all.

Taken from Vol. 6 Health 2020 Newsletter, February 2011 (Cancer Council—Vic)

"Where common sense, makes no sense, seek no other sense or otherwise all you'll end up with is non-sense!"



## TRI - 4 - Awareness

-Josh approached our NSW Campus late last year and told us he wanted to do something to raise money to help our Harm Prevention Cause. He wanted to make a difference and told us why. Josh trained for and completed a gruelling Triathlon to raise money for the Dalgarno Institute.. This is his story...

It was November last year, and I was heading to a Bucks Night/Weekend on the Central Coast. As you can imagine, there was a lot of drinking going on, as would be the expectation when you are with 20 odd "20something" year olds on a Bucks celebration. After arriving at around lunchtime, I began drinking with the rest of the group who had arrived the night before. By early evening, everyone had a pretty good "Glow up" and we proceeded to head down to one of the local hotels to watch

the footy. More drinking ensued. We arrived back from the hotel at around midnight, music and "entertainment" started at the house and the drinking continued.

At around 1.30am, there was an issue with some of the guys (who were clearly very drunk by this stage) becoming aggressive. I got involved to try and calm the situation and the aggression appeared to turn my direction. I have some problems with my temper when I have had a lot to drink. There were at least 4 or 5 blokes and it would have been a good situation for no one, especially me, so I went back inside and spent some time talking to some others at the party.

After about 10 minutes, I was fairly agitated and decided I should go to bed as there was supposed to be a bed for me. There wasn't. This, coupled with the earlier altercation when I was trying to help was enough to tip me over the edge. I decided at that point that I was going to leave as I was angry with the situations that had prevailed.

I got in the car, knowing that I was drunk and started driving. Not just around the corner, but set off intending to drive home which was approximately 45 minutes away. I was probably 15 - 20 minutes into the journey when I saw an RBT set up not far from where I was. My heart jumped into my mouth, because I knew what was coming next. I was pulled in and asked if I had been drinking. I told the officer that I had, I blew into the tube and was then arrested and taken to the roadside set up for the official test. I blew .105 which was mid-range. I sat there whilst waiting for the result, beginning to reflect on what I had just done.

I contacted my dad and told him what I had done. He, my mother and my fiancé came to pick me up, which took about 2 hours by the time I got home. This was at about 2.00am in the morning. Needless to say, no one was happy with me. I was upset with myself, but the thing that hit me the hardest was seeing how upset my fiancé was. I spent the next month or so in a very dark place knowing that I had affected not only myself, but my fiancé, my work and many other potential victims. I am a Property Valuer so I therefore need to drive every day to do my job.

To my surprise, and happiness, work kept me on with a stern warning. Luckily, I didn't affect anyone else that night. It could have been much worse. If I had hit someone, or even hurt myself, I could have spent my life in a wheel chair, in gaol or much worse. Since then I have reflected many times on what I have done whilst waiting for buses that are running late, changing several buses just to get to and from work, running in the rain to get to and from work etc.

It has been tough, but I am taking out of it a lesson that I will not forget. Getting behind the wheel when you've been drinking is dumb, but most importantly, it is extremely selfish to those you know, and to others that you don't know, but could still be affected by your actions. **Josh Mark** 

# Education, Research & Resources

### Decriminalisation—selling out a generation.

We have put together a position paper challenging the growing, yet inane push by pro-drug lobby groups for the decriminalising or legalising of currently illicit drugs. Just one of their key strategies is the *Propaganda of 'Normalisation'* - Many of the questions we asked of this lobby in the paper were used in the public debate held on the ABC on May 10th. If you want a copy of this paper, please email:

research@dalgarnoinstitute.org.au

### SPONSORSHIP OF HARM PREVENTION

**NO BRAINER SEMINARS -** VicUrban and **Grocon** 

have sponsored Dalgarno to deliver seminars to four major government secondary schools in the City of Greater Dandenong. We wish to take this opportunity to again thank

Grocon construction for their timely support and generous sponsorship.

Resources - We have completed our FASD Dalgarnowledge brochure. Fetal Alcohol Spectrum Disorder is a raft of congenital defects that can be caused by the consumption of alcohol during pregnancy. There is no known cure for this shocking predicament - yet it is a totally preventable disease — Total Abstinence is the best preventative tool for women wanting to have children. Check out the resource at ...

#### www.dalgarnoinstitute.org.au/sheets.html

We have produced Bumper Stickers "Abstinence the real rebellion" and a fantastic new poster "Generation Booze". If you are a Dalgarno partner we can send them to you free. Otherwise poster sticker combination is only \$5

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### Advocacy & Community

\*The LORNE Community and the Fence Building Fortnight Dalgarno was able to help the local Secondary School and community Church to raise over \$6000 for their *Xtreme* Schoolies program, that saw a number of kids skip the alcohol fuelled nightmare of the traditional schoolies and make a difference in the lives of the disadvantaged.

\*MLDA 21 FORUM in Canberra—This advocacy endeavour is shaping up with a growing consortium working to see change in this arena... follow us on FACEBOOK 'Project MLDA 21'

\*Legislation: Dalgarno made significant contributions to the following....

1) Victoria Parliament (2010). Severe Substance Dependence Treatment Act 2010, Melbourne: Parliament of Victoria

The Severe Substance Dependence Treatment Act 2010 (the Act) came into effect in Victoria on 1 March 2011. The Act provides for the detention and treatment of people with severe substance dependence in a treatment centre where this is necessary as a matter of urgency to save the person's life or prevent serious damage to their health. (DI was consulted and referenced by State Liberal Party in the promotion of this bill).

2) DI submission to House Standing Committee on Social Policy and Legal Affairs on Alcohol Advertising on billboards was, to quote the Committee.. 'to be congratulated'. The Executive Director was asked to present further evidence to the committee in person at a hearing in Melbourne. We co-presented with the Alcohol Policy Coalition.

# Just another reason why community based public advocacy is imperative.

This advertisement, so brazenly touting the promotion of the now infamous tobacco products, was not done with anecdotal charm, subjective taste or personal perspective, but with 'authoritative, evidence based, scientific' data.

We are fascinated to see very similar terms being used by pro-drug legalisation lobbies to increase permissibility, accessibility and availability of illicit substances—particularly Cannabis. I wonder if the

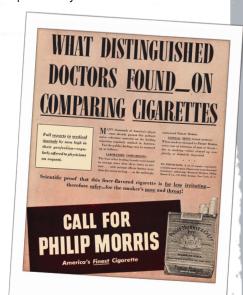
smooth academic talk of the current spin 'doctors' will fool the unwitting public into having yet another physical, mental and social health catastrophe for our future generations? The tote smoking peddlers of damage wont be here to pay the social and fiscal price, that's for sure!

The following statements are in this advertisement

"Scientific proof that this...cigarette is far

less irritating and therefore safer for the smoker's nose and throat!"

"Many thousands of American physicians already possess this authoritative reference material!"



# Around the Campuses

**NSW:** *Thank you Gar – A Century, what a great innings!* A service of thanksgiving for the life of Rev. Garland James (Gar) Dillon who died on 15<sup>th</sup> of April this year aged 102 was held in lakeside. In 1926 Gar attended the Christian Endeavour Convention in Melbourne which influenced his decision to enter the Ministry and in 1936 he was ordained as a Methodist Minister. Following retirement from his Ministry appointment, Rev. Gar Dillon was involved with the Temperance Movement and published a book entitled *'A Delusion of the Australian Culture'* (1985) and as a member of the Executive of the NSW Temperance Alliance became the Editor of *'Tempo'* being the Newsletter for Drug and Alcohol 'Awareness, which evolved into being part of the Dalgarno Institute.

The funeral was attended by many supporters and like minded colleagues in the fight against the pernicious impact of Alcohol and Other Drugs. Gar's endeavours and his unwavering passion will be missed.

Submitted by M. Campbell - Hurlstone Park NSW.

**Central:** We continue to bubble along, with much happening! We take this opportunity to welcome on board our new office administrator Mrs. Mallini Richard. Mallini brings a bright smile and cheery atmosphere to our office. We have run three radio campaigns starting in Melbourne, then Sydney and finally this month in Bendigo. These have been well received. If you missed them you can hear them on our website at www.dalgarnoinstitute.org.au on the home page.

**Bendigo**: We are excited about growing interest in the Bendigo area and the emerging Collaboration of our Campus team with other groups including SOAR program. This S.U. Program works closely with 'at risk' kids and the team are going to be trained in our NO Brainer Program.

"Over 150 years of Minimising Harm by Maximising Prevention"

### NEEDLES IN PRISONS—HELP OR HINDERANCE?

Deliberately establishing a Needle exchange/provision or supervised injecting room in a prison? I could never do that to people I care about.

For many addicts, going to prison is a relief. A relief from the hectic merry-go-round of using, doing crime and / or selling their body to support their habit of sticking a needle in their arm to relieve the pain and purposelessness they feel inside. The constant pattern of being sick, lying, cheating and dodging authorities, debt collectors (of all types) and those who know what you're up to is exhausting and shameful at best.

To be caught and locked up certainly isn't at first appealing but for many, it is not long until they are actually very grateful that things have turned out that way. No more running, no more trying unsuccessfully to get your act together, no more dysfunctional relationships that only bring you down. It's a relief to be safe, have a roof over your head, not to be constantly looking for money you don't have just to survive, and to be removed from the chaos of life on the outside. Most of all it's a time to get healthy, to think, regroup and get a chance to make a fresh start. Many are sick of being a slave to the needle and want to make a new life for themselves and their families. A life where they can rebuild the trust of others and themselves.

### Reality Check

Chicago found 39% of Needle Exchange Program participants shared needles, compared to 38% of non-participants. Injection risks were found to involve 68% of NEP participants, compared to 66% of non-participants.

Since 1988 HIV prevalence amongst clients in Vancouver Canada has risen from 2% to 23%. Some 27% of participants share needles. The overdose death rate is the highest in Canada.1

In India, prevalence 'pre-NEP' (1996) was 1% for HIV, 8% for Hepatitis B and 17% for Hepatitis C. By February 2002 the figures had risen to 2%, 18% and 66%, respectively.1 Seattle made a salutary conclusion which all should memorise: 'Drug treatment programs that lead to cessation or reduction in drug injection may lower risks of both HCV and HBV in current drug injectors'.1

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Admittedly, this is not the attitude of some. For them, despite having a love/hate attitude to drugs there is no intention, at least at this stage to stop. But for those who do, surely it is not fair to put the trigger of a needle right in front of their face. For the same reason you wouldn't give a pornographic magazine to a person struggling with lust or put a bottle of bourbon in front of a newly sober alcoholic correlates to why you shouldn't display needles and provide easy access to them to a user AND to all those around them who they have to share cells or units with. The result can surely be that a

Support our work!	Help us make it easier to say
	'No Thanks!'

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please debit my credit card Mastercard Visa Expiry	
Signature	
☐ Schools ☐ Education ☐ Fence Building ☐ Research (D.A.R.T.)	
☐Bounce (Parent Night) ☐B.O.W.I. Mission (Better Off Without It)	

Gifts of \$2 and over to COADE Inc (Dalgarno Institute) are Tax Deductible

person can be surrounded by the very thing they are seeking to overcome. Easy access to needles only makes the battle not to constantly entertain the thought of using that much harder.

Anyone working in the field is well aware that drugs get into all prisons, but I have no doubt that easy access to equipment such as needles would only make obtaining drugs more desirable. The hassle of getting clean needles is definitely a deterrent for many. Moreover, the availability of needles would also add to the temptation of prisoners to crush up pills they receive at medication times and shoot them up. This in turn is likely to lead to prisoners increasingly standing over each other for medication. In more ways than one, I believe the safety of those in prison would be jeopardized and that the care shown for those who are seeking to overcome their life controlling problems should take priority over those who are seeking to continue in a lifestyle that is after all illegal.

Prisons are surely for those who break the law. To lock someone up and then provide the goods to assist them to further do so seems ludicrous to me and very difficult to justify.

L. Gore - Senior Support Worker; Pre and post elease service in Woman's prisons Victoria. 2011

1 History of Harm Reduction - Provenance and Politics - Director, National Drug Prevention Allian