

Safe & Peaceful  
Christmas to all!

# The FENCE BUILDER

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**Really!**

1. "Alcohol-related hospital admissions for women increased 55% state-wide in the decade to the end of 2015, from 8095 to 12,534."<sup>1</sup>

2. "Alcohol kills 15 Australians every day and hospitalises 157,000 Australians each year." (NAAA)

3. "Every ten seconds a human being dies because of alcohol, amounting to 3 million deaths every year."<sup>2</sup>

4. "Many of the Sustainable Development Goals are adversely affected by alcohol, including goals to end poverty, achieve health for all, promote economic progress and prosperity for all and reduce inequalities."<sup>3</sup>

5. The booziest year on record is 1974-75 – the so-called "peak beer" period – with consumption hitting the equivalent to 500 stubbies per person... Australians are drinking the least alcohol they have in more than 50 years...the lowest figure since 1961-62. This equates to 9.4 litres of pure alcohol for every person aged 15 years and over!<sup>4</sup>

1 Herald Sun May 2018  
2 2018 WHO Global Status Report

3. Ibid

4. Australia Bureau of Statistics

## DRY ZONES: ARCHAIC MINDSET OR STRATEGIC VISION?

It is always fascinating to watch social engineering be undertaken in a deliberate historical vacuum, particularly in relation to Victoria's Dry Zones!

Ignoring history, or worse railing pejoratives at it, shows both a dangerous hubris and an utter disregard for what actually may be best practice.

Dry zones were often setup via the "local Options" process going back over a century ago.

In lay terms, when a new community/suburb was to be planned and established, the community that were to move there or were in place, were given the right to determine if liquor was to be available to the community via retail means, and if so, under what conditions. This meant that Booze Business or Careless Councils, couldn't just foist a liquor license on the community without their contribution and often, by vote, permission. This is not only a smart town planning option but given the (often unabated) harms alcohol was incurring on the wider Victorian community, it was a pre-emptive and ultimate masterful Primary

Prevention strategy! Places such as Toorak, Camberwell and Box Hill were established under such community health and safety minded caveats!

The history of alcohol misuses and community harms in these Burroughs, was significantly lower, as no 'public watering holes' were open for easy access. Even the removal of part of the caveat in the 80's and 90's allowing restaurants to have other than a BYO license still meant public consumption and intoxication was limited.

Of course, the Victorian Governments of the day back in the 1990's decided to change liquor licensing and under

THE PERFECT MIX OF  
cider and vodka

\$14.90

PACK (4)

5 Seeds  
Night Orchard  
Apple or Berry  
275mL Bottles

New

5 SEEDS  
NIGHT  
ORCHARD  
APPLE CIDER  
& VODKA

5 SEEDS  
NIGHT  
ORCHARD  
APPLE CIDER  
& VODKA

Not Helping Jan!  
Cheap, high alc content booze!

Continued on back page

# THE INSTITUTE: NEWS

**Community Forums:** Our Executive Director had the privilege of presenting with Victoria Police in a community alcohol forum to City of Greater Dandenong Alcohol licensees. He was able to engage positively with the licensees about caring culture in their arena. Each Licensee also received 4 x .05 Beer Glasses from our P.A.D.D. team.

**Probus Club**—Request to speak at the Croydon Park chapter came through D.A.C.A (Drug Advisory Council of Australia). After chatting with the president it was agreed that the subject matter be about the rise of Medical Marijuana and what really is going on. The event will be held in mid-December.

**Dalgarno Research Report (DRR):** After nearly 9 months and patient research, our remarkable Research Officer, Derek Steenholdt, was able to assist our Executive Director to complete our latest DRR titled '*Dealing With Addiction*'. The near 5000 word paper reviews the key themes in the current literature on the models of addiction and how best to address the issue. This report will be online before Christmas.

**Isabella's List:** It is with a genuine delight that the Dalgarno Institute was able to co-sponsor this year's *Venda Cup* in Kochi, India. The relationship with this important prevention and demand reduction focused organisation has continued to burgeon, with this latest partnership enabling this excellent community event to continue. The Foundation also received the Category Two 'Community Model' Isabella's List

Award and the small financial grant that accompanied it, went a long way to ensuring this years event could continue.



**Isabella's List Award Recipient  
4th Wave Foundation's 'V.Cup'**

**Bendigo Property**—After over a decade of managing the Temperance Hall in View Street Bendigo and seeking to actualize the asset under the current Act, we finally received permission from Dept of Justice (among others) to transfer the property Title to a like functioning organisation, and have the significant funds under restriction released. This has both increased cash flow and reduced management costs. Teen Challenge Victoria, another abstinence focused group can use the property better in their recovery and rehabilitation processes, ensuring the Hall's traditional use is continued.

## COALITION STRONGER

**Deakin Gathering:** In early October the Dalgarno Institute organized and facilitated a sector gathering with Professor John Toubmourou, (Chair in Health Psychology within the School of Psychology, Faculty of Health, Medicine, Nursing & Behavioural Sciences at Deakin University.) We had representatives from D.A.C.A., *Not Even Once*, *Australian Anti Ice Campaign* and others. The purpose was to not only get key stakeholders from the Demand Reduction education arena together for networking, but more so to glean important wisdom and strategic insights from one of the nation's premiere demand reduction academics. The time was well spent and those attending were encouraged.

**Inspire 180 Training:** "Mate, I'm really liking these drug workshops, I'm totally rethinking the marijuana issue!" (Teacher attending No Brainer Year 12 Workshops at Western Suburbs High School in Sydney). Just one of many affirming comments from both staff and students who attended the week long student well-being intensive. It was a privilege to again work with a long time coalition member Tony Hoang to train up a new presenter for his *Inspire 180* No

Brainer AOD education program. The new recruit, Johnny, not only took to the subject matter, but after 8 years of being AOD free, was able to bring some of his earned resilience and lived experience to the highly evidence-based and creative pedagogy. Due to Tony's Chaplaincy in the school, the consistent messaging of the school and the excellent history of Tony's community work, drug use and uptake are down in this area.

**D.A.C.A:** It was a real privilege to recently collaborate with this peak body on pushing back against a recent drive, yet again, by the pro-drug lobby to decriminalise drugs. A nation wide campaign crafted by DACA and The Dalgarno Institute saw five key documents and a strongly worded advocacy letter sent to all politicians in our nation, both challenging the growing misinformation on Portugal Drug Policy and more importantly, promoting prevention models from Iceland and Sweden.



**Inspire180's Johnny,  
smashing out for year 12's**



# Drug Overdose & Poor Policy Practice!

## Where does Australia rank in world drug overdose death rates?

Out of O.C.E.D. 13 countries, Australia is right up there. Australia has achieved the dubious distinction of being in the top three countries for the largest annual increases in drug overdose deaths, according to US research.

Using the WHO Mortality Database, researchers from the National Cancer Institute and National Institute on Drug Abuse compared premature mortality rate trends in 13 OECD countries, including the US and Australia, between 2001 and 2015.

The study found Australia ranked just behind Estonia and then the US when it came to the average annual increase in drug overdose death rates for people aged 20-64, for both men and women.

Increases in Australia were largely driven by prescription opioids, such as oxycodone and codeine, the researchers wrote in the *Annals of Internal Medicine*.

The researchers found:

1. **The US:** the average annual increase in mortality was 4.3% for men and 5.3% for women
2. **Estonia:** the average annual increase in mortality was 6.9% for men and 7.9% for women

**Australia:** had the third-highest annual increase in mortality rates, but exact figures were not published

The researchers wrote that declining mortality rates in four countries fostered optimism about public health measures, such as the introduction of supervised injection facilities.

However, urgent public action was needed, given the large increase in overdose mortality in several countries.

"Detailed evaluations of the policies of countries with declining rates may help identify approaches that can be applied elsewhere to prevent further premature deaths," the researchers wrote. **More information:** [Annals of Internal Medicine 2018](#)

Again, Harm Reduction, whilst important, will be hijacked by drug use normalisation inevitability messaging, and the above vignette will no doubt be recruited and deployed to endorse more liberal drug use..

"It's happening and growing, so we must 'service that end'!"

Of course, **Prevention** and **Demand Reduction** gets ignored! More money for processes and mechanisms that continue to *enable, equip, endorse and empower ongoing drug use*...NOT exit from it or **prevent** its uptake.

Thus further driving the 'self-fulfilling prophecy'; all conveniently adding to the uncontested 'evidence' base (all dissenting voices and evidence are excised from the market place, but not necessarily the **evidence base**) for more and further deployment of the same! That's how you burgeon a 'cottage industry' into a full blown job creation/vocational market, with remarkable job security!

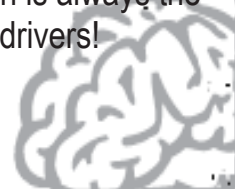
Sound cynical? It would be **IF and ONLY IF** there was actual testable/recorded evidence of the same intensely funded efforts and energies into Recovery and Prevention; But look – look hard, you'll find very, very little activity in this space that validates, promotes, or sets as a priority, the imperatives and best practice of denying uptake and promoting drug use exiting recovery!

The only time 'evidence' is every used in the market place on these best practices, is in an attempt to undermine the value of these two humanity and dignity protecting/restoring mechanisms of prevention and recovery. But no, instead we have the protecting and sustaining of drug use that's in play!

# PREVENT. DON'T PROMOTE.

## Time to #PREVENT DON'T PROMOTE

It is also important to note this conveniently overlooked paper on **Naloxone Parties** – sadly ALL harm reduction mechanisms, as well intentioned as they may be, can easily be hijacked by pro-drug lobby to normalize and even promote drug use. Of course, decriminalisation and/or legalisation is always the goal of these manipulative drivers!





the guise of Night Time Economies, ('like they do in Europe', so the strategy declared) would see an unleashing of sophistry and vibrant economy, but all with little thought to the harms that may ensue. Consequently, the locations with no Dry Zone options were inundated with new licenses.

Well, with the proliferation of licenses, the harms soon followed.

Of course, then comes the damage management of permitting excessive, and for the large part, poorly regulated industry. Attempting to reel in the harms, a flurry of legislations is introduced around Responsible Serving of Alcohol, Underage Drink monitoring, more regulations and penalties for 'excessively unruly' venues. However, at the bottom of this 'off the leash' liquor culture has seen Emergency and Hospital staff abuse and assaults skyrocket; Family and Domestic and street violence escalate, and the list of community and familial harms goes on...

So, in the light of these and the current community and local government moves to restrict and reduce liquor licensing, particularly of the packaged outlet variety, one would view the 'Local Option – Dry Zones' as a 'God send' for the current Primary prevention push back against alcohol harms. Instead we see a State Premier willing to sabotage one of the few remaining and incredibly enlightened mechanisms in preventing harms, to buy some votes!

If our local communities, emergency services and health care sector had more say and influence over licensing regulations and alcohol culture constructs, *Dry Zones* would increase not decrease! Sometimes 'old fashioned' is progress and what passes for 'progress' is little more than a thought bubble in a populist political playground!

Shane Varcoe—Executive Director



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

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Signature \_\_\_\_\_

☐ Schools ☐ Education ☐ Fence Building ☐ Bounce (Parent Night)

## Leaving Bequests

*Many long time and faithful supporters have and will choose to leave a portion of their estate to the work of Temperance. Whilst over the years, the labour and passion of our movement has not changed, its name has.*

*Consequently we have had recent experiences of Estates leaving bequests to our work, but under a previous name. As you can imagine, this creates some legal issues and often delays or denies our movement receiving the gracious gift.*

*To avoid this, we would like to simply request that if you have, or intend on, leaving a bequest to the work of Temperance that you stipulate it be given to DALGARNO INSTITUTE (C.O.A.D.E Inc.) This will ensure your gift contributes to the continuation of helping Australians have a better chance of a safer and healthier future.*

*Thank you for your understanding in this matter.*



## **The call for Pill Testing, sadly, has very little to do with 'saving lives' and much more to do with drug use 'normalisation' enterprises of the pro-drug lobby!**

The National Drug Strategy, not only scrutinized and lobbied for, but signed off by all parties, continues to follow The United Nations Office of Drugs & Crime (UNODC) prescriptions and proscriptions of best practice for drug policy with its three pillar platform.

**Demand Reduction** is now the first and foremost pillar, followed by *Supply Reduction*, then finally, for those caught (not seeking to join the) tyranny of addiction, there is *Harm Reduction* – the primary purpose is not to keep users using, but reduce and help them exit drug use!

The latest National Drug Strategy (NDS) 2017-26, now puts Demand Reduction as the priority!

**The strategy states that “Harm Minimisation includes a range of approaches to help prevent and reduce drug related problems...including a focus on abstinence-oriented strategies... [Harm minimisation] policy approach does not condone drug use.”** (page 6)

**“Prevention of uptake reduces personal, family and community harms, allow better use of health and law enforcement resources, generates substantial social and economic benefits and produces a healthier workforce.**

**Demand Reduction strategies that prevent drug use are more cost effective than treating established drug-related problems...Strategies that delay the onset of use prevent longer term harms and costs to the community.”** (page 8)

So, how does the process of Pill Testing contribute to these three pillars, and where does it legitimately fit under this protective legislative framework, and mandate?

**Certainly not under Demand Reduction!** Pill Testing actually utterly undermines and is contrary to Demand Reduction. Pill testing/checking actually validates the pursuit/seeking out of illicit psychotropic toxins, for one reason only, ‘enhance ones party experience.’ (not the tyranny of addiction) Bring your illegally obtained and very harmful substances to a public event. We, approved by government, will test your poison to see if it is the poison you ordered, and if the contents of the drug complies with your agreed illegal purchase, and then permit you to use this drug!

**Certainly not Supply Reduction** – The aforementioned applies here too. Pill Testing actually endorses and encourages the supply chain, and actively contributes to the drugs being not only ‘acceptable’, but further available and accessible! Supply continues to exist when demand is increased/encouraged and the market/consumer is easier to access. Pill Testing certainly ‘lubricates’ that market engagement.

**Certainly not Harm Reduction** – In its truest protective form, Harm Reduction can never be about endorsing, or more, enabling, equipping and empowering ongoing drug use. Every drug taking episode is a health and life threatening/diminishing exercise, and any interpretation of a policy that actively empowers and equips easy use of drugs is not only bad practice, it’s arguably culpable!

When we start implementing policy, not with best practice of prevention and reduction in mind; but based purely on the basis of the popularity of certain conduct/behaviour, then we are in trouble. Understand this is conduct, not of addicts, rather it is deliberate and considered behaviour of an informed, product aware, self-aware and disposable –income equipped ‘adults’ with rebellious, careless or wantonly ‘F-you”, law breaking attitudes. Again, when best protective practices are jettisoned at the whim of propaganda, emotive mantras, or even ‘net community benefit’ equations, then we end up ‘educating’ the community (particularly the careless voluptuaries or hedonists) that self and community harming conduct is ‘inevitable’ and therefore we need to support it!

Understand, with no other self and community harming behaviour are such concessions made, and we wonder why this tacit permission model isn’t





decreasing harms! **The best way to decrease harms is to decrease drug use** – that's what the National Drug Strategy is all about! Delaying or denying uptake and seeking to facilitate the reduction of drug use is the NDS priority. **It is not supposed to endorse, enable, equip or empower the increase of drug use!** Permission models, drive demand, and that's what Pill Testing is being hijacked for, by the pro-drug advocates to drive demand to drug use 'normalization' ends.

The gate-keepers of health and well-being in our communities at a governance level are supposed to be politicians and policy makers, using the evidence-base and agreed upon strategies (i.e. National Drug Strategy) and interpreting it for reduction of, not permission for, drug use. It would appear such poor interpretations of policy in the hands of people who are supposed to protect and provide best health and well-being options to the community are due primarily to ignorance of the platform, or the intimidation of pop-culture noise – nearly always driven by a bullying and noisy minority.

**Governments should aim to...**

**Protect their citizens from harm.**

**Provide environments that enable its citizens to reach their full productive potential.**

**Any legislation must be filtered through these two foundational principles and the tough questions asked of any proposed introductions or amendments that may breach these principles.**

Gus Jaspert the Deputy Director of UK Home Office speaking at the 3rd World Forum Against Drugs in Sweden, 2012

So, simple questions follow

- Do responsible governments and healthcare architects want to protect their communities from harms (not just seek to hopefully minimise them)? Will endorsing demand and supply of illicit drugs via pill testing add to another endorsed drug taking episode?
- Will Pill Testing/Checking provide/encourage an environment that will enhance or diminish capacity, agency and productivity of the citizen?

If that's not enough, then policies around *disease management* are also vital in this arena.

When it comes to the epidemiology of a disease, treating physicians look to a number of factors, including the **agent of contagion**. They look to manage, **negate and prevent these agents from spreading**.

*Illicit drug use dependency has now been widely touted as a 'Non-communicable Disease (NCD). Therefore treatment principles remain the same – the containment, cessation and future prevention of this disease.*

**Two key factors must be addressed if any sort of positive health outcome is going to be achieved...**

- **Susceptibility factors of the patient**
- **Exposure factors to the patient**

So, simple questions follow

- Do responsible governments and healthcare professionals want to increase or decrease susceptibility and exposure to the potential of drug addiction?
- Will Pill Testing/Checking increase or decrease exposure and susceptibility to the potential for drug addiction?
- Will Pill Testing lead to a now publicly endorsed 'altered state' that will enable/empower poor decision making on both safety and sexual practice that can lead to further burden of disease?

We will not even go into the impact/influence such permission measures will have on children, families and the wider community. Again, every drug taking episode and every permission in play, **only adds** to the overall harms to the family and community fabric.

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It is time to **#Prevent Don't Promote**

Watch **Pill Testing and the National Drug Strategy - Interview**

<https://www.skynews.com.au/details/5836663610001>

