

# The FENCE BUILDER

The Fence or the Ambulance?

Volume 12 Issue 2

# **'STIGMA' & THE NEW NARRATIVE**

"94.5% of the worlds population do \*not\* use drugs - The United States and Canada are exceptions, with 54% of the world's drug users.' Dr K Sabet, S.A.M

**CDC and Prevention** said 2.561 people have been hospitalized with vaping-related lung illness and 55 have died. That's one more death and over 50 more hospitalizations from two weeks earlier. CDC says 80% of hospitalized pa-

tients reported vaping THC; 13% said they vaped just nicotine Jan 2020

"Drug misuse rose 30% in past decade and covid-19 could worsen situation, UN report warns"

BMJ 2020

12 million US residents drove under the influence of marijuana in 2018

**Centre For Disease Control** 

There is sadly, a very cynical push being foisted on the majority, lawabiding, non-drug using public to sanitize and even normalize drug use by using anti-stigma language to cloak not only a concerning agenda, but to ostensibly in turn, stigmatize anyone who disapproves of the society, family and individual diminishing use of drugs. Legislation is being sort to essentially ban any scrutiny and disapproval of these harmful practices.

Pejorative and insulting labelling, is not helpful and should be tempered, with that, we have no argument. However, MINDFRAME are seeking to ensure that, not only the addicted drug user is kept from challenge, but ostensibly any drug use will be free of disapproving scrutiny. Now the 'language' presents 'reasonably', but it essentially starts the reframe as if drug use as a 'no choice' issue. This of course is the pivot point of crafting a narrative that not only further diminishes agency, but aids and abets the diminishing of capacity too. The individual is seen as no longer responsible for their behaviour, and all fall-out from their drug using conduct cannot be challenged.

So what is the next step from here? If sanitized, and normal-

> ized...then why not just 'legalize' all drugs?

The following are just a couple of key quotes from the Drug Use, Stigma & **Proactive Contagions** 

> This is a No Brainer **Original animation** for 2020

to Reduce Both — Research Paper.

Yet the disease definition can replace one kind of stigma with another. The notion of a mental illness or disease can hurt more than help those with behavioral problems such as addiction, because it fuels discrimination and alienation of another sort. The disease designation can reinforce the belief that an inviolable or essentialist "badness" is built in and permanent, resulting in a sense that one is fundamentally different from "normal" people, with concomitant feelings of inferiority and shame.

The label can also curtail attempts to improve one's functioning without medical care. Biogenetic expla-



Drug Use, Stigma and **Proactive Contagions** to Reduce Both

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## INTERNATIONAL ENGAGEMENT

WFAD Appointment Late last year our Executive Director was again approached the international peak body World Federation Against Drugs, to become part of their international board. The very insisting recruitment was initially deflected due to work demands, but discussions and the usefulness or Dalgarno's strategic offerings, saw his acceptance as the deputy representative to the Oceania Region. This now 280 plus member peak body continues to press for best-practice demand reduction, prevention and drug use recovery on behalf of NGO's around the world. It is both an honour and privilege to be part of this team.

Fourth Wave Foundation of Kochi, India Presentation: In June this year our Executive Director was invited to be a speaker and Panellist for the youth focused (S.A.F.E) Substances Abuse Free Environment Forum 2020.

The topic was *Drug use Legalization*. This timely, high profile and live Zoom event had a significant audience from both India and beyond. The 20-minute presentation was very well received and significant conversations were engaged in online and after the event.

Our collaboration with this important organisation continues to grow, and we continue to mutually add value to our respective works.

**UNODC: CND Presentation** – WFAD, put Dalgarno Institute's name forward to make a submission to the



UNODC, 2020 Commission on Narcotic Drugs Thematic Discussions 20 October 2020, on the Issue of *New Psychoactive Substances and Demand Reduction*. The submitted abstract was accepted, and our E.D delivered a blistering 5-minute video presentation of a 45 minute seminar, to the live meeting at the United Nations headquarters in Vienna. All presenters only had 5 minutes to present and then discussions were held. This especially important event not only saw our NGO give a weighty presentation, but the only one that was specifically Demand Reduction focused.

#### YOUTUBE CHANNEL

Go to our website and select the YouTube Icon on top of page, then hit Subscribe



### **#LocalNews**

Honorary Life Members: It is with a good deal of celebration that we welcome into this elite category of Membership the following Dalgarno Institute fraternity members for their outstanding and ongoing advocacy, generosity and/or support. Mr. David Oakley, Elaine Walters OAM, Mr & Mrs Barrie & Pat Paul—Welcome

Vision & Direction for 2021: With a reinvigorated board, and new staffing, Dalgarno Institute is setting its sights on the mobilizing and better resourcing of both AOD education and advocacy in Australia and beyond. The ever increasing pressure from small but very well-funded and vociferous pro-drug groups is putting enormous strain on our limited resources. However, collaboration and mobilization of prevention and demand reduction networks, along with Recovery Sector, is a key way forward in assisting our communities and peoples become more resilient and drug use resistant. Our partnerships and support of both our long time networks and emerging ones, is vital if the best-practice of denying and/or delaying uptake of humanity diminishing drugs, particularly for our children, is to be achieved.

As always, we look to you, our members and supporters to subscribe, promote and participate in helping our community and their families be drug use resistant. Keep an eye on all our online platforms and social media.





# Cannabis, Policy & Your Community: What Is Best Practice?

Tuesday 10<sup>th</sup> of November saw the staging of our **Cannabis, Policy & Your Community – What is Best Practice** Webinar with Q & A.

Both the timing and focus of this event was planned to give best opportunity for politicians, policy makers and key professionals in the health, welfare and education sectors to attend. An evening may have seen more people register, but we had a specific target group. We received over 70 registrations and 137 views during broadcast.

The facts on this heavily propagandized 'product' are thin on the ground, not because there is not overwhelming evidence of the risks and harms of cannabis, but because they are not engaged or broadcast effectively or ignored conveniently.

In its stead, we have promotional mayhem, with relentless emotive anecdote and a tsunami of procannabis marketing. This 'assault' on the uniformed public is having its desired effect, with people either indifferent to its further deployment or seeing it as not just 'harmless', but even 'good for them'. This of course is miles from the truth. But, as the old adage goes, 'let's not let facts get in the way of good story.'

This event was a bookend to our Cannabis Conundrum National Tour, held in February this year and our line up of presenters for this Webinar was nothing short of outstanding.

The program covered all the key issues, from mental health, to workplace issues, health harms and youth impact. Each presenter could have

conducted a two-hour segment each, but the cogent 20-minute presentations with PowerPoint, delivered the salient data which only invited all who engaged to pursue more evidence-based research from each speaker.

- Cannabis & Mental Health Professor Jan Copeland <a href="https://youtu.be/csHvC00vtgs">https://youtu.be/csHvC00vtgs</a>
- Marijuana & the Workplace Jo Maguire <a href="https://youtu.be/WMj7izdSOrw">https://youtu.be/WMj7izdSOrw</a>
- Marijuana & Emergency Department
   Dr Karen Randall <a href="https://youtu.be/https://youtu.be/htm31PaEVmkQ">https://youtu.be/https://youtu.be/htm31PaEVmkQ</a>
- Permissive Norms and Laws and Longitudinal Harm to Youth – Professor John Toumbourou <a href="https://youtu.be/66DjNwK8pAU">https://youtu.be/66DjNwK8pAU</a>
- No State Successful in Regulating Marijuana – Scott Gagnon <a href="https://youtu.be/frTwOMw8lyo">https://youtu.be/frTwOMw8lyo</a>

You can view each presentation on our **YouTube Channel**, and we continue to encourage you all to not only bookmark *Cannabis Conundrum Continues*, (https://www.dalgarnoinstitute.org.au/resources/the-conundrum-continues.html) in your browser, but share it far and wide with your networks, particularly, health professionals, parents, teachers, Councillors, and other community leaders.



Prof. Jan Copeland



Dr. Karen Randall, MD



Jo McGuire,



Prof. John Toumbourou,



NSTITUTE "Over 150 years of Minimising Harm by Maximising Prevention"

nations carry the implication that people with addictions are not really trustworthy, now or in the future, because of a biologic proclivity they cannot control...Not only does this fuel one kind of stigmatization; it also helps rationalize a long-standing policy of withholding employment benefits and positions of authority from anyone who has ever been labeled an addict.

Yet many people with addiction recoil from the disease label. Especially when they are successful in galvanizing their willpower and rejigging their habits (i.e., recovering), they often find it confusing and debilitating to be told they are chronically ill. People with previous addictions ("recovered addicts") usually want to feel that they have developed beyond their addiction and become better people as a result. Many would prefer respect for that achievement over the pity bequeathed by the disease definition."

"Free will vs. disease is an argument that has little meaning to me... Chicken or egg arguments undermine the complexity of the addiction problem and often thwart treatment. When a drug enters the human body it cares little about why or how it got there, it's just looking for a receptor to occupy.

Thorough evaluation, accurate diagnosis, and effective long-term treatment pave the road to good outcomes. It is my opinion that involuntary treatment must have a prominent place in the treatment of addictive disorders. Generations in the future will look back on our response to the addiction epidemic and say, "What were they thinking"? Allowing addicted individuals "die with their rights on" is the true iatrogenic disease of our time. Lawyers and advocates lobby for individual rights while individuals are dying by the thousands. We as a society are allowing patients with "diseases of their brains" to make poor decisions with the very same brains that are diseased in order to protect their free will. We know forced treatment and contingent treatment works especially while the individual is recovering from short- and long-term drug effects."

For more go to https://www.nobrainer.org.au/index.php/resources/i-need-to-stop-this-help

Support our work! Help us make it easier to say  'No Thanks!'
Name
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Postcode
Email
Phone () \$
please debit my credit card Mastercard Visa
Expiry Date CVV/CVC (on back of Card)
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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

ERED

helping Australians have a better chance of a safer and healthier future.

Thank you for your understanding in this matter.

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