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Drug Policy: Building or Demolishing Community Resilience? Changing the Narrative.

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*Blame is laid everywhere
but at the feet of the one
demanding and exercising
their choice.*

”

Abstract

Dalgarno Institute is primarily a drug prevention educational and research organisation focusing on evidenced based best practice through early intervention.

This submission begins with exploring a hypothetical situation that serves to draw out the many real-life challenges affecting illicit drug use comparing this to other high-risk criminal behaviours as well as harsher approaches to far less damaging substances. The intersections and complexities between all these are contrasted and compared with discussion on various criminal, health and safety policies and laws, and what overriding principles can assist to unite them.

In particular, today's prevailing narrative with respect to the illicit drugs seems to emphasise the view that pleasure induced experiences are a type of human right, often highly personal and regarded as a 'victimless' crime.

This has spurred decades of drug policy emphasising harm reduction measures with little impact on reducing illicit drug use particularly at an early age. Paradoxically, as illicit drug use increases so do the calls for government intervention to eliminate or ease the real-world consequences or pain associated with choosing these high-risk pleasure inducing experiences.

But while many harm reduction measures are reasonable, the boundaries and scope keep expanding as was witnessed with the recent record deaths at Australian music festivals and the subsequent public outcry for pill testing.

However, this is more evidence that it is increasingly a pleasure and pain calculus that is influencing public policy.

Linking together various commentary, case studies and brief historical comparisons, an alternative narrative is created that may serve to guide on the potential ramifications to individuals, families and society if prevention is not revisited as a key element component of drug policy and intervention.

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REDUCING HARMS OR REDUCING RESILIENCY? CREATING AN ALTERNATIVE NARRATIVE.

Let me craft a hypothetical story.

'Jason' is a 19-year-old adult male – a grown up. To stick with some overused stereotypes, let's assume he isn't a *bad boy*, but merely a thrill seeking, testosterone packed emerging adult.

He has yet to obtain his licence, but figures he knows how to drive.

Having found himself in bit of mischief as a younger adolescent he doesn't mind pushing the boundaries – after all he's assured that rebellion is *normal* for teenagers.

One day he's casually walking through a shopping centre car park and spots a customized muscle car. Being a bit of a 'petrol-head', he takes a closer look. To his surprise the car is not only unlocked but the keys are left in the ignition. This car has been modified for optimal performance.

Most modern cars are also built to handle speeds in excess of 200 km and with the added reassurance of safety features – airbags, superior safety belts, custom treads, collision tough chassis. Design features that not only permit high speed driving but cry out for it.

This, of course, is a clear invitation to 'borrow' the car for a joy ride. Arguably, the car owner is at best a fool and is tempting passers-by to take it.

Jason jumps in and roars down the side street reaching speeds of 100 km in 50 km zone. No one's around, streets are narrow and it's a blast for the young thrill seeker.

In his exhilaration, he races passed a side street oblivious to a police car. Suddenly, lights and sirens

turn on and a pursuit commences of the young car enthusiast who according to his version of events, is merely having a good time in a well-equipped car.

But as the pursuit continues, the initial panic at being caught is superseded with an exaggerated hubris reassuring him that both this super car bolstered with his superior driving skills will eventually shake off the police. While any objective observer can determine that this situation will most likely end badly, Jason's 'in the moment', and the 'my rights' type mentality doesn't even entertain a negative outcome.



So rather unsurprisingly, despite Jason's overly exaggerated optimism, he crashes the car, wrapping it around an electricity pole and tragically, dies.

The accident causes the neighbourhood to lose power for some time, streets are cordoned off while police, ambulance, fire services and crash investigation teams all descend to the site. Later, local council set about repairing the road, the power company must reconnect services, and of course the heart wrenching news will need to be delivered to Jason's unsuspecting family.

The financial and human cost around this one event is staggering.

But before the dust has even settled the blame-game begins. Who is really at fault for the damage and harms caused in this hypothetical narrative?

Any one of the possible candidates could include:

- The car owner – The careless individual who left the keys in the ignition and doors unlocked. Does the negligence and blame begin here?
- The car manufacturer and/or customizing mechanic – Perhaps they should have predicted this event and made contingencies during the manufacture, i.e. a fingerprint key immobiliser would have meant it would not allow our ‘thrill seeker’ to start the motor.
- It may also be conceived that the police bear some of the blame – Firstly, they were parked in a suburban area whereas they should have been using their time in addressing more important criminal matters. Second, having spotted the car speeding dangerously, they should have known that such an elite vehicle would pose less risk at high speeds and ceased pursuit. Thirdly, it was just plain foolish of them to try and inhibit this self-determining individual from youthful ‘normal’ experimentation.
- The legal system – The police would not have to pursue the driver if this ridiculous speeding law was rescinded. Why create/customize something that offers potential excitement and then restrict that enjoyment with laws?
- City Planning – They could bear some responsibility for the tragic outcome. The streetscape needed to be wider with fewer obstacles to accommodate a growing population and more vehicles on the road but

also accommodate the skills and needs of capable driving public. Furthermore, proper planning for underground power would have meant the pole Jason struck wouldn’t have been there and avoided unnecessary power outages and repairs.

- Emergency services – If they had attended the scene faster and were equipped with superior, super-fast, ambulances, they may have been able to save the driver or at least resuscitate him? This suggests an uncaring government that does not generate enough public funding, so here also the government must also bear some responsibility.

What hypothetical conclusions and changes could be suggested from this senseless tragedy?

- Young people – Young men particularly – are and will always be thrill seekers. They like fast cars and the exhilaration of speed. This is a large part of the male human nature. It cannot be altered or inhibited.
- It’s the responsibility of car owners everywhere to ensure all means possible be taken to stop unintentionally inviting thrill seekers.
- Car manufacturers – Need to recognise the needs of the growing progressive thrill-seeking demographic, should rethink their strategies and better predict potential collisions from high speed scenarios to ensure greater protection.
- The law – Prohibiting speeding doesn’t work, so remove the law. After all, “a P1 licence is four times more likely to be involved in a fatal crash than a driver over 26 years.” The TAC confirms this stating that, “more than 350 young drivers aged 18 - 25 have lost their lives in Victoria in the last 10 years.”¹

1. <https://www.youngdriverfactbase.com/key-statistics/>; *Young driver statistics - TAC - Transport Accident Commission*

The conclusion can be reached that prohibiting people from what they desire is futile. Prohibition is the problem that needs addressing. Therefore:

- The law is redundant. Why create a car that can exceed speed limits and then have a law to prevent this?
- All the law does is create criminals out of innocent thrill seekers.
- Laws try to coercively prevent free individuals from exercising the *right* to seek pleasure and excitement. A truly free society will uphold the maxim of 'my body, my rights'.
- Government should provide more funding for acquiring faster and better equipped ambulances. Life saving devices and equipment should be the highest priority, not processes or regulations that hinder personal freedoms. Governments who fail to do this are undermining the rights of the young people.
- Jason is a victim. This is an utter tragedy and a shocking waste of life that could have been avoided, if only more harm reducing mechanisms had been in-place he would be alive today.

This imaginary narrative and the myriad of conclusions reached seek to show that society, even under quite straight forward cause and effect circumstances can find this young, irresponsible thrill seeker without blame for his actions. Framed within social-political construct of new human rights centred on vague principles of self-autonomy, privacy and healthcare, Jason bore no responsibility for his tragic, untimely death.

Given this context, if someone were to suggest a contrary conclusion they would be swiftly and ruthlessly censured. Name calling, social media bans and of course public berating for their shameless and heartless accusation of the victim would ensue.

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But this theoretical scenario is not far-fetched. It is just one harm reduction narrative around road safety that can and has emerged in sections of the community over the last decade. Investigation of many road trauma events that involved high speed and the young, particularly when involving police pursuits, all encountered some variation of the aforementioned arguments.

This raises numerous questions:

- Where do these narratives originate from and how do these extreme anecdotes get traction?

- Who are these story-tellers and what is their agenda?
- Who or what platforms permit/promote these interpretations?

These questions for the most part are often avoided or ignored.

In many instances blame is laid everywhere but at the feet of the one demanding and exercising their choice, particularly when the behaviour involves high risk, potential harms and law breaking.

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JUXTAPOSING THE DANGEROUS DRIVING NARRATIVE WITH SHIFTING ILLICIT DRUG POLICY APPROACHES

Are such comparisons simply drawing a long bow?

Consider the following real-life example.

The following transcript is taken from the article, *Dead man's family blames VicRoads barriers for ice-affected teenager's fatal crash* (The Age, July 19, 2016).

“The family of a young father who was killed when an ice-affected teenager drove the car they were in off a cliff, believe that VicRoads are at fault, the Coroners Court was told on Tuesday. Mr Reddin's family believe that the wire barrier was ineffective, causing the car to become airborne on impact.. When searching the car at the accident scene, police discovered knives, a crack pipe and a homemade canister that was later found to contain a bag of crystal methamphetamine..

Police said the toxicology report showed the driver, Josh Taylor, 19, had a high level of methamphetamine in his system.. At the

inquest, the Reddins' lawyer questioned whether VicRoads installed the barrier according to safety guidelines and if the barrier played a role in the crash.

The vehicle that held Mr Reddin and the three other men was travelling in the wrong direction at the time of the accident. Police officers believe this may have reduced the effectiveness of the barrier to keep the vehicle on the highway.”

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**I WANT TO DO THIS – SO
I’M GOING TO WILFULLY
IGNORE THE LAW AND
DO WHAT I WANT.**
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It is increasingly evident that a growing number of people are consciously or unconsciously interpreting human rights protections as a 'right' to unfettered autonomy and thus a 'shield' for legal immunity, and in the context of the present discussion, choosing the ingestion of known illegal psychotropic toxins and breaking the law. As Director of the *Institute for Judaism and Civilisation*, Dr Shimon Cowen, succinctly puts it,

“ We are not free or equal in entitlement to something that is wrong.”

There is a decision to ignore regulations set to protect both the individual and community from the use of illicit drugs or misusing legal drugs, e.g. alcohol or prescription medication. Rather, the competing choice is being made to pursue the potential for immediate, often intensely pleasurable rushes, but extremely dangerous illegal highs. While the fallout of such consequences requires an increase in demand for emergency, medical and health services and there

is no end in sight, if the current 'look the other way' permission model trajectory continues.

Yet, this heightened pleasure principle within our western welfare societies also sanitises the true consequences of such pursuits through minimising pain. In echoing Sigmund Freud's adage on the distilling down of human behaviour, it is what Dr Cowen explains as the outworking of a fiercely materialistic culture where humanity is viewed as "sentient flesh, the pleasures of which should be gratified...and the pain of which should be fled...", the result is that this culture trickles down to increasingly judge and decide law and policy on a "pleasure and pain calculus alone".

But as mentioned, it is important to once again underscore that the perception of these misconstrued 'rights', particularly among the young, sparingly comes with accountability or responsibility (moral agency). At best these are disclosed as a footnote to avoid public legal liability when partaking in activities that should be first understood as unethical and/or illegal.

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WHEN IT COMES TO REDUCING AND REVERSING HARMS IT IS ALWAYS ABOUT BEHAVIOURAL CHANGE

This requires two basic processes for change:

- In elementary psychological displacement therapy. This first involves the putting down (cessation of) an activity.
- And the taking up (engagement with) something greater. If one is simply to 'put down' and not displace the behavioural paradigm with a better, more healthy and productive conduct, then the individual is most likely to return to previous behaviours.

To be clear. The initial uptake of drug use is rarely if ever, undertaken with a view toward, or subjection to, the tyranny of addiction. The path to addiction begins with an initial decision or a series of decisions (rational agreement with the self) to act that precedes the choice to take a psychotropic toxin.

Every addiction begins with a decision, a choice. Even when it seems that this function is barely ascertainable to an individual. As one prominent Australian professor once quipped. "You cannot have a drug habit if you never have the first use" ². This must be the starting point for any discussion. The need to understand genuine self-autonomy of the individual and choice in the context of a community setting, not societal isolation, and ultimately a significant key to any meaningful and effective move forward to addressing what is ultimately a deeper symptom of a wider culture within society not merely specific individuals in crisis.

Under this framework, the question follows:

QUESTION:

Why does an individual choose to take a psychotropic toxin?

When it comes to substance uptake, the research consistently point to the majority of initiation into drug taking occurring within the age groups 13-19. More recently, research strongly suggests that it is during this period that adolescent brain is under intense construction. Some argue that the decision operation mechanisms of the brain are much more restrictive and the impulse mechanism being far more active.



But within this extremely narrow context, the conclusion can also be drawn that that the adolescent cannot really be making a free choice and therefore not fully accountable. However, this is not only patently misleading, but disempowering and resilient diminishing to the emerging adult.

If during this key developmental process impulses are continually rewarded how will the decision mechanisms strengthen? Or another way, how will maturity between these two faculties grow if impulse control mechanisms/capacities do not become a prominent reference point in the

decision-making process? It suggests an individual is a slave (with deprived rights, agency or capacity) to its underdeveloped brain and its chemical shaping hormones. Blame can attempted to be shifted to “my brain chemicals made me do it”. This is utterly erroneous (or at best disempowering) for any maturing individual. And can become a costly diversion to society when followed to its logical conclusions. Consider this observation from retired prison doctor and psychiatrist, Dr Anthony Malcolm Daniels,

“*There are cheap lies and expensive lies, and the lie that addiction is a disease just like any other will prove to be costly. It is the lie upon which Washington has based its proposed directive that insurance policies should cover addiction and mental disorders in the same way as they cover physical disease. The government might as well decriminalize fraud while it is at it.*”

Furthermore, it insults those who actually live with genuine restrictive disabilities or those subjected to the tyranny of human slavery.

Dr Daniels continues,

“*No one can decide not to have rheumatoid arthritis, say, or colon cancer. Sufferers from those diseases can decide to cooperate or not with treatment, but that is another matter entirely. Therefore, there is a category difference between addiction and real disease..The pretence that a non-disease is a disease may actually hinder people from deciding to behave better.*”

(For more go to Dalgarno Research Report '[Dealing With Addiction](#)')

However, science and best practice around the framework for good decision making also provides a contradictory picture.

Firstly, the demographic referred to as 'adolescence' was a social construction of the 20th century psycho-sociology field, a label not previously used. Even in the late 19th century there were only two key age demographics, child and adult. The period in-between was a [rite of passage to graduate from a child to maturity](#), productivity and responsibility. Of course, this rite of passage in and of itself was not the 'key' to maturity, but it was a defining event that was prepared for in childhood to transition into adulthood. Thorough parenting, good role models and well understood codes for civic and personal conduct, helped the child begin their journey toward developing an effective, responsible life. Contrast this with the rabid egocentricity that now so describes our youth.

The pre-adult brain learns predominantly by what is taught, shown and modelled. This includes the law, is never neutral but as a type of tutor of what is considered normative, right, healthy and desirable for society to not just exist but flourish. It shapes society's ideas of what eventually is recognised as part of a total balance of rights and relationships within the community. It is freedom with justice and responsibility. It is justice, not JUST US!

The emerging adult brain ('adolescent' emergence) learns far more by implementation, action and behavioural reinforcers (repetition). How the pre-pubescent child's decision-making preparation is managed will determine how the emerging adult brain will engage and shape itself in the next phase of development (approximately 12-25 years old).

The science suggests that the brain during his second and most important developmental phase is geared for reward and exploration – it was designed to seek out those things that bring healthy reward – facts and truth, evidences that facilitate growth, fulfilment, contribution, productivity and maturity. Contrary to the prevailing understanding of reward being mainly correlated with 'pleasure', the brain can explore and find reward in best practice,

personal and community enhancing behaviours, rather than egocentric hedonic pursuits.



For example, healthy euphoria and/or satisfaction that reinforce the positive engagement of neurotransmitters, (i.e. benevolent acts of kindness, service and completing fulfilling and meaningful roles/task) will validate and strengthen those protective, proactive and productive outcomes. However, this vital process can be 'short-cut' by attempting to experience dangerous pseudo-euphoric or quasi-transcendence experiences via an artificial 'high'. And instead of pursuing healthy boundaries of exploration and reward, the emerging adult, may instead engage in harmful and deadly experimentation with drugs and unfettered rebellious conduct that psychotropic toxin use ensures. This immediate chemically induced rush/ euphoria overrides all other vital pathways to healthy development.

The following data is just one small snapshot of the exploration and reward interplay.

Introducing substances (say an amphetamine type stimulant such as methamphetamine in its crystal form) to a developing brain, instantly engages adrenaline, then releases large quantities of the neurotransmitters, serotonin and dopamine, generating a profound sensation that 'brands' or imprints key parts of the brain. But at the same time, it reduces the awareness of risk. For

the emerging brain that is built for exploration and reward, this experience only pushes the ‘accelerator’ on risk and undermines the ‘brake’ of effective decisions. The brain is now primarily responding to artificially stimulated urges, moods or symptoms. As explained below:

“Several emerging theories of addiction have described how abused substances exploit vulnerabilities in decision-making processes. These vulnerabilities have been proposed to result from pharmacologically corrupted neural mechanisms of normal brain valuation systems. High alcohol intake in rats during adolescence has been shown to increase risk preference, leading to suboptimal performance on a decision-making task when tested in adulthood.

A history of adolescent alcohol use alters dopamine signalling to risk but not to reward. Thus, a corruption of cost encoding suggests that adolescent alcohol use leads to long-term changes in decision making by altering the valuation of risk.

Risk preference following adolescent alcohol use is associated with corrupted encoding of costs but not rewards by mesolimbic dopamine.”³

Some neuroscientists have posited that drugs are like ‘nuclear devices’ to brain and cell anatomy.

The drug induced tsunami of dopamine encodes false memories or chemically induced (manufactured) experiences, not only into the limbic system but also molecular machinery. This makes it very difficult to form new nerve cells to create fresh memories beyond that explosive, artificially induced memory, impeding the development to maturity. Therefore, by increasingly using drugs the individual gets stuck at the age of first uptake, they struggle to emotionally mature beyond that phase.

Addictive illicit drugs unleash massive discharges of CREB,* hijacking the limbic system but also the molecular machinery that form memory and reward. “To rectify this dysfunction, you must cease all drug use and enable both the limbic and molecular machinery to rebuild new memory capacity without chemical interference. Any ongoing drug use impedes the capacity of the brain and cells forming new and healthy ‘memories’ – keeping the drug user, at the very least, emotionally stunted.”⁴

The only way to get ‘unstuck’ from this space and form new memory and growth capacity is to *stop using all drugs – not drug substitution*. However, it is also vital that the individual then engage in [new learned behaviours and relationships](#). This enables both brain and molecular machinery to form new processes.

To reiterate, this is the *only* way to rewire or recalibrate the brain for sustained positive future outcomes.

Again, further and current research reveals that the granule cells in the brain, over 60 billion, can be encoded by reward responses, not just the anticipated rewards. Unexpected rewards in recent experiments, saw increases in reward response, thus driving ever greater ‘cellular need’ for reward. However, the capacity to encode those cells to ‘delay’ reward was only achieved through active learning processes. Again, even at a cellular level, we were designed to explore and reward. But we were also built for resiliency. And as discussed through stimulating the developing brain with non-instructing chemical ‘tutors’, only diminishes the capacity to make wiser and healthier long-term decisions.⁵

However, while sustained drug use in the emerging adult brain will generate a diminished ability when it comes to choosing, it does not take choice away altogether. As Dr Daniels explains, “To take only one point among many: most addicts who give up do so without any medical assistance—and most addicts *do* give up. Moreover, they do so at an early age. The proximate cause of their abstinence is their decision to be abstinent.”²

The focus needs to return to the environment prior to initial drug use – this is the key to prevention.

BUILDING RESILIENCE CAPACITY IN THESE PHASES IS IMPERATIVE

The following questions help navigate the process toward building greater resilience.

- What environmental factors determine the process that will be engaged by the emerging adult?
- What primary narrative, script or model is this developing adult being subject to?
- Who or what is educating our kids to make 'decisions' that undermine their humanity, potential and dignity?

In a recent article, founder and Editor-in-Chief of *The Big Issue* (UK),⁶ John Bird, bemoaned the cultural attitude of the emergent generation, likening it to the re-emergence of the old class aristocracy. The relationship between the new and old class systems is viewed through comparing the quintessential aristocrat with servants to clean up after them, pick up their clothes, wash and feeding them, while they could pursue an unfettered life of leisure and luxury. Bird observes that modern parenting has been somewhat shaped into a similar mentality where young people play no active role in life, ultimately to the detriment of all society.

Like the aristocrats of old, with no real purpose or task to occupy, no deliberate or structured contribution to family and home life, no external contribution or service to the neighbourhood/ community, they are predominately consumed with pleasure seeking activities.

"From birth to when they leave the nest, they live in a kind of 'use vacuum,' says Bird.⁷ And his remedy is straightforward, "Let's make childhood more dynamic by making it full of responsibility."⁸

Of course, for those acquainted with our recent past and the evaporating anthropological underpinnings (now long assaulted and discarded) this constitutes common wisdom.

Such an admonition is not taken lightly when considering Bird's long history of involvement in social justice issues for the young, homeless and poor in the community. He points the blame for these societal ills to the entitled and self-indulgent mantras of human rights that are creating such self-indulgent cultural narratives, sabotaging families, communities and civil society itself.

“ I was recently reminded of this when talking to a mother. Her children tell her what to do. She is extremely unhappy with this and feels terrorised. She feels that her own basic human rights are being violated by children who learn about human rights in school but fail to make this application at home... There must be a way of raising our children so they don't terrorise, don't dominate and don't act as members of the 18th century aristocracy, their parents as mere vassals.”⁹

Yet, this new 'aristocracy' developing in the West, didn't arrive suddenly. By degrees, it has been taught. But by whom? What socio-political or market forces are at play essentially crafting a new script for the new generation of consumer driven, autocratic rights seekers?

John Bird continues,

“ Children now are a big part of the marketplace. Billions are spent not (always) on their improvement, but on their appetites.. caught in a world of temptations, Pied Piperish, our children are being led into oblivion by devices and social media, which seems remarkably anti-social.”¹⁰

2. <https://www.city-journal.org/html/government-made-me-do-it-11299.html>

Bird cites a study on the negative impact of social media produced by *The University of Sheffield*.

“ *The more time children spend chatting on social networks such as Facebook, Snapchat, WhatsApp and Instagram, the less happy they feel about their school work, their school attendance, their appearance, their family and their life overall.*”¹¹

These observations, for everyone with a modicum of understanding, are no great revelation of these sociological factors shaping behaviours. As mentioned, the socio-political players that are today's architects of the cultural frameworks must also take charge of narratives shaping *Generation Now*. The attempt to rewrite the script that is unravelling society's essential liberties and rights must ignore and/or denigrate historically grounded understandings of the principle motivators and responsibilities for civil society.

Often the self-labelled social-political progressives use legal frameworks that have been cut adrift from foundational propositions of good, right and true with the result that it has unleashed a distorted, disjointed view that wields the law in demands for perceived entitlements.

Interestingly, in contrast to this emerging rights narrative, Iceland adopted a more anthropologically holistic approach to developing resilient civil society. It empowered its community through reaffirming parents and the family unit as key to stronger youth and community, together with key stakeholders such as government, education, law, sporting clubs, and media. In this space the underdeveloped, malleable and inexperienced child is not simply being 'informed' or 'educated' by a disenfranchised and foundation-less data sharing process, but through tangible models and principles that make for a thriving and cooperative society. Consequently, Iceland decidedly moved from a egocentric market driven, hedonistic and consumerist framework – away from one that eventually diminishes resilience in its young, by

failing to build the dignity, agency, responsibility and capacity to contribute for the common good.

According to Reykjavik City Councillor, Ms H Bjor Hilmisdottir, speaking at the *2018 World Forum Against Drugs*, held in Gothenburg, Sweden in May. From 1 in 4 Icelandic youth smoking and drinking and 1 in 5 engaging with illicit substances before the intervention down to approximately 1.5 in 50 youth.

Using the survey data and insights from research, a new national plan was gradually introduced titled, *Youth in Iceland*.

Beginning with a change in laws. The prohibited purchase of tobacco under the age of 18, alcohol under the age of 20 and all tobacco and alcohol advertising. Links between parents and school were strengthened through parental organisations, every school and its councils. Parents were encouraged to attend talks on the importance of spending quantity of time with their children rather than occasional "quality time"; talking about their lives, knowing who they're friends with and keeping their children home over evening. These were detailed in the following article.

“ *A law was also passed prohibiting children aged between 13 and 16 from being outside after 10pm in winter and midnight in summer. It's still in effect today.*

Home and School, the national umbrella body for parental organisations, introduced signed parental agreements. The content varies depending on the age group, and individual organisations can decide what they want to include. For kids aged 13 and up, parents can pledge to follow all the recommendations including not allowing their kids to have unsupervised parties, not to buy alcohol for minors and to keep an eye on the wellbeing of other children.

These agreements educate parents but also help to strengthen their authority

at home, argues Hrefna Sigurjónsdóttir, director of Home and School. "Then it becomes harder to use the oldest excuse in the book: 'But everybody else can'"

State funding was increased for organised sport, music, art, dance and other clubs, to give kids alternative to connect and feel affirmed rather than using alcohol and drugs. And children from low-income families received help to take part. In Reykjavik, for instance, where more than a third of the country's population lives, a Leisure Card gives families 35,000 krona (£250) per year per child to pay for recreational activities."¹²

It is prudent to mention here that this familial responsibility model is what the famed Psychiatrist, Auschwitz survivor and bestselling author, Dr Viktor Frankl, referred to when discussing the emerging void for responsibility within free societies.

“Freedom is only part of the story and half of the truth. Freedom is but the negative aspect of the whole phenomenon whose positive aspect is responsibility. In fact, freedom is in danger of degenerating into mere arbitrariness unless it is lived in terms of responsibility.”¹³

And yet even within all this structure it must be fully acknowledged that genuine, life altering pressures, events and trauma not only occur but can generate an insistent and pressing inexorable demand to alleviate distressing circumstances and associated feelings.

However, as Dr Frankl and thousands of other Holocaust survivors attest to, it is personal resiliency that will determine whether despite such adverse situations a long-term, beneficial choice is made over a simpler one to immediately alleviate pain or mere socio-cultural discomfort.

All civil societies should be assisting the emerging citizen in developing and exercising healthy and constructive agency, capacity and responsibility, so decision making is not harmful for the individual or those around them. Regardless of environments choice is always possible. As the now legendary author of *7 Habits of Highly Effective People*, Steven R. Covey, states, "In between stimulus and response is the greatest power you have, the power to choose."

Author Martin Robinson sums this concept of freedom, choice and responsibility up very succinctly; "Freedom in and of itself is not what bestows dignity, as freedom can be used to enslave and demean people. But it is freedom and the ability to choose the good that bestows dignity".¹⁴ It is that human dignity, not only of the individual, but those around them, that must be a key driver protective and restorative models.

Having discussed an alternative context for both freedom and choice the question now becomes – Does the freedom, choice and agency being promoted, enhance, enable, equip individuals (particularly the young, fragile, marginalized, poor and elderly) to find dignity through the good, or does it do the contrary?

“In between stimulus and response is the greatest power you have, the power to choose.”

” STEVEN R. COVEY

WHAT IS MOTIVATING OUR INDIVIDUAL AND SOCIETAL DECISIONS – PARTICULARLY AROUND CHILD RESILIENCY AND DRUG USE?

At this point the definition of addiction needs revisiting.

“Addiction is a disorder of motivation - Addiction is a chronic condition involving a strong acquired motivation to engage in behaviours in a way that causes significant harm.”¹⁵ (*emphasis added*)

This “*strong acquired motivation to engage in behaviours that cause harm*”, is a learned and therefore taught behaviour and, as previously discussed, is often precipitated and/or contributed to by forces in our society, fighting for control of the cultural narrative.

Addiction is an *acquired* disorder. An individual's motivation is repeatedly assaulted by poor choices to deliberately engage in behaviours that will eventually cause serious harm. Not unsurprisingly, and to the chagrin of the pro-drug activist, it is behaviour change and not substance use ‘management’ or chemical replacement alone that brings the overwhelming majority of people out of substance use and addiction.³

Of the millions of recovering and former substance users the vast majority have engaged in the displacement model of both abandoning the drug, but more importantly, taking up better options. Addiction strategies such as, the 12 Step Program, behavioural therapies, and therapeutic communities are the vehicles that consistently deliver these changes.



However, this is contrary to the current illicit drug narrative. The focus is no longer evidence-based therapy, but on drug users who refuse to engage with rehabilitation and remain in substance use. Today, this means endless discussions about the perplexities surrounding addiction, how to safely manage addiction and remove (the now impossible to find) ‘harsh’ societal judgements. Yet, the deeper issues of learning resiliency and capacity to never begin drug taking or completely discard continuing use of psychotropic toxins is repeatedly avoided, dismissed, or subject to ‘harsh’ drug sector judgements!

One of the great smoke screens of the pro-drug lobby is to hijack this issue with ‘strawman’ arguments and misdirection.

3. To qualify the above statement, Medical Assisted Treatment, such as Opioid Substitute Treatments can be useful for some people in the first phase of drug use exiting recovery. However, if there is no ‘sunset clause’ on this vehicle for change, then it only disempowers the client and simply perpetuates the motivation disorder and often transitions it into a poly-drug use space, or continually undermines the brain's capacity to ‘recalibrate’ itself – and becomes counterproductive.

ADDRESSING INITIAL ILLICIT EXPERIMENTATION IS AN ISSUE DRUG USE LOBBYISTS WANT TO CURTAIL – THE ‘INEVITABILITY’ ARGUMENT.

No pro-drug activist, whether a medical doctor or pharmacist, can ‘control’ drug use activities or the idiosyncratic impact they will have on individuals, regardless of how often they talk with relative ease about ‘possible’ harms or enhancement of drug safety measures and more recently, [pill testing](#). These ever-increasing measures are taken due to the consistently promoted meme of the so-called [‘inevitability of drug use for young people.’](#)

This is often reinforced by pro-drug activists who recruit sectors of sympathizing media, promoting propaganda of toxic half-truths that promise a faux freedom as an entitlement to every pleasure.

However, this ‘inevitability’ coupled with ‘it’s not my fault’ narrative requires deeper scrutiny with questions such as:

- Whose fault is it if an individual chooses to ingest known illegal toxins and put their lives, health, capacity and dignity at risk? The government, society or the individual?
- Is it fair to increasingly put the onus back on service providers for the lack of personal responsibility or regard for others?
- If services must be increased to meet the growing demands of drug users, then who should be responsible for financing the cost of ‘drug-safe’ environments - the government (i.e. taxpayers), event organisers, or drug users and activists?
- If the demands of pro-drug lobbyists to legalise drugs are met, will the government then be made responsible for increasing emergency, health and welfare services to cover the negative outcomes of a now lawful

use of psychotropic toxins?

The fact remains that current defacto illicit drug decriminalisation, by its very nature is making our society more unsafe and unhealthier. It goes counter to building greater capacity, competency, self-discipline, productivity and efficiency. Paradoxically it will demand:

- Greater use of legislation to deal with all the caveats and exceptions, including civil and criminal suits for public liability and,
- Greater demand on emergency and welfare services.

The perception of “*no more nanny state, with laws and regulations keeping me from doing what I want*”, lacks the understanding that this does not suddenly dispense with the law but creates an entire sub structure of new laws and regulations.

This was the case with [Portugal after it decriminalised illicit drugs for personal use in 2001](#). Instead of criminal courts, multiple layers of bureaucracy were added such as the *Dissuasion Commission* and the welfare costs of redefining a drug addict as a ‘sick person’ meant unsustainable funding costs. ⁴

Of course, the legality of a substance means a decrease of protections and greater incidences of harm follow. For example, the Australian Federal Police seizes large proportions of legal substances such as tobacco⁵ that has out stripped illicit drugs.

This fact alone shows that making a substance legal and a revenue source for taxation doesn’t eradicate the black market but increases it. And since black markets are notoriously linked with human

4. <https://dalgaroinstitute.org.au/images/resources/pdf/researchreports/2018/DRR-PortugalPolicyAnalysis2018.pdf>
5. <http://www.heraldsun.com.au/news/law-order/illegal-tobacco-seizure-in-australia-outweighs-all-other-illicit-drugs/news-story/1f8a79d8f8ee6ca1881d6f8f5c073d12>

trafficking and gangs, [communities are not safer or governments wealthier with legalisation](#).

The often quoted 19th century libertarian commentator, John Stuart Mill, argues that some lines must be drawn in society for the destructive behaviour of citizens. Precisely because these are never contained to the individual but always flow down to others. When it comes to illicit drug use, Mill's observations reasonably apply today.

“No person is an entirely isolated being; it is impossible for a person to do anything seriously or permanently hurtful to himself without mischief reaching at least to his near connections, and often far beyond them.

If he deteriorates his bodily or mental faculties, he not only brings evil upon all who depended upon him for any portion of their happiness, but disqualifies himself for rendering the services which he owes to his fellow creatures generally..

There is no question here (it may be said) about restricting individuality or impeding the trial of new and original experiments in living. The only things it is sought to prevent are those which have been tried and condemned from the beginning of the world until now; things which experience has shown not to be useful or suitable to any person's individuality. There must be some length of time and amount of experience, after which a moral or prudential truth may be regarded as established, and it is merely desired to prevent generation after generation from falling over the same precipice which has been fatal to their predecessors.”¹⁶

* * * * *

OPIUM WARS & U.S. EXPERIENCE WITH LEGAL COCAINE AND HEROIN

When we tear down the metaphorical [fences of protection and prevention](#) at culture's cliff edge, then greater the number of metaphorical ambulances must be placed at the bottom of the cliff to manage the damage of the reckless, careless and self-indulgent. The same individuals who claim their human rights but have no regard for their corresponding responsibility for the health and safety to fellow citizens.

This has been repeatedly recreated throughout history but particularly at the time of the Opium Wars (1839-60).

This period reflects a time when the British government filled its treasuries from the lucrative

spoils of the heroin trade into nations such as China that alone had 150 million opium-smokers roughly three or four times the population of Great Britain.

The British government primarily through the East-India company grew, pushed and smuggled what foreign nations referred to as “white man's smoke” and “foreign dust”.

“Opium is a pernicious article of luxury, which ought **not** to be permitted but for the purpose of foreign commerce only,” stated the governor general of the company.

Finally, Britain and its allies, used military force during a century of desperate protest and armed resistance from the Qing dynasty with the Chinese

government eventually submitting to legalising the trade of opium.

The result was a symbiotic relationship where opium trade was as common as human slavery.

One observer summed up the events.

“Trade supports us, governs us, controls us our dependencies, represents us at foreign courts, carries on our wars, signs our treaties of peace. Trade, like its symbol the dollar, is neither good nor bad; it has no patriotism, no morals, no humanity.. and its law is the law of the balance sheet.. It is difficult to get a commodity into these currents, but once you have got the commodity in, you will find it next to impossible to get it out.”¹⁷

In the US from roughly the 1880s till about 1905 there were no criminal prohibitions against either the sale or the use of heroin, cocaine or any psychotropic drugs other than alcohol. The effects of drug legalisation are well documented including David Courtwright's *Dark Paradise* (1982). Opium use was widespread from the poor to affluent and particularly among soldiers. Cartwright quotes from an 1868 study titled, *The Opium Habit*, “Maimed and shattered survivors from a hundred battlefields, diseased and disabled soldiers released from hostile prisons, anguished and hopeless wives and mothers, made so by the slaughter of those dearest to them, have found, many of them, temporary relief from their sufferings in opium.”

Has society once again become so enamoured with the right to do whatever it desires that it can no longer understand where the ultimate responsibility for known results of actions should lie?

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RESILIENCY NARRATIVES – WHY ARE THEY BEING UNDERMINED?

At the risk of being repetitive, let me ask why, in the illicit drug arena, are most demand reduction and primary prevention narratives either ignored, assailed or mocked? Yet with other legal prescription drugs (e.g. Xanax), addictive behaviours (e.g. anorexia) or destructive models (e.g. domestic violence), are avoidance or abstinence messages promoted?

Zero tolerance messaging is a forbidden term when it comes to illicit drug policy. Yet ironically, not for tobacco or drink driving. As one anti-smoking academic stated, “Cigarettes are a product, that if used as per the manufacturers specifications, will kill you.”

This warrants a zero-tolerance approach (not punitive) through a series of interventions that have as the end goal – **cessation**.

This is evidenced in the strong public messaging such as, *every cigarette does you damage*. There are no competing messages permitted in the government, media, education, health or legislative space. And while not everyone who uses cigarettes will get cancer or die young, alternative messaging such as, ‘it helps you relax’ or ‘safe’ smoking education campaigns are not permitted.

Similarly, the new anti-family violence campaigns in Australia, *Say NO to domestic Violence*, and *Violence against women – call it out*, are more examples of zero tolerance campaigns.¹⁸ But while saying *no* is a legitimate declaration in these instances it seems to have no place in the illicit drug space. Part of the problem remains with those crafting the pro-drug use narrative, who insist that such zero tolerance drug campaigns ‘stigmatize’ the drug user and are a victimless crime.

What does this mean for illicit drugs? Taking meth, heroin or even cannabis – used to the ‘manufacturer’s specification’ may produce a ‘high’ and even a sense of euphoria, but it will also generate short and long-term harms (mental and physiological), including direct and immediate harm to others with the added high risk of causing immediate death or permanent damage.

Compare this with cigarette smoking that, as discussed, does not have all these immediate dangers attached to it. This bizarre double standard is seen most strikingly in the prohibition of smoking in a supervised drug injecting room.

But consider, when was the last time a cigarette caused any of the following situations:

- A serious car accident that killed two and left one quadriplegic?
- Caused a man to beat his child or partner leading to irreversible brain damage?
- Resulted in a psychotic break leading to permanent mental impairment?
- Was connected with a terrorist blowing themselves and others up?



Yet illicit drugs are linked with these outcomes at a monotonous regularity, but zero tolerance surrounding

illicit drug taking continue to be framed as *callous prohibitionist scaremongering*.

Even the most historic socially used drug, alcohol, has been increasingly regulated due to a rising tide of community push back, research and education. The level of alcohol promotion, positioning and placement has been reduced, with the result that binge-drinking among the young is decreasing and even complete abstinence increasing.

The focused and uniform message around this other legal drug, alcohol, is now to moderate, slow down, reduce and drink *responsibly*. The education program around drinking and driving has been relentless for decades. The slogan, *"If you drink and drive, you're a bloody idiot"*, is a well-known meme. It appears that *all of this is working*, with 21 percent of Australians of

drinking age now alcohol abstinent.

Once again, contrast this with the prevailing pro-drug user mindset surrounding illicit drug use:

- If you take drugs and drive... you're capable.
- Taking drugs and 'acting out', you're progressive and free.
- While drugged and committing assault... you're not responsible.
- When drugged and there's a health episode... you're entitled to health care.
- Taking illicit drugs is a 'right' to experience pleasure, so there's limited culpability.

* * * * *

TIME TO PRACTICE-BASED EVIDENCE TOO- THE VALUE OF LIVED EXPERIENCE IN BUILDING COMMUNITY RESILIENCY

More recently, the growing censorship of primary prevention and demand reduction focused work has taken another leap forward. Pro-drug activists attempting to shape the drug education space want to silence the voices of former drug addicts and their experience of the incredibly difficult journey back to a drug free lifestyle.

One such example is found in a piece, *"Sad stories move us, but do they create change?"*¹⁹ The author calls into question the use of "tragic stories" in drug education. The article quotes data on the evidence that "horror stories" on addiction/drug impact by ex-addicts don't really change young people's attitudes toward drugs.

However, what is missing in the critique is proper context. The same negative review on evidence application can also be applied to other single component drug education vehicles and lead to the same polarised conclusions that they are ineffective in changing young people's attitudes towards drug use.

The difficulty with any one-dimensional educative process, is that it will have only a limited impact. It is interesting to note that the previous drug czar, Michael Botticelli, was quoted as saying "I do wish the recovery community was much more involved in anti-legalisation efforts."²⁰ This is because current recovering addicts and ex-users' narratives matter. At some point these individuals had started drug use with similar justifications echoed today, "I've got this, risk is over-rated, and I won't end up some loser junkie."

The effective pedagogical harnessing of the lived experience and earned resiliency of the Recovery Alumni through narrative can be very effective as demonstrated in the article ['Why Storytelling Works - The Science'](#).

Without doubt alarming stories *alone* are unlikely to shift behaviour of a demographic (though evidence shows that invariably they will affect numbers of individuals), just as info-graphs on potential harms, science-based video clips, or authoritative evidence-based research will of themselves result in minimal

impact. Alcohol & Other Drug (AOD) education must be part of a suite of services, offering the necessary insight for **all** key community stakeholders.

“

One with lived experience is seen by the client/student as an authentic knowledge holder.

”

GEMMA KHODR – INDIGENOUS HEALTH & ALCOHOL CRE FORUM SEPTEMBER 2020

Ultimately these are woven together with **one** focus, **one** agenda and **one** voice to bring about cultural change. Not unlike the **QUIT** campaign for tobacco – it is a whole of community approach.

However, as already mentioned, the same consistent, collective community message is not presented with illicit drugs.

Overwhelmingly the best evidence shows that education and legislation work better than education alone when it comes to shifting culture away from the pleasure and pain calculus only.

We need clear, evidence-based best practice and practice-based evidence focused education, delivered by experienced people who fully understand the dangers and harms of illicit drugs; all couched in resiliency developing and legislative backed education vehicles.

To quote an overused but appropriate phrase, “let’s not throw the baby out with the bathwater” but build a more thorough and balanced demand reduction and resiliency building education process.

* * * * *

BUILDING A RESILIENCE NARRATIVE FOR THE NEXT GENERATION

This, as we saw a little with Iceland’s 19-year recalibration, takes not merely time, but clear, unequivocal and unwaveringly held principles and practices.

To get you, the reader, thinking about what sort of resiliency narrative you wish to create for the emerging generation, I want to ask two simple questions.

- Do you believe your children or grandchildren will be better off on drugs?
- Do you believe your children or grandchildren will be better off with easier access to drugs?

If ‘no’ was the answer to both those questions, then at the very least you now know the cultural narrative you want to be part of creating is one where drug use has no credibility or right.

A healthy, capacity, agency and dignity building narrative for our emerging generation must commence with *The International Declaration of the Rights of the Child*, Principle Two, which states:

“ *The child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity. In the enactment of laws for this purpose, the best interests of the child shall be the paramount consideration.*”²¹

Bringing it a little closer to home, The Department of Social Security (2009) *National Framework for Protecting Australia’s Children 2009 – 2020* states,

“ *Australia’s children and young people are safe and well. As a measure of this outcome, governments and the non-government sector have set the following target: A substantial and sustained reduction in child abuse and neglect in Australia over time.*”²²

You will note the above 'safe and well' statement was penned long before the 'ICE epidemic' had hit the culture and the very recent defacto decriminalisation of cannabis has seen the almost normalisation of this dangerous drug.

However, just one of scores of recent articles gives us a different snapshot of one of the fastest growing 'industries' in this nation *Kincare*.

Grandparents seeking custody advice at 'astounding' rate with addiction a key factor, shows just how dire the safety of children exposed to adult drug taking has now become. "A Queensland community lawyer says grandparents are contacting her daily seeking custody of their grandchildren and requests for information are increasing. The chair of the *Elder Law Committee of the Queensland Law Society* and a lawyer with the *Suncoast Community Legal Service*, Kirsty Mackie, said she was 'astounded' at the surge in the number of grandparents seeking help. She said addiction was at the crux of the majority of cases. 'Unfortunately, in every matter I've seen in the last month there's been an addiction, generally ice, of one or both of the parents and the grandchildren are being neglected and abused.'" ²³

Sometimes in order to understand why the illicit drugs problem has become problematic, it helps to go back to basic questions: Why do nations schedule drugs?

Professor of Addiction Psychiatry, Dr Bertha Madras puts it succinctly,

“ Nations schedule psychoactive drugs because we revere this three-pound organ (of our brain) differently than any other part of our body. It is the repository of our humanity. It is the place that enables us to write poetry and to do theatre, to conjure up calculus and send rockets to Pluto three billion miles away, and to create iPhones and 3D computer printing. And that is the magnificence of the human brain. **Drugs can influence (the brain) adversely.**

So, this is not a war on drugs. This is a defence of our brains, the ultimate source of our humanity."²⁴

The messaging, voice and focus must be to **prevent, not continue promotion of illicit drugs**, if we are at all serious about protecting the future of our children and civil society.

Furthermore, the statistical fact still remains, illicit drug users are a minority. But it seems the minority illicit drug takers and pro-drug activists are driving policy interpretation.

It is time to act on behalf of the better future. To this end, building holistic resilience frameworks, not demolishing them, is imperative. Whatever policy initiative adds to the embedding and developing the principles of the *International Declaration of the Rights of the Child* must be pursued, embraced and implemented. Conversely, anything which is contrary to these resiliency building imperatives must be abandoned.

Again, as the declaration so aptly states.

“ *The child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity. In the enactment of laws for this purpose, the best interests of the child shall be the paramount consideration.*”

*The First Step Toward This Goal Must Begin With –
PREVENT Don't PROMOTE.*

Shane Varcoe
Executive Director, Dalgarno Institute

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