



— **WORLD RESILIENCY DAY** —

# WORLD DRUG DAY

PEOPLE FIRST – PROMOTING PREVENTION –  
PREVENTING STIGMA

This is the focus of the United Nations Office of Drugs and Crime's **World Drug Day**. People first, which means we want to prevent drug use and help people in drug use exit it, without stigmatizing them – excellent endeavour.

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**This vital focus is also backed in Australia by Demand Reduction as the priority pillar of the National Drug Strategy – So, why is it being sabotaged?**

It was Dr Nils Bejerot, arguably, the *Father* of the modern successful Swedish drug policy who not only understood the personal cost of fighting back against liberal drug policy that simply endorsed, enable, and equipped on going drug use and the ever-increasing harm, but what it took to reverse it. Not just to delay uptake, but effectively deny uptake and bring health and safety along with compassion back to the drug issue – all whilst reducing use and assisting recovery.

Not only did he have to fight the toxic mishandling of the drug issue by bureaucrats and inept or perhaps sympathetic and drug using professionals, but vitriol and death threats from the criminal addiction for profit sector. (Not too dissimilar an experience to Australian [Anti-Drug Campaigner and Politician Donald Mackay](#) who was tragically 'disappeared' after taking on the Marijuana Mafia) Dr Bejerot also spear headed effective evidence-based policies and helped communities better understand factors effecting the drug use phenomenon.

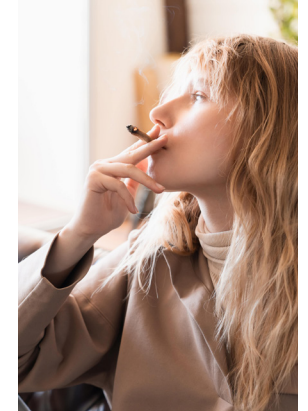


# CONTAGIONS



## Contagion: Peer Pressure

When we speak of social contagions most of us tend to lean towards *peer pressure*, and we would be right. Of course, in a social media satiated culture where seduction, coercion and straight-out bullying are not only permitted, but celebrated by 'cancel culture' we can see how the *irresilient* soul easily capitulates. However, the more robust amongst us are untouched by these tactics when it comes to substance use and can allow best practice health and well-being trajectories inform us, not the loudest noise screamed at our often confused and anxious psyche.



## Social Determinants of Drug Use

The above contagions are part of what's generally considered *social determinants of drug use*. Consequently, with greater permission models around substances coming into play – anything from decriminalising to simply parroting fallacious memes around substance use – all priming the zeitgeist to consider more readily *engaging*. Commercial determinants (if permitted by legislation) are always the next step for substances being deemed 'acceptable' to the society. One such cultural 'approval' is granted, marketing in this space takes on a new ferocity, all with the intent to gain and keep customers. When it comes to the product that is psychotropic toxins – everything from *weed* to *smack* – you'll have a customer base that will almost certainly be guarantee for life, no matter how short that may be.

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# CONTAGIONS



Dr Berejot identified how drug-taking spreads in the wider community in three phases:

*Characteristically it arises among tightly knit fringe groups. After many years it spreads to other groups, usually criminals and the avant-garde. In its third phase, drug-taking spreads to wide-ranging groups of the normal population young people.*

*While psychological, cultural, or economic factors may account for some drug use, the “epidemic patterns” with its inherently **contagious nature** is the view favoured by the international scientific community.*

*The epidemic pattern is characterized by the following:*

*It spreads almost without exception through psychosocial contact between an establish user and a novice.*

*It spreads rapidly.*

*It is subject to fashion.*

*Its spread has close interaction of exposure and susceptibility.*

*The pressure of exposure causes people to react differently over a period of time*

You can readily see how the current social media vehicles amplifies all these contagion components including commercial determinants of not only promoting but [transacting via these platforms](#).

# PERMISSION MODELS – THE ULTIMATE CONTAGION



Permission models, whether enshrined in legislation or simply a passive and apathetic surrender to uncontested memes, all increase the contagion.

To let you in on how easily this works I'll share a recent example we experienced. Earlier this year we presented to a large cohort of secondary school students at an event. Whilst waiting to present a 14-year-old student approached me and asked if I was the speaker for the event. When I confirmed his assumption, the very first

question that came out of his mouth was the following. *“Hey, is it true that in Canberra now, you can be pulled over by the cops with up to a gram of Coke, and nothing will happen to you, is that right?”*

Whilst that is not exactly true, that was his takeaway from the drug issue; a *what can I get away with, let's try it and see*, attitude. The permission contagion of trending 'education' is working. What's fascinating in the same event, I asked the group if tobacco was more harmful than cannabis.



## PERMISSION MODELS – THE ULTIMATE CONTAGION

15 years ago, I'd get perhaps one student stand, now it's about 60 percent of the room. The 'war against smoking' has got nearly all these kids not wanting to use tobacco, but the same cohort are taking note of the tacit 'war FOR drugs' and consequently believe the propaganda and are more willing to try and use a psychotropic toxin like cannabis, believing it to be somehow 'better'? Again, such is the power of contagion.

This following excerpt from the United Nations World Drug Report 2017 confirms this contagion mode.

*The major increase in cannabis use in those jurisdictions start in 2008, in parallel with measures allowing the medical use of cannabis...decreasing risk perceptions of harm from cannabis use and an ongoing debate around the legalisation of the medical and recreation use of cannabis.*

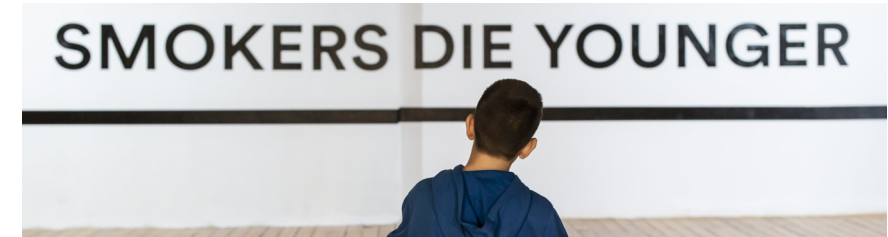
We here at the Dalgarno Institute have a long-standing equation that encapsulates, at least, the permission module as a consumption driver.

**Availability + Accessibility + Acceptability =  
Increased Consumption.**

As I intimated above, contagions can work both ways.



## PERMISSION MODELS – THE ULTIMATE CONTAGION



When all the community, or at the very least those with hands on levers of power, determine to follow best-practice (not crowd mantras) and implement said practices and backing messaging in the marketplace, you have a powerful contagion for change.



We saw this remarkable accomplishment with tobacco in Australia. The reason it took nearly 40 years to unseat this socially acceptable and legal drug, was slow political willingness. However, once the call was made to shut down the problem a goal was set, and that goal was **Quit**.



In the public square – government policy, media, education, and health – all were on the same page. *One Focus. One Message. One Voice*, again, **Quit**. This stage setting contagion driver is a key piece in the culture shift strategy, and when it is consistently enforced from top down and bottom up, things change and in the case of smoking, for the better. Australia now boasts the lowest smoking rates per capita in the world.



This key protective factor strategy of **Quit** is also a powerful contagion because it is geared to a simple and (as research repeatedly informs us) robust deterrent focus which highlights and consistently promotes the truth that drugs (in this instance tobacco) are **bad**.

## PERMISSION MODELS – THE ULTIMATE CONTAGION

With all 'anti-smoking' messaging the invitation to exit smoking with the proactive messages and exiting forward also comes the clear message that what you're in is bad – bad for you and those around you – and that consistent understanding that this practice is not merely a disservice, it is also self and others harming. This is not 'stigma', it is protective education. And no public voice disagrees with this strategy.

So, what about illicit drugs? When it comes to these community and family wrecking psychotropic toxins, what is the 'protective' messaging around these.

Well, the answer to that in Australia is, if not outright hypocritical, at the very least utterly confusing.

The three substance categories in our National Drug Strategy are tobacco, alcohol, and illicit drugs.

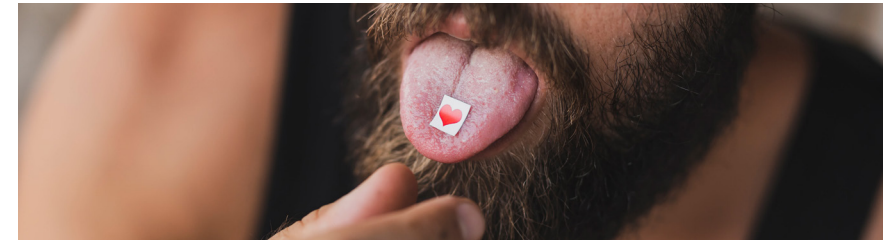
The messaging around tobacco (as we've mentioned) is unequivocally singular – it is QUIT. Sure, there are struggles and failures and missteps,

but they do not shape the strategy end game, the goal remains uncompromised – **stop using**.

When it comes to alcohol, after nearly 15 years of fighting this powerful addiction for profit industry and its legal product, the messaging has shifted from a celebrated 'Aussie rite of passage past-time' to a more subdued, message of *drink less and drink responsibly*.



## PERMISSION MODELS – THE ULTIMATE CONTAGION



However, when it comes to the illicit mind altering and behaviour changing (even worse than alcohol) often psychosis inducing drugs, the messaging is bizarrely contrary. It is *keep using, just don't die!*



Though these substances are illegal and (are so because of the potential health, well-being, safety, and behavioural harms they can cause) policy interpretations have now led us to enable, equip and empower ongoing drug use. Everything from not only ignoring best-practice first pillar Demand Reduction and prevention, but also tacitly endorsing substance use by handing out free drug injecting equipment and state sanctioned supervision of illicit drug use in drug consumption rooms.



Of course, if exiting drug use was the endeavour of these programs, we would see a *restrictive compassionate* program in play that doesn't simply let drug taking conduct continue unchecked, to the point where people think it is normal behaviour. Perhaps, that is the agenda of pro-drug activists who care nothing for the distressing harms and cost of drug use, but only for the right for people to use 'recreationally' with impunity?



The Dalgarno Institute has written and presented volumes on this, and we encourage you to look at our [Drug Policy: Prevent Don't Promote – Changing the Narrative](#) series.



## PERMISSION MODELS – THE ULTIMATE CONTAGION



As we round out this short 'heads up' spiel, we want to draw your attention again to the **Number ONE protective factor** in drug use prevention science in denying or delaying uptake of substances; the Key Protective Factor for Your Children/Students is the **"Belief that Drug are Bad"**.

Latest research out of University of Illinois, and not before time, has published what has been intuitively known for decades – That is that the key, and it would appear overarching, protective factor against substance use uptake is the **'Belief that drug use is wrong'**. (Also, parental reinforcement of this belief, along with honest caring and proactive parenting of the child as the other bookend of this primary protective factor)

The researchers found **individual beliefs that drug use is wrong had twice the magnitude of impact compared to other risk and protective factors examined in the study**. Thus, influencing adolescents' beliefs about drug use may be an important but relatively underemphasized key to modifying their behaviour.



## PERMISSION MODELS – THE ULTIMATE CONTAGION



This huge cohort based, and irrefutable research have reinforced that negative *contagions* around drug use are best protective factor – And as with tobacco, there can be no 'positive' or *defensive* messaging in the marketplace that promotes the contrary contagion *for use*.

So, why is it that certain sectors are permitting toxic pro-drug contagions to exist, and in some instances even promoted, and the protective contagion that drug use is bad is being sabotaged, **even mocked with statements like 'Just say no to drugs is pointless!'**

Whilst on paper our national drug strategy has boldly declared that **DEMAND REDUCTION** is our first priority – in practice it is ostensibly ignored and to what detrimental end is it being done so? One unmistakable (and tragically in growing number of cases irreversible) harm being done by this liberal drug policy is the undermining and increasing demolishing of our young people's (and their family's) health, well-being, future and very lives.

It's time to do what was done with tobacco, call drug use out as the public and private health and well-being wrecking ball it is. It's time to reverse this ever-growing drug use normalisation narrative being promoted in the public square – for all our sakes.

### Education Team



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## Further Reading

- [AOD Primary Prevention & Demand Reduction Priority Primer: TASKING THE NATIONAL HEALTH STRATEGIES FOR COMMUNITY WELL-BEING.](#)
- [Social Determinants & Substance Use – Beyond the Policy 'Silo' Pragmatics](#)
- [Dalgarno Institute & UNODC Emphasis](#)
- ['YOU CAN'T SAY NO TO DRUGS!' What The?? Part 1](#)
- [Drug Use, Stigma & Proactive Contagions to Reduce Both](#)

## Endnotes

1. Walters, 'Street Drugs': The New Addiction Industry, 139-40
2. Ibid, 141



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**DALGARNO INSTITUTE**

Minimising Harm By Maximising Prevention



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