Current approaches to drug education in schools

Jeff Lee

A question of balance

The World Ministerial Summit on Drugs took place in London in April 1990. It was a gathering of Senior Ministers and officials from 112 countries, hosted by the UK. The summit had a focus on demand reduction and on dealing with the threat of cocaine.

Only time will tell if it has any real impact at ground level. However, from an educationalist's viewpoint there was much to be optimistic about. Repeatedly, education was stressed as the key factor in addressing the issue of drug use. Indeed, the political declaration reached at the end of the summit stated:

Education about drugs should be developed, to the extent possible, at all stages of education at school.

Such curricular provision is best set in the context of an overall programme of health education in which due attention is paid to the harmful effects of other substances, including in particular alcohol and tobacco.

It should aim to encourage children to recognise the benefits of adopting a drug-free and healthy lifestyle; to give them accurate information about the harmful effects of drugs; and to provide them with the necessary skills to be able to resist pressures to take drugs.

Educational activities should be complemented by school policies which actively promote a drug-free environment.

However, beyond the euphoria at the profile of education a more sceptical reflection set in as I began to assess what this stress on drug education means or will mean in practice — beyond the rhetoric and platitudes of the politicians.

Mixed messages

At the outset it is interesting to note that the summit, in addressing the issue of drugs, only meant illegal drugs, and the preponderance of smokers at the summit, including Ministers of Health, reflected a certain mixed message about drug use and effects! Nevertheless there were contributions, notably from the United Kingdom but including African and Asian contributions, that stressed the need for an approach within a broad 'healthy lifestyles' framework.

It is this interpretation of what drug education means that poses the major problem for those with the responsibility of implementing it in the schools. Current approaches tend to range from the narrow content-based to a broad personal and social education programme. There are, however, some general trends in the way drug education is currently pursued.

It would be easy to 'rubbish' certain approaches and praise others, but this would encourage the 'easy answer to complex questions' response that some of the approaches promote. It may be better to consider the major trends and approaches in turn and consider the benefits and problems associated with each one.

"Give me the facts, ma'am"

One of the main problems with politicians' use of the word 'education' is that they really

mean 'information'. Drug education from this perspective means giving young people lots of information and facts about drugs, often in association with mass-media campaigns. 'Drugs' tends to mean illegal drugs, and 'facts' usually means stressing all the negative and nasty effects that these drugs can have on young people who use them. They are not necessarily linked with the reality of many people's experience.

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This approach to drug education often uses the 'expert' to reveal the facts. The police are often cast in this role of 'fact-giver' and can be a valuable resource for many splendid visual aids of a drug user's equipment. Otherwise one relies on video material or information leaflets about drugs to provide the facts.

It is easy to be cynical about this approach. It is still a common belief that knowledge and information, on their own, will affect behaviour and that once 'immunised' with the 'truth about drugs' young people will not use them. It's a bit like "Just say No". If only it were that simple!

However, it must be remembered that information and facts do have a role to play in developing knowledge. Some approaches seem to have altogether rejected the need to provide information. Both extremes have little hope of 'success' if real education is the objective.

Scare them to death

Much has been written about the inappropriateness of this approach to drug education. The general view of health and drug educators is that the shock-horror story or video 'nasty' about drugs and their effects is unlikely to be effective in the long term in reducing the likelihood of young people using drugs. Some argue it is likely to be counter-productive.

Despite this, it is still a common approach, particularly in smoking and alcohol education (part of drug education), and it is one that the young people often argue as being most effective. Those who argue that agendas and approaches to drug education should be set by young people might reflect on the approaches that many would request. Politicians argue for the positive impact of drink-drive campaigns with their tragic and shocking messages. The negative or unproductive effects of this approach are difficult to argue against, and the research is not totally conclusive — or current.

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However, it is difficult to justify this approach as 'education' in any pure definition of the term, and the 'distancing' or 'it could never happen to me' response is obviously common when faced with the shock-horror story. Nevertheless, in a different context and environment, and with the appropriate teacher, many would argue that certain material in this category may be useful.

"It happened to me — don't let it happen to you"

This approach centres around the use of the visitor — the ex-addict — to the school to offer a testimony on the problems of the drug user. It is the reformed addict who details his (usually his and not her) misery when using drugs and exhorting the youngsters to "stay clean". The claim for this approach is that it is 'from the horse's mouth' — real people with experience talking to young people who will believe it if it comes from a real user with whom they can relate, and get the 'truth'.

However, there are other messages to the young: you can take drugs, come off drugs, and then achieve special status as a spokesperson on the subject. What about the ex-user's other drug behaviour? For example, many ex-addicts smoke cigarettes. What happens if there is a relapse? "He doesn't seem too bad on it," was one response at an input I attended. It's the same when the 'star' speaks of the dangers of drugs: "If I had their money I wouldn't need to take drugs" is an understandable reaction.

Once again it may be the need to know the ex-addict and his style, approach and input, and how far it is part of a more thorough drug education scheme in which a visitor responding to young people's concerns may have a role where a lecture or testimony mingled with emotion or horror stories does not.

The visit to the theatre

A very popular approach currently is to link the need for drug education with a visit to a high-tech input about how the body works and functions, encouraging young people to take care of their body and be responsible for their health and well-being by not taking drugs — all laudable aims.

It is an approach which is popular with politicians and lay people as it gives good photo opportunities, and is a visual and high-profile approach which says: "Look, we're doing something about fighting drug misuse". Indeed, such approaches are understandably popular with teachers and young people, too.

Certainly, technology needs to be exploited and be made accessible to education to help children learn and understand more readily. However, the danger is that it starts with the visit and stops with the visit. A ninety-minute 'experience' suddenly provides all there is to learn about drug education. It is the 'easy answer to the complex questions' approach epitomised and, sadly, is often seen and taken as the short-cut to 'doing drug education' rather than as a complement or supplement for more thorough and comprehensive approaches. Scant financial resources are often poured into such 'visual' programmes.

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There also has to be some question about the long-term value in terms of the effects of this approach on drug use behaviour. However, it has a contribution to make without being the complete answer.

KISS A VIP

The less visible but broader approach to drug education is the 'KISS A VIP' approach. It tends to see drug education within a broader context of health education and PSE, encompasses all drugs, and though it does have an input in specific content areas there are basic underlying concepts and issues that pervade this broad and comprehensive approach. These content areas are:

- Knowledge
- Information
- Social Skills
- Attitudes
- Values
- Influences (political, social and economic)
- Personal confidence

This approach places a significant emphasis on developing the individual's self-esteem and ability to be in a position to make positive and healthy choices and decisions about lifestyle, including drug use. As such there is also an emphasis on awareness-raising with regard to external influences within society that affect or even restrict choices and decisions and that contribute to individuals behaving in certain ways often regarded as 'unhealthy'.

The approach places an emphasis on empowering individuals to act separately and collectively as agents who question, choose and can effect change in society. It is often portrayed as an ideal, but criticised for its attempt to take on too much within a real school environment

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A fresh approach ... how to 'use safely', or with the least amount of risk or harm to self or others, rather than offer an unrealistic message of 'no use'.

where time and expertise for teaching with this philosophy and approach is not available.

It is also criticised for its lack of impact on specific health behaviours, including drug use, although evaluation work on this approach is not available. A major reason for this is that few schools have committed themselves to such a broad-based developmental programme, and, for those that have, the benefits may be long rather than short-term.

Certainly the approach is one that has as much to say about appropriate teacher methodology and style of learning, such as peer-led methods, as it has about content, with the requisite need for training support for those who become involved. However, it has an attraction to those idealists in education concerned with behaviour and not just drugs, but it has to take into account the realities of schools, teachers and timetables — as well as the National Curriculum!

They're going to do it anyway!

A fresh approach to drug education is now on the horizon. It is often labelled 'new', but that remains debatable. It arises from the powerful lobby for a 'harm minimisation' approach to drug education. Many would say that alcohol education has been such an approach for many years.

The basic theory is that the majority of young people will at some time in their lives experiment with or use drugs. Recognising this reality should mean that education should address the issue of how to 'use safely', or with the least amount of risk or harm to self or others, rather than offer an unrealistic message of 'no use'. The argument is quite convincing and has much to offer philosophically — indeed there are particular groups of young people, in more informal areas of education, where this approach is both advisable and possible.

However, there are certain political and legal realities that make such an approach very difficult for the majority of schools and teachers. Imagine, for example, the reaction of the media, parents, politicians and teachers if it became known that a school was suggesting that using drugs was a fact of life for most people — in fact, saying something that could be interpreted as condoning drug use by teaching safe use or low-risk approaches for their use.

I think there are many practical problems connected with this approach that society is not ready to face. Whether one should teach 'safe use' of cigarettes is an interesting debate, even in its less emotive form of harm minimisation. The approach may have value for some, but will pose many problems for the reality facing most formal education institutions. Once again, however, there are elements of this approach that need to be considered seriously in devising a programme of drug education.

Cross-curricular, healthy lifestyles and all that jazz

The developments with the National Curriculum and issues such as the 'whole curriculum', cross-curricular areas of study and the role of health and PSE offer another treatment of drug education. The 'Give us the facts, ma'am' approach is within the science curriculum, but these are to be supplemented by other approaches through other foundation subject areas, through cross-curricular but co-ordinated inputs of drug education, and through continued provision of PSE or health education courses.

The danger is that if it becomes too diffuse it loses its identity. If it becomes too particular it is in danger of becoming too specialised and lacking time or demanding too much from too few teachers. If it becomes too fragmented, it is in danger of losing cohesion and meaning and provides a good excuse for doing nothing because of the difficulty of co-ordination.

Compromise?

At the end of the day I feel that drug education in schools has to be about compromise — a question of balance — recognising that there are horses for courses and that no one approach has all the answers or deals with all the questions.

Certainly the World Ministerial Summit, or at least politicians, may hold the key as to which approach receives the best uptake, and that will not necessarily be the most effective approach. It will be the approach that receives the best financial support and political popularity and backing, and sadly that may mean more easy answers to complex questions.

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Reference

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