

# Don't do drugs... Drugs are bad... Mkay?



Let's learn from the failures of drug education and change the emphasis to prevention, says **Richard Ives**.

In English schools, drug education is statutorily included in the science curriculum and is a part of the recommended personal, social, and health education curriculum. There is clear guidance from DfES on content and conduct of school drug education. A major Home Office-funded research project ('Blueprint') is testing a multi-component model of drug education in 23 secondary schools.

Big claims have been made for drug education, but research fails to confirm these, demonstrating, at best, small gains in knowledge and attitude change, and, where programmes are skills-based, some skills development. Changes in future drug-using behaviour are difficult to measure, but are limited.

This paucity of positive evidence has led to calls for a rethink. Some groups have ignored school-based education altogether; for example, the Alcohol and Public Policy Group in their widely-quoted report, *Alcohol: no ordinary commodity*, does not have preventive education in their 'top ten' policy options suggested for tackling alcohol abuse.

The recent RSA report on drugs is very critical of drug education, saying: 'Much of it fails to achieve its objectives. Too much of it is inconsistent, irrelevant, disorganised, couched in inappropriate language and delivered by people without adequate training.'

The influential Home Office-based but independent Advisory Council on the Misuse of Drugs (ACMD), in its 2006 report, *Pathways to Problems*, concluded: 'The expectations placed on school-

based drugs education programmes need to be more realistic.' They went on to recommend that: 'There should be a careful reassessment of the role of schools in drug misuse prevention. The emphasis should be on providing all pupils with accurate, credible and consistent information about the hazards of tobacco, alcohol and other drugs – including volatile substances.'

The ACMD's recommendations for the drug information that should be included in the curriculum are a long way from much of current drug education, which focuses on illegal drugs. The Committee would like to include the addictiveness of tobacco; the danger of using volatile substances; links between alcohol intoxication; violent behaviour and unsafe sex; and damage to the unborn child due to smoking or drinking during pregnancy.

While the ACMD's analysis of the evidence was, as usual, thorough, its recommendations were off-beam. Their analysis had demonstrated that the provision of information was ineffective in changing drug-related behaviour, yet this was the very thing that they recommended 'emphasis' on! Nevertheless, teachers should welcome the proposal – with one wording change – from 'prevention', to 'education'. Some educators have been unhappy with the idea of schools being enlisted in the 'drugs war' – trying to stop drug use, rather than educate pupils about drugs. They insist that their job is to inform and assist their students to make a critical examination of the topic of

drugs; and whether or not the students choose to try drugs is a matter for them, not for the educational institution.

Some even describe most drug prevention in schools as 'propaganda, not education', and say that these approaches seek to: 'censor information, exaggerate dangers, limit discussion, perpetuate stereotypes and tell young people what to think. This discourages the development of informed decision-making [and] increases the likelihood of young people feeling that drug education is irrelevant, that they are being patronised and that they are not being told the truth or given a balanced picture.' (J Cohen, writing in *DrugLink*, July/August 2002)

Nevertheless, educators cannot abandon all responsibility for alerting young people to the dangers of drugs. After all, in other areas of the curriculum risks are addressed – it would be an irresponsible teacher of physical education who did not communicate to students the various risks associated with different sports.

But PE teaching is not assessed on a measure of risk reduction. As Adrian King points out in the same issue of *DrugLink*, the requirement for schools to achieve reductions in drug use through drug education is as if 'we were to measure the success of teaching Shakespeare at school by a reduction in the sales of cheap love novels'. King suggests, instead, that drug education should aim to develop their self-esteem, readiness to seek help, and communication skills – leading to less conflict with parents.

These are important areas for the development of competent adults, but with so much misinformation about drugs in our culture, it's essential to correct misperceptions through the provision of information. Or is it? There is an enormous amount of drugs information available to young people from a range of sources.

For an illustration, consider Network TV cartoons. *The Simpsons* has tackled drugs issues on many occasions. Some examples: Homer drinks a lot of beer, but in one episode gives it up for a month. Barney sees a video of himself drinking and is so shocked that he gives up. Homer tries medical marijuana and joins the campaign to keep it legal. He grows 'tomacco', an addictive cross between tomatoes and tobacco. He eats the Guatemalan insanity chillies and has a 'trip'. Marge gets addicted to gambling. Elsewhere, she drinks spiked water and trips; in another episode, so

does Lisa. Bart and Milhouse get high on an all-syrup squishee sold at the Kwik-E-Mart; in another episode the Kwik-E-Mart owner, Apu, experiences a hallucination in which he thinks he's a hummingbird. In an episode where the child protection services take Bart and Lisa away, Marge tests positive for crack and PCP (phencyclidine – also known as Angel Dust). In the episode where Bart gets an elephant, Homer is cleaning the basement, inhales the fumes of cleaning products, trips out, and is attacked by product logos. Bart is diagnosed with attention deficit hyperactivity disorder (ADHD) and must take a drug that boosts his attention span (and there are many more – see [www.erowid.org](http://www.erowid.org) and [www.simpsoncrazy.com](http://www.simpsoncrazy.com)).

What characterises these references, apart from the humour, is their accuracy and level of detail. Any one of these would provide a fantastic starting point for discussion about drugs issues. Yet what do schools actually do? The less family-oriented – and therefore more credible to young people – cartoon series, *South Park*, also has a lot to say about drugs, and about drug education. The *South Park* boys have a sophisticated approach to drugs and drug abuse but the messages they get from school are presented as laughable and pathetic.

For example, Mr MacKay, the school counsellor, harangues the class about drugs, telling them 'drugs are bad'. This message is repeated *ad nauseam*. Because he passes marijuana around the class and doesn't get it back, Mr Mackay loses his job, becomes a drug user, and gets better informed about drugs. But back in the classroom all he can do is repeat the mantra, 'drugs are bad, kids OK'. In another episode, 'Butt out', anti-smoking education by external providers is mercilessly lampooned. Teachers to whom I've shown these clips sigh with recognition.

In a *South Park* series six episode, 'My future self and me', Stan's parents attempt to scare him into not using drugs. The episode refers to some of the USA government's anti-drugs advertisements aimed at young people, which suggest that people who buy drugs fund terrorism. When Stan confronts his parents, his Dad tells him: 'Well son, we've just been trying to make sure you know how dangerous drugs like pot are.' Stan replies, angrily: 'I've been told a lot of things about pot, but I've come to find out that a lot of those things aren't true! So I don't know what to believe.'

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His Dad responds: 'Well, Stan, the truth is, marijuana isn't going to make you kill people and most likely isn't going to fund terrorism, but, well son, pot makes you feel fine with being bored, and it's when you're bored that you should be learning some new skill or discovering some new science or being creative. If you smoke pot, you may grow up to find out that you aren't good at anything.' Stan's reply is: 'I really, really wish you could have told me that from the beginning.'

His Mum joins in: 'He's right; if we use lies and exaggeration to keep kids off drugs, then they're never going to believe anything we tell them.'

But Stan, in an earlier episode, is presented as knowing a lot about drugs. When Chef asks the boys if they know why 'drugs are bad', Stan replies, at machine-gun speed, 'Because they're an addictive solution to a greater problem causing disease of both body and mind with consequences far outweighing their supposed benefits.' And when the boys meet 'Towlie', a drug-using robotic towel, they hang out with him and help him while refusing his (repeated) offer of drugs. With sophisticated storylines like this, it is no wonder that worthy, good intentioned-but-boring school drug education fails to make an impact on young people. But the wrong conclusion would be to suggest that school drug education needs 'spicing up'.

Providing accurate information about drugs is important, and schools have a role in educating children about some aspects of drugs. But when it

comes to individual decisions about drug use, school classrooms are not the place to communicate complex messages that should be tailored for individual circumstances. Anyway, most teachers lack sufficient detailed knowledge about drugs, and they don't want to teach about them. The government's Frank campaign, albeit in a limited way, provides general drug information to anyone who wants it.

The most significant part of the ACMD report, and the bit that gets the wholehearted endorsement of the profession's 'trade association', the Drug Education Forum, is the call for more drug education out of school: 'Information, advice and guidance to young people should have a specific drugs element.' It's here, working with potentially vulnerable young people in advice and guidance contexts, that appropriate, one-to-one and small group discussions can take place that address the specific drugs issues that concern these young people.

So let's focus resources on these areas and encourage schools to forget about drug prevention, and concentrate on drug education – such as the history of drugs, the role of drugs in society, and drugs advertising. And let's give schools time to address the personal, social, and health curriculum without the distraction (and impossibility) of having to demonstrate drug-related outcomes.

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