

The background of the entire page is a complex, abstract pattern of overlapping squares and rectangles of various sizes and orientations. The lines are black and the spaces between them are white, creating a maze-like or grid-like appearance.

**Towards**

**EFFECTIVE  
DRUG EDUCATION**

**by Sandy Cameron**

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**"Fighting For Community -  
Stories From The Carnegie Centre  
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published by the  
Carnegie Community Centre Association**

**"Taking Another Look At Class"  
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Alternatives (BC Office) and the Carnegie  
Community Centre Association**

**and two books of poetry  
"Downtown Eastside Poems"  
"Sparks from the Fire."  
published by Lazara Press**

**Produced by Carnegie Community Action Project  
401 Main Street, Vancouver, BC V6A 2T7  
Phone: 604.689-0397**

**April 2001**

# Towards Effective Drug Education

by Sandy Cameron

Drug education in schools is not a new idea, although effective drug education programs are hard to find. In the Adolescent Survey, 1987, by R. Chamberlayne, 67.8% of students in B. C. reported that they had no more than two classes in drug and alcohol education in their lives.

“ Research, and our own experience, show that the “Just say No” approach doesn’t work, and it doesn’t take into account the social and economic forces behind drug misuse. ”

The main idea of traditional drug education programs is abstinence – the “Just Say No” approach. It is believed that only total abstinence can save an individual from inevitable destruction, and that a major method used to convey this message is fear. (1)

Research, and our own experience, show that the “Just say No” approach doesn’t work, and it doesn’t take into account the social and economic forces behind drug misuse. Research also shows that using fear to scare people from using drugs is not effective. We live in a drug society, and students see adults using licit and illicit drugs all the time. They want an intelligent approach to drugs, not one based on fear or panic.

# Why we should be concerned about effective drug education

First of all, we live in a drug society with drug stores everywhere. Advertisements come at us like cruise missiles seeking our inner vulnerability.

The ads tell us that we're incomplete human beings unless we buy this quick fix or that quick fix – a brand name pair of jeans, a certain kind of alcohol, or an over-the-counter or prescription drug. Most drugs in our addicted society are licit. Some are illicit. The abuse of two licit drugs, alcohol and tobacco, causes more death and destruction than all the illicit drugs put together.

**“ The abuse of two licit drugs, alcohol and tobacco, cause more death and destruction than all the illicit drugs put together. ”**

Secondly, the war on drugs hasn't worked.  
It has criminalized and marginalized ill people.  
It has forced the drug trade underground.  
It has taken money that should have gone to a wide range of treatment and follow-up programs, and spent it on more police and more prisons.

After twenty years of the war on drugs, the United States has the most catastrophic drug problem and the highest rate of throwing people in jail of all the industrial nations (2).

**EFFECTIVE DRUG EDUCATION**

Thirdly, the HIV/AIDS epidemic, first noticed among drug users in 1983-84, pushed the need for alternatives to drug policies based on prohibition.

Public health and safety became the major concern, and health care workers and police began to see drug addiction as a serious health concern that is inappropriately dealt with by the criminal justice system (3).

Fourthly, there has been an upward trend in drug use among youth and adults in Canada, the United States and Great Britain in the last few years. This trend may be global as the drug most used by the world's ten to thirty million street children is glue.

Most young people in Canada use at least one drug – alcohol, tobacco, caffeine (in many soft drinks as well as tea and coffee), and cannabis being the main ones. Therefore, the principle of only two choices, abstinence or abuse, has to be challenged.

The concern now becomes not only the prevalence of use, but the harmful consequences of use (4).

These four concerns (above) will help shape an effective drug education program for schools.

Traditional drug education programs equate drug use with drug abuse. Young people know this equation is false from their own experience, and virtually all research has found that the vast majority of students who experiment with drugs do not become drug abusers. Programs that blur the distinction between use and abuse are ineffective because students know the information presented to them is not believable..

“ Young people are aware that the wide availability of licit and illicit drugs is a fact of modern life. They know that one-time experimentation with drugs is not abuse. ”

Sensational stories or pictures of drug abuse undermine the credibility of drug education programs. Young people are aware that the wide availability of licit and illicit drugs is a fact of modern life. They know that one-time experimentation with drugs is not abuse. They are aware that adults need to look honestly at their own licit and illicit drug use, and they distrust adults who give them false information (5).

Many conventional drug education programs have been based on the mistaken notion that young people have little to contribute to their own drug education. A common complaint of the Drug Abuse Resistance Education program (D.A.R.E.), according to a study published in *Psychiatric Annals* in 1991, was from students who did not believe their opinions were taken into account (6). A good drug education program would give young people an opportunity to work out their own attitudes to drugs, and to hear the views of others.

A school drug education program needs to be part of a larger health curriculum, and be taught by school-based personnel using a variety of community resources. Police officers could be one resource, especially in the area of law enforcement, but the areas of prevention of drug abuse, treatment, and reduction of harm call for a range of skills generally outside the police department.

For example, Elliott Currie has said that, "The link between drug abuse and (social) deprivation is one of the strongest in forty years of careful research." (7) This important statement means that a discussion on the prevention of drug abuse would have to include a discussion of the social factors that cause some people to be more at risk than others – factors such as poverty, child abuse and family dysfunction, for example.

Adolescence can be a confusing, rebellious time in this society. Telling young people not to use drugs can have the opposite effect, especially if the order comes from authority figures like the police. Ironically, students most at risk in terms of drug misuse, would probably be the same ones most hostile to a police presence.

At the same time, it is important to recognize the positive work that a number of police officers do on the street in relation to helping drug abusers find counselling and treatment. After all, it was a police officer who told former Downtown Eastside organizer and City Counsellor Bruce Eriksen to stop hurting himself with booze, and helped to point him in the direction of detox

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## CONCLUSIONS

Here are some approaches to drug education in schools that are ***not*** recommended:

- \* Drug education in isolation from a wider school, community, social and environmental context.
- \* Drug prevention strategies that have illegal drugs as their main focus, while drugs associated with the most harm – tobacco, alcohol, over-the-counter medication and prescription drugs – are ignored.
- \* The “Just Say No” approach. The phrase is meaningless because it has no socioeconomic context. This approach is too simplistic, and is not supported by research.
- \* The use of fear as the primary means of influencing behavior (8).

# An effective program includes:

- \* A shift in perception from the problem of use as viewed by adults to the problem with use as viewed by young people.
- \* Respect for the opinions of young people.
- \* An understanding that the program is part of a larger health curriculum, taught by school-based personnel using a variety of community resources. The "drug problem" is a public health problem. The 1986 Ottawa Charter states that: "The fundamental conditions and resources for health are peace, shelter, education, food, income...social justice and equity."
- \* A discussion of the various models of drug control:
  - a) Prohibition model (war on drugs)
  - b) Medical model (treatment)
  - c) Harm reduction (to save lives and protect users and the public)
  - d) Legalization model (not decriminalization).This discussion could include alcohol and tobacco regulations in our society, and the drug control policies of other countries (9).
- \* An exploration of the social, psychological and economic reasons why some people are high risk with regard to drug misuse while others are not (10). Students might consider ways to help their friends and others who might be in trouble with drugs. Part of this discussion could include the significant difference between "use" and "abuse" (11).
- \* Accurate information about drugs, their effects and their dangers.
- \* Information on places to go for help for those in trouble with drugs.
- \* Information about the laws on drugs.
- \* Insight into our drug society and the role of advertising as pusher.
- \* A global perspective on drug use, especially with regard to children. The world's ten to thirty million street children are at high risk of developing drug abuse problems, glue being one of the most used substances (12).



In an ideal world there wouldn't be a drug problem, and abstinence might be widely practiced. In the real world of North America at least fifty percent of students don't abstain. We need effective drug education programs to prevent drug abuse and drug problems (13).

“ In an ideal world there wouldn't be a drug problem, and abstinence might be widely practiced. In the real world of North America at least fifty percent of students don't abstain. ”

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# A Mother's Advice About Drugs

*Dear Johnny*

This fall you will be entering high school, and like most American teenagers, you'll have to navigate drugs. As most parents, I would prefer that you not use drugs. However, I realize that despite my wishes, you might experiment.

I will not use scare tactics to deter you. Instead, having spent the past 25 years researching drug use, abuse and policy, I will tell you a little about what I have learned, hoping this will lead you to make wise choices. My only concern is your health and safety.

When people talk about "drugs," they are generally referring to illegal substances such as marijuana, cocaine, methamphetamine (speed), psychedelic drugs (LSD) Ecstasy, "Schrooms") and heroin.

These are not the only drugs that make you high. Alcohol, cigarettes and many other substances (like glue) cause intoxication of some sort. The fact that one drug or another is illegal does not mean one is better or worse. All of them temporarily change the way you perceive things and the way you think.

Some people will tell you that drugs feel good, and that's why they use them. But drugs are not always fun. Cocaine and methamphetamine speed up your heart; LSD can make you feel disoriented; alcohol intoxication impairs driving; cigarette smoking leads to addiction and sometimes lung cancer; and people sometimes die suddenly from taking heroin. Marijuana does not often lead to physical dependence or overdose, but it does alter the way people think, behave and react.

I have tried to give you a short description of the drugs you might encounter. I choose not to try to scare you by distorting information because I want you to have confidence in what I tell you. Although I won't lie about their effects, there are many reasons for a person your age to not use drugs or alcohol.

First, being high on marijuana or any other drug often interferes with normal life. It is difficult to retain information while high, so using, especially daily, affects your ability to learn.

Second, if you think you might try marijuana, please wait until you are older. Adults with drug problems often started using it at a very early age.

Finally, your father and I don't want you to get into trouble. Drug and alcohol use is illegal for you, and the consequences of being caught are huge. Here in the United States, the number of arrests for possession of marijuana has more than doubled in the past six years. Adults are serious about "zero tolerance." If caught, you could be arrested, expelled from school, barred from playing sports, lose your driver's license, denied a college loan, and/or rejected for college.

**EFFECTIVE DRUG EDUCATION**

Despite my advice to abstain, you may one day choose to experiment. I will say again that this is not a good idea, but if you do, I urge you to learn as much as you can, and use common sense. There are many excellent books and references, including the Internet, that give you credible information about drugs. You can, of course, always talk to me. If I don't know the answers to your questions, I will try to help you find them.

If you are offered drugs, be cautious. Watch how people behave, but understand that everyone responds differently even to the same substance. If you do decide to experiment, be sure you are surrounded by people you can count upon. Plan your transportation and under no circumstances drive or get into a car with anyone else who has been using alcohol or other drugs. Call us or any of our close friends any time, day or night, and we will pick you up, no questions asked and no consequences.

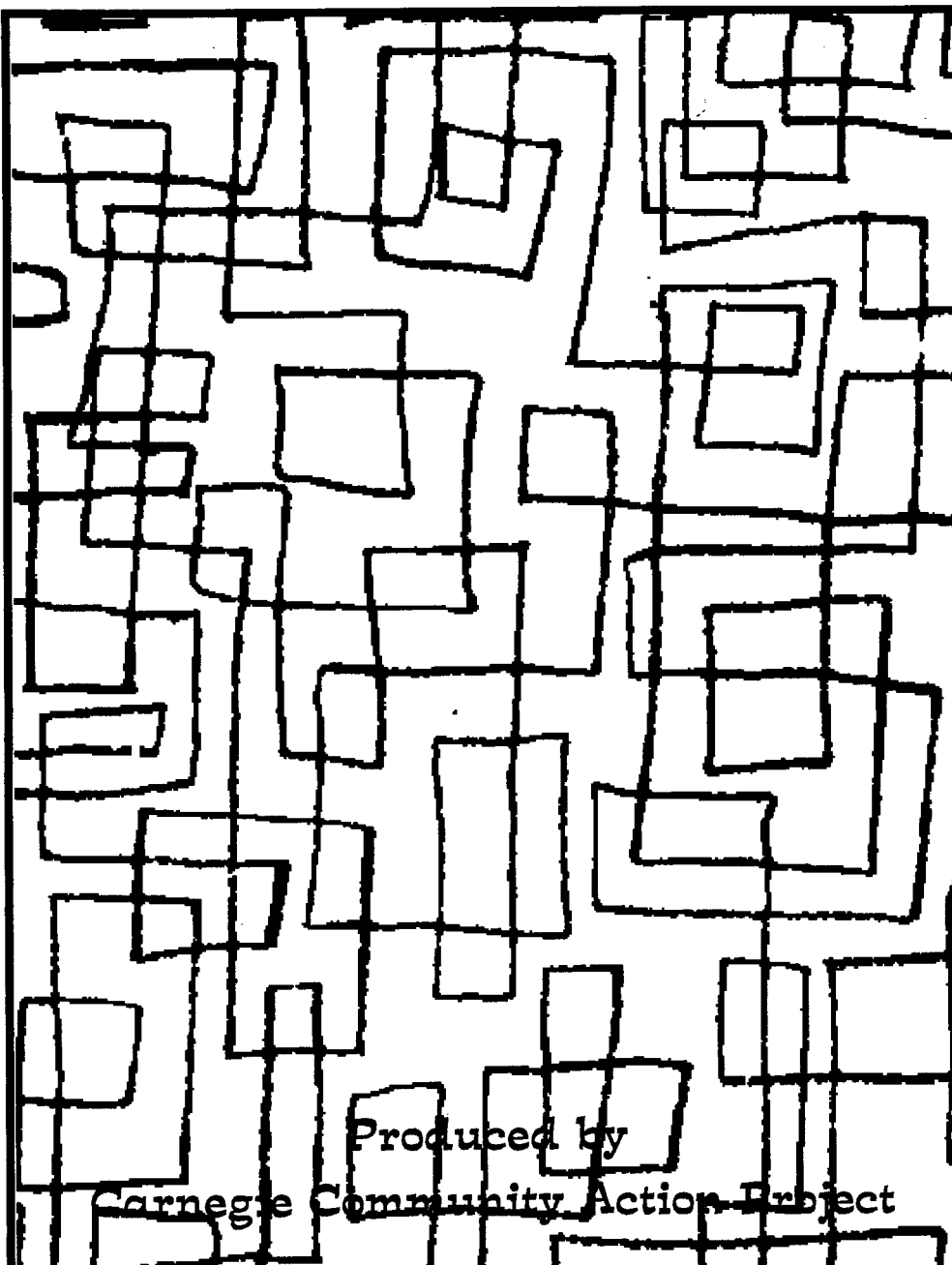
And please, Johnny, use moderation. It is impossible to know what is contained in illegal drugs because they are not regulated. The majority of fatal overdoses occur because young people do not know the strength of the drugs they consume, or how they combine with other drugs. Please do not participate in drinking contests, which have killed too many young people. Whereas marijuana by itself is not fatal, too much can cause you to become disoriented and sometimes paranoid. And of course, smoking can hurt your lungs, later in life and now.

Johnny, as your father and I have always told you about a range of activities (including sex), think about the consequences of your actions before you act. Drugs are no different. Be skeptical and most of all, be safe.

*Love, Mom*

**(Marsha Rosenblum, *The San Francisco Chronicle*, Labour Day, 1998)**

*Marsha Rosenblum is a medical sociologist and director of The Lindesmith Center-West, a drug policy institute with offices in New York and San Francisco. She received her doctorate in sociology from the University of California at San Francisco in 1979. Since 1977 Rosenblum has been the principal investigator on ten grants funded by the National Institute on Drug Abuse, completing studies of women heroin addicts, methadone maintenance treatment and policy, MDMA Ecstasy, cocaine, and drug use during pregnancy.*

An abstract graphic design consisting of a complex, overlapping grid of black-outlined squares and rectangles of various sizes and orientations. The lines are thick and hand-drawn, creating a maze-like or architectural feel. The pattern fills most of the page, with some text overlaid at the bottom.

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Carnegie Community Action Project

April 2001