

Do QCA curriculum guidelines encourage young people to make informed choices about drugs, alcohol and tobacco? Should the guidance focus on 'prevention' rather than 'harm reduction'? Are health educators and promoters reassured by the guidelines?

Viewpoint provides an opportunity for contributors to express their opinions about issues that are of interest to the readership. Wherever possible a response from a relevant organisation is also included.

Opinions expressed in **Viewpoint** are those of the contributors only and are not necessarily those of the Editor of 'Education and Health'.

Mary Brett is a Biology teacher and Head of Health Education at Dr. Challoner's Grammar School, Amersham, Bucks.

Jan Campbell is from the PSHE and Citizenship team at the QCA.

Viewpoint

QCA guidance on Drug, Alcohol and Tobacco Education

Mary Brett, Biology teacher and a Head of Health Education, provides a personal view of the QCA's curriculum guidance for schools at key stages 1 to 4. Jan Campbell, from QCA, provides a response.

Try as I might, I could not find the words "prevention" or "prevent" in any of the QCA's Drug, Alcohol and Tobacco Education curriculum guidance for schools at key stages 1 to 4. The nearest I came to it was, once, in the teacher's booklet on page 5, where it quoted from the government's drug strategy, 1998, *Tackling Drugs to Build a Better Britain*, "helping young people to resist drug misuse in order to achieve their full potential in society," and once in Appendix 3, "practice in drug refusal skills."

Prevention

This 1998 strategy had prevention as its priority, as did the previous, *Tackling Drugs Together*. So, in fact does the latest, *Updated Drug Strategy, 2002*. In David Blunkett's foreword to this 2002 version, he lists prevention, education, harm minimization, treatment and effective policing as our most powerful tools. He ends with, "Future generations should never have to face the dangers and harm that drugs present to too many of our young people, their families and their communities today."

The 2002 strategy talks about a stronger focus on education, prevention, enforcement and treatment to prevent and tackle problematic drug use, and aims to persuade all potential users, but particularly the young, not to use drugs. This, it says can be done by maintaining

prohibition, which deters use, and by providing education and support.

Harm reduction

Harm minimization, or the more usual term, harm reduction, has its proper place in dealing with known users, who already *have* drug problems, providing effective treatment and rehabilitation to break the cycle of dependence, while minimizing the harm that drugs can cause. Heroin users can be encouraged to "chase the dragon" (inhale the smoke), rather than inject, thus avoiding the blood-borne diseases.

Unfortunately, for the past fifteen years or so, the philosophy of harm reduction has been hi-jacked by most drug educators. Their view is, "kids will take drugs anyway, they must be told how to take them safely, and we must give them informed choices." Apart from the fact that currently they do not receive true, accurate and reliable information about some of the drugs, especially cannabis (more on this later), there should be *no* choice - drugs are illegal. Do we let them choose to break the law by speeding or petty pilfering?

By no means do all kids use drugs. Maybe 30% to 40% *do* try them, but most give up after a puff or two. The vast majority, well over 80%, will never become regular or even occasional users. And as for safety, there is no guaranteed

...for the past fifteen years or so, the philosophy of harm reduction has been hi-jacked by most drug educators. Their view is, "kids will take drugs anyway, they must be told how to take them safely, and we must give them informed choices."

safe way to take any drug, including those on prescription.

Informed choices

The QCA guidelines booklet uses the phrase "informed choices" over and over again. On pages fifteen and nineteen of the teacher's booklet, it is abundantly clear that these choices are about drugs, "develop skills for making healthy informed choices, including choices about drugs, alcohol and tobacco." Obviously with alcohol, safe limits do exist and it is a legal substance, but with tobacco and drugs, there is always *some* degree of harm.

How on earth has this guidance been drawn up which is awash with harm-reduction policies and never mentions prevention? I should not really be surprised. I attended a session of the Home Affairs Select Committee (HASC) in March 2003, when Bob Ainsworth, the government spokesman on drugs was giving evidence. He talked constantly about harm reduction, and when questioned what he was doing about preventing young people from starting in the first place, he became hesitant and evasive. He said the government was doing lots of things, and when pressed, assured the MP, the Lib-Dem, Bob Russell, that the HASC was not going down the legalization route. Do politicians ever give straight answers to questions?

In the various units, A to G, there is again a liberal sprinkling of the phrases, "informed choice", "real choice" and "decisions." Even at key stage 2 children are encouraged to make "informed choices." I would seriously question whether youngsters of between seven and eleven are mature enough, some of my *sixth* form I would say, are not mature enough to do this. The latest research on the brain indicates that full maturity may not be achieved till the mid-twenties. In unit F, it is spelled out even more clearly, "They research and identify accurate information about different drugs, using a variety of resources. They recognize the importance of making informed choices about alcohol or drug use and have increased awareness of ways to reduce the risks associated with it."

'Drugscope'

This government relies heavily, almost totally, on the charity Drugscope for its advice and information. It is an amalgamation of two previous charities, SCODA (Standing Conference on Drug Abuse), and ISDD (Institute for the Study of Drug Dependence). Literature from SCODA is widely quoted, The Right Choice, The Right Approaches and The Right Responses. On the covers we see a small logo

with the words, "Good practice in drug education and prevention", but inside we read, "SCODA seeks to reduce the harmful effects of drug use through informed debate". SCODA long ago abandoned any pretence at advocating primary prevention, they sometimes use the phrase "secondary prevention", and say it is when children have already started to use. Anything after primary prevention, (stopping them from starting in the first place), is intervention and harm reduction. Even the DfEE Drug Prevention and Schools Circular, 4/95, also quoted, refers to "secondary prevention". Pre-event, I would have thought, is quite clear in its meaning. Likewise the DfEE's Protecting Young People, 1998, although emphasizing the aim of trying to encourage children to resist drug use, points drug educators in the direction of SCODA for resources.

Preventing experimental use

On page five of The Right Responses, 1999, it says, "Research indicates that drug education and prevention strategies are not able to prevent experimental use. There is growing evidence, however, of effective strategies which can reduce the misuse of drugs and the associated problems for young people, their families and their communities."

This is quite simply not true. The huge prevention campaign in the USA from 1979 to 1991 saw a 60% drop in drug use. A similar campaign is currently taking place there under the new drug tsar, John Walters, and once again drug use is falling. The Swedes have had excellent prevention programmes in place for many years, their level of drug use is around 2% to 3%. I have yet to see evidence of harm reduction programmes which show similar success.

Rules and regulations

Children actually *need* rules and regulations, the only way they feel safe and secure is if they have boundaries to kick against. They have very little time for teachers who cannot control their classes. They often use their parents as an excuse when they want to get out of an activity with which they don't feel comfortable. "Dad would kill me" is a phrase I often overhear. Ex-pupils who come back to see me are often the ones I have had to discipline most severely.

In The Right Choice, 1998, shock tactics are dismissed as lacking credibility and even glamourising drug use. Strangely enough it is claimed that "Just say no" falls into this category. In an English essay, set by one of my colleagues to Year 10 pupils, about what would put them off taking drugs, the commonest request was for accurate information on the

I never actually say, "Just say no" to my pupils, but I find that, if I give them the accurate, unexaggerated scientific facts about drugs and how they affect the body...most of them are deterred.

harm they cause, but a surprising number said that shocking stories had a part to play. I never actually say, "Just say no" to my pupils, but I find that, if I give them the accurate, unexaggerated scientific facts about drugs and how they affect the body, add to that the adverse social, educational, emotional and family consequences of that way of life, spend some time discussing the various arguments surrounding drugs, and point out the employment potential of a drug user, most of them are deterred. I know, I get lots of feed-back. "Anyone would be mad to take drugs after that talk this morning", was one of the comments overheard after my annual address to Year 12 boys, reminding them of the dangers of cannabis. Earlier in their school career they have had sessions on self-esteem, peer-group pressure and other life skills.

Aware of the risks

Harm minimization, on the other hand they say, "reflects the reality that many young people use both legal and illegal substances. . . Those who advocate this approach acknowledge the importance of young drug users being aware of the risks associated with drug use, and aim to equip them with the knowledge and understanding that seeks to minimize them." I re-iterate the vast majority of children do *not* use drugs.

The effects of cannabis

One of the most consistent characteristics of harm reduction advocates is the trivialization of the effects of cannabis. Drugscope has constantly stated that cannabis is not physically addictive. This is not true, and a quick look at the abundant research on this topic would show otherwise. The teacher's booklet is at great pains to point out that "accurate and balanced facts" must be given, and they should not aim to "shock or horrify". But drugs *can* and *do* do shocking and horrible things to people.

I personally know four people with young relatives who have developed cannabis psychosis and will probably never be truly well again. Psychiatrists will confirm that more and more hospital beds are now being occupied by young people suffering from psychosis or schizophrenia because of their cannabis use. A recent survey in New Zealand found that young male cannabis users were five times more likely to be violent than non-users. The risk for alcohol was only three times.

Cannabis smoke deposits three to four times as much tar in our airways than cigarette smoke, and causes rare head and neck cancers in young people, not seen in tobacco users till

they reach the age of sixty and over. The British Lung Foundation has recently given a warning to young people. Cannabis has been responsible for cases of collapsed lungs and lungs shot through with holes. The risk of a heart attack in middle aged users rises five-fold in the hour following the smoking of a joint.

Babies born to cannabis-using mothers are smaller and suffer from behaviour and learning problems as they grow up. Sperm counts are reduced, and cases of sterility and impotence have been reported. The immune system does not escape either, it is also badly impaired.

Concentration, learning and memory are all adversely affected, causing pupils' grades to fall. Often they miss out on university places. And cannabis *can* act as a gateway drug. Numerous studies in the USA, New Zealand, and the latest, using twins from Australia, confirm the trend. Of course not all of them will progress to more dangerous drugs, but almost 100% of heroin users started on cannabis.

Vehicle accidents

Vehicle accidents, as many as those caused by alcohol in *some* studies have been documented in America, although nine to ten times as many people drink. Since the fat-soluble THC (Tetrahydrocannabinol), the substance that gives the "high", stays in the body for weeks, 50% is still there after a week, and 10% a month later, a person smoking a joint today should not be driving for at least twenty-four hours afterwards. This "clogging up" of the cell membranes by THC may even cause some brain cells to die. Brain cells are not replaced. Permanent brain damage is too high a price to pay.

Ten times stronger

The cannabis of today is at least ten times stronger than it was in the sixties, and skunk and nederweed, varieties specially bred in Holland, have THC contents of anything from 9% to 27%, up from the 0.5% of forty years ago. Today's cannabis is a *totally* different drug.

Is all of this not shocking? The Drugscope website contains very few of these facts. There is no mention of effects on the heart, the immune system, reproductive system, long-term storage or increased strength of THC. Conclusive proof is demanded. We still have no conclusive proof that cigarettes cause lung cancer, but because of animal experiments and statistical evidence, we accept the link. Why is it different with cannabis? One of the booklets about cannabis, distributed by Drugscope, shows a picture of two young chaps in a field of cannabis plants, one of them is wearing a cap with the logo, "Have fun, take care". What sort of message

Even at key stage 2 children are encouraged to make "informed choices." I would seriously question whether youngsters of between seven and eleven are mature enough, some of my sixth form I would say, are not mature enough to do this.

does that send?

Unless Drugscope and other similar charities get their acts together and up-date their information to give our youngsters what they deserve, advanced warning of the true hazards of this insidious drug, then our children are being betrayed. No wonder there is a disclaimer about information on their website. How can our children "draw on their own knowledge and use decision-making skills to make an informed choice in different situations," when they are not properly informed? They should be encouraged to access scientific papers and books to get the real picture. Other websites mentioned often refer to Drugscope or SCODA for information. Some have reasonably accurate information but far too little of it.

Drugscope do not want people in possession of small quantities of drugs to be arrested - any drugs! They enthusiastically endorsed David Blunkett's proposal to down-grade cannabis from class B to C. An absolute disaster waiting to happen! The number of young boys using cannabis has jumped 50% from 19% to 29% since his ill-advised announcement.

Drugs literature

Many teachers in charge of drug education are not biologists. A good number are RE staff. When they receive drugs literature in school, they must naturally assume it is reliable and trustworthy. Teachers are busy people and will use worksheets if they are provided. One of the worst I have seen is entitled "Absolutely Spliffing". Messages again!

The various games, debates and activities suggested in the guidance are hopeless without the true facts being known. I have never been a great advocate anyway, of playing games to get over the point about drugs. The suggestion in unit F to use syringes, foil, matches, cigarette papers and drink bottles, leaves me feeling distinctly uneasy. Also in unit F is the first warning to children that alcohol in overdose can kill. Kids are drinking much earlier, my year nine boys are horrified when I tell them, and some of them are already drinking regularly.

Responsible organizations

Connexions, the organization now responsible for distributing information to schools on various subjects, including drugs, is obviously mentioned. I recently had cause to complain strongly about some of the drug leaflets they sent out. They were written by the "Clued-Up Posse", a group of kids from Fife. Not surprisingly they had *very* little information in them, were written in "trendy" language and had

masses of advice on harm reduction. My sixth form thought they were useless, patronizing, and positively encouraged drug use. They pointed out to me that the cannabis one was a replica of a Rizla packet. Again, what message does that send out? In my view this is totally irresponsible and one MP has tabled a written question for me. I await the reply.

The Department of Health, also mentioned, is not above blame either. In a recent poster sent to school offering a list of resources, the charity Lifeline was given. When I gave oral evidence to the HASC on cannabis in January 2002, I showed them some of Lifeline's publications. "How a joint is rolled", a set of diagrams in their cannabis leaflet, "Don't get caught in the first place", advice to children on how to survive their parents finding out they are using drugs, and a hint not to use an old LP record to place their cocaine on as it gets wasted in the grooves, are just some of the "gems" of advice from this charity. Their "street-wise" literature is full of sexually explicit cartoons and four-letter words.

To give them their due, the committee was collectively shocked, they have launched an investigation, particularly into the funding, which comes mostly from local health authorities and central government. The reply to my MPs question as to whether they would withdraw the poster was that they had no plans to withdraw it and would have no reason to do so.

Another charity, mentioned both in the poster and the QCA booklet is Release. Release has long campaigned for the legalization of cannabis.

ACMD

In unit D, where the proposed down-grading of cannabis is to be discussed and debated, teachers and pupils are directed to the websites of the ACMD (Advisory Council for the Misuse of Drugs) and the HASC. Out of around thirty-two members, the ACMD has no fewer than thirteen from pro-liberalization drug groups and *none* from prevention groups. The HASC interviewed over thirty people into their investigation on the drug laws, a mere handful were either scientists working in the field, or held prevention views, myself included. Why are the reports from the WHO (1997) and the report by the House of Lords Science and Technology Committee (1998) not cited? These two reports were written by eminent scientists with no axe to grind and detailed knowledge of the subject. Debates are excellent vehicles for an exchange of views, but when the sources of information recommended to them are heavily

biased, then the whole exercise is badly flawed.

On November 28th, 2002, 14 of us gave papers on cannabis in The Moses Room in The House of Lords. The Conference, entitled Cannabis - A Cause for Concern? was chaired by Lord David Alton. Seven other people gave testimonies, among them a young girl, a non-user. She said, "you adults have to say that you care, that you feel strongly about what we do - don't leave it as a choice. If you don't want us to do drugs then say so - and say why. You don't ask us to choose whether to steal, or to attack people, so why leave us to choose about drugs?" It was like a breath of fresh air.

A response from QCA.

QCA's curriculum guidance on drug, alcohol and tobacco education forms part of a wider package of guidance, training and support which includes the DfES drug education package for teachers. The messages within it are consistent with the approach to drug education set out in existing and draft DfES guidance to schools, and that used by Ofsted.

Expert steering group

The materials were developed under the direction of an expert steering group and were shared extensively with teachers, advisers and other professionals, to ensure that the messages and activities were appropriate. Development activities included seminars for practitioners and LEA advisers, teacher focus groups, and an extensive email exercise, all of which contributed to the final version.

The guidance addresses over-the-counter or prescription medicines, legal substances including caffeine, alcohol, tobacco and volatile substances, as well as illegally produced, owned or supplied substances. Knowledge, skills and understanding about these substances including the dangers of misuse are developed through the use of participatory techniques. These we know to be effective in engaging young people in learning.

Activities

The teaching and learning activities are illustrative. They are designed to offer a range of suggestions and starting points for addressing drug, alcohol and tobacco education, from which schools can select and combine with

Prevention has always been better than cure and always will be. We have massive prevention campaigns for drink-driving, breast cancer, heart disease and so on. Why on earth can we not see that *preventing* drug use should be our greatest priority.

Our children are our future. A massive dose of common sense in this country is long overdue.

Mary Brett

Biology teacher and Head of Health Education at Dr. Challoner's Grammar School, Amersham, Bucks

other materials, as appropriate to the needs of their pupils and in line with the aims of their existing programmes.

Prevention and early intervention

This guidance is fully compatible with the Government's belief that prevention and early intervention with young people is better than cure. The Government's aim, through drug education, is to encourage young people to reject drugs by providing accurate information about their physiological and psychological effects, and the implications of their use on the individual, the family and wider society. Alongside this, it wants to give young people the skills to resist the pressure to experiment with drugs and help them appreciate the benefits of a healthy lifestyle. The QCA guidance is consistent with this.

Updating

The DfES is currently updating guidance to schools on drugs. A copy of the consultation document *Drugs: Guidance for Schools* can be found on www.dfes.gov.uk/consultations, with hard copies available from DfES publications on 0845 6022260 quoting reference DfES/0205 2003.

QCA has received many positive comments from teachers some of whom have helpfully suggested additional resources or activities which could be added to the web version of the guidance. We are grateful for their interest.

Jan Campbell

PSHE and Citizenship team

QCA