Bring drugs education into the curriculum!

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'The underlying philosophy of the British education system has long been in the liberal tradition, augmented recently by notions of personal development and enhanced by the development of measurable skills. Health and drugs education have been exceptional in pursuing behaviour modification.' The writer suggests that they, too, should find their place within the framework of an integrated curriculum, and not be isolated at the periphery.

Recently the Department of Education and Science, through the Education Support Grant Scheme, has encouraged local authorities to appoint Drugs Education Co-ordinators, a new, highly specialised breed of health educators. The notion of co-ordination is not new, witness HEP 13-18 (1). However, this round of co-ordination has come at a time when health education has a high profile and drugs education is a topic of public discussion. In the light of this, what will be the nature of drugs education co-ordination?

The current debate about the extent and nature of drugs education has developed as a result of a sustained moral panic about drug use among the young. As issues about drugs education emerge, two observations are possible.

1. There has been a heavy emphasis on *drugs*, and less thought given to the nature of *education.*
2. The emergent issues reflect those that have been debated over a much longer period in *health education generally:* issues which in turn grow from long standing debates about education *per se.*

In order to explore the importance of these observations it may be of value to examine drugs education issues from an educational as opposed to a political/drugs action standpoint, and so I shall begin with a deceptively simple question that is often posed by philosophers: What is the purpose of education? Accepting the charge of reductionism in condensing volumes of philosophical thought to a few lines, I offer five responses:

1. Education is to *prevent ignorance.* Not so glib as it appears; we shall return to this statement.
2. Education is to *make people educated.* Of course, this answer assumes that we all have a shared notion of what constitutes an educated person. It is usually taken to mean someone who is wise, able to discern such abstract qualities as truth and beauty, is self-reliant and adept enough to make and take decisions; is, in effect, an autonomous intellect.
3. Education is to *maintain our culture.* Here again we have an assumption. This time it is that our culture is worth saving. This group tend to employ such values as democracy, freedom, and the quality of life.

4. Education is to *change our society.* Here the assumption is that our culture isn't worth saving. You may not be surprised to discover that these respondents employ and applaud such values as democracy, freedom, and the quality of life. It would seem that they share the same vision of the future as the last group but have a different notion of the present.
5. Education is to pass on such *skills* as are necessary for the survival of the individual and the society; anything from the three R's to the skills associated with social, economic or scientific success. This is a view popular with the current government and the Manpower Services Commission.

I could go on, but we have generated sufficient educational purposes to move on to the narrower fields of health and drugs education (although I accept that I have hardly done justice to the range and depth of educational philosophies available). These notions can be employed to answer another question: *What is the purpose of health education?*

'Education prevents ignorance'

Our first response was *to prevent ignorance.* Ignorance of what? Presumably, in health education, knowledge of health and ill-health. Knowledge of the likely causes of ill-health, whether it is in the form of information or ideas, is always preferable to nescience.

This is an important point for those concerned with drugs education, since one of the issues to be faced is the decision as to whether or not to educate. Co-ordinators and others engaged on the introduction of drugs education programmes may be presented with the argument that drugs education should be avoided since such activity in school may arouse interest where previously there was none. Quite apart from the assumption that there are no other drug influences intruding on the lives of young people, this is a non argument. Drugs exist and are a source of ill-health, therefore this criticism of drugs education is the same as suggesting that education about tooth decay may encourage people to eat sweets. For the educator, ignorance is not a valid alternative to education.

'Education creates educated people'

The second of the proffered purposes of education was the desire to *create educated people,* involving such notions as wisdom, self-esteem, intellectual autonomy, and abilities to discern such qualities as truth and beauty. On the face of it, these appear to be a set of hopelessly Utopian goals and romantic ideals divorced from reality. However, the lack of these ideals may well be the source of our society's self-inflicted health problems. We may have lost the notion of quality in our lives. The concept of wisdom would seem to be singularly appropriate for health education in general and drug education in particular in these circumstances.

To be wise requires the ability to assess and assimilate information, to use one's own judgement in a series of situations. We live in a drug-taking society; if we are to educate the young in such a way that they can survive with wisdom, then we must be honest with them. They will not learn to assimilate or assess or balance, or judge, if they are educated with poor information. If one of our aims is to educate young people so that they are able to discern truth through our programmes of general education, then *we cannot make an exception for drugs education by employing myths, legends, anecdotes, and half truths.* The development of wisdom also demands that the educators respect the ability, potential, and experience of their clients.

'Education for democracy'

We turn next to the notion of *democracy.* In general, those of us working in the education service believe that we are serving the cause of democracy, regardless of the status that we accord to the present political order. Educationally, democracy is a value to applaud. With democracy comes the notion of freedom. On the other hand, health educators have found these to be challenging concepts because, however good their intentions, their aim is to control people's behaviour.

They want people to lead healthy lives. This highly respectable intention has too often led them to bombard the population with a series of 'don'ts':

Don't eat the wrong food – you'll get heart disease.

Don't eat sweets – you'll get tooth decay.

Don't sunbathe – you'll get skin cancer.

Don't smoke – you'll get lung cancer.

Don't indulge in sex with the opposite gender – one of you will get pregnant.

Don't indulge in sex with members of the same gender – you'll both get AIDS.

and so on. But drugs education has spawned the ultimate social antidote to all health risks:

Just say no!

It is tempting to add "and repeat it". This is a social philosophy remarkably well attuned to the Victorian values of which we hear so much. We should not be surprised by Mr Bernard Levin's assertion that health educators have become the modern puritans (2). Fanaticism is easily rejected by the young, and the response of young people to this style of health education has been summed up by the poet, John Cooper Clarke (3):

He's a health fanatic.

He makes me sick.

The campaign

In the field of drugs education, notions such as freedom and responsibility and trust have been overlooked in order to 'get the message across', as various government spokespeople have put it. The medical profession have tended to view drugs education as a form of preventive medicine, the police to see it as a deterrent. The result has been the belief that drugs education can be applied rather as a form of medication or as a sanction in order to change the behaviour of the young. The product of this notion of health and drugs education is the *campaign.*

There are many arguments for and against campaigns, and there may be value in that awareness and public consciousness are raised by them. However, in the terms that I have employed, they have nothing to do with education. Education, through its high value of democratic principles, assumes a model of the learner that allows for growth, development, and judgement on the part of the pupil. Campaigns have simple, direct, behavioural objectives which assume that the learner will be frightened, or rationalised, or enticed, or beguiled, or inveigled by the devices employed by the campaigners, into a course of action. Behaviour manipulation is the stock in trade of the advertising agencies; they have the biggest bag of tricks, and it is they who mount campaigns. Education by its very nature aims to equip young people to resist and counter the skills of the advertisers.

'Education for change'

This is not to suggest that change is not a valid objective for educators. The fourth of the aims of education suggested earlier was to enable people to understand their culture and their society in order that they might *change* it. This supports the emphasis that some ideologies of education place on a 'developing' notion of society, with a vision of education contributory to the constant renewal and growth of a culture – a view in sympathy with an holistic notion of health and health education. [For drugs educators these ideals question the assumption that individuals bear sole responsibility for their health decisions, and that they have only themselves to blame if the choice made is not that desired by health professionals.] All decisions, whether they relate to health or not, are taken within social networks, which impose limits on the options available.

'Education for skills'

It was mooted earlier that *skills* are an essential feature of any programme of education, being the fifth purpose of education listed above. This is also true

of health and drugs education. Young people need to be empowered to deal with situations in which they may make decisions about drugs. This may require assertiveness training; they may need to be trained to avoid practical problems related to employment and housing; and, as argued earlier, they will need training in the skills of information handling about drugs. Just as education seeks to teach young people the skills of literacy and numeracy, so it seeks to develop their skills of independence, of stability, and of intellectual autonomy.

Three levels of co-ordination

To sum up the argument so far: it is by returning to fundamental questions about the purposes of education that we can generate a set of principles to apply to health education in general and drugs education in particular. That is the logic; what are the implications for the nature of drugs education co-ordination? I offer the suggestion that the notion of co-ordination for drugs education can be interpreted on three levels.

There is what might be called the *timetabling level* – moving personnel into and out of schools and rooms, ensuring that drugs education programmes coincide with police or media activity. The next level might be called the *curriculum management level,* which entails the appropriate spacing and placing of drugs education in school and college curricula, avoiding overlap and repetition, exploring the programme to ensure that there are no oversights, briefing teachers to ensure the homogeneous delivery of the chosen package, and so on. But at the most fundamental level is what might be termed the co-ordination of the *philosophy* of drugs education.

This notion of co-ordination entails the harmonisation of drugs education with the fundamental principles of education: the same principles that support the rest of the curriculum, taking as the guiding values wisdom, truth, beauty, quality, freedom, and autonomy. The value of this level of co-ordination is that *it offers a unity of direction between health and drugs education and the rest of the curriculum.* It also overflows into the professional relationships between educators and their pupils, so that when cases of drug misuse do arise, the same values are guiding the professional's activities. The purpose of this notion of co-ordination is *to move drugs education away from the periphery of the curriculum,* harmonising its aims, and unifying its purposes with those of mainstream subjects. In this form of co-ordination, drugs education is embedded in the curriculum to such a degree that it is indistinguishable from the rest of the pupils' learning experiences.

Summary

The underlying philosophy of the British education system has long been in the liberal tradition, augmented recently by notions of personal development and enhanced by the development of measurable skills. *Health and drugs education have been exceptional in pursuing behaviour modification.* If we are to seek true co-ordination of drugs education within and between schools and agencies, then it should be at what might be called the deepest level, that of philosophy. In this way, co-ordinators may be able to move from the role of educational administration to the potentially more rewarding and certainly more exciting one of curriculum development. We could also begin to co-ordinate our approaches both to the formal classroom curriculum, regardless of the materials used, and the so-called hidden curriculum of our relationships with young people. Then it may be possible really to co-ordinate the activities of schools, colleges, and the youth service in developing drugs education.

References

1. *Developing Health Education* (HEP 13-18 Co-ordinator's Guide). Forbes Publications, 1984.
2. Anderson, D., 'Interfering unrealistic knowalls?' The image and reality of health educators. *Health Education Journal,* 44, 1, 43, 1985.
3. Clarke, John Cooper, from the poem 'Health Fanatic' in *Ten years in an open-necked shirt and other poems.* Arena Publications, 1983.