611, c. 439). Although the views of figures such as Viscount Buckmaster and Baroness Elles were in the minority, even in the Lords, they cannot be dismissed since they had a such major influence on the final content of the legislation, in terms of the ‘morality clause’ in 1896, the right of parental withdrawal in 1995, and the concessions to traditionalists in the Learning and Skills Act in 2000.

Conclusion
Throughout the post-war period, the politics of sex education has been caught up in wider controversies over change in the family and sexual behaviour and the appropriate role of government in responding to these changes. Sex education is viewed as an essential aspect of sexual health strategy by its public health advocates, and attacked as a cause of moral malaise by its conservative detractors. These incommensurable positions are rooted in very different ideas about sex, sexuality, and the effects of sex education. The result is an apparently intractable political situation.

The major casualty of the adversarial politics of sex education has been policy itself. Without clear and coherent policy guidelines, provision in the classroom is unlikely to be effective. As Lewis and Knijn have pointed out in this journal (2001), personal and social education classes in England and Wales often adopt a negative approach to sex—focusing on how to say ‘no’ on sex as risk or danger—and place an emphasis on prevention. Given the UK’s comparatively high teenage pregnancy rates, it may be doubted whether such approaches are especially successful in their aim of discouraging teenage parenthood. There is also the problem of mixed messages, even incoherence, arising from the use of teaching materials produced by groups with very different agendas. Finally, the controversy surrounding sex education means that many teachers are worried about what and how they teach the subject.

Given the deep-seated moral and social issues with which sex education has become intertwined, practitioners should view the possibility of political consensus as remote. Ever since attempts at legislation have been made, political debate has been partisan and divisive. The unhappy history of sex education policy in England and Wales is a story of conflict, reflected in confused legislation and, ultimately, confusion in the classroom.

References
HMSO (1945). Sex Education in Schools and Youth Organisations.

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
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.

Try as I might, I could not find the words “prevention” or “prevention” 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, Together, So, in effect is 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 pose 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 deter 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 hijacked 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 prohibition, which deters use, and by providing education and support.
I never actually say, "Just say no" to my pupils, but I find that, if I give them the accurate, unvarnished scientific facts about drugs and how they affect the body...most of them are deterred.

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 drug use, and in an attempt to equip them with the knowledge and understanding that seeks to minimize them," I reiterate 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 true, and a quick look at the abundant research on this topic would show otherwise. The teacher's book should be rephrased to"accurate and balanced facts" must be given, and they should not aim at "shock or horror." But drugs can and do shock the sensible adults.

Personally, I 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 are seven times more likely to be violent than non-users. The risk for alcohol was only three times.

Cannabis smoke deposits three to four times more tar in a lung than any other drug. It 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 through with holes. The risk of asthma in middle aged users rises five-fold. In the hour following the smoking of a joint.

Babies born to cannabis-using mothers are small and suffer from breathing 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 impacted. 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. Number six, point ten. I attended a seminar 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. The problem is not the young driver 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 "doping 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 22%, up from the 1% of the past. 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 stress 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 20-year-olds, one of whom is wearing a cap with the logo, "Have fun, take care." What sort of message
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?

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 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 Splitting". 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 1 F to use syringes, foil, matches, cigarette papers and drink bottles, leaves me feeling distinctly uneasy. Also in Unit 1 F is the 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
Connections, the organization whose name resonates with distributing information to schools on various subjects, including drugs, is obviously mentioned. I really had cause to complain strongly about some of the drug leaflets they sent out. They were written by the "Cured-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 Ritalin 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 "genii" 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 MP’s 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 legalisation of cannabis.

ACMD
In unit D, where the proposed downgrading 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-liberalisation 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 why do you say, 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 and prescription medications, legal substances including caffeine, alcohol, tobacco and volatile substances, as well as illegally produced, owned or supplied substances. Knowledge 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 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 6022680 quoting reference DfES/0 265 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.

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QCA