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FEATURE

Drug education – Bridging the divide between teachers and students

UNIVERSITY ABERDEEN

Julian Cohen <u>www.juliancohen.org.uk</u>

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Drug education – Bridging the divide between teachers and students

Julian Cohen www.juliancohen.org.uk

These are challenging times for schools if they wish to respond effectively to young people's drug use. The availability of over 350 legal highs in the UK, alongside legal substances and the growing number of illegal and other socially unacceptable drugs, together with the advent of head shops (which tend to sell paraphernalia used to smoke cannabis, as well as legal highs) in many cities and towns and of drug sales over the internet, has added new dimensions to the drug scene. Of great concern is that there has been an increase in deaths of young people from use of new drugs that they have little knowledge of.

At the same time cutbacks in education and health projects that used to support schools to develop drug education have left many teachers to fend for themselves. How can schools keep abreast of these changes and develop programmes to educate young people and help keep them safe?

The theme 'bridging the divide' is very pertinent because open discussion about drug use between teachers and students is relatively rare. The same is often true of parents and their children. Commonly teachers feel unprepared to take the lead, concerned that they do not know enough and anxious they will say the wrong things. Students are often reluctant to speak out for fear of what will be thought of them. Many schools have little drug education, lessons that are stifled or rely on talks by drug experts and the lack of more open communication between teachers and young people remains. Students may feel they cannot seek support from teachers if they have serious concerns or experience drug problems. How can teachers become more confident in their role as drug educators and bridge the divide with their students?

The first thing I recommend is that teachers reflect on what we mean by 'drugs' and 'drug education'. Whilst we often think of 'drugs' as illegal ones like heroin and cocaine, and the murky imagery that is commonly associated with them, these days we all have experience of taking a variety of mood-altering substances, in particular alcohol, caffeine and medicines. We nearly all have a lifetime drug career, our own personal history of drug use, that begins in our earliest years (and before, what with many drugs crossing the placenta to stimulate or depress the foetus in a mother's womb) and continues until our dying days. Indeed, heavy caffeine and medicine use amongst young children and excessive medication of the elderly is now commonplace. We are all drug users – teachers, parents and students. Not using drugs, being completely 'drug free', is not an option for most people in the modern world and never was in the past, as anyone who has looked into the history of drug use in this and other countries and cultures knows.

The task of drug education is thus to help students have healthy and successful, rather than damaging, drug careers. The key here is focussing on safety. Preventing young people from taking drugs makes little sense and is unachievable and yet has formed the basis for much that has been passed off as drug education. There has been too much drug propaganda and not enough drug education. Education has a formative effect on our minds, character and abilities and helps us to think and act for ourselves, develop our own opinions and make our own informed decisions. In contrast, propaganda tells us what to think and how we should

behave in specified and often unrealistic ways. Education is open, expansive, explorative and divergent. Propaganda is closed, narrow, predictable and convergent.

Teachers need to reclaim the **education** in drug education, in order to bridge the divide. This means helping students access accurate and balanced information, rather than the all too common exaggeration of drug dangers which results in young people mistrusting adult sources. It also involves exploring attitudes, facilitating debate about the complexities of drug issues, challenging stereotypes and helping young people develop a range of skills to manage drug use, rather than just telling them they should 'say no to drugs'. I want to highlight here skills to avoid specific harms and to perform drug-related first aid, abilities that can literally save lives with regard to young people's own drug use and that of their peers, families and acquaintances.

Young people are not empty vessels and have information, misconceptions, ideas and beliefs about drugs. They have experience of their own drug use to date and that of other people they come in to contact with – friends, acquaintances, siblings, parents and other family members. And drug education should also prepare them for their future. The role of teachers is to tap into and use what young people already know and think, rather than lecturing them and filling them up with drug information. Indeed focusing on attitudes and beliefs and the development of decision making skills to use in drug-related situations may be more important than detailed drug information. This necessitates using a variety of active learning methods to encourage students to think, question, discuss and debate in similar ways that teachers deal with other social issues.

Teachers tend to find this more educational approach acceptable when it comes to alcohol and medicines but sometimes become concerned about applying it to illegal drugs and socially unacceptable substances like legal highs. However, from an educational perspective the main difference is that young people need to know that the use of illegal and socially unacceptable drugs may result in added risk. Getting a criminal record can have serious consequences for their futures in terms of employment, travel and social status. The lack of quality control means it is more difficult to know what you are taking, what else may be in it and how strong a dose you are taking – something that has resulted in more deaths among young people in recent times. And involvement with illegal drugs, and sometimes legal highs, may mean mixing with shady characters who are involved in other illegal activities.

Drug education raises issues about the disclosure of personal experiences of drug use for both teachers and students. It is usually inappropriate to discuss personal experiences in group sessions in schools. To help everyone feel safe it is essential to have group rules which include individuals not talking about their own drug use or pressing other people to reveal theirs. In school settings drug education should mainly be delivered in the 'third person'. Teachers can use distancing techniques to help facilitate this, such as case studies and role plays featuring made up characters, rather than students themselves being put on the spot about what they would personally do in specific drug-related situations.

How much do teachers need to know about drugs? They will benefit from having some understanding of current trends in drug use, why people use as they do (including dependent use), where they get drugs from and the current drug laws. Although they do not need detailed drug knowledge it is important that they know something about the potential effects and harms of drug use, both in general terms and for specific drugs, including those that are newer to the scene such as legal highs, GHB/GBL, ketamine, mephedrone and nitrous oxide, as well as for other illegal drugs, alcohol, caffeine, poppers, solvents, tobacco and medicines.

How can teachers become more informed about drugs? They can look at websites such as www.erowid.org, www.urban75.com, www.release.org.uk and www.talktofrank.org although they need to be aware that some of the information in the media and on websites is inaccurate and/or scaremongering. For drug education teaching packs (that include lesson plans and up-to-date information about drugs) and drug information pamphlets try HIT at www.hit.org.uk.

However, the type of drug education I am recommending means teachers do not need to be the fount of all information and have an encyclopaedic knowledge. The knowledge that students already have can be tapped into and when teachers and students need to access particular information they can carry out research using the internet, books and pamphlets and by asking other people. And, as I have stressed, drug education is not just about information but also concerns attitudes and decision making skills.

Outside agencies, such as local drug and health projects and the police, can also support teachers. They may provide information and advice and possibly some training. Whilst they may be invited to talk to groups of students I recommend that they do not completely take over the drug education in schools because this may re-enforce the difficulties teachers and students have in being able to openly communicate about drugs. Outside speakers should be used sparingly when they can offer something specific that teachers cannot. Teachers can pre-warn students about contributions from outside speakers, negotiate with them about what they want and pass this information on beforehand so that visitors can plan accordingly.

Drug education is best when integrated into a developmental PSHE (Personal, Social, Health and Economic) education curriculum, rather than just consisting of one-off sessions that stand out from other issues. Programmes should be relevant to the age, maturity and circumstances of students. Active participation of students is essential in terms of needs assessment, use of active teaching methods and evaluation of how effective programmes are.

Teachers will sometimes become aware of students who are involved with drugs be it their own drug use, supplying drugs or concerns about the drug use of friends or family. Clear rules about drugs are needed, especially regarding school premises, but it is important that schools are not draconian and avoid overreacting. The focus should be on young people's welfare, health and safety. Teachers need to be sensitive about how they engage with, and listen to, students who may be facing difficulties in their lives and be realistic about how they assess young people's involvement with drugs. They need to know about, and develop good working relationships with, local agencies that can support students and also advise teachers. Ideally schools should actively involve and consult governors, parents, students and all members of staff to develop up-to-date drug policies that address education and pastoral elements.

Let's put the education back in to drug education, bridge the divide between teachers and students and make a significant contribution to the health and safety of young people.

Julian Cohen is an ex-teacher who has specialised in young people's drug use for almost 30 years and worked with schools all over the UK. His new book **All About Drugs & Young People: Essential Information and Advice for Parents and Professionals** is published by **Jessica Kingsley Publishers**. For more information visit www.juliancohen.org.uk