"Junkies, Wasters and Thieves": School-Based Drug Education and the Stigmatisation of People Who Use Drugs

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Abstract

People who use illicit drugs often experience stigma that manifests in systemic discrimination, marginalisation and social exclusion. Drug education, which is underpinned by the information model, and often includes fear-based tactics. Eleven focus groups were conducted with sixty-six young people (14-16 years old) in ten schools in Northern Ireland. These focus groups elicited an in-depth insight into young people's knowledge, attitudes and beliefs about drugs, drug users, and the drug education they receive in school. Interviews with fourteen teachers were undertaken to determine the content of the schools' drug education, limitations they faced in providing drug education and their attitudes towards people who use drugs. Findings included: teachers often used an information-based approach to drug education; often employing a 'shock-horror' approach in an attempt to deter young people from using drugs and becoming drug users, whom the teachers perceived as threatening, dangerous or sick. This type of drug education is ineffective, even counterproductive. Instead of enhancing young people's well-being, the current programme of school-based drug education contributes to the stigma of those who use drugs. This paper suggests ways this situation can be rectified. Recommendations include the application of a harm reduction as a more effective and pedagogically sound way of educating young people about drugs.

Keywords: drug education, young people, stigma, harm reduction

Introduction

In Northern Ireland, all school-aged young people are in receipt of school-based drug education, and all schools have policies instructing teachers how to deal with drug use by students. The current programme of drug education is underpinned by the information model, which assumes young people use drugs because they are not informed of the risks. This model often encompasses fear-based tactics. This research suggests that this approach to drug education is ineffective, even counterproductive. Instead of enhancing young people's well-being, this method may create stigma towards people who use drugs. The effects of stigma are far-reaching and long-lasting. It has been established that the stigmatisation of people who use drugs has resulted in

systemic structural, cultural and personal discrimination. In addition, young people who are already experimenting with drugs report feeling ostracised and this stigma provides barriers to accessing support and advice regarding their drug use. Identifying a link between fear-based drug education and stigma, it suggests ways that school-based drug education may be improved to push back against this manifestation. It recommends harm reduction as a more effective and pedagogically sound way of educating young people about drugs.

Drugs in society

The rise in drug use in the United Kingdom in the 1980s led to concern within communities, which was responded to by government. This response included mass campaigns to warn people, particularly young people, about the dangers of drug use. This sudden rise has led to considerable public concern and numerous researchers have looked at the social costs of drug use (see Godfrey et al, 2002; McKeganey, 2004). While these costs have necessitated public concern, scholars have highlighted the existence of a moral panic (Cohen, 2002; Young, 2009).

Drug users have been portrayed as a societal threat by media, which is supported by government policy (Buchanan, 2004). The media has helped government officials in reproducing the Drug War through dramatic narratives and powerful imagery of both internal and external enemies. Shared across time, these images and narratives underwrite politics based on fear rather than empirical evidence (Denham, 2010: 498). In response, drug policy in the United Kingdom assumed a prohibitionist stance, it's main objectives to reduce supply and strengthen deterrence (HMSO: 1986). This approach included stricter enforcement of drug law and less of a focus on rehabilitation (Buchanan, 2004).

The Drug War

Neoliberalism predominantly refers to an ideology that revolves around the laissez-faire system of economics. Very much in line with right wing capitalism the basic tenets of neoliberalism incorporate values such as the growth and expansion of the free-market, government de-regulation and privatisation of state-owned enterprises. This is all in an effort to increase efficiency, and be free of any governmental restriction that may obstruct the purposes of the accumulation of income. A seemingly separate issue, the Drug War forms a metaphor which originated in America, referring to the campaign of prohibition and intervention initiatives created in order to combat the illegal drug trade. At first glance, these two issues seem entirely separate entities. However, a closer look, illuminates the idea that these two concepts are fundamentally linked in a flawed way.

As Monbiot (2014) points out that today's dominant narrative is one of market fundamentalism which is grounded in the idea of the 'American Dream' in that with hard work and perseverance a person's dreams can come true and the world is full of opportunity and mobility. In fact Harvey (2005) explains that neoliberals believe in the 'way of life which such an ideology encompasses. People in are taught to ascribe to a value system comprised of individualism, competitiveness, efficiency, innovation and freedom from tradition.

The underlying premise of this ideology appears to form a basis of hope for achievement and creativity. However, there is also a darker side. Verhaeghe (2014) draws upon the origins of neoliberalism from Christian thought in that humans are inherently selfish and consumers by nature. Neo-liberalism thus provides the perfect medium through which our desires can be channelled, in that our self-interest can lead to social and economic growth. The downside of all this is that while autonomy is celebrated and encouraged, the emphasis of success lies solely upon the individual. In the same way, the antithesis, failure also is ascribed to the individual. Monbiot (2014) surmises this as the rich being the new righteous, and the poor being new deviants who have failed economically and morally and thus reduced to social parasites.

Gordon (2006) explains that the dominant concern regarding drugs stemmed from an anxiety that drugs might provide a financial alternative to market relations. There was also the identification of different drugs with the immigrant community, providing threat to moral order in society. The subsequent Drug War metaphor evolved from this as a banner for people to unite under which concentrated on the eradication of the drug trade and with it, deviancy and criminality. The Drug War emcompasses a set of policies that are intended to eradicate the supply and consumption of psychoactive drugs that participating governments have made illegal.

Gordon (2006) further intimates that the Drug War focuses on an aggressive pursuit of immigrant communities, to stamp out drug use. Small-time dealers and working class-immigrants of colour are the main targets. Such people of lower socio-economic strata are heavily policed and sometimes blamed for what is in fact a societal problem. Going back to neo-liberalism, because the value of autonomy is embedded in society, those that use or deal drugs are arrested or detained because it is what they 'deserve'. They are therefore labelled as the deviant who has nothing good to do with their life. There is a failure on society's part to realise that drug use is connected with the tenets of neoliberalism which preach success and freedom in an unequal society.

A pervasive cycle thus occurs, where people turn to drugs for relief, from societal pressure, are then labelled 'deviant' for their drug use, which leads them to be in a

position where there is little chance at success because of their negative label. Furthermore, because of the privatisation and cuts of funding, there is not as many resources for a welfare system which allows society to deal with its own unequal nature.

As is evident above, there are larger neo-liberal forces at play which allow the Drug War to permeate communities and shape the need for local anti-drug curriculums in which people are blamed for making bad choices.

Drug education in Northern Ireland

Drug education has been included in the Northern Ireland curriculum since 1990. The first clear guidance to schools about drug education was with the production and dissemination of circular 1992/2. DENI issued circular 1992/2 Misuse of Drugs to all schools, Further Education colleges and youth groups. A modified curriculum was implemented in schools from September 1996 to give young people information on the effects of substance misuse on health and well-being. The penultimate circular 2004/9 Drugs: Guidance for Schools, formed part of a drug education advice and resource pack which was distributed to all schools and Further Education colleges in Northern Ireland. The latest circular 2015/23, Drugs Guidance, details schools' statutory requirements in relation to drug education provision. It stated that schools have a duty to:

1. Have a drugs policy and publish details in relation to the policy in their prospectus;
2. deliver drugs education, (to include legal and illegal substances), as part of the statutory curriculum for Personal Development and Mutual Understanding (PD&MU) at primary level and Learning for Life and Work, Personal Development (PD) strand, at post-primary level; and
3. inform the Police Service of Northern Ireland (PSNI) where they believe or suspect a pupil to be in possession of a 'controlled substance'.
   (DENI 2015/23)

In addition to the three statutory requirements, DENI also put forward further recommendations which were deemed appropriate for schools to put in place to complement the statutory requirements. These recommendations included appointing a senior member of staff to have the overarching responsibility of dealing with drug-related issues within the school, and employing clearly understood procedures for dealing with incidents (or suspected incidents) of drug misuse on school premises.

The DENI (2015) Circular clearly states that schools must inform the police if they suspect any students of using drugs. This makes teaching drug education from anything other than a strict abstinence-based standpoint extremely difficult. The wording of the DENI document moves drug use from a social issue to a criminal issue. This reflects the Government's stance of drug use. It is within this framework that drug education is taught.

The information approach to school-based drug education

The current programme of school-based drug education in Northern Ireland adopts an information-based approach to drug education. Historically, drug prevention education has focused on the information model. The information model suggests, that young people will use drugs mainly because they are uninformed of the dangers. The premise of the information model, it can be argued, can be linked to Socratic teaching as having some likeness to the methods of Socrates and Plato who adopted the rational choice model of human behaviour. Socrates and Plato contended that people are generally good and they only participate in wayward behaviours because they are badly informed; if they knew the act was unlawful then they would not participate.

A common problem identified with drug education programmes, is an over-reliance on the "information-deficit" approach: this suggests that young people are likely to use drugs as they lack robust information and as such do not appreciate the consequences of drug use (Hwang, Yeagley, & Petosa, 2004). However, we now know that simply providing young people with information is not sufficient.

Often the information model relies on a 'shock-horror' approach. Examples can include gruesome photos; horror stories told by recovering addicts; graphic ads; hard-hitting sequences. (Asper, 2006). However, reviews as far back as 1997 (Zimmerman, 1997) note that classes mainly focused on delivering information and the use of fear-inducing examples are less effective; and that programmes with active learning strategies are more effective. Fear-based campaigns may actually be counter-productive by appealing to risk-taking in some members of the target audience. This paper makes the argument that, in addition, to the above unintended consequences, this model of drug education creates stigma towards those who use drugs.

Stigma

Stigma is a mark of social disgrace that may be long-lasting or permanent. Stigma has a lasting effect on interactions between the stigmatised and unstigmatised. In his widely referenced, Stigma: Notes on the Management of Spoiled Identity (1963), Goffman describes how stigma forms when a person possesses a characteristic that makes him/her seem unfavourable to the wider populace. At its most extreme form,

the stigmatised person may be considered bad, or dangerous, or weak. The manifestations of stigma include self-stigma, social stigma and structural-stigma (Livingston et al., 2012: 39). Self-stigma occurs when a person internalises the negative perceptions and reactions to them by a social group; social stigma refers to 'the phenomenon of large social groups endorsing stereotypes about and acting against a stigmatised group'; and structural stigma is concerned with political and institutional policies and procedures which may obstruct the rights and opportunities of the stigmatised group.

Stigma, including discriminatory and prejudicial treatment, has been increasingly applied to minority groups, such as the disabled and those with mental health issues (Lloyd, 2013). Stigma affects those who use drugs at both the diagnostic and community level as they operate together simultaneously (Luoma et al., 2007). When determining the effects of stigma, it is useful to draw upon Link and Phelan's (2001: 367) conceptualisation of stigma as five interrelated social processes. Here the stigmatised person, or group of people, is labelled as different. Society's dominant norms and values link 'difference' with undesirability, often in the form of 'dangerousness' or as 'contagious,' which can lead to negative stereotypes. To borrow from Becker (1963), the labelled or different individual is identified primarily in terms of that defining characteristic, which becomes their self-identifying master status. A process of othering places them in a distinct, and undesirable, social category. People in this undesirable category experience prejudice, discrimination and loss of status. Finally, an individual's accesses to the means of overcoming this negative stereotype – for example, supportive social networks – are blocked.

There are numerous ways in which the stigma attached to people who use drugs may be detrimental. These include adverse impacts on their physical and mental health due to stress caused by discrimination (Young et al, 2005) and rejection. In addition, life aspects such as income, education, psychological well-being, housing status, medical treatment and health (Druss et al, 2000) may also be curtailed. The discrimination caused by stigma is often twofold: individual discrimination, where the individual experiencing discrimination may be rejected for housing or employment (for example); and structural discrimination, whereby laws and policies create compounded disadvantage over time. The manifestations of both types of compounded discrimination may cause marginalisation or social exclusion of the person using drugs.

The origins of stigmatizing circumstances differ, including how the condition, or drug use, came into being and especially the extent to which the stigmatized person's behaviour may have caused the condition. Some circumstances such as birth defects

are thought to be entirely out of the person's control, whereas others such as drug use are not. In addition, drug users are perceived as a threat to others. This perception may be amplified due to the links made between illicit drug use and crime.

Often policies contribute to the stigma attached to people who use drugs. The Drug War, for example, contributes widespread acceptability to policies that portray drugs, and those who use drugs, as an enemy. Through such means, stigma and discrimination become structural and normalised. Unlike discrimination of many other stigmatised groups, discrimination towards drug users is not illegal per se.

There have been attempts to address some types of public stigma through educational initiatives. These initiatives have been particularly focused on the stigma surrounding mental illness. They aim to challenge inaccurate stereotypes about mental illnesses, replacing them with factual information. These strategies have included mass communications, such as public service announcements, audio-visual aids and school-based education. The last is of importance for school-aged young people as adolescence is a key time for internalising attitudes towards others, including those who are socially stigmatised (Hinshaw, 2005). It has been found by Sakellari et al (2014) that negative attitudes formed during this time are likely to continue into adulthood. If these attitudes are not challenged or repaired, they could lead to prejudicial and discriminatory practices towards certain groups of people. A particular focus on school-aged young people is also important as young people's attitudes often predict their everyday behaviours (Burlew et al., 2000) and increase with age (Wahl, 2002). Thus, negative attitudes may lead to social exclusion and disadvantage towards those groups seen as less desirable (Goffman, 1963; Link & Phelan, 2013). Therefore, it is plausible to suggest that stigmatizing attitudes towards certain groups may originate at an early age and school-aged young people may be particularly susceptible.

Although stigma associated with illicit drug use is widespread, drug-use 'experimentation' remains a relatively normal aspect of Northern Irish society (NISRA, 2011). Once this drug use is labelled as problematic, responses to deal with it are developed and implemented. These characteristically take the form of prevention strategies, policies and education. Drug use prevention is about stopping the use, or reducing the frequency of use, of illicit substances and thereby preventing related problems. Quite often drug education is based on an assumption that when young people use drugs it is because they do not have the knowledge to make an informed decision, and that those who are properly informed will make a 'sensible' decision – that is, they will choose not to use drugs. This information approach to drug education aims to deter drug use by filling that knowledge gap. It may also encompass fear-

based elements in order to deter young people from drug use. Reflective of the wider Drug War, school-based drug education may portray people who use drugs in a negative capacity and transmit stereotypes and connotations that evoke prejudice. As Chomsky (1998) clarifies 'the Drug War is an effort to stimulate fear of dangerous people from who we have to protect ourselves'. This research will seek to examine whether this type of drug use prevention education actually contributes to stigma of those who use drugs.

Methods

Eleven focus groups were conducted with sixty-six students (aged 14-16) from ten secondary schools in Northern Ireland. Within each of the schools a sample of two classes, one in year 11 and one in year 12, was identified to participate in the research. There was an additional focus group in one of the participating schools. It is Department of Education (DENI) policy in Northern Ireland that all young people in years 11 and 12, ages 14-16, will have experienced drug education throughout post-primary education as they are at an age when a substantial number are likely to have used or had contact with licit and illicit substances (McCrystal et al, 2007). Thus, all participants would have received school-based drug education. Students were asked about their views on drugs and drug education. Fundamentally, the use of focus groups provided an opportunity to uncover school-aged young people's attitudes about drugs, their drug use behaviours and whether their school-based drug education influenced their attitudes towards people who use drugs. The author conducted all data collection and had no prior relationship to any of the participants. All of the questions were open-ended and worded simply to allow the respondents to determine the direction of the response.

Fourteen teachers with responsibility for drug education from the 10 participating schools in Northern Ireland were interviewed. The inclusion criterion was that they currently had a drug education role at one of the mainstream schools that participated in the research. These interviews were to establish the nature and extent of drug education in post-primary schools and to gain an understanding of their experiences and perceptions towards drug education.

Ethical issues

Access to the sample was undertaken through liaison with the participating schools. The students involved were briefed and debriefed. Regarding child protection, it was explained to the participants that while confidentiality would be maintained in terms of what they said, if they did say anything that would suggest that they may be at risk, such as abuse or suicidal intention, then that information would be passed on to the relevant bodies. Information including contact details of relevant bodies, such as drug

helplines and counselling services, was provided. Ethical permission was granted by the University of Ulster Filter Ethics Committee and University of Ulster Research Ethics Committee (UUREC) in 2010.

Results

All schools in Northern Ireland are required to provide drug education for their students, as well as having a drugs policy in place. All students who participated in this research had received school-based drug education within the preceding 18 months. All students were white, either middle class or working class (as determined by the Free School Meal percentage of their school), and identified as either Catholic, Protestant or neither.

School	% Free School Meals	% Special Educational Needs	Religious Denomination	Sector	Gender
A	5	33	Catholic	Grammar	Co-ed
B	41	63	Protestant/ other	Secondary	Co-ed
C	1	3	Protestant/ other	Grammar	Female
D	54	46	Catholic	Secondary	Female
E	43	42	Catholic	Grammar	Co-ed
F	20	21	Protestant/ other	Secondary	Co-ed
G	18	18	Protestant/ other	Grammar	Co-ed
H	8	8	Catholic	Secondary	Co-ed
I	6	12	Protestant/ other	Grammar	Co-ed
J	64	30	Catholic	Secondary	Female

Table 1: Breakdown of Demographics

The teachers who participated all taught drug education, as did other teachers in their schools. None of the teachers were solely responsible for drug education, and they all taught other subjects as well.

Drug education in Northern Ireland

The teachers involved in this research had largely negative views on drugs and drug users. Two of the fourteen teachers interviewed spoke of their own drug use; one positively recalled her experiences, the other negatively. Otherwise, none of the teachers interviewed disclosed drug use experiences. Most of their knowledge and information about drugs came from the media, anecdotal evidence from friends and past students. When describing drug users, the terms "junkies", "wasters" and "thieves" were commonly used. When participants were asked whether they perceived this language to be stigmatising towards people who take drugs, most said no: "our policy is not to glorify junkies or ex-junkies because it is giving out the wrong message". Some of the teachers interviewed considered that their language might stigmatise people who use drugs, but that was not their intention. Their intention was to dissuade young people from using illicit drugs.

Teachers with responsibility for drug education were mostly teaching drug education as an add-on to their already full timetable of other subjects. None of the teachers who participated were solely responsible for drug education, nor did they consider themselves to be expert in that area. Drug education was always taught from an abstinence-based perspective.

All of the young people were in receipt of school-based drug education. Overall, participants appeared to have positive attitudes towards school and largely felt that drug education was a necessary and valuable part of the curriculum. They indicate that it needed to be improved and updated. In terms of content and pedagogy, participants reported that it was taught from a shock-horror approach, which they recognised as an attempt to "scare them off drugs". When asked about how drug education made them feel about people who use drugs, they reported feeling "afraid", "sorry for them", "they're like criminals", "have diseases" or that they were "a disgrace".

Some students were enthusiastic about the drug education they received, and appeared to have 'anti-drug' attitudes. Roughly half of the young participants saw drug use as dangerous and their drug education as beneficial. Examples included: "I think drugs education is a good thing because you learn about all of the bad things that happen" and "drug education is good because drugs are everywhere and it teaches you to be aware".

Information model

School ethos, plus teachers' own perspectives of drug users often influenced the content, tone and pedagogy of the drug education curriculum. This curriculum was often value laden. For example, one teacher stated: "all they want to know about are the bad things that can happen and I think they need a junkie to point it out". The language and sentiment in this quote closely resembled that of most of the other teachers. The film Trainspotting was a common reference point for teachers describing drug use; and students' description of what they perceived a drug user to be like was the stereotypical heroin user from Trainspotting: "Heroin is the one that scares me the most. They all get skinheads and all after it. I would never get a skinhead, that's why I won't take it". This resonated with the teachers' perceptions of drug users.

Some students gave responses which indicated they felt their drug education was ineffective or else suggested how they thought drug education could be improved: "drug education is useful, but sometimes the teachers just talk about the bad things that could happen to you, not how to stop the bad things happening".

Those students who disclosed their own drugs use (recreational, entry-level drug use; mainly cannabis, cocaine or 'legal highs'), discussed feeling ostracised from their class because of it. In these circumstances they felt that they could not approach a teacher for advice or support regarding their drug use: "you know, it's not like you can just go, yeah, all them drugs that you said are gonna kill us? Well, they haven't killed me but I wanna talk about it. It doesn't happen like that".

Stigma

Overall there appeared to be a broad division in young people's attitudes towards drug use and users. Some of the young people believed that drugs and drug users are bad, sick or dangerous: "because if you take drugs you would kill yourself or schizophrenia and all that" and "because if you take a bad one then you're dead". On the other hand there are those young people who routinely used drugs but do not see themselves as "those sort" of drug users. For the latter group, drugs were quite normalized: "you are living the teenage culture and everyone is taking it, well not everybody but most people. Everybody knows at least one person who has had something". Interestingly, those students perceived a dichotomized relationship: them (bad drug users) and us (non-bad drug users). Sometimes the young people categorized different groups whom they considered to be deviant others together.

One student, who did not use drugs, stated that all drug users should be locked up and rehab facilities should be like prisons:

> "I think once you are in it there has to be, like prison, you just can't go into prison and walk out again… If the police find people on drugs put them into a rehab and that's their sentence immediately. They don't need to go on trial or anything. It's exactly the same as a person who goes into prison for murdering someone, they don't want to be there because if they come out they could kill again, you know, it is exactly the same thing. Maybe they just need to do it"

While the above quote represents the more extreme end of the spectrum, it illustrates the strong viewpoint of a 14-16 female. It was included as it clearly articulates 'them and us' mentality that does not appear to be challenged through drug education.

Generally, both teachers and students had negative views about drug users. Teacher's attitudes and values were portrayed through school-based drug education pedagogy, tone and content; and student's comments often reflected this. When asked how they felt about drug users, comments from some teachers included "junkies", "wasters" and thieves", while some students considered them to be "weird", "sick" or "criminal". When students were asked whether their school-based drug education influenced the way they felt about people who used drugs, they said it did.

Discussion

Drug education

Despite research stating that the shock horror approach is an ineffective method of drug education, school-based drug education still strives for the goal of abstinence (Beck, 1998, Tupper, 2008). Taking this method to extremes has led to approaches such as entering schools with drug sniffing police dogs (Gottfredson & Gottfredson, 2001) and urine testing students to detect drugs in their system (Roberts & Fossey, 2002), which according to Tupper (2008) ultimately perpetuates the Drug War ideology in classroom pedagogy and learning resources. These methods arguably deny students the right to explore alternatives to this stance (Frisen, 2007).

In Northern Ireland, the traditional goal of most drug educators has been to dissuade young people from trying drugs, by placing emphasis on the horrors of drug use and addiction in the hope that if young people are afraid of the consequences of drugs, then they will abstain. The information model is a common approach to drug education in schools in Northern Ireland. Information-based approaches provide knowledge about drugs based on the assumption that young people take drugs because they lack information about the dangers. This traditional response to drug prevention usually took the form of sessions that emphasised and dramatised the negative aspects of drug use and often drug users.

A major critique of the information approach is that it does not allow for the fact that some young people who use drugs do so because they feel that they derive benefit from doing so (Barratt et al, 2013), or because they simply want to experiment. These fear-arousing tactics are usually ineffective and lack credibility, as they do not relate to the experiences of young people (Cahill & Cahill, 2007). Rather than the intended impact, these tactics may encourage young people to disregard or disbelieve the message; believe negative consequences will happen to them regardless of any action they take; or, be encouraged to do the opposite of the intended behaviour because they consider themselves risk-takers (Zimmerman, 1997; Tobler, 1986).

It is evident that over-burdened and inexperienced teachers are teaching drug education, using the shock-horror approach in an attempt to keep their students away from drugs. In doing this, they are reinforcing the dominant medical model of understanding drug use; entrenching the perceived drugs-crime nexus, and ultimately stigmatising people who use drugs.

In terms of reducing potential harm to young people, and enhancing their well-being, this approach to drug education is ineffective and counterproductive. By arousing fear in students and espousing the notion that people who use drugs are sick, drug education is reinforcing both the medical model of addiction, that is, addiction is a disease; as well portraying a link between drug use and crime. In doing so, one of the unintended consequences of this style of drug education is stigma towards people who use drugs. This stigma can be predicated on Young's (1971) notion of othering. Here, the person who uses drugs can be a social scapegoat and is often blamed for many social ills. This targeting and objectification of a behaviour creates an 'other' against which the person is subsequently defined. Othering can lead to additional marginalisation of groups that are already marginalised. Some of the students perceived all drug users as 'other', where others viewed only people who used certain drugs, such as heroin or crack cocaine, in this way. It has been suggested that media portrayals of drug users have helped to amplify concern over 'deviant' behaviours associated with 'others,' thus assisting in the construction, activation, and reactivation of cognitive frames among the general public (Denham, 2010: 486). In the same vein, teachers' framing of drug use and users may have bolstered this narrative. Given this stigma attached to drug use and the resulting social condemnation and discrimination (for example, Young, 1971) young people are reluctant to expose their drug use and seek help (Merkinaite et al, 2010). This, coupled with the complexity of young people's drug use and associated harms, indicates a strategy needs to be implemented to equip them with the skills needed to deal with a world in which they will most likely be in contact with drugs. As such, some authors (Cohen, 1993; Beck, 2008)

have suggested that reducing harms from drug use rather than focusing solely on abstinence is a more appropriate goal for drug education

Recommendations

The current programme of school-based drug education depends on a fear-based approach. Research indicates that fear is not an effective way of changing behaviour. In fact, it may even be counterproductive insofar as it creates stigma towards drug users. It is imputative that educators look towards a more pedagogically sound approach to educating young people about drugs.

Philosophically, a harm-reduction approach to drug education would be more appropriate than the traditional model in breaking the cycle of stigma towards those who use drugs. Harm reduction is an overarching concept to define policies and programmes that seek to reduce the social, health and economic harms of drug use to individuals and communities (Rehm & Fischer, 2010: 79). Harm reduction would be a more successful approach in reducing drug-related harm than the information approach, as it equips young people with coping strategies in part by helping to reduce stigma associated with drug use. The aim of harm reduction interventions is to reduce vulnerability by addressing such factors as stigma and discrimination, marginalisation and criminalisation (UNAIDS, 2008). This perspective not only provides young people with a safe space in which to discuss their drug use or potential drug use, but is also a practical approach as it gives them the tools to access help and support.

Harm reduction as an alternative to the traditional information approach has been gaining increasing momentum. Midford et al (2014), in their Australian study, report students harm reduction is a more realistic approach for drug education. Harm reduction provides the scope for students to be honest about their and their friends', or families' drug use while allowing them to investigate drug use issues in a non-judgmental environment. Crucially, a harm reduction approach to drug education is also an important and appropriate strategy for those students who choose not to use drugs. Midford et al (2014) note that students in their study commented that the knowledge they gained through the harm reduction approach could be useful with regards to caring for friends who use drugs, and if they ever decided to use drugs in the future. This is of critical importance as it shows that non-drug using young people are not ostracised or 'having their time wasted' while learning about drugs. Their participants suggest that for drug education to effectively reduce harm, it is necessary to acknowledge students' autonomy in making their own decisions regarding whether to use drugs; to allow them the opportunity to have a say in the design and delivery of drug education; provide up-to-date accurate information about drugs and, crucially, ensuring that the teachers who are responsible for the design and delivery of the

programme have credibility with young people (Farrington, 1997). This approach to drug education is radically different to the traditional prevention focused programmes usually provided by schools.

In 2002 and 2004, an Australian study reported on the results of the School Health and Alcohol Harm Reduction Project (SHAHRP) (McBride et al, 2000; McBride et al, 2004). SHAHRP was a longitudinal study on the effectiveness of a harm reduction curriculum, with 2,300 students attending 14 government secondary schools in the Perth metropolitan area of Western Australia. The aim of SHAHRP was to reduce harm associated with alcohol use. The intervention found students to be significantly less likely to engage in risky drinking, and experience alcohol related harm, from the first base-line study to the last follow-up (McBride et al, 2004). This study provided evidence supporting harm reduction goals being utilized in the classroom. Following SHAHRP it has been contended that a harm reduction curriculum is both cost-effective and require less external expertise than do traditional school-based drug education programmes (McBride et al, 2004 in Poulin & Nicholson, 2005: 411).

In Northern Ireland, McKay et al. (2011; 2012) present evidence from a non-randomised control trial of an adaptation of the SHAHRP alcohol intervention delivered in schools in NI. The results suggest that there was a 70% percent increase in knowledge about alcohol across time and 73% increase in the adoption of healthier attitudes. As such, it is concluded that this interactive and non-judgmental approach is beneficial to target young people with alcohol harm reduction messages in a classroom setting.

In practice, there are numerous ways in which harm reduction could be applied. This might include teaching about the value of incremental steps and successes. An example of this might be visiting a needle exchange scheme, given we know that the number of needles issued by an exchange scheme in Northern Ireland continues to increase (Public Health Agency, 2016). Steps such as these will empower both young people, and those using drugs, with strategies that can be cumulative. This, in addition to critical pedagogy in relation to the broader Drug War is essential.

In order for a harm reduction approach to be successful, changes need to be made at several levels. Midford, McBride and Muno, (1998) assert ‘if we are to increase the relevance of such programmes, a fundamental change in the process of developing and delivering drug education is required’ (p. 324). This must be interlaced with school-based drug policies. In terms of drug education policy, section three of the DENI Circular (the requirement for schools to ‘inform the PSNI where they believe or suspect a pupil to be in possession of a ‘controlled substance’’) makes inclusive and

non-judgemental teaching of drug education difficult. Disciplinary responses to drug use are completely opposed with a harm reduction approach, if the paramount objective of these disciplinary measures is punitive. It should be noted that that any response must take into consideration overall impact on harm. It should also be recognised that school policies and teaching practices are, and should be, intertwined (Midford, McBride & Munro, 1998: 322).

This policy reinforces the criminalisation of drug users, and users. This further exacerbates the ostracising of students who are already using drugs, or who have family members using drugs. As McCrystal et al's (2007b) research tells us, young people in Northern Ireland who experience exclusion at school are more likely to use drugs. Therefore, not only are the young people in this research feeling ostracised, also, any stigma and exclusion they face may make them more likely to use drugs. In addition, this policy sets the scene for a very information-based curriculum and strengthens stigma.

While it was generally acknowledged throughout the research that teachers are doing their best to teach drug education in challenging conditions (for example, pressure from senior teachers, parents, students, limited resources and confidence), teacher training is needed. The teachers in this study often lacked confidence, experience and information, finding it hard to locate good, reputable information online. Solid training and access to reliable and updated teaching resources and materials followed up by ongoing 'refreshers' would help teachers to be more effective, less defensive or prejudiced.

Given the importance of school reputation and ethos for the teachers who participated in this study, it is important to recognise that a harm reduction philosophy may get cautious reception from schools. Critics of harm reduction have claimed that harm reduction may condone, lead to, or facilitate drug use. The rationale is that by assisting people who use drugs in using them as safely as possible, people who do not use drugs will perceive it as a safe activity and start using themselves. Therefore, say the critics, harm reduction undermines prevention efforts by sending out the wrong signal. However, as MacCoun (1998) points out: 'if harm reduction service providers intend to send a message, it is something like this: "We view drugs as harmful. We discourage you from using them, and we are eager to help you to quit if you've started. But if you will not quit using drugs, we can help you to use them less harmfully"' (p. 1202). Crucially, this message humanises those who use drugs, where they are often demonised in a variety of ways.

Conclusion

Stigma towards those who use drugs has been widely documented. The effects of this stigma can be devastating to people who us drugs. While much has been written on education that aims to prevent stigma, this paper considered stigma as a consequence of the current model of school-based drug education. Drug education is influenced by Department of Education policies; school policies and ethos; and teachers' value bases. Most teachers interviewed employed the shock-horror approach in an attempt to discourage young people from using drugs. This approach was evident through the language, tone and overall pedagogy employed. Programmes of drug education were further hindered by restraints on teachers' timetables, resources, training and a general feeling of lack of knowledge or confidence in this area. Student participants often reported negative attitudes towards drug users and emulated some of the language used by teachers, the most striking being "junkies", "wasters" and "thieves". There was a clear and evident 'othering' by young people who were already using drugs recreationally of people whom they considered (unlike themselves) to be 'drug users'. Nonetheless, despite this dichotomy, those young people who were already engaged in drug use felt ostracised within the drug education programme. The impact of this is two-fold: the reproduction of stigma towards those who are often vulnerable members of society, and the presentation of obstacles to accessing help and support for young drug users in schools. A strong recommendation from this research was the adoption of a harm reduction approach to educating young people about drugs. The Drug Education Policy in Northern Ireland needs to be reviewed, particularly the section with regard to informing the police about those suspected of drug use. In addition, teacher training is urgently required for drug education providers. By demonstrating a clear link between drug education and stigma, this research identifies a palpable gap in knowledge regarding the effects of drug education and the potential to stigmatise, with practical application and consequences for those who use drugs.

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