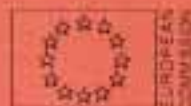




Preventive Education Series      1

**PREVENTION OF DRUG ABUSE  
THROUGH EDUCATION AND INFORMATION :  
AN INTERDISCIPLINARY  
RESPONSIBILITY WITHIN THE CONTEXT OF  
HUMAN DEVELOPMENT**



Education Sector

# PREVENTIVE EDUCATION SERIES

Arabic=A; English=E; French=F; Russian=R; Spanish=S

N°	Title	Language	Year
	International Annotated Bibliography on the Prevention of Drug Abuse through Education (PEDDRO joint UNESCO-European Commission project) - <i>special issue</i>	E, F, S	1994
1.	Prevention of Drug Abuse through Education and Information: an Interdisciplinary Responsibility within the context of Human Development	E, F	1994
2.	Drug Education: Programmes and Methodology. An overview of Opportunities for Drug Prevention	E, F	1994
3.	Facilitators Manual (Functional Adult Literacy Programme. A UNESCO/UNDCP project in Ghana)	E, F, S	1995
4.	A Teachers Guide on the Prevention of Drug Abuse in Schools (A Ghana Education Service/UNESCO project)	E, F, S	1995

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**Prevention of Drug Abuse Unit,  
Division for the Renovation of Educational Curricula and Structures**

PREVENTION OF DRUG ABUSE  
THROUGH EDUCATION AND INFORMATION :  
AN INTERDISCIPLINARY  
RESPONSIBILITY WITHIN THE CONTEXT OF  
HUMAN DEVELOPMENT

by Lia Cavalcanti

Paris, July 1994

## INTRODUCTION

Drug abuse is a complex phenomenon: its prevention demands that a whole range of intricate theoretical and methodological measures and techniques be set in place.

This document proposes to analyze the conceptual and practical field on which preventive actions are based, in order to be able to define preventive education - its epistemology, its role and the supports it uses - in relation to UNESCO's objective of contributing to human development. To this end, the document describes and examines a variety of theoretical and technical measures, target audiences and criteria for selecting partners in preventive education programmes.

The abuse of drugs is a human phenomenon and, as such, must not be challenged in the same way as other phenomena. For the first time in the history of humanity, we are faced with an epidemic which attacks and undermines the very fabric of society, and not just the physical body of the individual. Because the phenomenon is so complex, it necessitates solutions which integrate several theoretical disciplines (interdisciplinarity) by means of a transverse analysis (transdisciplinarity) of practices which take into account the qualitative aspects of human development.

The massive eruption of problems linked to drugs in modern society calls our lifestyles and the political, economic and socio-cultural organization of our societies quite radically into question. It equally raises questions about the place of the symbolic dimension in our cultures. An issue so complex and of such growing magnitude cannot, however, be dealt with in a simplistic and voluntaristic manner ("just say no"), or by strategies of an essentially aggressive nature, such as "war on drugs".

*According to Baudrillard « ' «It is imperative to realize that the problem of drug-taking must be approached with sensitivity, and (because it is an ambiguous problem) with strategies that are, themselves ambiguous. The best form of prevention is to introduce a symbolical element into the social strategy, a difficult undertaking which involved flying the fact of today's excessive rationalization and social organization. Lack of a ready made solution does not spell failure, and we must at all costs avoid clear-cut unilateral strategies of denunciation, whereby one kind of society takes complacent refuge in its own hypocrisy. Drug-use is a question to which there are no glib answers «*

In the face of an issue of such complexity, UNESCO's role is to propose a wide range of integrated actions which link together all types of knowledge and skills (interdisciplinarity). UNESCO's programme of preventive education was planned so as to embrace the ideological, cultural and spiritual dimensions of society. It suggests horizons for action which traverse social domains as varied as sports, technology and the arts, all of which are essential for human development, for the promotion of tolerance, peace, democracy and the respect of human rights.

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1) Jean Baudrillard. The Courier, UNESCO, July 1987

## ◆ On the importance of preventive education

Preventive education is founded on two essential premises: firstly, education is a tool of prevention, and secondly, prevention of drug abuse is possible. But, before analyzing the effectiveness of preventive education, it seems worthwhile to rapidly redefine a few concepts and put them back into context.

First of all, the use of drugs is a human phenomenon; it does not exist in the animal world (2). As it is within a socio-cultural context that the use and abuse of drugs is rooted and the reasons for this are to be found, it is, therefore, within that same context that prevention becomes possible. Whence the fundamental role of education for the prevention of drug abuse.

However, the issue is not that of eliminating the use of drugs by individuals, but rather a question of recognizing this fact as being a problem of society. Some anthropological studies indicate that society creates and sets in place integrated control mechanisms aimed at reducing or minimizing the harmful effects of drugs. When the fabric of society begins to crack, the wherewithal for control is lost.(3)

### What is usually understood by prevention ?

Latin etymology (*prae-venire*: come before) places the preventive act in a chronological setting - to act in anticipation of the problem - thus creating a paradox. If the problem does not arise, it is impossible to subsequently verify whether the preventive act has been effective. Prevention becomes non-perceptible and, in turn, non-verifiable. This the first difficulty with which any preventive intervention has to contend.

Let us pass on to some definitions of “ **prevent** ” - to anticipate something undesirable in order to stop it or to ward it off; to satisfy in advance; to warn in a threatening manner; and “ **prevention** ” - a preconceived opinion about individuals or things with unfavorable connotations of mistrust; or a state of mind which is predisposed to one thing or another.

An analysis of these definitions reflects the difficulties inherent in preventive action. Considering what has to be prevented as “ **undesirable** ” returns us to the field of morals and, thus, of ideologies; prevention then becomes a sanctimonious enterprise. If to prevent is considered to mean “ **to satisfy in advance** ”, then no verification is possible and prevention becomes a form of voluntarism. Moreover, the popular meaning “ **prevention is better than cure** ”, is a direct link to the curative act, creating a bond between the realm of sickness and disease and the notion of prevention. Indeed, it is this latter concept upon which most existing intervention models are now based, just as it is the most customary definition of prevention.

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(2) with but one or two exceptions

(3) N. Zinberg. Drug, set and setting. Yale University Press, New Haven & London, 1974

The medical model of prevention, built up at the end of the XIXth century following Pasteur's discoveries about infectious diseases, is the product of deterministic Cartesian logic of the cause and effect type based on the history of diseases. This, in itself, is the fruit of knowledge acquired as to the origins of disease (the cause), recognition of symptoms (effects) and reconstruction of the mechanisms of propagation (linking effect to cause). The medical model of prevention is based upon certain characteristics of the origins of infectious diseases and their mechanisms of propagation: **suppression of the cause**, which is usually unique and identifiable, **interruption of propagation mechanisms**, which are normally natural, linear, able to be pinpointed and wiped out; and **protection of the population**, the widest expression of which is the vaccination campaign. Generally speaking, when everything is known about a disease, it is by combining these three strategies that the model of intervention would attain its level of excellence.

“ It is important to emphasize that the medical prevention model created as a result of the fight against infectious diseases, has, thanks to its efficiency, rationalized the biggest fears and emotions of our overall powerlessness linked to the major epidemics that have marked the history of mankind. “ ... “ how much this model has achieved ... a strong credibility as a result of its capacity in provoking great collective fears and giving the human being a feeling of control over the curse that awaits them “ (4)

The way the generalized spread of the abuse of drugs in modern societies is perceived as “ the “ scourge of the century, conjures up the image of an illusory world where fear and feelings of impotence remain the same as in the past. However, unlike the great epidemics of the last century, today it is the body of society that is attacked and undermined and not simply the physical body of the individual. Because symbolic strategies of educational action must be set in place there is a dangerous temptation to apply the linear model of medical intervention to the complex field of social phenomena.

According to UNESCO's Preventive Education Programme (5) *«Prevention of drug abuse does not only mean equipping individuals to deal with this problem by providing them with the abilities to think, make choices, help them to relate to the past and become involved in the future of their physical and social environment. Prevention must essentially provide the resources necessary to induce personal expression, restore dialogue and overcome indifference. Social activities in the sphere of the arts, music and sport are all preferential methods of communication which, not only procure pleasure, but also offer the means to replace the violence inherent in non-dialogue (and drug abuse is the most insidious), to promote authentic discourse, creativity and provide opportunities to enter into contact with others and to experience solidarity».*

Through this Programme, UNESCO, in collaboration with the other agencies of the United Nations System, proposes a new conceptual field and a new pragmatic approach to the prevention of drug abuse. This strategy must be integrated as an innovative axis in

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(4) Rouge, Alain, Prevention: les limites du modèle medical. Les Cahiers de la CORIEF, No. 1. January 1988

(5) Drugs. Demand Reduction. UNESCO's contribution through preventive education, p.5 Position paper 1993

the teaching-Learning process, because its nucleus is education and information and not merely the transmission of knowledge which has no effect on behaviour - " learning to be ". Preventive education presumes a reciprocal communication which fosters integration of knowledge and feelings, of the individual and his group, of public and private spheres - through dynamic interactions aimed at achieving harmonious human development.

#### ◆ On the priority of the concept of human development

Human development is a process of enlarging peoples choices. In principle, these choices can be infinite and change over time. But, at all levels of development the three essential ones are for people to lead a long and healthy life, to acquire knowledge and to have access to resources needed for a decent standard of living. Human development is an ideological concept, based on the premise that it is rightful to promote social progress. To quantify and clarify the process of human development a new yardstick of human progress, the Human Development Index (HDI) was formulated which, through the medium of indicators which combine the purchasing power of countries with those of the Health and Education sectors, thus offering a much more comprehensive measure of development than Gross National Product (GNP) alone.

The Human Development Index (HDI) classifies different countries with very interesting results for the introduction of programmes and policies at local, regional, national and international levels, and particularly so far as drug abuse is concerned. (6) As yet, the qualitative dimensions of development, and socio-cultural variables, are perhaps not sufficiently taken into account at the local and community levels. Whence the importance of education which intersects all domains - from the cognitive to the affective - and of preventive education which, based on local, municipal, community and regional realities is, also, an element in human development. It is quite clear that, through preventive education, the living conditions of populations can be improved if their needs for education and health are taken into account. Without this, other opportunities remain inaccessible.

#### ◆ On the importance of interdisciplinarity

As the problem of drugs is a problem with *different components*, the *diversity* of angles of approaches is central to any solution. Preventive education provides a transversal link between the specific phenomena of drug abuse and other global social phenomena. An *interdisciplinary approach* must be developed because the phenomena encompass a multitude of fields of theory and practice - psychology, psychiatry, medicine, history, ethnology, Sociology, education, law, social and welfare work...

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(6) For further information, see "Human Development Report", 1993

The abuse of drugs is an obstacle to human development and a factor to be taken into consideration in promoting this ideal. To respond adequately to the question of drug abuse, preventive education has, therefore, been assigned a two-fold goal: to forestall the abusive use of drugs and so to promote human development. This being so an interdisciplinary approach is crucial and, given that drugs cross practically all fields of knowledge and affectivity, to consider the problem as a transdisciplinary issue. •



## CHAPTER I - EDUCATION TO PREVENT WHAT ?

Any preventive programme should fix its objectives before defining the methods to be used to attain them. Notwithstanding, preventive education strategies come up against the same difficulties as all other educational processes in general, i.e. that norms, values and models vary from culture to culture, and that whilst **action must be taken globally, individuality must be respected**. This being said, there is obviously no unique or ideal response. Finally, and most important, preventive education aims at preventing any breakdowns in the fabric of society.

The following questions are fundamental in determining the objectives of preventive education against drug abuse.

- a. **Is the aim to eradicate the use of drugs, or to reduce the harmful effects of drug abuse ?**
- b. **Should the programme focus on illicit drugs only, or integrate all drugs - both licit and illicit - in every preventive strategy, or even question the boundaries between these two categories ?**
- c. **Are objectives to be centered around demand reduction, or is it considered that supply and demand are indissociable ?**

The following answers can be used as the base upon which to establish preventive education programmes:

### a. **Eradicating use, or reducing the harmful effects of drugs**

The increasing use of drugs during this century poses the inevitable question of relationships between the individual and his or her place in society. The passage from collective ritual or medical use of drugs in modern societies occurs because of breakdowns in the collective control of such use and it can, thus, be considered that the instability and fragility of the social fabric is at the origin of these breakdowns. Society no longer offers its members a ready-made place; on the contrary, it is incumbent upon each individual to find his or her own slot and build up his or her own social identity, as Claude LEFORT (7) reminds us. The steadily growing use of drugs would more and more seem to correspond to reactions to difficult situations, rather than a desire for adventure and exploration of the mind, as was sometimes the case (mainly in developed countries) in the sixties.

Just as BAUDRILLARD (8) affirms: *«This is the crux of the ambiguity and the paradox of drugs; in some countries drug-taking is a symptom of the collective loss of immune*

(7) In: «Drogues: Politique et Société» under the direction of Alain Ehremberg and Patrick Mignon. Le Monde Editions and Editins Descartes, Paris, 1992

(8)op. cit

*defences or of the individual loss of symbolic defences(...) And now we see the use of drugs from another, exactly opposite, angle: while it is part of the immune deficiency syndrome, it itself a defence. Better defences may exist, but it is possible to speculate (for we must respond to such an insoluble state of affairs with paradoxical hypotheses) that the use and abuse of drugs may be a vital and symbolic reaction, however despairing and suicidal it may seem, against something still worse. Without by any means yielding to the temptations of the over-optimistic ideology in the West during the 1960s and 1970s concerning the «expansion of consciousness» there are grounds for thinking, much more prosaically, that this is not only an impulse to flee from the objective process of brutalization that life in some societies may be, but a collective movement of avoidance, a shared reflex of flight from the universal standardization, rationalization and regimentation which undoubtedly constitute, in the long term, a much more serious danger to society and to the human race (...)*

That said, drug-taking in the industrialized countries is no longer in its intensive phase, the phase sustained by euphoric or glorifying rhetoric, whether subversive or suicidal. It is in its extensive phase: while it is spreading and gaining ground, it is in the process of becoming less virulent for society. It is no longer a more or less subversive type of anomie, but an anomaly which is becoming institutionalized (..) This 'perverse» logic must be taken into account and a distinction must be made between drug-taking connected with economic and social underdevelopment (as it still might be in developing countries or, in the case of alcohol, in underprivileged classes) and drug taking linked to the saturation of the consumer society. The latter type began to emerge in the 1960s in the industrialized countries, as both the apogee of consumption and a parody of it, as an anomaly which challenged a world that had to be escaped from because it was too full, not because it lacked something. Perhaps there is a lesson here for developing societies, which are still ambivalent in terms of their organization»

It is consequently in the multiple political, economic, social and cultural crises of modern societies, which are all obstacles to development, that working hypotheses to explain the increase in the abusive use of drugs are to be found. And, this is why there is no single unique cause of abuse, but rather a multiplicity of factors of diverse biological, psychological and social origins.

Many studies show that when drug use is socially integrated, then it can happen that only in extreme cases is it considered a problem. This would imply, therefore, that it is the abuse of drugs, as a real syndrome of social deficiency, which should be the subject of preventive education and, more specifically, reducing the damaging effects of this use (minimize the damage which results).

**b. Should the programme focus only on illicit drugs, or integrate all drugs - both licit and illicit - in every preventive strategy, or even question the boundaries between these two categories ?**

All drugs are the product of a society, and the ways in which they are used designates their social function. The notion of licit and illicit varies from culture to culture; and, from epoch to epoch, these classifications intersect and their perimeters are redefined.

Rapid socio-economic change produces new drugs, forcing continual changes in the ephemeral boundaries between licit and illicit substances.

It is thus evident that the social and cultural context defines how use is regulated and determines the inherent degree of risk (and not only at an individual level), whether the drugs are legal or not. This is why reference is made both to functional dependence of a society on cultural modes and social use, and to individual dependence upon a way of life.

**c. Are objectives to be centered around demand reduction, or are supply and demand to be considered as indissociable ?**

Generally, illicit drugs follow the law of the market in the particular circumstances of an illicit commercial context: the price of a good is in proportion with the risks taken by the dealer. Moreover, the monopoly held in effect by some dealers on the market maintains prices at a high level. It is equally true that prohibition sometimes increases the prestigious value of an item for certain groups, just as it is also true that prohibition is unlikely to decrease overall social demand. This highlights the fact that repression might not diminish supply, but rather the opposite, because it increases benefits for the dealer and can enhance the product's symbolic value for the consumer.

Therefore preventive education programmes must take into account the link between supply and demand; limiting preventive education to demand reduction is to ignore the elementary principles governing any market economy, although certain studies (like those of Dr. Johnston) show that the use of cannabis is now lower amongst high-school students, whereas its production and circulation is higher, which would tend to indicate that this link is not automatic.

Whilst the economic and political context is thus a necessary variable when considering what preventive education strategy to choose, it is not, however, a sufficient condition in itself, because determinations in the social arena are not linear. •

### **Groups at risk, risk factors, or risk situations ?**

The designation of certain groups as populations potentially at risk is a thorny issue in preventive education. It is particularly difficult, indeed even dangerous, to set the criteria for such a designation. In other words, designating a given population as being at risk can even increase the risk for this particular group and, consequently, for the population as a whole and can result in blame being placed on scapegoats in different groups where social interaction is complex. And the fight against AIDS has taught us much on this matter.

Another approach is the notion of risk factor, where the traditional model of cause-effect is replaced by taking into account a series of risk factors clearly highlighted by statistical studies. Particular emphasis is placed on the multifaceted nature of the origin of the problem, each risk factor acting in combination with others and being linked to social and economic development indicators. Notwithstanding, individuals identified as being at risk are those who are more likely to manifest a problem in the long term, thus inexorably becoming groups at risk. Even if these particular groups at risk are obtained by cross referencing several factors, we will, in this case, yet again find the same perverse effects of designation.

So drug abuse interpreted as a socio-cultural phenomenon would, it seems to us, merit some careful reflection on terminology. It is preferable to speak of “ **risk situations** ” rather than “ **groups at risk** ”, for the perverse effects of social overdetermination can give rise to social exclusion.

Many studies have established multiple links between drug addiction, AIDS and social exclusion<sup>9</sup> Without doubt, drug abuse appears as one of the most evident pathologies of social, cultural and economic instability. Social exclusion seems to be the major risk in drug abuse as evidenced by the correlation frequently established between poverty, delinquency and drugs.

In the field of preventive education, UNESCO directs its particular attention to two categories of the population - young people and children and women - who are particularly vulnerable and less capable of taking part in human development. Both through their number (especially in developing countries) and through their as yet unexploited potential, young people and children and women combine the characteristics to make them a preferential target for preventive education.

#### **◆ Young people and children**

The consumption and increase in consumption of drugs is indissolubly linked to the development of the consumer society, of which young people form a very large part. The demographic and symbolic weight of youth and children in all societies, particularly in

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<sup>(9)</sup> Lebeau, Bertrand. New York, London, Paris. AIDS, drug addiction, exclusion. Proceedings of the Triville Colloquium, Paris, January 1993

developing countries, acts as a mainspring in the overall growth of consumption, including the consumption of drugs. In effect, drugs can become a social network for the fragile adolescent who has been unable to integrate or be integrated into any other network. This is especially true when these young people are part of the rural exodus.

In this case, it is also important to emphasize the distinction which should be made between the singular and the global. "Youth" as a general abstract category does not exist. Young people have to be considered from the standpoint of their cultural and ethnic specificity and their age group, (for example, in Senegal, a man of thirty years is still not considered as an adult). The fragility of this time of transition between childhood and maturity, makes young people particularly defenseless, especially in societies where unemployment and exclusion restrict access to autonomous social status. Drugs can then become a solution to a difficult individual or social situation. In industrialized and developing countries alike, a value system based on social success and the consumer market creates conditions wherein some young people turn to drugs.

"Despite the general lack of statistics (even in the Northern countries), the World Health Organization estimates that 80 million children live on the streets and in hidden corners of cities worldwide, mainly in the Southern countries. Deprived of a childhood, the children of this misery go headfirst into a world which is no better than that of the grown-ups, which they will perhaps reach ... Already suffering the handicap of being poor and weak, the Third world children become today, the frailer victims of the ills of our era, drug and violence" <sup>(10)</sup>

Economic and social instability which can force children into the streets, an upsurge in racism and xenophobia, conflicts of ethnic and religious identity, are all factors which combine to increase the vulnerability of young people, leading them into risk situations and to seeking the "easy way out."

At all costs, preventive education for youth and children must eschew the "satanization of products" current in some information campaigns which spotlight the harmful effects of consumption on the organism. Such strategies can lead to converting the use of other products (for example, volatile solvents like glue, or other chemical products, such as those used in car paint, which are much more damaging to the body).

These are just some of the factors which go to substantiate the fundamental importance of UNESCO's action in preventive education for young people and children.

#### ◆ Women

Women also merit UNESCO's special attention in preventive education. Like youth, "women" do not exist as an abstract category. Their identity is neither homogeneous nor uniform, differs from culture to culture, from one social situation to another, and varies according to economic status and religious denomination. Women occupy a wide variety of places in society and play an increasingly important role in socio-economic development. Moreover, women can be mothers, teachers, prostitutes, managers, politicians. They can be in close proximity to young people living in situations at risk, or

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<sup>(10)</sup> In: *Revue Interdépendances*» No. 13, May-June 1993

might themselves live in precarious states or suffer from discrimination, i.e. in high-risk contexts.

According to the Human Development Report <sup>(11)</sup> «*No country treats its women as well as it treats its men. ... «In industrialized countries, gender discrimination (measured by the HDI) is mainly in employment and wages, with women often getting less than two-thirds of the employment opportunities and about half the earnings of men. In developing countries the great disparities, besides those in the job market, are in health care, nutritional support and education. For instance, women make up two thirds of the illiterate population...*»

As a result of these conditions of inequality and modern social vulnerability, women in general, and each woman in particular, are particularly exposed to drug abuse.

**Subject and object of preventive education,** women are privileged partners in some pilot projects set up by UNESCO, mainly in innovative peer teaching educational strategies. On the eve of the World Conference on Women organized by the United Nations, it is urgent to take into account the increasingly important role of women in society within the context of socio-economic and human development and to consider the multiple, transverse and specific needs of women in the implementation of realistic and pragmatic preventive education strategies.

<sup>(11)</sup>Human Development Report, Op.cit, pp.16/1

## CHAPTER III - IN PARTNERSHIP WITH WHOM ?

**Participation** is an important element in human development, and all preventive education programmes should, therefore, according to their proportions, call upon the assistance of a varied range of organizations to promote differentiated development.

*«People as understanding of the world is formed and nurtured in face-to-face interactions in small social groups - first in the family, then the street, perhaps, or in the neighbourhood or village»<sup>(12)</sup>*

Programmes should be set up in place which take account of social microcosms, how they are linked and articulated. Specific questions relative to the products conjured up by social imagery must be discerned, discussed in terms of both urban and rural social integration and exclusion, taking into account internal and external migratory phenomena.

Action at different levels (from the family to society in general) requires partnerships with both the State and the institutions of civil society. Between these two levels there should be cooperation and exchange of information and experiences with institutions specialized in the field of drugs. In that sense, the role of Non Governmental Organizations (NGOs) and people's organizations is of prime importance. NGOs are voluntary organizations with a quite bureaucratic structure, whilst people's organizations are less structured, more democratic, representing the interests of their members, but with less capacity to intervene. Whilst NGOs can be organized at local, national, or even international levels (including in a federal form), people's organizations are smaller, more flexible and usually work mainly at local levels.

If participation is considered to be a criterion of success of prevention education programmes, then the active involvement of individuals and groups concerned (inhabitants of a district, neighbours, young people, women, drug-takers, ex-drug addicts, pharmacists, teachers, social workers...) cannot be too strongly stressed. Local activities are of the utmost importance, from the point of view of primary prevention, as is the development of social activities in general - in the fields of sports, culture, the arts and leisure. One final recommendation - all strategies which aim to reinforce the social fabric should be based on partnerships between the State, the institutions of civil society, people's organizations and those specialized in drugs to ensure the attainment of the common goal of preventive education which is the improvement of the quality of life with a view to human development for the individual, the family, the school, the community and society as a whole, through formal and non formal education and information. •

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<sup>(12)</sup> Human Development Report, op.cit., p. 84

## CHAPTER IV - THROUGH WHAT MEASURES ?

Even if drug taking is essentially a personal question, use takes place within a socio-cultural context and is linked to a whole series of societal events. This would suggest that when devising measures and formulating preventive programmes, understanding and analyzing personal motivations will not suffice; it is also essential to study and understand the influence exerted on individuals by their environment.

A preventive education programme is thus addressed both

a) **to the individual, aimed at increasing involvement in the goals of the community** and his or her possibilities for, inter alia, self control and self determination, through a series of complementary and concerted activities directed towards maximizing possibilities of intellectual, affective, psychological and physical autonomy the individual;

and

**to the community** <sup>(13)</sup> **aimed at increasing possibilities of social control by groups if its members.** In this case, measures proposed are based on a varied range of methods supported by networks of primary and secondary socialization at formal or non-formal levels intended to engender individual and collective behavioral change through societal controls. Such measures aim at improving the living conditions of the whole community and thus promoting human development.

To this end, different networks and levels of socialization, *ie. the family, the school, the community, and society as a whole*, must be integrated within active and participatory pedagogy.

The strategy is one of establishing links between school and life, life outside school and leisure activities, through inter generation communication and by making each individual aware of his or her responsibilities, penetrating social interfaces from schooldays up to entry into the world of work. Whence the importance of curbing any inhibition of informal social controls by placing too much weight on formal control (for example, it must be remembered that all young people in every region of the world do not necessarily go to school). It is essential that this strategy takes account of the social fabric, its wealth and its potential, enhancing the value of cultural roots of individuals and social groups and their initiatives. Articulating the more or less spontaneous responses of the institutions of civil society with those of a more or less formal nature established by the State, and enriched by those coming from institutions specialized in this domain, is a key to the success of these programmes.

As UNESCO reminds us *«Specialists of this problem should not stand alone in the fight against drug abuse, but increasingly be supported by the active involvement of different*

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(13) The notion of community is not taken to mean a geographical entity or uniform policy, but refers to neighbours, inhabitants of a village, town or city, who are concerned with the quality of life of their collectivity



*sectors of society and social partners, by the political will of Governments, through coherent national drugs policies and assisted by specialized institutions»* <sup>(14)</sup>

Joining efforts at local, national and international levels, producing convergent synergies, the mutual enrichment of different cultures, is not only a response to this issue, but also a duty when faced with breakdowns in the fabric of society. To listen, to reflect together, to understand, to analyze and set in place collective responses by mobilizing the widest possible partnership is necessary and urgent. Awareness of individual and collective responsibilities should be stimulated to recreate the solidarity which once existed within different population groups by increasing their capacities to defend themselves and to resist pressures to take drugs as a solution to difficult problems and in order to cope with situations arising out of the crises of our modern world.

Notwithstanding, “ in the domain of the consumption of drugs and the consequent dependencies this can cause, there is no exact way to form a link between them and the different levels of explanation. Therefore, it is not possible to disparage an uniform process in response to a causal logic. One could argue here that the important issue is neither the quality nor validity of an aetiologic theory, but is rather the practical success of the preventive action. In other words, a theoretical knowledge on the causes of drug use is not a guarantee for the efficiency of prevention. In fact, it is only when a theory and functional hypothesis have been successfully combined that the necessary conditions for an effective prevention, are joined ” <sup>(15)</sup>and, in this way a contribution could be made to the promotion of human development.

The sole aim of theoretical and conceptual contributions is to improve understanding of the mechanisms at play in different situations. However, these contributions are preventive tools, not a sine qua non of success. Notwithstanding, if these contributions are lacking, then the preventive intervention could become nothing more than a moralizing enterprise and, in this respect, some consideration should be given to the danger inherent in insufficiently planned production of preventive materials, for example, audio-visual aids, posters, etc., generally designed simply to appease the collective conscience.

To increase the effectiveness of preventive education, we also need a methodology, through the analysis of situations, choice of priorities, definition of objectives, definition of methods, planning and evaluating action, reformulating the latter in accordance with results.

To obviate any moralistic concerns in preventive education, the choice of techniques is also very important and should be the outcome of a precise analysis of situations (socio-cultural context) and adapted techniques. To this end, the following list of techniques, albeit not exhaustive, can be used in various preventive education programmes. <sup>(16)</sup>

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<sup>(14)</sup> Drugs: Demand Reduction, op.cit. p 1.

<sup>(15)</sup> "Le problème de la drogue (en particulier en Suisse) considéré dans son aspect social et préventif". Lausanne University, 1990, pi. 178

<sup>(16)</sup> The following points were drafted making use of the work commissioned by the Swiss Federal Office of Health: "Le problème de la drogue (en particulier en Suisse) considéré dans son aspect social et préventif" op.cit.

## ◆ Information

Some studies centre around the effects on information on drugs (cat Berberian *et al.*; Pickens). Findings concord that even short-term programmes have an effect on the level of knowledge of pupils. If results from the cognitive point of view are generally positive, those concerning attitudes tend to be contradictory. Whilst a first set of studies concludes that there is no effect on attitudes, a second set describes a transformation of attitudes in favour of drugs, a third bringing to light a modification of attitudes towards their rejection.

That most reports conclude that programmes for the prevention of drug abuse, if well-designed, increase knowledge in this domain is not surprising from both theoretical and practical points of view. Studies indicate that knowledge which has no links with affectivity and behaviour is easiest to change. On the other hand, the hypothesis whereby more precise knowledge about drugs would be likely to greatly decrease future consumption has rarely been confirmed. Despite the diversity of approaches in prevention of drug abuse, as well as the methodology and findings of evaluation studies, it can be affirmed that there is no consistent relationship either between knowledge and attitudes, or between attitudes and behaviour. The simple dissemination of objective knowledge is not therefore sufficient to modify attitudes and behaviour. This does not, however, mean that the transmission of information is not a prerequisite for promoting rational choice. Some studies indicate that the desire for new and exciting experiences is an important motive in drug taking. From this it can easily be deduced, on the one hand, that better knowledge increases the probability of drug taking by awakening curiosity in the substance and, on the other, that an objective presentation of facts might lead to some unjustified fears about drugs being eliminated. Various studies observe that the prevention of drug abuse can have a boomerang effect on attitudes with respect to drugs and their use.

The classical work of Stuart is certainly the best known and most frequently cited. In his research, Stuart establishes that, in comparison with a control group, a test group has more knowledge about the effects of drugs, but that in this group the use of alcohol, of marijuana and of LSD increased, as did the purchase of drugs, whilst fears in respect of drugs diminished. The programme for the test group comprised six teaching units taught once a week. The content of the programme included transmission of knowledge regarding the physiology and the pharmacology of drug use, as well as a presentation of the legal, social and psychological consequences of use. Moreover, the programme demonstrated differences not only in content (only "hard" drugs, only "soft" drugs, the two types together), but also in respect of the person transmitting the knowledge (teacher, or teacher and pupil). Stuart finds no significant differences according to the content or style of intervention. Similarly, he brings no significant relationship to light between knowledge and fear of drugs. These findings can be considered as an indication of the fact that links between increased knowledge, reduction of fear and increased use of a drug respond to mechanisms which are more complex than is usually admitted.

If this was the only study to bring to light such results, it would be simple to question the findings and consider it as an experimental artefact. Whereas, several other studies also tend to show that, under certain circumstances, concrete effects of persuasive prevention can be inconsistent with the desired effects (cf. Polich *et al.*; Pickens). Gonzales in two studies, however indicated that the "knowledge - attitude - behaviour" model can

serve as a basis for prevention of alcohol abuse, on condition that the target audience is exposed over a long period of time to persuasive information and is actively involved in educational programmes. This point of view is confirmed by Evans *et al.*, as regards the prevention of addiction to smoking. These authors observe a two-fold behavioral response to a programme for prevention of smoking. During a first stage, consumption of cigarettes increases, but decreases on the long-term. Blum, *et al.* and Williams *et al.*, also observe that the short term negative effects of information programmes can be compensated for by positive long-term effects.

Even if information programmes can arouse youthful curiosity about drugs (available data on this subject is not completely unanimous), this would not justify ceasing to inform young people about drugs. That would be to hide from them the possibly serious consequences of drugs, whereas they are often exposed to partial or inadequate information from informal sources. The findings discussed above should, rather, be seen in a different light; to transmit information on drugs without at the same time teaching some abilities and skills as to how to resist temptation is a questionable prevention strategy. To proceed in the opposite direction and provide information based on the acquisition of technical competence, is to promote human development.

#### ◆ Mass Media

The idea that mass media can exert an influence on consumption of drugs is based on two hypotheses:

- 1 Increased knowledge leads to transformation of attitudes, which leads to behavioural change;
2. Recourse to mass media is, in itself, an efficient means by which to influence the “ knowledge - attitudes - behaviour “ chain.

It goes without saying that the expected effect of mass media will only occur insofar as these hypotheses prove true. From the empirical point of view, few elements exist to back them up. Generally speaking, even in the case of carefully prepared campaigns involving considerable resources, for example in advertising, it is rarely possible to prove a measurable influence on behaviour of one or another action. On the other hand, we are constantly surprised by the unwanted and undesirable effects of mass media, such as the influence of television programmes on violent behaviour (Wallak). Leibert and Schwarzenberg, in particular, brought to light the paradoxical fact that mass media was more effective in achieving the undesired than the desired effects. In his pioneering work, Klapper had already demonstrated that mass media play a part in strengthening rather than modifying behaviour and Mendelsohn later concluded that a mountain of scientific evidence demonstrates that conversion occurs rarely and only under the most complex of psychological and communication circumstances.

In the sphere of illicit drugs there are, however, few evaluation studies on the effects of mass media. Kinder had already concluded as early as 1975 that data on the effects of mass media (on alcohol and drug consumption) were largely anecdotal and speculative.

Similarly, Goodstadt writing much later revealed himself to be very sceptical about the efficiency of mass media for the prevention of drug abuse.

The only field where it has been possible to be more or less convincing about the effects of mass media on behaviour is that of the availability of legal drugs, for example, the "Stanford Heart Disease Program", which was also taken up in part in Northern Europe and in Switzerland (Farquhar *et al*; Gutzwiller *et al*). Within the framework of this programme, Stern and his colleagues were able to demonstrate a clear change in eating habits of the population. In this case, the authors combined in their evaluation the use of mass media with an intensive offer of personalized advice, which, of course, limited the validity of the findings of this study. Meter *et al* highlighted the positive results obtained by the combined use of mass media and personal counselling. It would thus seem that the influence of the media strengthens the effect of other persuasive techniques. Sussman, (quoted by Goodstadt), thus observed that the effect of a programme for the prevention of drug abuse at school is greater when children watch television advertising against drugs with their parents over the same period.

In an early study, Blane is certainly correct when he affirms that attempts to influence consumption of licit drugs through the mass media have not had much success. Robinson at a later date observes, on the other hand, that campaigns against smoking have had a positive effect and Rogers raises similar arguments in respect of contraceptive campaigns. Warner estimates the effects of anti-smoking campaigns by means of a regressive model predicting what the consumption of cigarettes would have been if the anti-smoking campaign had not taken place. He clearly demonstrates that anti-tobacco messages disseminated between 1968 and 1970 resulted in a significant decrease in cigarette smoking. Warner also shows that the relative increase in price of cigarettes between 1964 and 1972 was also a contributory factor. In this respect, it should be stressed that anti-smoking publicity probably played an important role in political decisions to increase taxes on cigarettes. Warner indicated that whilst scattered actions, for example, the publication of the Surgeon General's Report have only a fleeting effect on behaviour, it would seem that anti-smoking publicity of several years duration has a substantial cumulative effect. Without these campaigns, consumption per inhabitant would probably have been higher by 20 to 30 % Warner's findings reveal the important fact that when measuring the effects of media actions to prevent drug consumption it is perhaps inadequate to only consider individual attitudes and behaviour. At that level, in effect, there are few direct effects. More notice should be taken of the possible changes at the level of social clusters when evaluating the effectiveness of media campaigns.

Repeating preventive messages conveyed by the mass media within "local prevention activities" at the level of small daily social interaction of individuals is an effective method of preventing drug abuse.

#### ◆ Peers as agents of prevention

A basic principle of information transmission is that the person receiving the information always deciphers it in accordance with who is transmitting it. Many studies have shown that the credibility and the charisma of the transmitting source is an essential quality from the point of view of the receiver. The more credible a source of information - in other words, the greater the competence and credibility attributed to the transmitter by the

receiver - the greater the appeal of this source to the receiver. The more impartial the transmitter, the greater the chance of the message producing the desired effect. Generally speaking, young people do not accord great credibility to adults, nor do they always consider them to be impartial. For this reason, young people would appear to be better than adults at transmitting drug abuse prevention messages to their peers.

Using peers as advisers, educators and tutors is not a new concept in pedagogy. In drug abuse prevention - smoking in particular - adolescents have frequently and effectively contributed as educators and communicators (Klepp et al). When peers become agents of drug abuse prevention they serve as influential models by parading their non-consumption. Moreover, in so doing they make it clear that taking drugs is not the norm for young people (nor for other social groups), but on the contrary deviant behaviour. Peers working as educators strengthen the idea of social responsibility and the value of health, transmitting social skills which enable their peers to modify their behaviour in order to resist social pressure which might push them to experiment with drugs.

#### ◆ Fear as a tool of dissuasion

There is some controversy about using fear as a tool of dissuasion. If it is clear that fear should ensue from the genuine negative consequences of drug abuse, it should not, however, be only a by-product of society's imagination reflecting other social concerns. Many programmes for the prevention of alcoholism and drug abuse, as well as much informal information transmitted by adults on this subject, are, however, based on fear. In an experimental study, Fritzen and Mazer compare one group of pupils having been confronted with particularly frightening messages about alcohol with another group exposed to more moderate messages. There was evidence of increased fear in the first group immediately afterwards, but only amongst those pupils who were already more frightened than their peers. The authors observe no difference in attitude as regards the consumption of alcohol, either between the two groups, or between the more frightened and the less frightened pupils. A study carried out at the request of the " Haut Comité d'Études et d'Informations sur l'Alcoolisme " in Paris (1976) draws, inter alia, the following conclusions:

" 1 " Traumatic " messages accompanied by frightening images are more effective than " non-traumatic " messages in the respect that they provoke more coherent, resistant attitudes, more often followed by action being taken. But, it must not be concluded that " non-traumatic " messages have no effect at all.

2. A certain time lapse can be seen between the development of opinions and that of behaviour. In fact, three months after the diffusion of a message, attitudes and awareness tend to revert to where they started from, most probably because they have been subjected to the influence of the environment and influenced yet again by traditional preconceived opinions regarding alcohol " .

A study by the London Institute for the Study of Drug Dependence compares the effects produced by different forms of lesson, *i.e.* a lesson on drugs taught in the same way as any other lesson by a teacher; a medical film on bad trips; a biographical " shock " film about a drug addict who dies at the end; and a film on pharmacological aspects of drugs. The study shows that, in the short term, the effects on groups of pupils differed

according to the material used. The greatest immediate effect was provoked by the projection of the shock film, pupils affirming their intention never to take drugs. During a test carried out two months later it was, however, observed that most differences between the groups had vanished. To all intents and purposes, messages based on fear only lead to short-term attitudinal change. In a basic study, Smart and Feyer made a pertinent observation in this respect: the effect of fear techniques will depend upon how much is known about the drug in question; the better known the drug, the less influence fear techniques will have on the intention to take the drug.

In their classical studies, Jannis and McGuire, using different arguments, have attempted to demonstrate that there is no linear relationship between fear and understanding a message, but that this relationship can be represented by an inverted U-bend. Consulting literature on this subject, Sutton later notes, however, that empirical research does not bring to light any clear-cut non-linear relationship between fear and understanding a message; increased fear is consistently associated with increased understanding of the message. In their general study, Sternhal and Craig also drew the conclusion that fear tactics are efficient, but only insofar as they are accompanied by concrete behavioral guidelines deemed effective by the receivers, (cf also Farquhar et.al) and where the transmitter is judged to be totally credible.

In conclusion, over and above the transmission of the message, it is upon the credibility and the quality of the relationship existing between transmitter and receiver that the success of this prevention strategy will depend, it being understood that the prevention of drug abuse implies, of necessity, the use of mechanisms of dissuasion based on fear as a normal element of human adaptation and evolution. However, if fear is used as a mechanism of dissuasion, then the information must be honest and reflect reality. In other words, fear should be used to present the incontrovertible consequences of drug abuse and certainly not to manipulate the receiver of the message.

#### ◆ Affective education

All teaching and learning processes are situated somewhere between the two poles of the affective and the cognitive. Knowing that the two aspects are difficult to separate, however, the teacher might be more oriented towards one or the other pole. The affective deals with feelings or emotional aspects of life and learning. How children perceive what they would like to learn and how they experience it during the learning process falls within the province of the affective. Cognition, on the other hand, concerns mental activity during the acquisition of skills or knowledge in respect of a given phenomenon. Affective education has long been a concern in pedagogy. For Rousseau, Pestalozzi and Fröebel, affective development was the major objective of education. However, even if the affective aspect of education is mentioned in most school philosophy, there can be little argument that education in school falls essentially within the framework of Cartesian logic. The task of the school is, first and foremost, to inculcate in children the abilities required by other sectors of society (economy, administration, etc.), and the school thus places more emphasis on education to generate autonomous individuals. Schoolchildren are evaluated primarily on their performance; the way in which performance is endorsed determines, on the one hand, the social esteem in which the children will be held in school and, on the other, acts as a passport into the working world (cf Brusten and Hurrelmann)

Affective education aims at exerting a positive influence on emotional development and, in this way, to promote one of the main dimensions of human development: affectivity. This means promoting self-esteem, personal capacities and the ability to relate to others. Transmission of cognitive content also takes place in an affective context. The feelings which animate someone necessarily influence his or her faculty of reasoning; even so, this is not generally consciously taken into account in the teaching-learning process. Affective education is based on the hypothesis that aptitudes falling within the affective domain are likely to be taught and learned through conscious or unconscious means.

Recent models of affective education are mainly based on the work of Piaget, Kohlbert and Erikson, but also on that of the representatives of the "humanistic psychology" (Rogers, Maslow, Perls). The Anglo-Saxon community, in particular, has developed an operational model of affective education, with an approach based on the notion that an awareness of values and personal needs, and of their role in the decision-making process fosters responsible behaviour. Particular attention is paid to behaviour linked to the consumption of psychoactive substances (clarification of values).

Few evaluations have been made of the effectiveness of the clarification of values method and transmission of other elements in decision-making. Gerbasi observes that schoolchildren having followed such a programme take less drugs than their peers in a control group. Goodstadt and Sheppard at a later date compare the effects of three programmes, the first acting essentially at the cognitive level and the two others at the affective level. A thorough evaluation of these three programmes has shown that only the cognitive programme improved the knowledge of the test group in relation to those in the control group. This was true not only for the verification test taken immediately after the programme, but also for the one given six months later. None of these programmes had any verifiable effect on attitudes towards alcohol and six months later, it turned out that the group participating in the clarification of values programme consumed more alcohol than the two other experimental groups. It is also interesting to observe that the pupils in the test group preferred the cognitive information programme comprising very few affective elements which had been proposed to the two other groups. This can probably be explained by the fact that both the form and the content of the traditional programme corresponded best to the expectations of pupils. For this reason, it is important to phase in new educational methods, in order to progressively modify pupils' expectations and give them time to adapt to new pedagogical methods.

The above reservations about the validity of evaluations relate to both cognitive and affective education programmes. Some studies have evaluated such programmes, but the empirical data they contain on the effectiveness of affective education in respect of alcohol and drugs is not very optimistic. A basic study made by Goodstadt reviews many methodological problems posed in evaluating such programmes, concluding that a strictly scientific evaluation allows no room for an assessment of the effectiveness of this type of prevention of drug abuse. In their general study, Kinder et al, draw the conclusion that, if the present or future abuse of drugs is applied as an evaluation criterion, programmes for the prevention of drug abuse, whatever they are, all appear to be wholly ineffective. Similarly, Berberian et al and Blum are pessimistic about the possibility of effectively preventing drug addiction through education. This does not seem to have been contradicted since and similar conclusions are also to be found in subsequent studies by Hansen, Müller, Grant and Goodstadt.

Notwithstanding, it is worthwhile mentioning two studies made by Schaps and his colleagues whose conclusions differ somewhat. In the first study, the authors analyze 35 drug prevention programmes and measure their effects on drug taking. Of these programmes, 14 transmit information about drugs; the others form part of the “ new generation “, that is, they stress the affective approach, peer education, or a multidimensional approach. The evaluation shows quite clearly that the new methods of prevention produce more positive effects - and above all less negative effects - than traditional programmes. Which does not, however, prevent the authors from issuing a warning against drawing hasty conclusions. They indicate, in effect, that the methods of evaluation applied in several of these studies do not correspond to rigorous scientific criteria. The authors, nonetheless, consider that results indicate that some of these new methods of prevention of drug abuse might have desired, positive effects which traditional methods have never achieved. They add that this potential should be further tested in depth.

In a second study, Schaps et al, review 127 evaluations of drug abuse prevention programmes, 7 of which present negative results. Of these 127 evaluations, few are without important methodological gaps, and only 8 are considered exemplary by Schaps and his colleagues, both from the standpoint of the method of evaluation, and from that of the intensity of the programme. These 8 studies globally bring to light rather positive results, *i.e.* a satisfactory correlation between desired effects and actual effects.

The final objective of preventive education is to ensure that selective choices are made for each particular circumstance. Measures which will be adapted to each context have to be chosen from a range of levels of intervention, a variety of theoretical approaches and between different techniques. In so doing, education for the prevention of drug abuse is an effective contribution to human development by including more qualitative variables in its construction•



## CONCLUDING REMARKS

To summarize the main points discussed in this document, the following concluding remarks can perhaps be made in respect of the necessity to include education to prevent drug abuse as an essential component of any strategy to promote human development. As defined by the Human Development Report, human development is a process of enlarging people's choices, the three essential ones being to enable people to lead a long and healthy life, to acquire knowledge and to have access to resources needed for a decent standard of living.

The abuse of drugs is a human phenomenon which attacks the very fabric of society and, as such, its prevention must include the symbolic dimension and take place within the socio-cultural context. The complexity of this demands interdisciplinary solutions using a transdisciplinarity approach which takes into account the qualitative aspects of human development.

Population groups in danger of resorting to drugs to solve a problem must not be designated "at risk" if social exclusion is to be avoided; the notion of "risk situation" is much better adapted to the reality of complex social relationships in which the use of drugs is rooted and has much more affinity with the concept of human development.

Participation of all levels of society is a key element in the successful prevention of drug abuse. Partnerships must be extensive, integrating governmental and non governmental organizations, people's organizations and institutions specialized in the field of drugs and drug abuse at local, regional, sub-regional and international levels.

If our hypothesis is correct, *i.e.* that drug abuse is attacking the very fabric of society, then this implies that drug abuse is an obstacle to any kind of development - including human development - at every level. If this is acknowledged, then preventive education against such abuse must be seen in the light of a fundamental component of any strategy to promote social progress and human development.

Preventing drug abuse through education stipulates interventions at the socio-cultural and individual levels with carefully selected solutions, adapted to each situation and to each problem. Interventions of this nature, with so many implications for social, economic and cultural development, need to be guided by a higher goal - in this case human development which is, in turn the main preoccupation of UNESCO. So, human development which aspires to improve the quality of life of all peoples, is not simply an objective of education to prevent drug abuse, but is also a precondition to the success of education in this particular domain •