



**“I wish
they had
told us
how to
be safe”**

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***Building a better drug
education with young people***

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Executive summary

- There is ample evidence that young people consistently use drugs at higher rates than their older counterparts. An effective drug education that prepares students to make safe choices around drugs – whether they use them or not – is needed.
- Most of the UK's education around drugs tends to be abstinence-based, which is shown to be an ineffective way to reduce drug-related harms.
- Critical pedagogy is a model of education that has been developed for political liberatory purposes, turning teachers and students into dialogical, problem-solving co-creators of knowledge. Theoretically, it is very appropriate for engaging students to understand the issues with current education models and potential alternatives, grounded in their lived experiences.
- This theoretical framework was operationalised into a methodology based on student discussions, guided by open-ended questions, to uncover what the issues with the current education are, and what potential solutions could look like.
- The workshops revealed that:
 - Drugs are predominantly taught through a criminal approach: Participants were exposed to intense messaging around the dangers that drugs pose to society and themselves. They also experienced the consequences of punitive policing of drugs due to their race.
 - Knowledge about drugs was formed before the classroom: Participants revealed that they (or colleagues) already used drugs or were around them by the time they received education. School-based messages were therefore taken less seriously; their peers' experiences were seen as more truthful than what was taught in school.
 - Biased nature of drug education was evident: Based on their own and peers' life experiences, participants were clearly aware that schools only taught one perspective on drugs, namely that they were "bad". This created a pedagogically lacking environment, which did not prepare students for real-world interactions with drugs.
- As a proposed alternative to the current education, participants proposed:
 - Teach slowly, repeatedly, and incrementally: The messages of drug-related education can be taught in

different ways to ensure retention and real-world validity.

- o Teach how to make informed decisions: The value of knowing how to stay safe around drugs -whether using or not- was clear to most participants. Participants wanted harm reduction information and clear messages on drugs' effects on their bodies.
- o Accommodate cultural differences: Given all participants were not white, and some were from an immigrant background, most participants highlighted that their cultural upbringing meant that certain drug messages from the government would not work (given family's cultural or religious drug use), and that messages needed to be better tailored for these contexts.

Introduction

Young people often use drugs at higher rates than their older counterparts; this is the case across most of the world (UNODC, 2018). Young people are also more likely to engage in poly-drug use, which carries significantly more health risks, particularly if it's done in a chaotic and problematic fashion (Boys et al. 2001). Education is integral to informing young people on key issues within society and equipping them with the needed tools to understand and navigate a world where involvement with drugs – be it directly through use or indirectly through production, sale, or acquaintance's use – is the reality.

An effective drug education is needed, perhaps more so now than ever: across the world, the lack of regulation has meant that lethal contaminants have unknowingly spread into many drug supplies. This makes the need for a realistic, evidence-based and pragmatic drug education programme all the more pressing: children and young people should understand how they can best reduce the harms from drug use, while understanding motivations for use in the first place.

Challenges in drug education:

Drug curricula should, in theory, be focused on preparing students to reduce drug-related harms,

namely problematic drug use (Midford, 2000). However, within a prohibitionist environment, the ideological imperative of education programmes is to prevent drug use in the first place, regardless of whether it is happening already or not. This is through a mixture of scare tactics, overt focus on the harms of addiction, and the stigmatisation of drug use, which can be incredibly consequential (Araldi et al. 2012). And while drug abstinence should be the primary objective of young people's drug education, and the majority of children and young people will not end up using drugs, for those that do end up using them, they are set on a path of pedagogical alienation: they do not see education as effective nor desired, and can end up influencing those around them.

This overt focus has created implementational challenges and eschewed results. Across the globe, there have been some difficulties in developing relevant, evidence-based and engaging drug education curricula, which have limited their effectiveness.

A Scottish evaluation of drug education programmes found that materials often duplicated themselves over years, were primarily distilling information unilaterally to children, and often neglected social influences or had no normative educational components (such as addressing student's misconceptions around

drugs, explaining motivations for use or other societal norms) (Stead et al. 2007).

The DARE programme, which was the predominant form of drug-related education in the United States, has been assessed as largely insignificant, particularly when compared with more socially oriented and interactive education programmes (Ennett et al. 1994).

In the UK, drugs, alcohol and tobacco are taught within the health and wellbeing curriculum. The drug-relevant sections highlight that at the end of primary school (which terminates at age 11), students should know: “the facts about legal and illegal harmful substances and associated risks, including smoking, alcohol use and drug-taking” (UK Government, 2021).

Secondary school (for students usually aged 11 to 16) offers a deeper, albeit one-sided, look into drugs and their effects:

Drugs, alcohol and tobacco

Pupils should know:

- the facts about legal and illegal drugs and their associated risks, including the link between drug use, and the associated risks, including the link to serious mental health conditions
- the law relating to the supply and possession of illegal substances
- the physical and psychological risks associated with alcohol consumption and what constitutes low risk alcohol consumption in adulthood
- the physical and psychological consequences of addiction, including alcohol dependency
- awareness of the dangers of drugs which are prescribed but still present serious health risks
- the facts about the harms from smoking tobacco (particularly the link to lung cancer), the benefits of quitting and how to access support to do so

*Screenshot of educational guidance for secondary school students.
Source: UK Government, 2021.*

Taking a different approach is incredibly challenging, if not outright banned: the UK government has issued guidance that bans educational content with “extreme political stances” from the sex and health curriculum, which includes anything that condones or encourages “the use of illegal drugs” (UK Government, 2022a). Any non-abstinent approaches to drugs, like harm reduction, is often portrayed as condoning or encouraging drug use, and would therefore be prohibited.

A critical pedagogic approach to drug education

Other programmes have attempted to develop comprehensive harm-reduction based curricula: [Stanford University’s Safety First](#) offers 13 lessons on alcohol and other drugs, encouraging abstention but still including harm reduction messages for youth who are currently experimenting or using, “to provide high school students with scientifically accurate information to empower them to quit and/or reduce harm, should they choose to continue to use”.

This workshop was primarily inspired by the field of critical pedagogy. Globally disseminated by Paulo Freire’s work, critical pedagogy promotes a liberatory form of education that rejects the unilateral direction of education, which is the standard of education across the world. Freire

criticised what he called the “banking” model of pedagogy, where the education system merely deposited information within the brains of students. This creates a system where information is portrayed as non-ideological or “objectively true”, and to be accepted unquestionably (Gomes, 2022).

Freire’s model is particularly concerned with challenging dominant and unquestioned knowledge that is distilled into students: his critique highlights that education is the primary vehicle for installing oppressive forms of power by distilling unquestioned Truths to students. We see this happen often with drugs: for example, that being associated with them will inevitably lead to crime or addiction. These pieces of knowledge are internalised by students, and will often lead students to reproduce these views, thus maintaining the status quo.

To challenge this model, Freire’s approach suggests a dialogical and problem-solving model of education

- A *dialogical* relationship transforms the roles of students and teachers into student-teachers, and teacher-students. Each individual can both learn from and teach the other, and collectively shape educational priorities and

outcomes. This also encourages an educational curriculum that is built by the student's view of the world, including the issues that most directly impact them.

- A *problem-solving* approach has students identifying what are the key issues within their environment or ones that are lacking from their education, and proposes solutions that are guided by the teacher's understanding of the topic.

For Freire, this model focuses on situations of "oppression" – whereby students' understanding of drugs is challenged by their own assessment, and they themselves offer solutions on what could be more adequate for their education, based on their lived experiences and worldview.

Freire's work has not been comprehensively applied to drugs; however, its implementation in health education highlighted how "learners have an opportunity to critically engage with health information rather than to simply be passive recipients of it" (Matthews, 2013: 600), which is crucial for drug-related messaging. Critical pedagogy's ground-up approach to priority setting and dialogical potential (Gomes, 2022) is incredibly appealing for experimentation, particularly because of its liberatory potential: students should be empowered to

understand what is missing from their education, what they desire from it, and how it should best be presented for maximum impact. This theoretical background informed the development of the workshops conducted for this study.

This study was an attempt to employ a critical pedagogic approach to drug education: it will focus on criticising the faults of the current approach and outlining what participants would have preferred to have received in education, based on their life experiences and understanding of what is important to know about drugs.

Workshop Methodology

Two workshops with small groups of around five to seven young participants were held, along with the principal researcher and a youth coordinator. Workshops were held with young people between the ages of 15 to 18; this ensured that we were speaking with people that were either still receiving drug-related education from schools, or had just recently left education. Consent forms explaining the workshop's structure and intended goals were collected from those under the age of 18.

The workshop was delivered in collaboration with [Unjust UK](#), a racial justice non-profit organisation that challenges discriminatory policies and practices within policing and the criminal legal system. The partnership with Unjust was crucial as they contributed with a Youth Outreach Coordinator, as well as access to their network of young people.

Each group met for roughly three hours, with a lunch break in between. The workshops were held as roundtable discussions, with post-it notes for individuals to write interesting thoughts that came up from discussions. Discussions were recorded and anonymised before analysis.

The workshop had three guiding areas of interest:

- **Attitudes and thoughts on school-based drug education**
- **Attitudes towards drug use**
- **Attitudes towards British drug policy**

In the critical pedagogic fashion, these were just guiding topics to outline some initial questions: most of the discussions were led by the participants and what they thought was the problem with current drug education, and what they wished their education on drugs contained. Questions were therefore open-ended and adapted according to the interest of the group. The guide used for discussions is available in Annex 1.

After both workshops, the principal researcher spoke with Unjust's Youth Outreach Worker to highlight what were seen as the most interesting issues raised.

Key topics were highlighted and verified across both workshops. These were a mix of problems with current drug education and suggestions for improvements. These are explored in greater detail in the next section.

Findings

The key themes that came from both workshops are highlighted below.

1. Criticisms of current approach to drug education

1.1 Drugs are predominately taught through a criminal approach

Many of the participants shared that their drug education focused on the criminal links of the industry.

“They [teachers] would say like drugs increase crime around London. Basically gang violence, a lot of social things that happen.” -Workshop 2

Many of the young people shared that police officers would lead in drug education classes, reinforcing the message of the “dangers of drugs in society”, as one respondent put it. Others shared their interactions with police; some had already been stop and searched by the police on the suspicion of drug possession. Among both groups, which consisted entirely of non-white young people, there was a clear understanding of how police use drug laws to surveil ethnic minorities, a feeling that is replicated across statistics that highlight the disproportionate policing of people of colour for drug-related offences (Release, 2018). A participant shared:

“[Police can say] 'Oh, come to us, you're gonna be alright, we won't go to the police! But when it's black people, it's like, you're not even doing [drugs], and they're already saying "we're watching you". -Workshop 1

This understanding helps contextualise the social and criminal environment within which the participants are expected to learn about drugs and their effects. Given that people of colour are disproportionately targeted for drug policing in the UK (ibid), it is not controversial to say that some of the participants would be seen as “threats” to British society by police. Young Black men are targeted by drug-related police operations (Townsend, 2023) in a country that has been denounced as “institutionally racist” by UN watchdogs: this claim was made about the country’s criminal justice system inability to deal with the disproportionate targeting of Black communities, deaths in custody, and the “dehumanising nature of the stop and (strip) search” (UN, 2023).

1.2 Knowledge about drugs was formed before the classroom

Both workshop groups raised that people already used drugs (or their peers did) by the time they received education on drugs. This is partially corroborated by data from the 2021 National Health Service (NHS) study into young people’s drug use, which found

that 18% of students in secondary school had used drugs at least once in 2021 (NHS, 2022).

Participants were aware of drug use happening around them: while it may generally be believed that sharing too much information on drugs at an early age is not recommended, many participants shared stories of their peers already using drugs by the time schools approached these topics. Some shared stories of drug addiction among colleagues, and others of criminalisation:

“By the time we started learning about them, I already knew a few people who had been kicked out of the school for like, having possession of drugs.” -Workshop 1

“I do remember thinking this is so late... why you giving this lesson now when these people who have been using drugs since year 8... I knew in my head that I know people who've been using them since they were 12 years old, so why are we talking about this now?” -Workshop 1

This is partly because drug education does not occur in a vacuum. Drug use was noted as part of the cultural fabric of being a young person in London: either through parties or through social sharing with older family members or friends, it is common to be in a social environment where some form of legal or illegal drug use is happening.

Critically, this means that young people are exposed to drugs with little information on what to do:

“The people I know, started using them around 12,13. So at that age, you're probably just going to try it because your older brother, or your older friends are doing it. You know what I mean? Like, you're not actually making an informed choice.” -Workshop 1

“In London, [for] a lot of parties and the younger generation, there's a lot of people that go to them parties, and there's drugs being displayed. And people just find it like normal and natural. That is what they do in our day-to-day life.” -Workshop 2

Young people are more susceptible to information from their peers: they rely on informal knowledge to develop their attitudes toward education or knowledge - particularly for those from lower socio-economic backgrounds – meaning that their social sphere can have a more significant impact on their attitudes towards drug use than their education (Archer and Yamashita, 2003).

As one participant put it:

“You're being taught by people who you trust more than teachers and [that alcohol is] good. And then be told by teacher that it's bad, so...” -Workshop 2

Earlier studies have corroborated this, finding that a young person's school, family, and peers influence

have a significant impact on their likelihood of using drugs, particularly between the ages of 14 and 17 (Jang, 2002).

It was interesting to see a participant highlight that drug use within the family meant that it impacted their ability to “informed choice”; it seems to underscore how someone’s drug use is influenced by their surrounding social environment, as confirmed in some studies (such as Bahr et al. 2005). Drug educations should prepare for these scenarios, including how young people can react in these situations and how they can distil harm-reducing practices to their peers and families. This is part of the pedagogical effort to teach how to make safe choices around drugs, how to understand risks if a person’s family or peers are using them, and how to help when needed.

1.3 Biased nature of drug education was evident

Participants were clearly very aware of the biased delivery of the education they received on drugs. Just as the participant mentioned above found drug use in parties “normal and natural”, others confirmed that their school drug educations had felt overly biased or detached from reality, lacking a deeper understanding of motivations for use.

“When we would be talking about the effects, a lot of people who had already done [drugs] were

like, 'Oh, that's not true. That's not what actually happens.' ... you have to make it realistic and how it actually happens” -Workshop 2

“And so it would kind of be like, you'll kind of know the bad things. But my friends are telling me the good things about alcohol and like how it's fun. So it kind of doesn't, they kind of contradict each other...” -Workshop 2

“I wish they had like, told us, like how to be safe around them, because you can't really just tell someone to not do drugs because you can't like control that. But like telling us how to do them safely?” -Workshop 2

These contradictions are frustrating, because they create a pedagogically *lacking* environment: there is important information that is not being taught, particularly “how to be safe around [drugs]”, as the participant above puts it.

Interestingly, participants in the first workshop drew parallels with sexual education. Similarly to Freire’s critique of the “banking” model of education, they highlighted how an intense amount of one-sided information delivery could be both overwhelming and ineffective.

“[Schools] don't want to start talking about drugs [too early], because I think they think if we don't know about drugs, then maybe we'll never know about drugs... It's like sex education. It's

like, 'Oh, if they don't talk about sex, we'll never know about sex and they won't do it.'" -Workshop 1

"I remember the first sexual education lesson I had; they just threw a bunch of stuff at me and I was like, 'Cool. What am I meant to do with this?' It's that obviously that can put you off, but it also sort of - I don't think that's the most effective way to teach, especially young people, to just throw information at them and then 'do what you want with it!'" -Workshop 1

An education that is overly abstinence-based and not aligned with the lived experiences of young people can be counter-productive and cognitively dissonant (Hashemi and Vogel, [2024](#)). Young people do not resonate with messages that sex and drugs are highly dangerous activities and they should never engage in them, particularly if they see their peers doing them and enjoying them. This lack of cohesion between education and reality can reinforce students' lack of trust in information from formal education (Jenkins et al. 2017), ultimately undermining the efficacy of drug prevention messages (D'Emidio-Caston and Brown, 1998).

2. Proposed model of drug education

Collectively, the group outlined some recommendations for future educations; grouping them into themes was not part of the group activity, so this was done by the lead researcher, grounded in the participants' experiences.

2.1 Teach slowly, repeatedly, and incrementally

The advantage of in-school drug educations is that students can have an education that is continuous over several years. The opportunity then to explore the various dimensions of drugs, how they impact the individual and society, should be properly explored. As participants confirmed, rushing its education will not make them less likely to use drugs.

"Whenever you're learning something new, it takes a bit of time, you've got to solve progressively. That's why when you learn anything, it takes a bit of time to, otherwise you just end up getting overloaded with lots of information, a lot of what you don't know what to do."
-Workshop 1

Taking the appropriate time to go through drug educations creates new chances to repeat key messages from different perspectives. The diversification of experts, perspectives, and voices that share their knowledge on real world issues can resound better

with students and ensure greater relatability with and retention of educational materials.

"What face they're putting up there to talk about it, so, not a police, for example, maybe someone who they can relate to someone who's had first-hand experience so that they're not going to just tell them don't do drugs, they're gonna explain the, with the questions that they're gonna have" -Workshop 2

The diversification of experts and voices that students are exposed to can retain attention as well as foster a deeper understanding of their surrounding world that is embedded in social justice and multiculturalism. (Obiakor, 2020). This could include bringing in addiction or drug-related medical experts, or those with lived experience of drug use.

I feel that we spend most of the time learning about things, like chemistry and all that, and forget about things that are in the real world, things that affect us, things that project us in society."
-Workshop 2

In other industries, such as health and social care education, there is a growing understanding of the value of the knowledge of those with lived experience of health conditions (Brand et al. 2023); drug-related experiences can be evaluated in a similar way, which may have a bigger impact on students more vulnerable to

involvement with the drug industry, or that use drugs already.

Repeating opportunities to discuss drug education also creates more opportunities for multidisciplinary approaches to drugs that holistically cover their effects on individuals and society.

"I think we need to almost compartmentalise each drug, their impacts like, what they actually do to your body, and what they could be used to self-medicate for..."

"I feel that we spend most of the time learning about things, like chemistry and all that, and forget about things that are in the real world, things that affect us, things that project us in society."

"I think that [talking about drug markets] should come after understanding what it does to you, the different types, how it harms the body and how it harms us... you first have to explain it, break it down."

Workshop 1 and 2

Participants highlighted how this was already common with alcohol: its individual and societal effects are already taught from a chemical, biological, social and personal approach across different classes.

"We have whole topics on alcohol and managing your alcohol intake, and I feel like everyone in my school... they'd know the impacts of alcohol and the

reasons why people drink it, why people should avoid... learning that helped me make a decision on whether I was going to drink or not." -Workshop 1

2.2 Teach how to make informed decisions

As previously highlighted, participants criticised the focus on abstinence-focused messages on drugs: they generally felt it didn't prepare them to deal with drug use or drug-related social encounters (such as their friends or family using them) – or how to "do them safely", as one participant put it.

Another participant astutely noted:

"These [illegal] drugs aren't regulated... we always have to be our own doctors. So if we're going to be our own doctors, we need to know the science behind it." -Workshop 1

One approach suggested across both groups was focusing on the exact mechanisms of drugs effects, both from a biochemical and a psychological approach.

"In science, we learned about alcohol, that put me off drinking, because it kind of scared me, the actual chemistry that's going on... inside your body. I think that if they wanted to turn off people from doing drugs, teach them exactly what's going on and let

them make the decisions for themselves.”

“If they're gonna go into so much depth about alcohol and doing the safety safely and everything, they should also have the same energy for drugs.” -Workshop 1

“How about we grow up knowing effects of it, grow up knowing how it actually looks like, so we know. But we talk about drugs, I don't know any drug... But I know drugs are bad.” -Workshop 2

Not only does an in-depth explanation of the mechanics of drug actions on the body help demystify their appeal, it also creates opportunities to relay key safety messages, such as the impact of early-age use, neurotoxicity and tolerance building. This confirms Matthews' (2013: 601) findings, where with health-specific education, “simply providing information about health would not be enough to change behaviour”; a more empowered and involved approach is needed.

In line with the previous point, more information on how the drug trade functions, including reasons for participation along with an exploration of its historic and current costs all enable young people to make informed decisions on drug use. Other pedagogical activities like educational simulations (as exemplified by Lunce, 2006), where teachers develop quasi-real world scenarios to explore how

students can best keep safe around drugs, could be a more engaging way to ensure that drug education is grounded in reality.

2.3 Accommodate cultural differences

An issue that emerged primarily in the second workshop related to cultural sensitivities around drug education. Participants from African and Caribbean descent stated that drug education was challenging at home.

“With some cultures that would really talk about openly, there's some that wouldn't. So understanding that there's some children that don't usually talk about this stuff, so that's kind of needed to break that down again, to explain why, the effects...” -Workshop 2

With around a third (31%) of all children in England being of an ethnic minority (Demie and See, 2023), it has become increasingly important to recognise different cultural upbringings, and the impact this may have on how to communicate drug education. However, accommodating for cultural diversity is difficult when the educational workforce is so disproportionately mono-racial: 93% of school leaders and 87% of teachers in England are white (BERA, 2023). There is much to be done in the UK to undo decades of perceiving children of minority populations as “problems” to be managed or contained (Shain, 2013); cultural assimilation

remains as the dominant approach to cultural differences.

Most participants in both workshops identified as non-white; this was reflected in some of their experiences around drug education. As one participant from a Caribbean family said:

“Saying weed is bad is like saying this whole part of your culture is bad... you're attacking what my family is doing and what my culture... is.” -Workshop 2

Although it was not probed, this most likely refers to the cultural use of cannabis by certain Caribbean group: for example Rastafarians, who have struggled to have their consumption exempted under religious freedom laws (Gibson, 2010).

Improving the ethnic diversity of the educational workforce would better reflect the diversity of the student population and create a better environment of tolerance and relatability between students and teachers.

A more diverse workforce would also engender a more realistic and pragmatic approach to education (Obiakor, 2020), that would pre-empt some of the specific challenges to educating a diverse student population:

“[While] some cultures that would really talk about [drug use] openly, there's some that wouldn't. So understanding that there's some children that don't

usually talk about this stuff, so that's kind of needed to break that down again, to explain why, the effects...” -Workshop 2

Limitations

Attempting an innovative approach to drug education comes with its own challenges.

The critical pedagogic approach can be challenging to deliver. Other researchers have noted the challenges in executing such a framework: Graziano (2008) has highlighted that critical pedagogy exists better as a “theory of pedagogy rather than a practical specification”. As Fecho (2000: 196) said about critical pedagogy: “The learning is in the doing”. Particularly with such a specific field like drug education, there is no better learning experience than just trying.

As with many workshops, more sessions with a repeated and committed group of young people would have enabled a deeper dive into building alternatives and curriculum building. Results are also only reflective of the self-selecting nature of participants, which were all from London, and comfortable enough to discuss their experiences with drugs with strangers. Nonetheless, this study was an attempt to validate a critical pedagogic approach to criticising and proposing alternatives to drug education.

The primary issues around this study’s structure came from three main areas:

1. Positionality of researcher

As the lead researcher, a white man delivering a workshop to predominantly non-white young people, assisted by a self-identified bi-racial facilitator, I need to overcome my own prejudices and biases to guide the workshops in a competent manner (Milner, 2003). As highlighted in the previous section, perhaps having a researcher that is from the community would create richer results, would interpret more refined findings, and create better relations with the participants. Ultimately, creating a new drug education that is informed by a student body that is diverse is the goal; the question is whether there should be a white researcher producing the final product.

Transforming myself into a teacher-student and co-creating knowledge with my student-teachers is complicated in practice, particularly with limited time and acquaintance with the young people. I held more expert information about drug-related topics than the young people I was collaborating with, and had to guide discussions when they were stalling. However, as Freire himself has commented (in Leech and Moon, 2000), the teacher must still exert some authority without being authoritarian; they must direct education towards a purpose to avoid being pointless. It is their pedagogical responsibility to

direct education towards progress.

2. Participants' difficulties in verbalising drug-related thoughts

Many participants showed huge understanding of the racial disparities and criminal scapegoating with drugs policing, the consequences of an unregulated drug market or criminalisation of drug use, the stigmatisation in disclosing drug use, structural racism, and a mature understanding of the need to develop age-appropriate educational content.

However, what was clear was that many of them lacked the language to express their criticisms, both with the way that drugs are regulated in society. Many of their recommendations – for more information on effects, to understand the mechanisms of action on the body, etc. – highlighted they had the knowledge of harm reduction, but lacked the language to call it that. This is a reflection of their asymmetrical education around drugs, where harm reduction is either not discussed or outright prohibited in schools.

As the researcher, I was keenly aware that I should not overly guide discussions with my own understanding of drug-related issues: I avoided using technical language around models of drug control, alternatives to incarceration etc. It was

interesting to see participants take positions on drug-related issues; in doing so, they took at-times contradictory stances (such as supporting earlier and deeper education on drugs, but simultaneously saying that it should not be too early, nor too complete); this dynamic process of taking positions, reflecting upon them, and re-assessing them requires time and critical reflection, both of which were difficult to deliver in a single workshop.

Given more time, participants could be assigned some reading material to discuss in future workshops, to ensure everyone enters workshops with the same base knowledge. Real-world scenarios created for discussions could also help ground theoretical conversations. These are all useful considerations for future efforts.

3. Group dynamics challenges

The size of the workshop groups also created some challenges. For the first workshop, only two participants showed up on time. They were later joined by two others in the afternoon session, meaning half of the discussion had already occurred. Many of the young people that had committed to showing up in the first workshop not come at all. One of the two late-comers had English as his second language, meaning his participation was limited to sharing his experience

and only answering questions directed at him.

In the second workshop, however, too many showed up: there were 10 participants, which limited effective group discussions. Many arrived late, which meant that the flow of conversation was interrupted by introductions, housekeeping, and verbal consent to recording.

Active engagement beyond speaking was difficult to maintain. A large group meant some remained quiet for the entire session, rarely participating in discussions. When given post-it notes to write down thoughts that they had on drug-related education, no one engaged. Two participants in the second workshop chose to actively not participate: they sat in silence, refused to engage with group or directed questions, and only spoke quietly to each other.

Intellectual curiosity for the topic and some level of interest to engage with it is critical for the workshops to succeed: as Graziano (2008: 161) said: "Without active student participation in making of knowledge, the classroom will remain a boring place of undemocratic transfers of information, which alienates most students from serious study". Under a tight schedule, these contributions are unhelpful; in future workshop, I would exercise my authority as a teacher to

explain why their contribution is important for progress.

Conclusion

This study sought to determine whether the critical pedagogic model was appropriate for analysing the conventional approach to drug education, and what sort of messaging should instead be used.

As an initial exploration into an under-studied topic area in the UK, it was interesting to use open-ended questions to understand students' thoughts on current education, and what was missing; this yielded interesting results, such as participants drawing parallels between sex and drug education to underscore how weak abstinence-based education prepares people for harms. They also highlighted how alcohol-related education covers many different facets of its personal and social effects, empowering people with the knowledge on how to stay safe around it.

Together we determined the value of harm reduction messages; these messages are not only valuable for those already using drugs, but to equip those that may be around drugs with information to take decisions that will keep them as safe as possible. Acknowledging that drug use may happen enables a whole field of health-based messages to give to young people that could reduce the interest in doing drugs.

The value of “making informed decisions” was a useful summary of the type of educational content desired by the group: even though many had never used drugs before, participants wanted to understand what drugs do to the body and brain, how they exist in society, and how use them in the safest way possible.

An unexpected outcome from the workshop was the suggestion to improve the cultural sensitivity of drug education for minoritized populations. While this is an issue across the British educational system, creating a drug curriculum that integrates the diversity of its student body can improve drug-related message retention.

Expanding the critical pedagogic model:

The workshops highlighted the potential to work with a group of students to develop their understanding around drugs and what a better education could look like. More sessions could have enabled a more concrete development of class content to the eventual development of a student-led curriculum. This would be in line with Freire's liberatory potential of critical pedagogy, where only the students -armed with drug-specific knowledge and teacher guidance - are aware of what they need to stay safe around drugs and make informed decisions.

Additional sessions using real-world scenarios (such as the hypothetical peer who is interested in using drugs, or another that begins using drugs in a problematic manner, and how participants would want to engage with them) would be valuable to ground the workshops' theoretical discussions into practical examples.

The value of a critical pedagogic model is that it can be deployed anywhere. It would be an interesting model to deploy in different regions within the same country to test whether the critiques and solutions presented are similar. This could be the grounds for a student-wide consultation to inform future drug education curricula, one that is grounded in reality rather than ideology.

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