

Hope UK's 'Philosophical' Basis

Prevention work in drug education means encouraging children and young people (and adults) to consider harm avoidance i.e. not using alcohol or other drugs (socially) in the first place.

There are two principles which lead the way in which Hope UK Educators work: Encouraging people to keep themselves fit and healthy, and caring for others by their example and influence.

These principles spring from Hope UK's Christian foundation (see Unit 3 Part 2). They are a necessary part of encouraging people to 'Live Life to the Full' (see John 10:10). Hope UK's 3 Year Plan contains a statement of core values which amplifies this. Inevitably, starting from this view point implies a need to take a holistic view of drug education. Substances should not be viewed in isolation from society and life in general.

Hope UK is using a holistic approach. The early Band of Hope pioneers did not only provide the 'facts' combined with Christian teaching. All sorts of social activities were included in their programmes – early Band of Hope meetings could be said to have a 'life skills' component.

A holistic approach also implies drug education which relates to its audience. Speaking the 'language' of the group is important as well as effective communication and attention to relationship issues.

A holistic approach also fits with Hope UK's 'plan-do-review' culture. Activities need to be seen as part of a whole and not in isolation from each other; monitoring and evaluation is important to improve; a culture of flexibility and adaptation means that change can be introduced when appropriate. After all, prevention challenges individuals to consider their own current or future drug-taking (whether it be legal or illegal substances) which, for many people, means considering a change in their lifestyle.

Hope UK members choose to be 'drug-free' because:

- There is a need to offer a clear and positive example to other people (especially children and young people) to encourage others to avoid problems and demonstrate that alcohol/drugs issues have implications for personal behaviour.
- To demonstrate that it is possible to have a fulfilling life which is free from the social use of alcohol and other drugs.
- To avoid giving mixed messages when taking drug awareness sessions. People notice positive personal example.
- To personally avoid the (potentially) harmful effects of recreational use of alcohol or other drugs. For people who have had dependency problems in the past, it is the only choice.
- Christians are called to make personal sacrifices when necessary for the benefit of others.

1. Informed choice:

Perhaps in Hope UK's early days as the UK Band of Hope Union, total abstinence was a very clear cut issue, emphasised by signing the Pledge. Since then 'knowledge' has increased, social provision improved and (despite new binge drinking trends) there is less obvious drunkenness. Yet human nature remains the same in many respects, although there are also changes that are evident in our post modern society (e.g. decreasing membership of churches etc.). Personal freedom is much greater and globalisation has given everybody an opportunity to move away from narrow class-based lives. The acceptance and encouragement of personal decision making (based on information) is a pragmatic approach for today as well as a philosophical one. Knowledge is powerful and enables people to take control of their own lives.

The concept of informed choice is not limited to any particular subject. Drug issues are affected by what else goes on around you in a social environment and includes civil rights issues and citizenship. People argue that it is a civil right to make your own decisions about what you do or do not use, whereas citizenship implies a care for others. Rights, some people say, should be accompanied by responsibilities.

2. Personal choice:

The advantages of keeping oneself fit and healthy would, at first sight, seem to be self-evident but this has never been the case. For example, significant numbers of young people smoke (25% or more) despite a huge amount of investment in smoking education. There are other factors involved – both external to the individual and internal. Adopting a 'Live Life to the Full' philosophy means encouraging people to maximise the use of their physical, mental and spiritual attributes.

Since 1847, Hope UK's members have chosen an alcohol-free life-style to express their personal commitment to reducing alcohol-related problems in the country. In recent decades, tobacco and illegal drugs have been added to this.

Reasons for total abstinence (in addition to the above):

- It reduces the likelihood of turning to substances in hard times.
- It gives a whole range of health benefits and generally a longer and better quality of life. There are physical, mental and economic benefits.
- The Bible encourages Christians to care for God's creation – i.e. our bodies. Alcohol, tobacco and illegal drugs will affect the brain and be mind altering. Using drugs will, to some degree, reduce the ability to focus on the Holy Spirit.

However, the following contradicts abstinence as a life-style:

- Health – there does seem to be evidence that a small amount of alcohol gives a protective effect against heart disease and some forms of strokes.
- Society – drug use, especially drinking, is often a sociable activity.
- Taste and the relaxing/stimulating effect
- 'Freedom in Christ' and liberation from rules and regulations. The fact that Jesus almost certainly drank alcohol and said that it is God's gift.

There is no absolute answer that applies to every individual. Hope UK's approach allows for people to make their own choices whilst being given the example of individuals who have made positive choices to avoid the social use of alcohol, tobacco or other drugs.

Communion and medical issues:

Communion services should not be confused with the social activity of drinking. The amount of alcohol consumed in a sip of Communion wine would have no effect and would probably equate to the amount of alcohol in a loaf of bread or a glass of orange juice. Deciding not to use alcohol socially should not exclude members from taking part in Communion where alcoholic wine is used.

There is a separate issue about the corporate example which a church sets in using alcoholic Communion wine and the way in which it might prove to be a hindrance to those dependent on alcohol. These include people for whom a small taste or smell might encourage them to start drinking again. For these people, Hope UK believes that it is good for churches to consider using alcohol-free Communion wine to be inclusive.

The medical use of drugs is also something completely different from the social use. For example, it may be that current medical tests proved cannabis to be a good painkiller and helpful for sufferers of multiple sclerosis. Any medicine produced as a result of these trials will be produced using strictly controlled manufacturing methods. Heroin is a drug that can be prescribed medically and so are tranquillisers. The fact that these drugs can also be used for social purposes should not stop doctors from prescribing them medically for use under controlled conditions.

3. A Role Model - looking out for others

The Christian faith has never been concerned with self only. This is also a feature of other faiths and humanism and can also be seen in the love and care shown in family and friendship. Caring for others is natural in the human race although, sadly, it can be overwhelmed by other motivations. Here are some reasons for being a good role model:

- "...no man is an island, entire of itself, every man is a piece of the continent, a part of the main... (John Donne 1572-1631)"
- Action speaks louder than words – if you choose to be drug-free, then it is good to show that it is feasible, fun and positively fulfilling.
- It avoids the charge of hypocrisy when doing drug education
- Children and young people look to the example of adults
- Leaders have a special responsibility. In past times, the story of the vicar visiting the man in the condemned cell was a favourite at Band of Hope meetings. The prisoner had committed murder under the influence of drink. The vicar said "Why did you do it?". The man said "Because I was drunk". The vicar said "Why do you drink?". The man said "Because I saw you doing it at a wedding and thought it must be alright".
- Not drinking makes a contribution to reducing alcohol problems throughout the country. The 'public health' theory about alcohol harm basically suggests that the lower the level of consumption within a country then the lower the harm levels are. Following on from this, the more people who don't drink, then the more people who will be persuaded to drink less or not at all and thus reduce the overall level of consumption and therefore the overall level of harm. (See 'Alcohol Policy and the Public Good' published by Oxford University Press for comment and research etc.) This can also be applied to other substances.

On the other hand, people have used the following to justify legal or illegal substance use:

- Using drugs helps people to feel included in groups.
- People may say that it is easier to identify others if you show you are the same as them. For example, some would find it odd to be in a Pub without drinking.

- People using substances (legal or illegal) socially secure the jobs for those employed in the drug industry.

4. Safeguarding the weak and vulnerable

Children and young people are less mature physically, emotionally and spiritually than adults. In society there is a general acceptance that children should not drink, smoke or use illegal drugs (or, at least, with respect to alcohol they should only be allowed a very controlled access). There are laws which enforce this. Hope UK's approach accepts the need to safeguard the weak and vulnerable, including children and young people. Yet, primary prevention is an all age concept. Hope UK's particular mission is targeted at children and young people but that involves any adult who has responsibility for them.

5. Why Primary Prevention?

There has always been a debate as to whether drug education works. It is impossible to prove exactly why someone is not using drugs. In the same way, it is impossible to prove that road safety education was specifically responsible for stopping somebody having an accident.

In recent years there has been increasing emphasis on research and evaluation to determine what works in drug education. There is some evidence that prevention done well does work. At the very least a life skills approach to education and prevention seems to have a delaying effect on the first use of illegal drugs. Research consistently shows that the later children and young people experiment with tobacco and alcohol, the less likely they are to have problems with these or other illegal substances when older.

A review of recent studies (2005) by Dr Fabrizio Faggiano of the University of Piemonte Orientale in Novara, Italy, found that programmes based on life skills are the most effective in reducing drug use. Programmes that teach middle-school students how to resist peer pressure, to become more assertive and to make better decisions are the most successful kind of drug use prevention programmes in schools.

In the UK the Blueprint research programme involves 29 schools and one of the key aims is to provide evidence that can be used in developing strategies to reduce the numbers of young people who become involved in drug misuse. The full results will not be available until 2007; but one of the characteristics of the programme is that it focuses on "normative education". Changing perceptions of "norms" about drugs and drug use has been shown in other programmes to have a positive effect on outcomes and can really change behaviour.

Drug education and prevention is likely to be more effective if it is reinforced outside the school curriculum. There is an important role here for youth services, which can deliver excellent drug education to young people. Parents, grandparents, and carers have a key role to play, and more emphasis needs to be placed in giving parents the support they need to help them reinforce key messages at home, and to recognise how their own behaviour and attitude towards drugs can influence their children. Young people attach more value to their parents' views and advice than people think.

When parents are well informed, there are strong family relationships and they are able to communicate more openly, their children are more likely to make better choices and be less likely to misuse drugs.

Risk taking is a normal part of teenage development, so no guarantees can be given that some young people will not make poor choices regarding drugs. Studies in the UK, USA and Australia have shown that parents who fail to find enough time for their teenagers put

them at risk of problems including drug use. Physically supervising teenagers' free time is shown to be more effective in preventing drug and alcohol use than other problems. There is a clear message here not only for parents, but also for churches to invest in quality youth provision.

It is difficult to know exactly how well drug education and prevention work, but do we have a choice? Even if the impact of education and prevention were negligible we would have to warn young people of the dangers of substance misuse and to reveal the reality behind the often glamorised world of alcohol and drug abuse.

Key points seem to be: regular education, consistency of message and the involvement of the whole community, including parents.

6. Harm reduction

Harm reduction, sometimes called harm minimisation, is the description given to strategies that aim to reduce the harmful consequences of illegal drug use. Practical examples include needle exchange schemes and the prescribing of Methadone to Heroin users.

Harm reduction theories recognise that people will still misuse drugs despite knowledge of the potential dangers. However, more than one controversy has been started by a drug agency offering advice which seems to assume that reducing risk factors is the only practical way to proceed because 'everyone will be experimenting with drugs anyway'.

In fact, harm reduction may be the only practical way forward when working with some people who are *dependent* on, or determined to continue using, drugs. They will probably not be able to face up to stopping use altogether. If harm reduction advice were to improve their general health then other improvements could be suggested to bring about a reduction or cessation of drug use. It is a strategy for helping users to avoid the most serious or obvious dangers. It also helps long-term users to live with their habit safely.

What has been more evident and controversial in the past few years is its use as an educational concept. Not everyone agrees that drug use is inevitable although it is undeniable that more young people are using illegal drugs. Although surveys differ in their results, and suffer from under- or over-reporting depending on the questions asked of young people, it is reasonable to assume that nearly all 16 year olds could obtain at least one illegal substance with ease.

Harm reduction means different things to different people. Some see it as a way of using drugs safely and others as merely a treatment method that will lead to abstinence from illegal drug use. When applied to alcohol, 'harm reduction' goes by the name of 'sensible drinking'.