

'Zero tolerance' and drug education in Australian Schools

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School-based drug education is a staple component of drug strategy plans at national and state levels but schools still struggle to sustain comprehensive drug education programs. Barriers to drug education in schools include the controversial nature of drug issues, a lack of professional training for teachers and confusion over broad policy [1]. The impact of government policy on the practice of drug education has received insufficient attention and it is this issue, particularly implied support for 'zero tolerance' policies in schools, that is the subject of this paper. Research has identified policy support from government as a crucial factor in facilitating the conduct of school health programs [2]. Accordingly, it is important for practice that policy statements are clear, consistent, and unambiguous. It is inconsistent for governments to make absolutist statements about not tolerating drugs in Australian schools and at the same time endorse more considered, pragmatic and ultimately more helpful policy approaches as enunciated in The National Drug Strategic Framework 1998-99 to 2002-03 [3].

Despite strong evidence of consensus among Australian drug educators that harm minimisation provides a constructive conceptual framework [4] a very different approach has been aired at a national policy level. The term 'zero tolerance' now has sufficient currency among policy makers to receive a favourable reference in the National School Drug Education Strategy [5]. This allusion is a cause for concern because it may presage a return to more traditional, abstinence only drug education

approaches, despite such approaches contradicting the goal of harm minimisation that has been promulgated by the National Drug Strategy (NDS) since 1985. It is especially disturbing for educators as an acceptance of zero tolerance would slow the movement towards evidence based decision making and threaten the gains schools have made in drug education over the past decade.

Zero tolerance demands conformity and punishes the slightest deviation from the ideal. A description of zero tolerance from its homeland has it thus: ‘zero tolerance would mean that police should fully enforce the criminal law and that discretion would be eliminated from policing’ [6]. For drug policy generally and drug education in particular, the implication is clear: users of illegal substances are wrongdoers and should bear the full force of the law. A proponent of zero tolerance, the head of the Australian National Council on Drugs, articulates the sub-text of this approach: ‘we have to engender in our society a clear message that we will not tolerate you using drugs and we will do everything in our power to stop you doing it’ [7].

Yet the Australian National Drug Strategy sanctions the promotion of ‘safer drug use’ within a harm minimisation framework: it ‘[involves]...a range of approaches...including prevention, early intervention, specialist treatment, supply control, safer drug use and abstinence’ [8]. An evaluation of the Strategy over ten years identified harm minimisation as fundamental to the Strategy’s success [9]. Harm minimisation explicitly recognises that despite the best efforts of policy makers, law enforcers, educators and therapists, some people will continue to use drugs, and one of the tasks is to lessen the occurrence and effects of personal and social harms.

Within this framework illegal drug use is constructed as a health problem primarily, rather than a legal problem, with impressive results in key areas [10].

Similarly, the goal of harm minimisation is central to drug policy and practice in the education sector. It has allowed schools to expand their delivery of drug education programs, and encouraged them to respond to instances of drug use in a 'pastoral' rather than a punitive manner. According to 'Principles for Drug Education in Schools,' drug education should be linked to harm minimisation [4]. The National Initiatives in Drug Education (NIDE) project, developed and funded by the Commonwealth Government in 1995-7, was a case in point. It was distinguished by a commitment to harm minimisation that was adopted by all jurisdictions [11]. A large majority of NIDE-trained teachers thought harm minimisation was 'helpful,' and the evaluation of NIDE found it had led to an increase in the quantity and quality of drug education [11]. School principals have reported harm minimisation enables them to communicate more honestly and effectively with students than is possible under a 'just say no' approach [12]. Parents too have given support to education programs, which seek explicitly to limit the problems resulting from drug use, rather than demanding an aim of abstinence [1]. Those developments are of enormous importance for the prospect of schools actively helping to reduce drug problems among young people, whilst at the same time keeping them engaged in education.

Despite those achievements in and by schools, a key policy paper has promoted the notion of zero tolerance. The National School Drug Education Strategy states: '...[the] Council [of Australian Governments] believes that illicit drugs have no place in school. Some would describe this as a zero tolerance approach...' [5]. According to

the head of the ANCD, 'the term zero tolerance is specifically aimed at school drug education programs. Its purpose is to develop a 'drug free' attitude among school children and a culture of rejection of drug use' [13].

In parenthesis, it is disappointing that a national strategy document should so distinguish licit and illicit drugs. Drug educators have for years tried to ensure that legal drugs receive their due attention in school policy and education programs. The construction of illicit drug use as 'the drug problem' invites schools to treat legal substances as of minor concern and leaves them open to the charge of hypocrisy. It ignores the import of the current, government-funded, public health campaign that stresses 'every cigarette is doing you damage.' It ignores the vast quantum of acute harms experienced by young people due to excessive use of alcohol [14]. Moreover, the 'drug free school' so described would tolerate the recreational consumption of drugs by school staff. Caffeine is an archetypal psychoactive substance: it is addictive, it can cause bodily harm, and it has been prohibited in Western societies. Use of caffeine by teachers would instantly give the lie to the notion of a drug free school, and depress the credibility of administrators and drug educators among students in any school that adopted the label. We can be sure the generation that cannot understand why cannabis remains illegal, while tobacco and alcohol continue to wreak havoc, will appreciate the contradiction [15].

More substantially, zero tolerance, which insists on mandatory maximum punishments for offenders, can lead schools to confuse rejection of drug use with rejection of the drug user, and risks compounding the harm caused by drug use. In April 1999 an independent girl's school in Sydney expelled a group of students for

marijuana offences. One student was expelled for selling a small amount to her classmates and they in turn were expelled for buying, or possessing, or using it. The Prime Minister lauded the school and zero tolerance:

'...I would hope that all schools around Australia would take the same attitude. It would be a good thing if government schools took the same attitude as well. I think you are entitled to encourage schools to have zero tolerance in relation to drug use in schools. Because if you have a black and white attitude at that stage I think you are far more likely to yield results' [16].

This example of zero tolerance in action provokes a number of questions. What might be the result if all schools did adopt the Prime Minister's 'black and white' attitude? Will another school accept the expelled students to enable them to complete their schooling? If they are not worth a second chance at their original school, why should any school make a place for them, and risk earning, as collateral damage, the Prime Minister's contempt? If a government school takes them in, won't that confirm his evident conviction that government schools are 'soft' on drugs? If we follow the logic of zero tolerance those girls may never return to school, a fate that may harm their future well being more than an idle use of marijuana.

The appeal of the 'black and white attitude' may lie in its symbolic value, for there is little evidence on which to base its practice. Despite the assumptions made by advocates of zero tolerance, punitive policies have not produced 'results' in the form of lower drug use [17]. The imposition of heavy sanctions may serve to alienate young people who are already using drugs, and further, may inhibit them from seeking assistance for drug related problems [18]. In contradistinction, more

conciliatory school policies have been shown to encourage lower levels of drug use by young people. A Canadian study found students that attended in schools which implemented a comprehensive policy, encompassing a preventive curriculum, early intervention, and disciplinary action, drank less alcohol than students who attended schools with less balanced policies [19].

The advocates of a 'tough approach' may not understand there are no assuredly 'drug free' schools in Australia¹: two-thirds of secondary schools cope with one or more instances of cannabis use in a year [20]. With cannabis prevalence at an historic high [21] it could hardly be otherwise. In 1996, over one-third (36%) of all secondary school students aged between 12 and 17 years had 'ever used' cannabis. By Year 12 the 'ever used' were the majority (55%.) Regular use was high also. Around 20%, or one in five of all students, had used cannabis in the previous month and 12% had done so within the previous week. Further, 10% of senior students had used another illicit drug such as ecstasy, amphetamines, LSD, cocaine or heroin [22]. Schools are not islands: they cannot be quarantined from the community and, inevitably, they have to deal with low-level illicit drug use.

Many schools take a broader view of their responsibilities than to dismiss students for a single indiscretion. They prefer to offer assistance for young people whose drug use may be a sign of larger problems, while insisting on respect for the school rules. The principal of one independent school in Melbourne considers the so-called tough approach of expelling drug using students is a sign of weakness: 'a sign of strength is to cope within the school' [23]. A similar spirit moves a government school in New

¹ The mother of one of the girls expelled said she paid the school fees in the belief, '...[her daughter]

South Wales where students who use an illicit drug receive a referral to a drug service for confidential counselling during a period of suspension. As a preventive measure the school has a community worker run a voluntary program for junior students thought at risk of problematic drug use. The program includes drug education, stress management, alternatives to drug use, and techniques of safer cannabis use. While expulsion remains the ultimate sanction for recidivists, the school has not employed it in six years [12].

The attitude of those schools is indicative of a broader trend that is evident in the policies of state government education departments. For schools under the jurisdiction of the Department of Education and Training in New South Wales, expulsion of students for drug use is the most extreme sanction rather than the first option [12]. In Victoria, government school principals are officially encouraged to find ways of keeping at school students who are at risk of developing a drug problem: 'strenuous efforts should be made to retain those with problematic drug related behaviour within a treatment or educational setting' [24]. The approach is informed by an understanding that participation in school is a protective factor against problematic drug use and a host of other psycho-social problems [25]. Conversely, a weak attachment to school is known to be a risk factor in health-compromising behaviour, such as heavy drug use [26]. Attending school is one form of insurance against alienation and for many troubled young people it offers a lifeline to the future. Young people who complete secondary school are better placed to secure employment and enter tertiary education, factors that compound the likelihood of future success and well being.

was going to a school where no one sold dope.' Daily Telegraph, 31 March 1999, p10.

The use of discretion by schools in dealing with drug incidents is also founded on an understanding of the natural history of drug use. Initiation of drug use is often incidental to a young person's life, a result of curiosity, an experimental phase which passes quickly. Only a minority of 'novice' users graduate to problematic use and they are likely to be adolescents already troubled. The drug treatment literature warns that an adolescent labelled a drug user may escalate their drug use in order to match their identity [27]. As one factor associated with heavy or habitual drug use is early departure from school, it follows that excluding a student drug user from school is likely to exacerbate subsequent drug problems [27]. It is preferable for schools to retain vulnerable students and ensure they receive appropriate advice. Sometimes the school's staff possess the skills required, at other times they refer students to medical practitioners, adolescent, health, family or drug services. There is a strong therapeutic argument for schools to emphasise support and counselling rather than punishment because the drug treatment field finds early intervention programs are more successful, and less expensive, than treatment at a later stage [28].

Seeking to adopt and implement a more 'pastoral' approach does not mean that schools are 'soft on drugs.' In 1997 thirty-nine students were officially expelled from Victorian government schools for drug-related matters [29] while the number in the non-government sector is not known. That figure, which is close to averaging one expulsion per week during the school year, gives some dimension to a problem that schools naturally do not advertise. Yet it is an underestimate even for government schools, because it does not include students who were persuaded, or volunteered, to leave, or to accept a transfer, prior to expulsion. The outcome of those exclusions is unknown: the students may have continued their education in other schools, but they

must also be counted among the most vulnerable of their generation. More research is required into the effect on young people's lives of expulsion and exclusion from school for drug use. It would be useful to know whether students who transfer in those circumstances adjust successfully to the new school, whether they continue to offend, whether they complete their schooling or whether they leave earlier than do other students.

Additional data on students who come to attention for drug use would assist the development of policy. Policy makers and schools would be helped by a better understanding of the nature of such drug use and whether those students are more likely to be novice, occasional, regular or heavy users. It would be helpful to know whether drug use at school is a likely marker for specific drug problems, or problems of other types, and whether students who receive counselling or other 'pastoral' attention for drug use temper their use or cease altogether, and whether they complete secondary schooling. As indicated above, one of the problems of adopting zero tolerance is the strong possibility that drug use and drug problems will be driven underground, and young people who require assistance will not receive it.

Australian schools are now faced with two competing models for developing drug policy. Harm minimisation encourages schools to develop, trial and enact innovative responses to the challenges posed by widespread drug availability. It provides a model whereby schools can make a two-fold contribution to reducing drug harm: educating students about drugs and providing care and professional attention for a student when drug use becomes apparent. Zero tolerance, by contrast, may appear attractive at first glance, but fails to deliver on any important measure. In the school setting zero

tolerance would demand an abstinence-centred education program that would not address the needs and interests of young people and has not succeeded elsewhere [30]. It would impose an indiscriminating rejection of any student who uses an unsanctioned substance, regardless of the circumstances. It is an overzealous response that makes no allowance for the natural history of drug use, offers vulnerable young people no help, and may intensify rather than reduce drug problems.

The interests of young people and ultimately the Australian community would be best served if the counterfeit notion of zero tolerance was withdrawn from circulation. Government policy and practice should encourage Australian schools to continue the necessary work of helping to limit the negative effects of young people's drug use. The task includes providing students with practical, immediately relevant drug education programs; by not over-reacting to experimental drug use; and by trying to maintain those students whose drug use is problematic in the education system.

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