



Observations from

First International Congress on Drug Education

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For four days, in the setting of Montreux, Switzerland, where the atmosphere of the mountains provide a natural high, people gathered from all over the world to discuss the status of drug education in their own and other countries. The First International Congress on Drug Education, sponsored by the International Council on Alcohol and Addictions and the National Coordinating Council on Drug Education, was designed to "provide a worldwide forum to focus on the evolving role of education in preventing drug misuse and abuse." Designed around keynote speakers and several workshops, the conference sought to explore the traditional and current educational methods and to seek creative alternatives within the educational setting.

It is difficult to summarize all of the motivations expressed by the people attending the conference. Many of them were obviously there because of the location and the opportunity to spend four days in Europe at the expense of a budgeted program. But most of the people were there to explore their ideas, feelings, opinions, doubts and worries about the efforts of drug education to solve what is generally called, inaccurately, the "drug problem." It is these people that were sought out, questioned, and talked with, in the mornings before workshops started, during lunch and dinner, and often late into the night, while walking along the shores of Lake Geneva or sitting in a hotel lobby. The people represented formal programs in drug education, professions, schools, and often simply themselves. They were there because they had an idea they thought might contribute to a solution for the problems of and related to drug use, because they were looking for a solution to these problems, and/or because they realized that new ways of defining and looking at the problems were desperately needed.

There were no major conclusions at the end of the four days, no great discoveries that will solve any problems within a few days, or months.

But most of the participants left having a better understanding of what was being done, what needed to be done, and what approaches might be blended in with current efforts to make them more effective.

The conference centered about several workshops, with topics including the general situation of drug education around the world, basic concepts of drug education, communication problems, evaluation of drug education programs, alternatives to drugs, drug education in professional training, and innovative approaches to drug education. It was soon discovered, in all of the workshops, that there was a need to define "drug education." It was discovered at the same time that this was almost impossible to accomplish. Everyone at a particular session had his own idea of what drug education meant, but these definitions usually centered around some concept of efforts directed toward helping the individual make informed decisions about drug use. But even this did not encompass all of the meanings of drug education when the professional groups represented pointed out that, in many of their fields, drug education includes preparing other professionals so that they in turn can undertake efforts to help "The individual make informed decisions about drug use." While it is important to understand what drug education is, the best definition which came out of one workshop is simply that drug

education is whatever drug educators do. And this, when defined in the light of specific goals or a specific program, justifies consideration of the many different techniques presented and the programs examined at a conference on drug education.

Early in the Congress, the efforts of the United States were critically examined. by Edward M. Brecher, author of *Licit and Illicit Drugs*, and Helen H. Nowlis, Director of the United States Office of Education. The United States model for drug education was presented so that representatives from other countries could profit from its failure. Drug education efforts, in this and other countries, have focused for the past years on educating about drugs. Drugs as a topic in themselves do not, however, begin to face the social relationships which surround them. In fact, it can be shown that many of the drug education efforts of the past ten years have not only failed, they have sparked new interest in drugs because of the increased awareness of their effects or the manner in which anti-drug campaigns were carried out. Two excellent examples were presented by Mr. Brecher. The United States conducted, in the 1960's, a campaign to make the public aware of the hazards of smoking and this campaign was very successful. People did become aware that smoking may lead to cancer and other damaging diseases. But the campaigns emphasized that anyone, at any time in his life, could stop smoking and recover his health. There is a hidden message in the campaign: "You can smoke now, because later you can stop!" And this message was received by those who became aware of the hazards of smoking because tobacco sales have continued to increase through the 60's and into the 70's. And anti-heroin campaigns contained the same message, "you can stop," which unfortunately, if the statistics of heroin use are accepted, was interpreted by many to mean that they could try it now and quit later because that is what the advertisements said they could do.

Fortunately, the government of the United States has realized that a shift in emphasis is necessary. The participants at the Congress were concerned about making this shift, hoping that it could be made by many of the drug education programs already in existence, and feeling optimistic that a new path would bring new results in individual, local, and national efforts at drug education. The United States has issued new guidelines that state specifically what should, and what cannot, be contained in drug education materials produced in the future. A moratorium on the production of drug education materials, recommended by the National Commission on Marijuana and Drug Abuse, gave the government time to create these guidelines and set up a mechanism for their enforcement.

The guidelines are simple; they revolve around ideas that have been seen in drug literature for several years. And they revolve around ideas that have been seen in professional disciplines like counseling for even longer. Drugs, in themselves, are not the problem; people are the problem. And for this, a brand new language is needed, a language that shows concern for the individual, a language emphasizing words such as love, caring, sharing, and communication. The guidelines stress the importance of bringing the family back into perspective and they emphasize a new way of talking about drugs by not talking about them, by emphasizing the positive aspects of drug use and the positive aspects of living without drugs.

There is a consistency here, between the difficulties of defining drug education and the new guidelines. If drug education is simply whatever drug educators do, then certainly anyone who feels that the material and programs they present have some effect on the positive nature of life, the positive self-image of the individual, or the value of loving and caring, then that individual is indeed conducting drug education.

Alternatives were a major consideration at the Congress, both during sessions and after hours. The participants generally recognized that the concept of alternatives is difficult to define. One participant, from South Africa, discussed the experience of an "alternative high" as anything outside of the "I am I" feeling.

There was general agreement that the wide range of possible alternatives indicates that something more than exposure to their existence is needed. And, in many cases, exposure is more than inadequate because the individual may not have the means of experiencing the alternative even if he is aware of its existence. Discussion centered, in many instances, around the need to explore individual alternatives with clients in a medical or counseling situation to discover what alternatives are available, which can be achieved by an individual, and which do in fact produce the desired feelings.

A major conclusion of the Congress was the need for evaluation in drug education programs of any type. The literature is filled with different approaches to drug education and the Congress devoted many hours to exploring innovative approaches. But seldom are these new approaches evaluated from the standpoint of meaningful and reliable results. The few evaluative studies that have been conducted have been inconsistent and inconclusive. It seems impossible to construct a system for defining the purposes of drug education and then measure to see if these goals have been achieved, particularly when the goals of many drug education programs are expressed as an attempt to decrease drug use. Problems of measuring instruments and longitudinal studies were most often used as explanations for this lack of proven programs.

Drug education can, however, be evaluated, in terms of specific objectives of a particular program and when general statements about decisions toward drugs and drug use are eliminated from these objectives. If a drug education program is designed to make students aware of drugs, their medical effects, a simple testing instrument can prove this program successful. Goals for professionals, often centered around preparing themselves to go out into their fields and make honest and factual presentations, can be evaluated on the basis of honest and factual approaches being taken by these professionals in their work. Certainly, the goals of some educational efforts must be to assist the individual make informed decisions about drug use, but the individual might still decide that drug use, even abuse, is the proper decision for his or her environment. Somehow, some way, new and clearer statements of goals and objectives of drug education must be formulated before effective evaluation techniques can be implemented.

Noticeably absent from the conference was reference to drug education for individuals outside grades K-12. There were several references to the roles of professionals, particularly the

medical profession, in drug education but these were centered on what the medical profession can contribute to the drug education in primary and secondary grades. There were several college professors present but their main interest was also drug education for younger individuals. This was unfortunate as there is a serious need for drug education at all levels of society. A greater concentration on drug education at these wider audiences might allow for the development of innovative approaches adaptable to the limited framework most of the participants worked within.

## **Impressions**

All of the ideas presented above are impressions of what occurred at the Congress on Drug Education, I feel it is necessary at this point to express some sincere feelings about what happened at this conference and how it relates to drug education in total, drug counseling, and my own efforts in drug education.

The Congress allowed me to clarify some of my feelings toward drug education. I feel that some of these feelings, particularly the idea of talking about people instead of drugs, were shared and supported by growing numbers of professionals. I attempted to discover more about the concept of alternatives, what they were and exactly how they might be defined. There was a general agreement among many of us that the idea of an "altered state of consciousness" cannot be described directly but only by experiencing it or describing what it is not. I am not happy with this and hope that continued exposure to conferences of this nature and people concerned with this issue will provide further clarification.

It was pointed out that a major need in the next year would be the development of evaluation procedures for drug education efforts and the dissemination of evaluation results in the drug education literature. As a doctoral student, I find this very important to my own impending research and hope that some of my efforts may be directed toward the development of some evaluating procedures for drug counseling efforts. Continuing discussions with professionals in this field should allow for the application of proven evaluation techniques to the difficult goals and objectives of various drug education projects.

I found much support for some ideas that drug education is possible from a variety of starting points. Given almost any school or professional subject, it is possible to achieve goals related to drug education, or at least attempt to achieve the goals. In discussions and resource materials, drug education was achieved through pharmacy training, theater arts, business programs, and many others.

There was a new source of strength and hope generated at the conference by the people attending who showed their sincere interest in the problem and their dedication to finding new routes to success in what they admit is a difficult task. We heard on the first day that there was not going to be any simple solutions to the drug problem, something that the United States has been trying for a year to find. But this did not deter the participants from struggling

with definitions, concepts, and approaches which might be the key to a solution, simple or complicated. The opportunity to meet with people from other countries allowed me to further understand that many of their problems were similar to those experienced locally. These new friends will form a nucleus of support for the development of new approaches and stronger support for present approaches that show promise.

The implications for counseling are many and they correspond closely to many of the ideas presented in my paper on drug counseling earlier in the semester. Many of the ideas presented at the Congress emphasize the philosophy of counseling that man should be treated as a very unique individual, as a whole being. We cannot treat his drug problem by talking about drugs; we can treat it by loving, caring, and communicating with him as an individual with his own goals, feelings, and problems. In four days of discussions, arguments, and new-found friends, I learned that drug education efforts may indeed be successful if they operate within the context that effective counselors should be operating within every day.