



Submission to the inquiry into the health impacts of alcohol and other drugs in Australia

September 2024

Background and expertise

I am an academic who specialises in young people's alcohol and other drug consumption and related interventions such as classroom-based drug education. I have expertise sociology and education and have published several research articles and reports on areas of direct relevance to this inquiry. My affiliations and expertise are detailed below.

Adrian Farrugia is an Australian Research Council DECRA Senior Research Fellow at the Australian Research Centre in Sex, Health and Society at La Trobe University. He is a sociologist of health with expertise in youth alcohol and other drug consumption and health interventions such as drug education and take-home naloxone initiatives for opioid overdose. He has published widely on topics related to alcohol and other drugs, healthcare access for people with stigmatised conditions and, most recently, how issues related to sex, sexuality and harm are managed in efforts to address youth substance use.

Overall statement

This submission draws on findings from my own extensive research on young people's alcohol and other drug consumption, their perspectives on drug education and analysis of classroom drug education curriculum resources. In Australia, classroom-based drug education is an important strategy in efforts to reduce alcohol and other drug-related harms for young people. However, drug education initiatives have rarely been subject to critical scrutiny and may reproduce potentially harmful understandings of alcohol and other drugs and the young people who may use them. Drawing on extensive research on young people's alcohol and other drug consumption and drug education, my submission addresses the possibility that some education initiatives have the potential to generate harms in efforts to reduce them.

In what follows, I address aim C of the inquiry:

Examine how sectors beyond health, including for example education, employment, justice, social services and housing can contribute to prevention, early intervention, recovery and reduction of alcohol and other drug-related harms in Australia

The goals and effectiveness of drug education

While education can play a role in young people's safety, it is essential that the goals of drug education are carefully designed to ensure initiatives do not inadvertently produce harm in efforts to address them. To date, drug education programs are generally assessed against a notion of 'effectiveness' that tends to focus on limited issues, such as: measurable improvements in certain kinds of drug-related knowledge, reductions in alcohol and other drug consumption, decreased positive social expectations of consumption and increased safer choices. Working within this narrow remit, much drug education research offers recommendations about the content and structure of drug education classes without



consideration of the various other effects or ethical dimensions of this form of health education.¹ In other words, the way that good or *effective* drug education is assessed can draw attention away from the many other *effects* drug education can have. For example, a drug education program may be assessed as ‘effective’ because it seems to reduce young people’s intention to use alcohol and other drugs. However, other effects such as the potential to reinforce sexist attitudes about the relationship between intoxication and sexual violence do not form part of an assessment of effectiveness, despite being a potential effect of an education initiative.

This approach to assessing effectiveness focusses primarily on the practicality of conducting drug education without incorporating a range of other issues that have been raised in social research. Ethical issues in this area include:

- A disproportionate focus on young women’s consumption²
- A tendency to position young people who consume drugs as morally compromised³ and shameful⁴
- The potential to reproduce stigma⁵
- A prioritisation of exaggerated narratives of risk over balanced information⁶

Assessing drug education according to limited and contested ideas about what constitutes ‘effectiveness’ means that programs can be considered effective even when they reproduce these kinds of issues. Assessments of effective drug education need to be broadened to include other issues such as these, and their potential effects.

Other areas of health curriculum such as sex and relationships education often assess programs with ethical issues in mind and could prove informative for drug education design and delivery.⁷ For example, contemporary relationships and sexuality education programs can be assessed to ensure that they do not reproduce gender inequalities and norms such as inequitable double standards about sex, pleasure and morality⁸. Assessments of drug education effectiveness should be expanded to address ethical issues, ensuring that young people are not inadvertently taught potentially harmful content, such as counterproductive stereotypes. This includes gender-based stereotypes, like the harmful notion that intoxication makes victim-survivors of sexual violence responsible for the harm they experience.⁹

¹ Farrugia, A. (2020). ‘The ontological politics of partying: Drug education, young men and drug consumption’ in D. Leahy, J. Wright and K. Fitzpatrick (Eds.), *Social theory in health education: Forging new insights in research* (pp. 33 – 43). Routledge: Abingdon.

² See, for example: Farrugia, A. (2017). Gender, reputation and regret: The ontological politics of Australian drug education. *Gender & Education*, 29 (3), 281 – 298; Farrugia, A. (2023). ‘Something serious’: Biopedagogies of young people, sex and drugs in Australian drug education. *Pedagogy, Culture and Society*.

³ Tupper, K. (2014). Sex, drugs and the honour roll: the perennial challenges of addressing moral purity issues in schools. *Critical Public Health*, 24 (2), 115 – 131.

⁴ Leahy, D. (2014). Assembling a health[y] subject: Risky and shameful pedagogies in health education. *Critical Public Health*, 24 (2), 171 – 181.

⁵ Meehan, C. (2017). ‘Junkies, wasters and thieves’: School-based drug education and the stigmatisation of people who use drugs. *Journal for Critical Education Policy Studies*, 15 (1), 85 – 107.

⁶ Leahy, D. & Malins, P. (2015). Biopedagogical assemblages: Exploring school drug education in action. *Cultural Studies ↔ Critical Methodologies*, 15 (5), 398 – 406.

⁷ Farrugia, A. (2024). ‘Drug education as a site of sexuality education’ in L. Allen & M. L. Rasmussen (Eds.), *The Palgrave encyclopedia of sexuality education* (pp. 1 – 9). Palgrave MacMillan, Cham.

⁸ Thomas, F. & Aggleton, P. (2016). ‘School-based sex and relationships education: Current knowledge and emerging themes’ in V. Sundaram & H. Sauntson (Eds.), *Global perspectives and key debates in sex and relationships education: Addressing issues of gender, sexuality, plurality and power* (pp. 13 – 29). Palgrave MacMillan, Cham.

⁹ See, for example: Brown, R. & Gregg, M. (2012). The pedagogy of regret: Facebook, binge drinking and young women. *Continuum: Journal of Media & Cultural Studies*, 26 (3), 357 – 369; Farrugia, A. (2014). Assembling the dominant accounts of youth drug use in Australian harm

Recommendation: Commission a review of recommended drug education programs to ensure they do not reproduce counterproductive and harmful notions of alcohol and other drugs and the people that consume them.

Examining the potential harms of drug education efforts

My research has examined several issues that increase the possibility for drug education to produce harms in efforts to reduce it. This submission will address three of these: (1) victim blaming in content about sexual violence in the context of alcohol and other drug consumption; (2) lack of nuanced engagement and provision of highly selective and limited information; and (3) generating scepticism in young people who consume alcohol and other drugs. Importantly, these issues are currently not addressed in assessments of effective drug education (see recommendation above).

(1) Victim blaming in drug education content about sexual violence in the context of alcohol and other drug consumption

I have analysed how issues related to gender are addressed in Australian classroom drug education resources.¹⁰ My research indicates that Australian drug education resources often reproduce harmful understandings of gender and young people's alcohol and other drug consumption. For example, my earlier research demonstrates how drug education is especially invested in intervening in the actions of young women specifically and shaping and restricting not only their alcohol and other drug consumption practices, but their sexual practices too, often presenting intoxicated sex as a risk to young women's reputations as orderly and worthy young feminine subjects.¹¹ This research examined how issues related to sexuality are mobilised as part of a broader alcohol and other drug prevention agenda and can be a central concern of drug education rather than a peripheral issue. In the most recent analysis of how young people's sex and sexuality are mobilised as part of prevention projects, I directly examined how sex in the context of drug consumption is addressed in Australian drug education curriculum resources.¹² Concerningly, this analysis indicated that drug education resources often address the relationship between alcohol and other drug use, sexual harassment and violence and consent in ways that inadvertently blame victim-survivors for the harms they experience. For example, this occurred in statements that address intoxicated sexual assault as stemming from young people's compromised capacity to detect danger when drinking or consuming drugs – a focus on the victim-survivor – rather than addressing issues related to masculinity, sexism and the perpetrators of violence more generally. These accounts are especially harmful because they diminish the accountability and responsibility of the perpetrators of violence while remaining focussed on those who are the targets of this violence. Emphasising the pressing need to address these issues, the recent Australian Law Reform Commission

reduction drug education. *International Journal of Drug Policy*, 24 (4), 663 – 672; Farrugia, A. (2023). 'Something serious': Biopedagogies of young people, sex and drugs in Australian drug education. *Pedagogy, Culture and Society*.

¹⁰ See, for example: Farrugia, A. (2017). Gender, reputation and regret: The ontological politics of Australian drug education. *Gender & Education*, 29 (3), 281 – 298; Farrugia, A. (2023). 'Something serious': Biopedagogies of young people, sex and drugs in Australian drug education. *Pedagogy, Culture and Society*.

¹¹ Farrugia, A. (2017). Gender, reputation and regret: The ontological politics of Australian drug education. *Gender & Education*, 29 (3), 281 – 298.

¹² Farrugia, A. (2023). 'Something serious': Biopedagogies of young people, sex and drugs in Australian drug education. *Pedagogy, Culture and Society*.



inquiry into justice responses to sexual violence received submissions that recommended more training and education initiatives targeted at dispelling harmful misconceptions such as these.¹³

Recommendation: Commission a review of recommended drug education programs to ensure their content on sex and sexuality does not diminish the responsibility of perpetrators of sexual violence and reproduce a counterproductive focus on the responsibility of victim-survivors.

(2) Lack of nuanced engagement and provision of highly selective and limited information

Other research I have conducted examines how drug education often struggles to engage with the variation and complexity of young people’s alcohol and other drug experiences.¹⁴ This research demonstrates that drug education and youth-focused health promotion primarily addresses drug consumption motivations in negative terms, for example, that they stem from peer pressure or stress. The outcomes of young people’s consumption are similarly presented in negative terms, for example, by presenting ill-health as the inevitable endpoint of alcohol and other drug use. This research also demonstrates a struggle to engage with the complexity of how the law can impact young people’s experiences of alcohol and other drugs, including potential harms.¹⁵ For example, drug education often provides information about the legal status of different drugs or police powers without also providing important information on other relevant issues such as individual rights – especially important information for young people who may encounter law enforcement. This research suggests that by providing highly selective and limited information, drug education has the potential to diminish young people’s ability to reduce harms by, for example, offering very little to help them in negotiating legal institutions or mobilising harm reduction strategies during consumption events that are not motivated by peer pressure or generative of negative outcomes. Overall, where drug education focusses almost exclusively on risk, it does not offer support to young people who may enjoy their alcohol and other drug consumption.

Recommendation: Commission a review of recommended drug education programs to ensure they provide balanced information that engages with a range of motivations and outcomes, including positive experiences, and does not exaggerate risk overall.

(3) Generating scepticism in young people who consume alcohol and other drugs

In struggling to engage with the complexity of young people’s experiences of alcohol and other drugs, including positive experiences, drug education efforts can generate scepticism in their audience. For example, some of my past research examined how young men who had experience of alcohol and other drugs expressed scepticism about the information they encountered in classroom drug education and via health promotion campaigns.¹⁶ This research demonstrated that when drug education initiatives do not

¹³ Seear, K., Grant, G., Mulcahy, S & Farrugia, A. (2024). Submission to the Australian Law Reform Commission reference on Justice Responses to Sexual Violence. Available online: <https://www.alrc.gov.au/inquiry/justice-responses-to-sexual-violence/submissions/> (accessed 16 September, 2024)

¹⁴ See, for example: Farrugia, A. (2014). Assembling the dominant accounts of youth drug use in Australian harm reduction drug education. *International Journal of Drug Policy*, 24 (4), 663 – 672; Farrugia, A. & Fraser, S. (2017). Science and scepticism: Drug information, young men and counterpublic health. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 21 (6), 595 – 615; Farrugia, A., Seear, K. & Fraser, S. (2018). Authentic advice for authentic problems? Legal information in Australian classroom drug education. *Addiction Research & Theory*, 26 (3), 193 – 204.

¹⁵ Farrugia, A., Seear, K. & Fraser, S. (2018). Authentic advice for authentic problems? Legal information in Australian classroom drug education. *Addiction Research & Theory*, 26 (3), 193 – 204.

¹⁶ Farrugia, A. & Fraser, S. (2017). Science and scepticism: Drug information, young men and counterpublic health. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 21 (6), 595 – 615.



sufficiently address and value lived experiences and local knowledge of consumption, they can contribute to scepticism, including a broader cynicism about all ‘official’ sources of information such as those perceived to be produced by governments. Taking these insights into account, drug education that relies on singular narratives of alcohol and other drugs – especially those that do not engage with fun and other perceived benefits of consumption – risk not only being ignored but encouraging broader scepticism about the information provided in other health promotion efforts.

Recommendation: Commission a review of recommended drug education programs to ensure they sufficiently engage with the multifaceted character of lived experiences of young people’s alcohol and other drug consumption, including those that are experienced as positive or beneficial.

Conclusion

I thank the Committee for the opportunity to make this submission and for their time and consideration and am available if any further details are required on this submission.

Yours sincerely,

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