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Drugs, Discourses and Education: A Critical Discourse Analysis of a High School Drug Education Text

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Abstract:

In this paper I examine a high school drug education text using critical discourse analysis to discern its underlying ideological commitments and political dispositions. I begin with an overview of critical discourse analysis and why it is a suitable methodology for my work, and then provide a brief history of drug education in North America. Next, I consider some of the primary discursive features of a Canadian eighth-grade drug education teacher's manual called *Making Decisions*. I continue with a focused interrogation of a student "fact sheet" on hallucinogens, and conclude with some educational implications of my research. Paying careful attention to features such as genre, syntax, interdiscursivity, and lexicalization, I question core assumptions made by both a drug education text and the broader medical, public health, legal and drug policy discourses from which it draws.

Keywords:

Critical discourse analysis; Drug education; Drug use; Entheogen; Hallucinogen; Prevention; Substance abuse

[p. 223] Introduction

The non-medical use of psychoactive substances in today's world is a significant health, social, political, and educational issue. Illegal drugs—their production, distribution, and use—feature in news and popular culture media stories associating them with disease, social problems, violence, and organized crime. Young people, in particular, are invoked as vulnerable to the harms of drugs. Drug education is thus championed as an important aspect of schooling, to persuade youth to “just say no” and inculcate an ethic of being “drug-free.” However, contemporary drug education is often bound up in conventional discourses that purport to convey self-evident truths about drugs embedded in prohibitionist policy responses to them. While seemingly neutral and transparent, the language of drug education often conveys vested cultural, ideological and political interests that sustain the orthodoxies of the global war on drugs. This may be troubling for parents, educators and policy-makers who seek to base education on principles such as public health and social justice, which may not accord with dominant bellicose ideologies about drugs.

In this paper, I critically examine how drugs and drug use are positioned through discourse in the text of a drug education learning resource for junior high schools in British Columbia, Canada. The text I analyze is from *Making Decisions—Grade 8: A teacher's manual for substance abuse prevention* (Mangham, 2003), a resource for teachers to use in planning and delivering drug education for eighth-grade students (henceforth simply *Making Decisions*). In the first section of this paper, I describe critical discourse analysis and its application for this study. Next, I provide an **[p. 224]** overview of the social and historical context of drug education in North America. In the third and fourth sections, I analyze aspects of the entire *Making Decisions* manual and then focus particularly on a hallucinogens “fact sheet.” Finally, I conclude with some educational implications of my work.

Critical Discourse Analysis

Critical discourse analysis (CDA) is a methodological approach by which texts can be probed for underlying philosophical assumptions, ideological commitments and implicit knowledge-power dynamics (Fairclough & Wodak, 1997). As Luke notes, “CDA sets out to capture the dynamic relationships between discourse and society, between the micropolitics of everyday texts and the macropolitical landscape of ideological forces and power relations” (2002, p. 100). CDA is a means by which latent power structures of institutions and society can be rendered more visible, providing opportunities for questioning and challenging taken-for-granted beliefs of the status quo. CDA is not a uniform or homogeneous method, but rather an inherently interdisciplinary activity that may draw on various theoretical backgrounds and methodological tools (Weiss & Wodak, 2003). For this study, I follow Fairclough's (1992; 1995) poststructuralist-informed analytical approach to CDA, recursively tracing relations between the micro (e.g. particular discursive textual features such as words, syntax, tropes, and conceptual categories) and the macro (e.g. the broader social and political structures that discourses both operate within and form). With respect to grammatical theory, I draw primarily on systemic functional grammar, especially inasmuch as it focuses on what language does in the world, simultaneously constituting and being constituted by socio-political contexts and ideologies (Poynton, 2000).

Discourse in the tradition of CDA refers to language use as social practice, or how language functions to establish identities, social relationships and systems of knowledge and belief

(Rogers, et al., 2005). As Fairclough puts it, discourse is a means of “not just representing the world, but of signifying the world, constituting and constructing the world in meaning” (1992, p. 64). The primary institutions of society, such as education (including drug education), largely involve the process of immersion in and uptake of discourses; indeed, “schools and other significant social institutions are constituted by discourse and discursive relations” (Luke, 1995, pp. 8-9). This process is not politically neutral; it also involves the manipulation and exploitation of power. As such, discourses are inherently ideologically invested: their significations work to constitute, sustain and naturalize power relationships.

Discourses of drug education, and particularly discursive constructions of illegal drug use, reflect complementary and contested ideological positions. Ideology may be understood as the myriad of “complex ways in which meaning is mobilized for the maintenance of relations and domination” (Thompson, 1990, p. 8). More specifically, “[t]he concept of ideology . . . calls our attention to the ways in which meaning is mobilized in the service of dominant individuals and groups” (Thompson, 1990, p. 73). Inherent in most contemporary drug education discourses is an ideology that serves the interests of authorities executing the global drug war (Blackman, 2004). The transmission and cultivation of discourses is one way in which schooling perpetuates the ideologies underlying political interests, such as those that depend on [p. 225] the demonization of illegal drugs. Accordingly, drug education discourses may serve to sustain—or at least suppress interrogation of—current prohibitionist drug policies and limit political options for change. However, many of the commonsense categories and naturalized artifacts of drug education discourses are contingent, and can be disrupted with careful attention to the texts that reproduce them.

Texts are the spoken or written instances of language-in-action through which discourses are manifested, the concrete linguistic structures in which social understandings and ideologies are embedded (Hodge & Kress, 1993). The text that is the subject of this study, the teaching resource booklet *Making Decisions* (Mangham, 2003), was chosen because it is representative of the genre of drug education. Although primarily grounded in discourses of education, this genre also draws on popular discourses about drugs, as well as professional discourses of public health, medicine and law. The specific claims and insights of my analysis are explicitly limited to the particularities of the *Making Decisions* text. However, some aspects of my work may be more broadly generalizable to other drug education texts, to the degree that they are discursively alike and ideologically aligned to similar drug policy orthodoxies.

Context of Drug Education

Critical discourse analysis requires situating a text within a broader socio-historical and political context (Fairclough, 1992). Thus, I begin with some prefatory historical observations about drug education and its constitutive discourses. A nascent form of drug education began in North America in the 1880s, at a time when temperance groups blamed alcohol consumption and its legality for many contemporary problems (Paulson, 1973). At the time, moral entrepreneurs such as the Women’s Christian Temperance Union (WCTU) saw the relatively new institution of public schooling as an ideal vehicle for furthering their anti-alcohol cause. Accordingly, the WCTU developed curriculum material under the name “Scientific Temperance Instruction,” and succeeded in having it implemented throughout North America (Sheehan, 1984; Zimmerman,

1999). However, the Scientific Temperance Instruction movement failed to sustain the support of school authorities and its use in schools had gradually tapered off by 1920 (Mezvinsky, 1961). Alcohol prohibition also had some success in Canada and, more famously, the United States (Hamilton, 2004; Heron, 2003), but public support for it waned and was ultimately re-directed to other drugs.

Social engineering efforts towards drug use prevention did not end with the decline of Scientific Temperance Instruction. Though the early- to mid-20th century was a period of relatively little formal drug education in schools, in the 1930s, drugs such as marijuana and cocaine were routinely demonized in popular cinema (Schaefer, 1999). The rise in illegal drug use among young people in the 1960s reinvigorated a perceived need to discourage youth from experimentation (Wepner, 1984). Since the 1970s, various prevention programs have been developed and implemented, although none has proven especially reliable in significantly reducing harmful drug use among adolescents (Cohen, 1996; Hawthorne, 2001). However, widespread drug education programs—such as Drug Abuse Resistance Education (D.A.R.E.)—often remain popular despite evidence of their ineffectiveness (Lyman, et al., 1999; U.S. General Accounting Office, 2003).

[p. 226] The history of drug education is significantly linked to professional and political discourses about drugs. A key element of these wider discourse domains is metaphor. The ideological force of metaphors is emphasized by Lakoff and Johnson, who assert that “[metaphors] play a central role in the construction of social and political reality” (1980, p. 159). Likewise, Schön (1993) argues that “generative metaphors” are tropes that can impose significant analytical constraints on framing policy solutions to intractable social problems. Over the past century, the most salient metaphor that has grounded understandings of and policy responses to drugs is that of “drugs as malevolent agents.” By this conceptualization, drug use is understood primarily as a moral issue and people who use drugs are conceived of as wicked and deserving punishment (Marlatt, 1996). This trope is at the root of drug prohibition and still underlies the dominant criminal justice responses to drugs and drug use. Although this metaphor has been effective in galvanizing a particular kind of political action, it is not the only way to understand human psychoactive substance use.

The “drugs as malevolent agents” metaphor is still prevalent in popular discourses, but it has been displaced in medical and public health discourses with another: “drugs as pathogens.” By this framing, drug use is constructed as a disease; accordingly, coerced treatment is prescribed for active users (regardless of whether they meet diagnostic criteria for dependence) and drug education for youth is promoted as a form of inoculation, with best practice recommendations emphasizing follow-up programs as “boosters” (Cuijpers, 2002; Tobler & Stratton, 1997). In this regard, contemporary drug education and drug use prevention policies and programs draw heavily on discourses of medicine and public health (Porter, 1999). Indeed, these forms of pedagogy, qua health promotion, “legitimize ideologies and social practices by making statements about how individuals should conduct their bodies, including what . . . goes into bodies” (Lupton, 2003, p. 35). Drawing on the construction of hygiene and disease, discourses of addiction employ terms such as “clean” to describe individual abstinence (Weinberg, 2000). Public health discourses have also begun to emphasize the role of individual lifestyle choices in the prevention of illness (Lupton, 1995; Orsini, 2007). The title of the manual “*Making*

Decisions” clearly echoes this trend. However, implicit in drug education’s rhetoric of choice is the notion that only one decision (i.e. to abstain from drug use) is the healthy and correct one (Blackman, 2004).

A Drug Education Text

Making Decisions—Grade 8: A teacher’s manual for substance abuse prevention (Mangham, 2003) is a learning resource series designed and published by Alcohol-Drug Education Service, a Vancouver-based non-governmental agency involved in advocacy, public education, and the production of school-based drug use prevention material. The *Making Decisions* manual is one hundred and twelve pages and consists of an introduction, five modules, and three appendices. The primary audience for the bulk of the text and for Appendix 1 is high school teachers, with Appendix 2 for parents, and module worksheets and Appendix 3 for students. Appendix 3 is a set of ten “fact sheets” to be distributed to students, each of which presents information about a different drug or class of drugs: alcohol, cocaine, ecstasy, hallucinogens, marijuana, methamphetamine, opiates, steroids, and tobacco (and an additional one titled “Marijuana Myths”). In a following section, I look at fact sheet 3:D (“Hallucinogens”) in more [p. 227] detail. However, first I touch on aspects of the main text of the *Making Decisions* manual, including such features as genre, pronominalization (i.e. pronoun uses), and lexical choices. I have chosen these particular features because they illustrate some of the epistemological positions and ideological constraints in the text that may otherwise be opaque.

Genre is the abstract set of conventions, features and social contexts that constrain a text’s production and use (Hyland, 2002). *Making Decisions* falls unambiguously into the genre of drug education, although it draws on a mix of discourses from such fields as medicine, public health, education, law and popular culture. As a learning resource for classroom teachers, the text discursively positions itself as accessible and authoritative. Genres, as Luke notes, “tend to have identifiable and conventionalized lexical and syntactic characteristics” (1995, p. 17). *Making Decisions* is structured with short paragraphs, often three or four sentences; its sentences are a mix of simple (single independent clause), complex (independent clause and at least one subordinate clause) and compound (two independent clauses joined with a coordinating conjunction), but seldom are they composed of more than two clauses. The grammatical mood of most sentences is indicative (i.e. factual assertions), except for those in the suggested learning activities sections, in which teacher directions are frequently imperative (i.e. directives or commands). In this respect, the text conforms to the drug education genre by appearing decisively objective, neutrally authoritative, and semiotically transparent. However, the text departs from objectivity in its attempts to establish intimacy with readers (teachers) by addressing them directly through pronominalization, or the use of pronouns. At these points, positioning the second-person “you” as clause subject (Mangham, 2003, pp. 5, 20, 49, 61), the text becomes less formal and seeks to forge a sense of familiarity with its audience. Likewise, the use of the first person plural “we” (Mangham, 2003, pp. 19, 49) attempts to establish a sense of identity between the authors and the readers. Overall, the linguistic features of *Making Decisions*, characteristic of its drug education genre, function to instil confidence and trust, thus predisposing readers to accept at face value the truth claims of the text.

A key aspect of discourse is lexicalization, or the selection of particular words and phrases. The lexical choices of the *Making Decisions* text are not unusual inasmuch as they are drawn from everyday discourses, as well as those of science, medicine and law. However, despite their ostensibly overt transparency, words may sustain ideologies and constrain ways in which people may conceptualize an issue (Hodge & Kress, 1993). Luke (1995) observes that attention to knowledge/power in discourse acknowledges the phenomenon of “the construction of ‘truths’ about the social and natural world, truths that become the taken-for-granted definitions and categories by which governments rule and monitor their populations and by which members of communities define themselves and others” (pp. 8-9). Indeed, careful attention to some lexical items in *Making Decisions* reveals implicit ideological content and knowledge/power relationships.

One example is the word “drug,” used throughout the *Making Decisions* text. A simple definition of this term is offered in Module One: “any substance taken into the body other than food that changes the way the body functions” (Mangham, 2003, p. 3). *Prima facie*, this definition seems relatively accurate and unproblematic. However, a word’s dictionary meaning can shift based on associative factors such as social context or connotation (Leech, 1981). For example, collocation—the other [p. 228] words and phrases immediately adjacent to a word—can alter its semantic content (McRoy, 1992). With respect to the word “drug,” it connotes very different referents depending on whether it follows the words “miracle” or “dangerous,” although in both cases it will be consistent with the *Making Decisions* definition. Factors such as collocation illustrate that other discursive forces are at work in semantics, and these may reproduce or reinforce ideological interests. In the case of “drugs,” they are not just chemicals, but also dynamic social constructs; their “classifications . . . exist [not] only in the empty space of language but in institutions, practices, material interactions with things and other people” (Hacking, 1999, p. 31). Drugs are invested with powerful social and cultural meanings that affect how people perceive, categorize, understand, use and react to them (Reinarman & Duskin, 1999).

In contemporary vernacular discourses, psychoactive drugs fall into three broad socially-constructed categories: acceptable/legal drugs, bad/illegal drugs, and medicines. In the first category are substances containing ethanol, nicotine and caffeine; these products—alcohol, tobacco, and coffee, teas and colas—multinational corporations assert the right to manufacture, market and distribute. It is believed that these drugs may be used responsibly and that whether to use them or not is a matter of personal freedom and choice. In the second category are substances such as marijuana, cocaine, opiates, and hallucinogens. These substances are often imbued with agency, or the capacity inexorably to override human free will, and their possession, production and distribution are categorically prohibited. It is believed that they cannot be used responsibly and that people who use them should be coerced into treatment or punished. Finally, some drugs are accorded the status of “medicines,” meaning they may be used if prescribed by a physician, but only within an approved regimen. However, what makes something a medicine is not a property of the substance per se; rather, a “medicine” becomes such by virtue of its being consecrated by the powerful professional classes of pharmacists and physicians. The inclusion of a drug into one of these three categories or another is a function of complex historical, economic, cultural and political factors, all of which may vary across times and places (Coomber & South, 2004; Escobedo, 1999).

Making Decisions' use of the word "drug" is not an ideologically neutral lexical choice. Its commitment to the contingent cultural typology of acceptable/legal drugs, bad/illegal drugs, and medicines is revealed in a suggested learning activity in Module One, where teachers are directed to "group or classify [a student-generated list of words associated with drugs] by type, such as terms or issues related to: [bulleted] Illegal drugs; Medicines; Alcohol; Tobacco-related terms" (Mangham, 2003, p. 4). With this example, the distinctive categories into which students are directed to slot various substances illustrates how the discourses of drug education in the *Making Decisions* text are shaped by the dominant discourses that have influenced its creators (the authors) and its consumers (teachers and students). In turn, how the word "drug" is used in this text can be expected to shape future discourses of both drug education and broader culture.

Another example of a lexical item reflecting ideology is "abuse," a word ubiquitous in broader drug education and prevention discourses (although sometimes euphemized as "misuse"). *Making Decisions* offers the following definition of drug "abuse": "any use of a drug that causes problems in a person's life or the lives of those around them. These problems may be physical, emotional, social, intellectual, financial or legal. A single time using a drug can be drug abuse" (Mangham, 2003, p. 46). [p. 229] Substance "abuse" may seem a natural and unproblematic phrase, echoing medical, legal and broader cultural discourses. However, this interdiscursivity raises questions in light of certain aspects of these other discourses. Within medical discourse, "abuse" has a specialized clinical meaning by virtue of its inclusion as a diagnostic term in the American Psychiatric Association's *Diagnostic and Statistical Manual IV* (2000). In legal discourses, the inclusion of legal consequences as a constitutive element of "abuse" creates an odd circularity, suggesting that any use of an illegal drug is necessarily abuse. However, such a supposition ignores the historical contingencies of the genesis of current drug laws (Alexander, 1990; Davenport-Hines, 2001).

Certainly psychoactive substance use can, for some individuals and their friends and families, be severely problematic. However, the word "abuse"—and its implications for discourse and thought—warrants closer scrutiny. "Abuse" is a noun that functions, at least in the discursive context of the drug education genre, as a semantic binary antonym to the noun "use." Thus, these two terms—"use" and "abuse"—delineate mutually exclusive categories for the consumption of psychoactive substances. That is to say, any instance of substance use is categorized as either "use" or "abuse" (and thus either acceptable or unacceptable). One consequence of this discursive positioning of drug consumption is to frame it as black-and-white, with no room for ambiguity or grey areas (Janicki, 2006). However, this is by no means the only way to conceptualize drug-taking behaviour. Indeed, recent Canadian policy papers, following evidence from public and population health, suggest that drug use occurs along a spectrum from beneficial to harmful (City of Vancouver, 2005; Health Officers Council of BC, 2005). It is worth noting that the spectrum concept posits the noun "use" as a neutral generic category, and modifies it with adjectives such as "beneficial," "non-problematic," and "problematic." To the degree that semantics is shaped by syntax, the adjectival modification of "use" represents a significant cognitive shift from the binary antonymic nouns "use" and "abuse" in the drug education discourse of *Making Decisions*.

Another notable discursive feature of the *Making Decisions* text is its representation of knowledge about drugs as objective, straightforward and unproblematic. One example of this is

in the title of Module 2, “Learning The Facts About Drugs” (Mangham, 2003, p. 9). The lexical choice of the word “facts” is noteworthy, as positing an ideologically neutral bit of information about drugs belies the politically-charged and contested nature of knowledge production, especially with respect to illegal drugs. The phrase “the facts about drugs” presents its head referent (i.e. “facts”) as a set of propositions which are unproblematically known, identifiable and true. Furthermore, the definite article “the” in the determiner position of the noun phrase is significant. The definite article functions in English to delimit its referent to a situation- or discourse-specific set (Lyons, 1980). In this case, it pragmatically implies that readers have privileged access to these “facts” in the “fact sheets” in Appendix 3. This is corroborated in the text of the overview to Module Two, where the phrase “accurate information” describes what is to be found in the *Making Decisions* text, and “false information” and “outright myths” as what readers are at risk of coming across elsewhere (Mangham, 2003, p. 9).

The representation of knowledge (i.e. “the facts”) about drugs as uncontested is questionable, even misleading. Knowledge is not an unproblematic given, but rather a complex social construction of meaning that can be questioned with respect to such [p. 230] domains as language, power and economic interests (van Dijk, 2003). Indeed, that the domain of “facts” cannot be separated from the domain of values is especially clear with respect to authorized knowledge about illegal drugs. The academy, the traditional site of authoritative production of knowledge, is certainly susceptible to the dominant war-on-drugs ideology that has shaped contemporary policies. Laniel (1999) contends that “U.S. drug policy and politics are a very strong—perhaps the strongest—determinant of what kind of research is done in America” (n.p.). A number of researchers have commented on political influences in both drug research and knowledge transfer through institutions such as libraries (Grob, 2000; Pearson, 2004; Reinerman, 2005; Thoumi, 2002). The refusal to adhere to drug war orthodoxy in some research fields can mean professional isolation, less likelihood of publication in conservative peer-reviewed journals, and little chance of securing research grants from major federal funding bodies. Thus, the representation of knowledge in the *Making Decisions* text, reflected in the phrase “the facts about drugs,” belies the highly politicized and contestable nature of its production.

“Facts” about Hallucinogens

Appendix 3:D of *Making Decisions* is a student fact sheet titled “Hallucinogens” (Mangham, 2003, pp. 87-90). This part of the text warrants further analysis because hallucinogens are, after cannabis, the illegal drug type most commonly used by teens (Adlaf & Paglia-Boak, 2005; Johnston, O'Malley, Bachman, & Schulenberg, 2006; McCreary Centre Society, 2004), and because this fact sheet is a representative example of the discursive style, tone and content of the other fact sheets in the set. Appendix 3:D is approximately four pages long and divided into short informational sub-sections. Its structure consists of short declarative sentences; the only exception is the “Reducing the Risks” sub-section, which makes use of imperative (usually negated—e.g. “don’t”) and conditional moods. In both respects, the fact sheet presents itself as an authoritative and valid source of information, thus perpetuating and reinforcing dominant ideological interests.

For the discussion in the rest of this section, I refer by line number to excerpts from the text:

1 Hallucinogens are psychedelic drugs, meaning they alter your perception of the world, your emotions, your

- 2 brain functions. Drugs like PCP, mescaline, peyote, ecstasy, and even marijuana are considered
 3 hallucinogens because they can cause you to hallucinate—you may see things that aren't really there (p. 87)
- 4 Hallucinogens have, for thousands of years, been taken during religious and spiritual rituals. Peyote
 5 continues to be used in the Native American Church in the United States today (p. 87).
- 6 Many people find altered perception and hallucinations frightening and disturbing. Some people
 7 experience the hallucination of spiders or insects crawling all over their skin, and others have
 8 described their altered perceptions as feeling they were “going crazy” (p. 88).
- 9 It's illegal to possess or sell LSD or psilocybin in Canada. Punishment can come in the form of a
 10 minimum \$1000 fine, and/or a prison sentence (p. 88).
- 11 Don't inject LSD. Any needle use greatly increases chances of acquiring HIV or other diseases (p. 89).
- 12 Over the last hundred years or so, some psychologists and therapists have believed hallucinogens
 13 to be a possible treatment for psychiatric disorders. However, no study has shown that there is a
 14 medical use for these drugs (p. 89).

[p. 231] The first point to note is the identification of “hallucinogens” with “psychedelic drugs” through a copulative verb in line 1. Although these terms may exist as unproblematic synonyms in various discourses, their considerable interdiscursive resonance and ideological significance warrants closer attention. As Fairclough (1992, p. 185) observes, “the meaning of words and wording of meanings are matters which are socially variable and socially contested, and facets of wider social and cultural processes.” The word “hallucinogen” provides an excellent case in point. It was coined in the early 1950s, when the field of psychopharmacology was nascent, and the newly discovered drug lysergic acid diethylamide (LSD) was the subject of considerable research (Healy, 2002). However, despite its common and widespread use today in both medical and popular discourses, “hallucinogen” continues implicitly to perpetuate the cultural hegemony of the modern Western psychiatric paradigm that spawned it.

The class of substances to which “hallucinogen” refers includes LSD, psilocybin, mescaline, and dimethyltryptamine (and various molecular analogues and the fungi/plants which contain them), compounds sharing some similarities in chemical structure, pharmacological properties, and the phenomenology of the psychoactive effects they produce. However, the word “hallucinogen” was only one of a number of similar neologisms introduced in the early 1950s that reflected clinical presumptions about what these drugs do (i.e. generate hallucinations) (Nichols, 2004). Although “hallucinogen” has remained the authoritative term within medical and scientific (and by extension, educational) discourses, it was not universally accepted even when it was coined. Humphrey Osmond, a psychiatrist and researcher, proposed the term “psychedelic” as a less clinical alternative (etymologically derived from the Greek words for “mind” and “manifesting”) (Horowitz & Palmer, 1999). In contemporary English, the word “psychedelic” is often taken to be synonymous with “hallucinogen,” although it has come to connote the art, music and counterculture of the 1960s.

Through the lens of critical discourse analysis, the word “hallucinogen” betrays a disrespect for cultures with traditions of using such plants in shamanic healing and spiritual practices. Indeed, “hallucinogen” conveys implicit ideological assumptions contradicting beliefs and values of some indigenous worldviews. The term reflects the *a priori* belief of Western psychiatrists that the experiences these substances engender are illusive and false. However, this assumption unfairly impugns and desecrates spiritual traditions that hold exactly the opposite: these kinds of

plants can provide invaluable insight into divinity and the cosmos (Schultes, Hofmann, & Rätsch, 2001). For example, the metaphor of “plant teachers” in Peruvian *mestizo* discourses is testament to the merits accorded plants such as ayahuasca (Luna, 1984). The traditional uses of these kinds of substances not only call into question the dominant discourses of drug education, which exhort youth categorically to be “drug free,” but also present the possibility that they may in some contexts be educationally beneficial (Tupper, 2003). To this end, the word “entheogen”—a term that has been gaining currency in recent years (Nichols, 2004)—was coined by scholars seeking to avoid the ethnocentrically and epistemologically objectionable word “hallucinogen” (Ruck, Bigwood, Staples, Ott, & Wasson, 1979).

Ideological disrespect for other cultural traditions is apparent in other ways in the text of the *Making Decisions*’ “Hallucinogens” fact sheet. In lines 4 and 5, the text does deviate from the usual conservative discourses of drug education by acknowledging religious and spiritual uses of “hallucinogens.” However, the wording of this [p. 232] passage is significant. For example, passive voice omits the agents (i.e. the various cultures that use entheogens ceremonially). While the Native American Church’s use of peyote is mentioned in the subsequent sentence, this too is voiced passively, thereby de-emphasizing the agency of this culture. Furthermore, the phrase “taken during . . . rituals” implies that entheogens are merely adjuncts or peripheral to the ritual. What is lost through such representation is the integral importance of entheogens to the cosmologies of those cultures that use them.

How risk is foregrounded is another important discourse element of the *Making Decisions* “Hallucinogens” fact sheet. This occurs in a number of ways that reveal the interdiscursivity of the text with broader dominant discourses and their concomitant ideological investments. For example, discourses of law are drawn upon in lines 9 and 10. The cleft construction of the first sentence puts particular emphasis on the adjective “illegal.” The second sentence makes use of the process of nominalization, a textual feature which “makes it unclear who it is that actually does things” (Barker & Galasiński, 2001, p. 73). In this case, instead of using active voice, which would designate government agency in the action of punishing, the text puts the nominal form “punishment” in the subject position, and “come” as its predicate (softened somewhat with the use of the modal auxiliary “can,” implying possibility rather than necessity). The semantic implication is that being punished for possession of a “hallucinogen” is an unambiguously natural, and thus certainly warranted, event for which no institutional authority is responsible.

Another example of ideological construction of risk, in lines 6-8, draws on medical discourses to warn about imputed negative experiences from taking hallucinogens. The reference to a percept of insects crawling on or under one’s skin is remarkable, as this specific phenomenon is well documented in the medical literature on drug use, but not in relation to the use of drugs such as LSD or psilocybin. Rather, formication (the precise term in psychiatric discourses) is associated with the use of or withdrawal from stimulants such as methamphetamine or cocaine (Davies, Thurstone, & Woyewodzic, 2004; Meredith, Jaffe, Ang-Lee, & Saxon, 2005). Although the lexeme “formication” is not used in *Making Decisions*, the reference to spiders and insects crawling on one’s skin unmistakably alludes to this phenomenon. This use of interdiscursivity—confusing a description of the effects of one drug with another—may work rhetorically to achieve a desired behavioural outcome (i.e. abstinence) in an uninformed audience. However, it

also signifies an ideological commitment contrary to the ideal educational principle of fostering knowledge by communicating information accurately.

Risk is more overtly foregrounded in line 11, in which discourses of medicine and public health are evoked with explicit reference to HIV, a blood-borne pathogen carrying considerable cultural stigma (Lupton, 2003; Parker & Aggleton, 2003). However, the importance of this message for people who might potentially use LSD is highly questionable. Illegal LSD is almost invariably sold on blotter paper (sheets of paper perforated into small squares); injecting LSD, if it happens at all, is so infrequent as to be rarely discussed in medical and scientific literature (Abraham & Aldridge, 1993; Cole, 2003). Furthermore, it is not “any needle use” that increases the risk of acquiring HIV, but rather the sharing of needles with someone who is infected. Thousands of diabetics inject insulin every day, yet are not thereby at risk for contracting a blood-borne pathogen. The quizzically tenuous linking of LSD [p. 233] with the public health concern of HIV infection in *Making Decisions* attests to the ideological power of interdiscursivity in drug “education.”

Near the end of each fact sheet in Appendix 3 is a section titled “Bet You Didn’t Know.” In these sections, a special “fact” is highlighted in a rhetorically enticing way: readers are meant to infer that the knowledge presented is especially interesting or surprising. This presentation is particularly ironic for the “Bet You Didn’t Know” section of Appendix 3:D, “Hallucinogens,” from which lines 12-14 are excerpted. Without knowledge of the history of psychiatry or drugs such as LSD and psilocybin, teachers and students are likely to accept as “fact” the assertion that hallucinogens have no medical utility. However, the denial of these drugs’ therapeutic value comes not from scientific evidence, but rather from an ideological refusal to acknowledge the existence or validity of evidence contrary to drug-war ideology (Grinspoon & Bakalar, 1979). For example, until burgeoning street use in the late 1960s besmirched its reputation, LSD was successfully used in psychotherapy and addiction treatment (Abramson, 1967). Ultimately, however, even researchers were prohibited from using the drug experimentally on humans, not because evidence for clinical application was lacking, but because any association with it became a political liability. Historians have begun to investigate the politics of science around past hallucinogen research and rehabilitate interest in the therapeutic potential of these substances (Dyck, 2006; Sessa, 2005). Indeed, some scientists and doctors are actively beginning legitimately to pursue such research again (Multidisciplinary Association for Psychedelic Studies, n.d.). However, the *Making Decisions* text, by foregrounding an unfounded ideological assertion in its “Bet You Didn’t Know” section in Appendix 3:D, perpetuates a political antipathy to the possibility that drugs such as LSD and psilocybin do indeed have medical utility. Once again, and perhaps more egregiously than elsewhere, the text betrays its ideological commitment to a war-on-drugs orthodoxy in its attempts unjustifiably to denigrate hallucinogens.

Conclusion

A number of educational implications arise from my analysis of *Making Decisions* (Mangham, 2003). Through the reading I have given, some of text can be described as alarmist in tone and some of the “facts” presented as tantamount to scare tactics. Ironically, this approach to preventing drug use is not sound drug education practice and may end up having the opposite effect on young people than intended (Health Canada, 2001). Attempts to frighten youth into

abstinence by emphasizing lurid examples of rare or infrequent sequelae to substance use can be intuitively and emotionally appealing. However, most apt to take such messages to heart are those young people who are already unlikely to experiment with drugs in the first place. Classroom lessons that employ an unbalanced, fear-based approach will inevitably contradict the rich knowledge about drugs and drug use that young people already or will soon have, either through direct experience or through conversation with friends and acquaintances (Rosenbaum, 2002).

The reality most young people will see is that many of their friends will experiment with a variety of substances and not suffer serious consequences. The discourses of youth culture are powerful, and if they do not corroborate the so-called “facts” young people read about in their drug education at school, the credibility of [p. 234] everything being taught is compromised. The educational relationship depends on an element of trust between teacher and student; jeopardizing this for the sake of instilling certain ideological beliefs about drugs is contrary to foundational pedagogical principles (Tupper, 2008).

To the degree that education is a process of constructing or co-creating knowledge, it behooves parents, educators, administrators, researchers and policy-makers to be aware of the social constructions that inform their own beliefs. In some domains of knowledge, such awareness may be less difficult than in others. Some scholars note that the institution of public schooling itself has inherent ideological and political undercurrents (Apple, 2004). With respect to drug education specifically, there is ample reason to consider texts with a critical eye and identify the discourses upon which they draw. In doing so, the implicit ideological positions they sustain can be identified and in turn, if warranted, challenged. *Making Decisions* establishes itself as a neutral and authoritative source of information about drugs by employing discourses of education, medicine, public health, and law. However, these bring with them particular vested ideological commitments, socio-culturally contingent systems of thought and belief that, in turn, perpetuate dominant knowledge-power inequities. If education is to be distinguished from indoctrination, the depth and complexity of its subject matter should not be denied or glossed over simply in order to achieve specific behavioural outcomes.

The educational implications for future drug policy direction is another important consideration. In contemporary liberal democracies, policies are shaped by political discourses and corresponding political action. Although current drug control laws are a manifest public policy failure—having achieved few of their stated goals of reducing production, use or harms—many politicians and a large segment of the public continue to endorse them (Fish, 2006; Gerber & Jensen, 2001; MacCoun & Reuter, 2001). Despite the rise of local and international organized crime, prison populations, transmission of diseases such as HIV, and availability of drugs to youth, drug education texts such as *Making Decisions* perpetuate and reinforce dominant discourses that promote the drug policy status quo. So long as uncritical and unreflective drug education continues to be practiced in schools, the bellicose ideologies underpinning the global war on (some) drugs are less likely to be reconsidered. Drugs and drug use are multi-faceted and complex issues, about which young people deserve and should be expected to think critically. By the same token, practitioners, researchers and policy-makers need also to reflect critically on the discourses that comprise drug education.

Luke (2002) has recently challenged critical discourse analysts to go beyond the central task of ideology critique and, embracing the explicitly normative and political nature of their work, “have the courage to say what is to be done with texts and discourse” (p. 107). Accordingly, I conclude with a modest proposed alternative to the dominant generative metaphors (i.e. “malevolent agents” and “pathogens”) that currently inform drug policy and education: drugs as (cognitive) “tools” (Tupper, 2002). John-Steiner and Souberman note that in Vygotsky’s (1978) conception of cognitive tools, “tool use has . . . important effects upon internal and functional relationships within the human brain” (1978, p. 133). This is certainly true of psychoactive drugs, but—as many indigenous traditions demonstrate, and contrary to received wisdom—not always or necessarily in a harmful way (Grinspoon & Bakalar, 1979). Most importantly for education, a change in generative metaphor to [p. 235] “drugs as tools” would allow for much more nuanced understandings of the potential benefits and harms of particular drugs, depending on who is using them, in what contexts, and for what purposes. For example, the knife is a tool that in the hands of a skilled surgeon or master chef may work medical or culinary miracles, but in the hands of a child can be dangerous to herself and others. I propose that conceiving of psychoactive substances in a similar way, by changing the metaphors implicit in our discourse, would be a step towards improving drug education theory, policy and practice.

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