

What is drug prevention? The Mentor Foundation website states: “The term ‘drug prevention’ is a short hand reference to the issues of helping people (often with a focus on young people) avoid the abuse of drugs. This includes preventing ‘problematic use’ and avoiding the harm that drugs can cause.”¹

Response: Mentor Foundation’s definition of prevention as avoiding “abuse of drugs” implies that the “use” of drugs is acceptable. The true goal of drug prevention is to stop people, including young people, from ever starting to use drugs, as in pre-event. Preventing “problematic use” should mean be helping drug users to stop their use, but “avoiding the harm that drugs can cause” is clearly Harm Reduction terminology. Harm Reduction efforts seek to reduce the harm of drug use – from tips on safer use of drugs to limiting perceived “harmful” consequences of drug use – without stopping drug use. Harm Reduction efforts provide a green light for drug users to continue their use, and for young people to start.

The Mentor Foundation website also states that a successful outcome may include “reducing the harm from using drugs” and “making the use or abuse of drugs less likely; to promoting appropriate and responsible use of legal drugs.”

Response: Alcohol is illegal for all children and young people under the legal drinking age (18 in UK/Europe; 21 in the United States). Responsible use of prescribed medicines is certainly an important part of reducing prescription drug abuse but “promoting appropriate and responsible use of legal drugs” should apply to alcohol only in those over 18.

Mentor states that drug prevention education may include: “building the personal and social confidence and competence of young people to weigh up and make appropriate and healthy choices and decisions.”

Response: It is true that young people will face peer pressure and opportunities to engage in alcohol and drug use. However, the human brain is not fully mature until the twenties. The ‘risk-taking’ part develops before the inhibitory part so young people are more likely to ‘chance’ it. They cannot properly ‘weigh’ things up, they are not miniature adults. Young people may wrongly think that a little bit of drug-taking is fine, especially if their parents are users. Young people need and want protection and rules which is why clear drug prevention messages are a necessity. And we don’t let them “choose” to break the law in other ways, e.g by pilfering , spraying graffiti or vandalism.

Mentor states that “Media can be a very good means of raising awareness but without more long term input is unlikely to be effective whereas scare tactics, as with other

¹ http://www.mentorfoundation.org/about_prevention.php?nav=4-43

‘Just Say NO’ approaches have been shown to be possibly counterproductive for many in achieving an effective prevention outcome.’

Response: The “Just Say No” campaign was very successful in the United States, but it was never just about saying “No”. It was a part of the Parents Movement which began in the late 1970s and focused on the protective role of engaged parents who insisted their children not use illegal drugs including marijuana. This effort engaged communities and de-normalised illegal drug use. Illegal drug use fell dramatically during this time – from its peak in 1978 when 38.9% of high school seniors used an illegal drug in the past 30 days to 14.4% in 1992.²

‘The UK focal point on drugs is based in the Department of Health, England, with support from The North West Public Health Observatory based at the Centre for Public Health, Liverpool John Moores University. It is committed to working closely with The Home Office, other Government departments and the devolved administrations (Northern Ireland, Scotland and Wales) in providing information to the EMCDDA’.

Response: Liverpool’s John Moores University is the birthplace of Harm Reduction. They offer degree courses in Harm Reduction. .FRANK (The official Government website for information about drugs) commissioned a report on drug from this University, ‘A Summary of the Health Harms of Drugs 2011. Their information on cannabis was abysmal..No figures were given for THC content, CBD was not mentioned etc. I have written a critique. Mentor UK has held meetings at this venue.

Mentor UK Staff: Lord Mancroft is a member of the All Party Parliamentary Group (APPG) on Drugs Policy Reform in the UK that has recently advocated for the decriminalisation of some drugs, including the regulation and sale of the least harmful drugs in shops. Other staff, past and present, were or are likeminded; many support Harm Reduction. Richard Ives, a scientific advisor of Mentor, co-authored a drug education book with Ian Clements, author of Taking Drugs Seriously – A Manual of Harm Reduction Education in Schools. Eric Carlin, former Mentor UK CEO (2000-2009), is now a member of Professor David Nutt’s Independent Scientific Committee on Drugs (ISCD). While at the Vienna UN City NGO Conference in July, 2008, Carlin said in a global summary session that Mentor “neither condones nor encourages drug use” but later in a plenary session said “we are not about preventing drug use, we are about preventing harmful drug use.” Andrew Brown was the coordinator for the now-disbanded Harm Reduction-oriented Drug Education Forum also previously chaired by Carlin (2000-2010).

² Substance Abuse and Mental Health Services Administration. (1999). *National Household Survey on Drug Abuse: Main findings 1997* (Office of Applied Sciences). Rockville, MD.

Mentor UK’s Collaboration with Harm Reduction Charities: Mentor, Addaction and the UK Home Office teamed up for a project entitled “Street Talk” aimed at reducing or stopping alcohol and drug misuse among 2,196 vulnerable young people aged 10-19. Among the participants, 48% had used an illegal drug in the previous six months (they were not asked about frequency of use); 75% were deemed to be at risk, and 66% at severe risk of drug use. Participants reported in June, 2012:

- **‘I am confident that I know more about drugs and alcohol and can use them more safely in future’ 70% agreed, 7% disagreed.**
- **‘I know that the decision to take action and use drugs and alcohol more safely is up to me’ – 81% agreed, 5% disagreed.**
- **‘If I use, I fully intend to use drugs and alcohol more safely in the future’ 74% agreed, 8% disagreed.**

This is pure Harm Reduction “speak” and condones use of drugs. Moreover, this project clearly illustrates the problem of mixing legal and illegal drugs in discussions of prevention.

When Paul Tuohy, Chief Executive of Mentor UK, was asked what he would do if young people had started to use drugs, he laughingly said, “It’s not my problem.” But in the Street Talk Programme, that is exactly one of the problems being tackled.

Mentor Website: Common Drugs of Abuse³ The information on the Mentor Foundation website on cannabis (marijuana) is on a par with numerous Harm Reduction websites. It is incomplete, out of date and has grave omissions. Our children deserve, and are entitled to be given, the full facts. How else will they know that cannabis is so dangerous? Having the full facts gives them a powerful excuse to say ‘No’ to their peers. They are being betrayed.

The word “skunk” is not used. The facts that skunk occupies 80% of the UK cannabis market and has a much higher THC concentration are not given. Psychosis and schizophrenia are not mentioned, lung problems are described, but the word “cancer” is not used. Depression that can lead to suicide, the “gateway effect”, adverse effects on the immune system and formation of sperm – all are topics that are missing. Driving is not covered nor failure to mature properly. A constant presence of THC in brain cells for weeks and passive smoking are ignored.⁴

³ <http://mentorfoundation.org/drugs.php>

⁴ The omitted facts on cannabis can be found in the following research paper: Brett, M. (2006). Cannabis: A General Survey of its Harmful Effects. Submission to The Social Justice Policy Group. Revised February, 2013. Available <http://www.cannabisskunksense.co.uk/#/books/4552260089>

The School-Based Programmes Mentor Promotes: Mentor UK states that the most effective approaches are based on social influences and life skills; however, the most important fact deterring children from using drugs is knowledge. A survey from PRIDE showed that over 70% of young people abstaining from cannabis use did so because of its effects on physical and psychological health.⁵ A UK study in 2005 found that these issues helped to deter nearly 90% of children from using any drug; it was the most important reason among nearly 60% of youth.⁶

What is needed is a mixture of many features in education including knowledge of the following: physical and psychological effects of use, the law, pragmatic and personal consequences of use including refusal of visas, destruction of relationships, et al. Sessions on self-esteem, refusal skills, bullying, resistance skills, social issues, etc. are all essential. Parents, police, social workers, religious leaders and youth should all be engaged and relay the same message, that drug use is not the norm, it is illegal, dangerous and unacceptable.

The last sentence of the Mentor UK publication, *Drug prevention programmes in schools: What is the evidence?*,⁷ states: “Further research will enable more certainty about the extent to which harmful substance use can be reduced.” This phrase should be “substance use can be prevented.” Remember, Mentor UK is a prevention charity.

Mentor UK identifies the four possible desired outcomes from drug education in schools: complete abstinence, short-term abstinence (i.e. delayed uptake), reduced use in the short term, and reduced use over a lifetime. While it is unrealistic to obtain complete abstinence among all youth, it is the only truly acceptable goal.

Mentor UK recommends the Life Skills Programme because reductions were seen in cigarette, alcohol and marijuana use at 3-year follow-up of students who completed 60% or more of the program. Coggans, et al. (2003) reported that “effects on tobacco and alcohol...are greater than the effects on cannabis but still relatively modest in scale,” concluding that “the life skills elements may actually be less important than changing knowledge, attitudes and norms by high quality interactive learning.”⁸

Mentor UK also endorses the use of the Unplugged program. In a presentation made by Mentor UK to the Centre for Social Justice (CSJ) on January 9, 2013, only alcohol was mentioned; cannabis was not discussed. Mentor notes that Faggiano, et al. (2008) found after a 3-month trial of the programme that “Reductions in less frequent

⁵ PRIDE Survey, 1983. PRIDE World Drug Prevention Conference 1987.

⁶ Twigg, B. (2005). Drugs education and young people. Dissertation for Doctorate of Education, Brunel University UK.

⁷ <http://www.mentoruk.org.uk/wp-content/uploads/2011/11/Drug-Prevention-Final.pdf>

⁸ Coggans, N., Cheyne, B., & McKellar, S. (2003). The Life Skills Training Drug Education Programme: A review of research. Edinburgh: Scottish Executive Drug Misuse Research Programme, Effective Interventions Unit.

smoking and in cannabis use were not statistically significant.” Authors stated that “Unplugged was particularly ineffective among older girls (13-14 year olds)”;
“implementing Unplugged in one or two classes could prevent one case of alcohol abuse and one case of cannabis use.”⁹

Finally, Mentor UK endorses the program PreVenture developed at King’s College (National Addiction Centre). In the CSJ presentation, only alcohol figures were given. On the website, facts are given for reductions in alcohol, shoplifting, truancy, reckless behaviour, depression and panic attacks.¹⁰ Illegal drug use is not addressed at all.

Contact with Paul Tuohy: Mary Brett contacted Paul Tuohy, Chief Executive of Mentor UK, in February, 2012 via email which remained unanswered. When asked why he had failed to respond, he said it wasn’t worth replying. When it was suggested that he look at the extensive, partially updated 2007 report on drug education written by her,¹¹ he dismissed it saying, “I know what works!”

In recent correspondence from February, 2013, Mr. Tuohy stated that the “mainstream of prevention thinking in the UK is that harm reduction approaches are proven and should be part of the armoury for prevention.” Although he stated “Mentor have never and will never condone the use of drugs and alcohol to young people nor do we advocate the legalisation of drug use”, he also said that “there are many young people harming their life chances who are already using and need encouragement to stop or where they won’t, to use more safely.”

If a child is using drugs and cannot be helped to stop use, that child needs urgent help. Such help can be provided through admission to abstinence-based treatment and/or placed under the care of an enlightened addiction psychiatrist. Using drugs “safely” for an adolescent is a contradiction in terms. True prevention does not include educating children on how to use drugs “more safely”; it focuses on *preventing* use and if use has already begun, then *stopping* that use. Harm reduction is not a part of prevention.

⁹ Faggiano, F., Vigna-Taglianti, F., Burkhart, G., et al. (2010). The effectiveness of a school-based substance abuse prevention program: 18-month follow-up of the EU-Dap cluster randomized control trial. *Drug and Alcohol Dependence*, 108(1-2), 56-64.

¹⁰ <http://www.kcl.ac.uk/iop/depts/addictions/research/legacyprojects/PreVenture.aspx>

¹¹ Brett, M. (2007). Drug Education: A Systematic Review with special reference to the UK; Preliminary Findings and Comments. Submission to The Social Justice Policy Group. Partially revised April, 2009. Available: <http://www.cannabiskunksense.co.uk/#/books/4552260089>