# Drug education in the former Soviet Union: parallels and populism

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## Abstract

**Russian interest in drug education and prevention programmes for schools is a response to growing official awareness of substance misuse. Official voices tend to make a distinction between alcohol and other substances, although recent moves have been made to increase the price of alcohol. Moralising and authoritarian attitudes persist, with a reliance on the 'medical model' of health education. Practitioners are increasingly aware of and interested in evidence-based approaches, including interactive methodologies in the classroom. The implications for professional training are responded to by the inclusion of teacher training materials in many school programmes in Russia. At the primary prevention level, there are many parallels with UK practice. In my experience, additional similarities are in the differences of awareness and understanding between practitioners and decision-makers, with the latter not always fully aware of the needs and situations of young people in both countries. The major difference is in official Russian attitude and practice towards illegal drug users. Whereas UK practice is pragmatic and concentrates on getting individuals into treatment, in Russia there is demonisation and marginalisation of illegal drug users; a national ban on substitute prescription; and a widespread local ban on needle exchanges. The primary prevention interest in evidence-based practice does not extend to treatment.**

## Key words

**Former Soviet Union, drug education, drug prevention, drug treatment, alcohol abuse, teacher training, parent materials, pupil materials**

Moscow in May is attractive, with the apple trees on the Lenin Hills in blossom. As I was being driven into central Moscow from the airport on my first visit in 1998, I was also struck by the blossoming cigarette advertisements that lined the route – prime advertising space. What follows is an account of my impressions and experiences, based on 15 or so visits to Russia since 1998. It is not a scientific study of the work done in the former Soviet Union (FSU) in this field, but is a personal reflection on education and prevention there.

That first visit was at the start of my life as a freelance health education consultant – independent, I emphasised to friends and colleagues – and grew from my previous experience in the UK drug education and prevention field, including five years as a London local education department advisory teacher for health education. The excitement of visiting a country in transition was tempered by the, as it seemed to me at the time, enormity of the task. I had heard colleagues talking about the view prevalent in Eastern Europe that beer – and even alcohol – was not considered

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by officials to be a 'drug' and had been wondering how to approach that. The additional challenge of tobacco was now to be added to the agenda.

My first visit was as the external consultant to a non-governmental organisation (NGO), Project HOPE, which was developing drug education teaching resources for the compulsory school ages of six to 16. Some campaigns and materials already existed but what Project HOPE – and the Russian Federal Ministry of Education and Science (MOE&S) – wanted to do was develop a set of resources based on scientific (ie. evidence based) principles. Potentially, the materials were for use in all schools across Russia.

Post-1990, there had been an increasing provision of resources in Russia, many from international agencies, including the Soros Foundation and the United Nations, with a solid factual content but based on an 'information' approach – the 'medical model' of health education that sees the provision of information as sufficient to effect behaviour change. Guidance on health education and public health intentions and processes had been produced and distributed for the education system, leaving teachers with the autonomy and responsibility for using the guidance to produce their own curriculum materials. Some 'home-grown' campaigns and resources were highly localised and based on goodwill and good intentions rather than on knowledge and study of practice elsewhere, at home and abroad. So one of the immediate parallels with the UK was the coexistence of materials and programmes with content and messages based on research; and those based on conviction ('this ought to work') and, often, sentimentality.

My Project HOPE colleagues had gathered examples of programmes, materials, methodologies, rationales and outcomes already in use. This first exploration had been a major factor in the decision to produce new materials for the whole age range to build on existing materials, many of good quality but limited circulation, but to add what the MOE&S and Project HOPE saw as the essential factors of an interactive and life skills-based methodology – with major implications for teacher training.

Many officials believed – or wanted to believe – that a simple 'don't do it because it's dangerous' message would serve to dissuade young people from using illegal drugs. To be fair, some holding this attitude may have done so because the extent of drug and alcohol use in Russia, not only by young people, was becoming apparent to public health and other professionals and, initially, there was probably an absence of effective educational and public health responses. So a sort-of denial might have been present: we are beginning to realise the problem but we do not (yet) have any answers, so we will keep quiet about it for now.

The 'keeping quiet' might have been attributable to a lack of responses, a lack of willingness to acknowledge the problem and a desire to maintain an official aura of competence, which could be undermined by officials acknowledging the problem but not having any ready answers. In terms of the transition from Soviet times, the final years of the 20th century demonstrated that, in Russia, life expectancy was falling (to about 60 for men) and the main cause of adult male death was described in official statistics as 'poisoning' – for which read alcohol abuse.

There had already been a recognition of alcohol misuse in Soviet times, partly responded to by the organisation Society of Sober People. Most recently, in 2009, the federal government moved to increase the price of beer as a first step in reducing demand. Critics have pointed out that this could be seen as a nationalistic rather than a public health move, as most beer sold in Russia is brewed by foreign-owned companies. It has also been pointed out that prominent politicians and the Russian Orthodox Church have been involved in and are the beneficiaries of companies importing alcohol. One argument I have heard is that beer was not regarded as an alcoholic beverage post-1990 because of the commercial lobbying by politicians who had an interest in companies that brewed and imported beer. In 2009, the price rises were extended to spirits and vodka, suggesting that the public health motivations may have won out, at least for now. I also realise that this argument is far from won in the UK. Common to Russia and the UK is the distinction made between alcohol and illegal drugs, both in terms of the dangers and threats each is seen to represent, with illegal drugs still seen, in popular and many official minds, as 'worse' and less 'normal' than alcohol issues, and in terms of attitudes towards alcohol users and illegal drug users, with the latter continuing to attract stigma and marginalisation in both societies.

Added to the statistics on deaths from alcohol, there was a hard core of opiate-injecting drug users originating in returned Afghan veterans. And finally, there was the catastrophic collapse of the industrial economy, denying many semi-skilled and skilled workers an identity, sense of purpose and legitimate income. There are some

parallels to be drawn here, I think, with the mid-1980s situation in the UK. In Russia, where some official voices acknowledged these factors, others, reflecting the growth of nationalism arising from a loss of national pride, pointed the finger of blame at 'the West' with its drug-using youth culture and, in some Russian minds, lack of boundaries and moralities.

At the time of my first visit, the Federal Ministry of Education was supportive of the work and materials being developed by Project HOPE. This included logistical assistance in making local authorities aware of Project HOPE's materials and, when published, distributing them across the country – no mean task in Russia, with its 10 time zones from Baltic to Pacific. (There are 89 local authorities in Russia, with considerable local powers, including some powers to pass local laws shaping the school curriculum.) A highly significant event, for me, was the occasion when I addressed members of the Federal Ministry's 'expert commission', which has the role of approving teaching materials for use in schools; without the commission's approval, materials cannot be used in any Russian school. The commission gave its unanimous approval to the Project HOPE drug education resource, Useful Habits, which I took as a recognition of the quality of the materials that had been produced and a welcome triumph of pragmatism over moralising.

My experience has been with the Project HOPE materials, but I am aware that similar resources were being developed in some local authorities, including Sverdlosk (whose 'capital' is Ekaterinaburg, Boris Yeltsin's home town). These local and national activities indicated that there was an official awareness or concern about drug use and young people, and that it was being acted on, as far as possible, using local personnel informed by experience and evidence from abroad.

So what are the parallels? And the lessons, if any? Emphasising again that I am setting out my own impressions, there are many parallels between the FSU and the UK.

There is a broad acknowledgement that the use of illegal drugs is to be discouraged and that one way of doing so is through school-based education programmes – primary prevention. Increasingly, in both Russia and the UK, these programmes are evidence-based and attempt to emphasise the importance of interactive methodologies. So, next step, both countries are providing teacher and parent training materials alongside classroom materials for use with pupils. Here, perhaps, there is an advantage in Russia, where the breadth of initial professional training for teachers still seems to include aspects of child and adolescent psychology, making the teachers I have worked with more aware of social and psychological factors affecting their students than many – but not all – of their UK counterparts. (As I write this, I realise that this comment does not apply to those Australian-trained teachers I have met and worked with in the UK.)

And there is, it seems to me, a cleft between practitioners and managers and decision-makers in both countries. In Russia, the higher up the political hierarchy you look, the more populist and moralising the views towards such social issues as drug use and drug education and sexual behaviour and sex education tend to be. In the UK, what I have, in summary, experienced is a high level of awareness among managers of what government wants but far less awareness of how the aims – targets – might be achieved, and why they are important. Where I have experienced my Russian colleagues talking about 'why', UK counterparts seem still to be fixated on 'what' – in many ways a result of the de-skilling of the UK teaching profession rooted in the mid-1980s Conservative mistrust of teachers, which became manifest in increasing governmental control and regulation of the teaching workforce and its micromanagement. So for me, the notion of workforce development must include the whole workforce, top to bottom, decision-makers, managers and practitioners.

And finally, the discussion of drug education programmes and materials always seems to be accompanied by the raising of voices that claim that such materials and topics are in themselves bad, wrong and immoral, and that their use in schools will encourage young people to experiment with the behaviours they are intended to prevent.

The major difference that I observe or perceive is that in the UK there is a wider governmental acknowledgement of drug and substance use and, hence, the need for responses and interventions, accompanied by the funding for such responses. In Russia, the understanding and resolve are present among practitioners, who in my experience have clear and well-informed knowledge of the situations and needs of young people. This understanding diminishes as you progress up the political hierarchy, making relevant and informed responses more difficult to introduce, fund and sustain. Funding of social infrastructure in Russia is far from adequate – salary levels are jaw-droppingly shocking by UK standards – and

in the current financial year (which began in January 2010) public sector budgets have been sharply reduced in response to the banking and financial crisis. This from a government with untold revenues flowing in from gas and oil sales...

What I have most enjoyed professionally in Russia has been the opportunity to work with motivated, energetic, knowledgeable and curious (in the 'I want to know more' sense) professionals who are well informed about prevention science – local, European and US – and concerned for the young people they work with. The lesson there, I think, for Russia and the UK, is that politicians and decision-makers need to be involved in a genuine, not asserted, dialogue with practitioners and young people about the content and focus of any prevention and education programme, and not be driven by their own lack of understanding, irrelevant moralising and populist pressure.

More widely, the UK is 'ahead' of Russia, at least as far as official attitudes and actions are concerned, in its responses to drug use and drug users. The UK emphasis on getting individuals into treatment indicates pragmatism and an acknowledgement of reality. At the governmental level, drug users in Russia are demonised and marginalised, with little realistic treatment, a national ban on substitute prescription and, in many parts of the country, local bans on needle exchanges. No evidence-based practice there. The Global Fund has re-entered Russia following the constraints on and closures of treatment options when Global Fund activity was handed over to the federal government in 2008/09. Countless NGOs and research-based studies, including work by Queen Mary, University of London have identified the sanctioned stigma directed against drug users and those who are HIV positive. While it's encouraging that education and prevention still have tacit government support, the transition from potential to actual drug use is currently shunned by Russian officialdom and those affected are, in effect, abandoned by their own government.

And a recent, gloomy last word from a Russian colleague reflecting on the current situation, with a confident governing class becoming increasingly inward looking:

> *'The situation of health education is affected by the transformation of international NGOs into Russian ones, which mostly don't preserve the spirit of international co-operation, with educated, experienced staff and management. Russia and its NGOs are ideologically returning to the previous Soviet ethos'.*

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