

ADDRESSING GENDER AND SEXUALITY IN DRUG EDUCATION

Summary report of project publications,
recommendations, and an audit tool for
educators, researchers and other professionals

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and Society



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ACKNOWLEDGEMENT OF COUNTRY



La Trobe University proudly acknowledges the Traditional Custodians of the lands where its campuses are located in Victoria and New South Wales. We recognise that Indigenous Australians have an ongoing

connection to the land and we value their unique contribution, both to the University and the wider Australian society.

La Trobe University is committed to providing opportunities for Aboriginal and Torres Strait Islander people, both as individuals and communities, through teaching and learning, research and community partnerships across all of our campuses.

The wedge-tailed eagle (*Aquila audax*) is one of the world's largest.

The Wurundjeri people — traditional owners of the land where the Australian Research Centre in Sex, Health and Society is located and where our work is conducted — know the wedge-tailed eagle as Bunjil, the creator spirit of the Kulin Nations.

There is a special synergy between Bunjil and the La Trobe logo of an eagle. The symbolism and significance for both La Trobe and for Aboriginal people challenges us all to 'gamagoen yarrbat' — to soar.

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REPORT SUMMARY

This report presents a summary of findings and recommendations from an Australian Research Council–funded project examining how gender and sexuality inform the design and delivery of drug education in Australia and how related issues shape young people’s perspectives on drug education and experiences of alcohol and other drug consumption (DE220100028). The report offers an overview of the project background and method and summarises the findings presented in five project publications.

The goal of this report is to introduce those interested in drug education and young people’s alcohol and other drug consumption to the key findings of the research and to encourage professionals involved in the design and delivery of drug education to consider new approaches to addressing issues related to gender and sexuality in their efforts to reduce harm. It focuses specifically on:

- how drug education addresses the relationship between individual decision-making and social norms
- the relationship between gender, sexuality and harm in drug education
- how drug education professionals understand the relationship between agency and sexual practices in the context of consumption
- how young women and gender diverse people conceptualise and negotiate gendered harms in consumption contexts
- young people’s approaches to intoxication in everyday life

Drawing on the findings of each project publication, the report also offers 10 recommendations — five for drug education curriculum design and five for future research on drug education. Finally, the report includes a tool designed to assist drug education professionals to audit drug education initiatives for the issues examined in this research.

Recommendations for drug education curriculum content

1. Audit drug education curriculum content for stigmatising representations of people who consume alcohol and other drugs
2. Audit drug education curriculum content for simplistic approaches to sociality and social norms
3. Audit the gender dynamics of drug education curriculum content for equity issues
4. Audit drug education curriculum content that concerns sex for equity issues
5. Audit drug education curriculum content for its engagement with the appealing aspects of alcohol and other drug consumption alongside its harms

Recommendations for drug education research

6. Include issues of equity in definitions and assessments of effective drug education
7. Develop drug education with the perspectives of young people who consume alcohol and other drugs alongside those of young people who do not
8. Conduct research on the perspectives, methods and paradigms that inform the work of professional groups invested in the design and delivery of drug education
9. Incorporate the insights of disciplines beyond public health and prevention, especially scholarship on education about relationships, sex and sexuality
10. Mobilise a wider set of research methods including qualitative and longitudinal methods to investigate how young people relate to drug education and whether it has proved useful in the years after school

BACKGROUND AND AIMS

Young people's alcohol and other drug consumption is a significant policy concern in Australia, with those aged 10 to 24 identified as a 'core priority' of the current National Drug Strategy 2017–2026 (Department of Health, 2017). Reflecting this, school-based drug education is considered crucial in supporting young people's wellbeing. In Australia, 73% and 64% of school-aged young people reported receiving some education about alcohol and illicit drugs between 2022 and 2023, respectively (Scully et al., 2023). These education efforts make sense given tobacco, alcohol and illicit drug-related issues are estimated to account for 14% of Australia's national disease burden (Australian Institute of Health and Welfare, 2024).

Importantly, the meanings and harms associated with young people's alcohol and other drug use are known to be shaped by several social forces, most importantly for the research reported on here, gender and sexuality. For example, young men are vastly over-represented in alcohol-related violence (Pilgrim et al., 2014), and sexual harassment is a routine aspect of attending bars and clubs for young women (Fileborn, 2016). In 2015, alcohol and other drug use was the leading contributor to the burden of disease for males aged 15 to 24 years (Australian Institute of Health and Welfare, 2020); for females in the same age range, alcohol consumption was the second and illicit drug use the third-leading contributor (Australian Institute of Health and Welfare, 2020). Emphasising the significance of gender and sexuality further, young LGBTIQ Australians are thought to consume alcohol and other drugs at almost twice the rate of other Australians (Hill et al., 2021) and experience more harm than other parts of the community.

Drug education methods and goals vary between different settings and contexts. In Australia, while explicit abstinence goals are no longer popular because they are seen to be ineffective, prevention goals remain central to most contemporary drug education. Reflecting this, many drug education initiatives start from the position that given the complete prevention of youth alcohol and other drug use, while ideal, is unlikely, programs need to incorporate harm reduction strategies and information. Programs designed with this perspective seek to prevent, delay and reduce youth alcohol and other drug consumption, incorporating harm reduction information alongside activities hoping to achieve these goals. These approaches position a reduction in harm as the key

measure of success, and treat abstinence or use reduction strategies as potentially useful without being the only goal (Midford, 2010).

Despite ideological investments in school curricula generating controversy about drug education since its inception (Beck, 1998), this part of the health curriculum has not received a considerable level of critical scrutiny compared with other controversial areas such as, for example, relationships and sexuality education (Farrugia, 2024). Rather, drug education research and practice are generally concerned with what is effective, without strict investments in particular theoretical models or explicit political and ethical investments. While this pragmatic orientation is often taken for granted, another implication of this approach is that the ethics and politics of drug education are rarely examined in depth. Instead, drug education scholarship remains primarily concerned with the technical aspects of what makes effective drug education, that is, education that 'works' (e.g. Devine et al., 2022; Durl et al., 2022; Newton, Debenham et al., 2022; Newton, Stapinski et al., 2022). As a result, very little is known about how drug education initiatives address the relationship between gender, sexuality and young people's alcohol and other drug consumption.

In contrast to the vast majority of research focused on drug education effectiveness, a small body of work has begun examining the normative commitments of this pedagogy (e.g. Elliot, 2008; Farrugia, 2014, 2017, 2020; Farrugia & Fraser, 2017; Malins & Kent, 2020; Tupper, 2008, 2014). Addressing several issues such as the pathologisation of young people who use alcohol and other drugs (Farrugia, 2014) and an overly rationalist paradigm (Tupper, 2008), this research questions whether drug education approaches have the potential to produce social harms — for example, by stigmatising people who use drugs (Meehan, 2017) — in efforts to reduce 'drug-related' harms. Despite the known relationship between harm, gender, sexuality and alcohol and other drugs, how these issues are dealt with in drug education is rarely addressed in this research. Tupper's (2014) historical analysis of 'moral purity' issues in North American education is an important exception. Approaching sex and drug education as forms of transgressive knowledge, Tupper (2014) argues that curricula for both are shaped by social anxieties about the potential to stimulate young people's curiosity and desire. More recently, Farrugia (2017) argues Australian drug education curriculum materials display an

inequitable focus on young women in ways that can inadvertently position them as responsible for reducing sexual violence in the context of intoxication. Overall, this scant research suggests that gender shapes drug education approaches in ways that require more attention.

Research demonstrates that generating equitable and effective drug education relies on the inclusion of all interested parties, including consumers (Farrugia & Fraser, 2017; Moffat et al., 2017). This project built on this research to investigate the perspectives, assumptions and insights of the key target of drug education (young people) as well as those responsible for its design and delivery (drug education professionals).

Using established qualitative methods, this project pursued the following aims:

1. investigate how gender and sexuality are currently addressed in drug education curricula
2. investigate how gender and sexuality shape young people's responses to and use of drug education
3. investigate how drug education professionals understand the relationship between gender and sexuality and youth alcohol and other drug use
4. investigate how drug education professionals' understandings of youth alcohol and other drug use inform the design and delivery of drug education

METHOD

The project generated and analysed three datasets:

1. a corpus of Australian drug education materials designed for use in secondary schools
2. transcripts of audio-recorded interviews with 40 young people experienced with alcohol and other drug consumption and/or school-based drug education
3. transcripts of audio-recorded interviews with 20 drug education professionals responsible for the design and delivery of drug education initiatives

All interview participants lived in four of Australia's most populous states: New South Wales, Queensland, Victoria and Western Australia.

The research received approval from human research ethics committees at La Trobe University (approval number HEC22188).

DRUG EDUCATION CURRICULUM RESOURCES

The first dataset was made up of a corpus of drug education curriculum resources gathered between July 2022 and October 2022 through an online drug education platform entitled Positive Choices. Positive Choices is a collaborative effort between the Australian Government Department of Health and Aged Care, the Matilda Centre (University of Sydney, Australia), the National Drug and Alcohol Research Centre (University of New South Wales, Australia), and the National Drug Research Institute (Curtin University, Australia). It serves as a valuable source of contemporary drug education resources and prevention programs for education professionals and other interested parties. All resources available on Positive Choices undergo independent review by an academic research team managing the portal, serving as an expert endorsement.

For the purpose of this research, resources published or updated since 2010 that were specifically designed for secondary school teachers and/or students, or aimed at young people of secondary school age (12 to 18 years old), were included. Resources designed for primary schools or primary school-aged children were excluded. The collected resources encompassed a wide range of formats, including traditional classroom curriculum resources, online information portals, and videos and games intended for drug education classes.

INTERVIEWS WITH YOUNG PEOPLE

In-depth interviews were conducted with 40 young people about their experiences of alcohol and other drugs and/or school-based drug education.

The dataset includes perspectives from 18 women, 18 men, two non-binary people, one trans person and one agender person (participants self-described their gender) aged between 16 and 20 years. Of the 40 participants interviewed, 27 described their sexuality as heterosexual/straight, seven as bisexual, three as queer, two as gay or lesbian, and one as other. Experience of alcohol and other drugs varied considerably among these participants. The dataset included young people who did not consume alcohol and other drugs, or had limited experience of drinking, alongside those who regularly consumed a range of substances such as cannabis, MDMA, cocaine, ketamine and psychedelics. Overall, the participants most commonly reported alcohol, cannabis, MDMA and cocaine consumption. Most participants were studying or had completed the expected level of formal education according to their age and/or were currently employed. Generally, most of these participants would be understood as 'recreational' drug users who did not encounter the kinds of marginalisation experienced by participants in much of the research on young people's alcohol and other drug consumption (further details of participant demographics are included in Appendix A).

All participants were provided with a plain language statement explaining the project and their consent was recorded orally at the start of the interview. Depending on participant preference and geographic location, interviews were either conducted in person or online and ranged from 30 to 70 minutes in length. All participants were reimbursed with A\$50 for their time and contribution to the research. Recruitment was conducted through social media promotion on several platforms and snowball referral. Potential participants registered their interest via a project website and were contacted for screening.

The interviews addressed: sources of drug-related information; experiences of drug education; experiences of consumption; concerns about alcohol and other drugs; motivations for consumption; and understandings of youth consumption. Interviews were audio-recorded, transcribed verbatim and checked for accuracy.

INTERVIEWS WITH DRUG EDUCATION PROFESSIONALS

In-depth interviews were conducted with 20 drug education professionals responsible for the design

and delivery of drug education initiatives.

The dataset includes perspectives from 11 women (including one trans woman), eight men and one non-binary person. Participants included: five private drug education providers; five academic researchers designing and informing drug education programs; four secondary school teachers with experience conducting drug education classes; three youth-focused alcohol and other drug treatment providers; two policy professionals with roles related to youth-focused drug education and health promotion; and one harm reduction professional with experience conducting drug education in community settings. (Further details of participant demographics are included in Appendix A.)

All participants were provided with plain language information explaining the project, and their consent was recorded orally at the onset of the interview. These interviews were conducted online and ranged from 40 to 90 minutes in length. While all participants were offered an A\$50 gift card as reimbursement, only 11 took up the offer. Private providers, academic researchers and policy professionals were purposively selected to reflect a range professional experience, genders and roles in the Australia's relatively small drug education field, including responsibilities for designing and/or delivering education initiatives. Many of these participants were individually identified and invited based on investigator knowledge of drug education research and practice in Australia. Other participants were recruited via targeted social media promotion and snowball sampling. Like other interview participants, drug education professionals were required to register via a project website and contacted for screening.

Interviews addressed understandings of the purpose of drug education; understandings of effective drug education; youth alcohol and other drug consumption; the relationship between young people's gender and sexuality and potential harms or pleasures associated with alcohol and other drug consumption; and discussion of drug education paradigms such as abstinence or harm reduction approaches.

All interview participants were assigned a pseudonym and identifying material was removed from the transcripts. The de-identified transcripts were coded using NVivo 12 data management software. Using an iterative inductive approach, codes were developed based on themes emerging from the data, relevant literature and the aims of the project. Coding documented similarities, differences and tensions across the dataset.

FINDINGS

The findings of the project were analysed and published in a range of research articles, a book chapter and a drug education audit tool. This report includes the drug education audit tool and summarises the findings of five research articles:

- Farrugia, A. (2023). Under pressure: The paradox of autonomy and social norms in drug education. *International Journal of Drug Policy*, 122, Article 104194. <https://doi.org/10.1016/j.drugpo.2023.104194>
- Farrugia, A. (2025). 'Something serious': Biopedagogies of young people, sex and drugs in Australian drug education. *Pedagogy, Culture and Society*, 33(3), 905–921. <https://doi.org/10.1080/14681366.2023.2295285>
- Farrugia, A. (2025). Agency, sex and drug education: Examining the response-ability of education responses to consumption, sex and harm. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*. Advance online publication. <https://doi.org/10.1177/13634593251326285>
- Farrugia, A., Pienaar, K., & Dennis, F. (2025). Narcofeminist affects: Gender, harm and fun in young women and gender diverse people's experiences of alcohol and other drug consumption. *The Sociological Review*. Advance online publication. <https://doi.org/10.1177/00380261251317318>
- Farrugia, A., Keane, H., Ekendahl, M., & Rasmussen, M. L. (2025). *Everyday intoxications: A qualitative analysis of young people's alcohol and other drug consumption*. [Manuscript submitted for publication].

UNDER PRESSURE: THE PARADOX OF AUTONOMY AND SOCIAL NORMS IN DRUG EDUCATION

As examined in the first publication stemming from this research, much Australian school-based drug education operates from the position that youth alcohol and other drug consumption often stems from a misunderstanding that these practices are so common as to constitute a 'social norm'. In response, drug education initiatives mobilise 'social norms' strategies that seek to address this perceived misconception. Education initiatives mobilising social norms strategies seek to use 'subtle social influence pressure' to promote conformity to broader population level trends or norms (Dempsey et al., 2018). While most drug education research would assess the use of social norms strategies in relation to the concept of effectiveness introduced earlier in this report, this publication examined the relationship between this approach and the notion of autonomy.

Making autonomous decisions

Give the class a quick overview of the steps involved in the decision-making/ problem-solving process:

1. Define the problem or the decision to be made.
2. Consider all the possible options/ alternatives to solve the problem or decision.
3. Write down all the positives and negatives for each option/alternative.
4. Weigh all the positives and negatives for each option.
5. Select the best alternative.
6. Implement the solution.
7. Monitor progress.
8. Review and learn from your experience. (*OurFutures: Cannabis and psychostimulants*, 2022, p. 3)

Drug education curriculum resources routinely include activities focused on making choices or teaching decision-making skills. These activities seek to instil in young people the capacity for sequential, deliberative action when considering alcohol and other drug consumption in several ways:

- These activities conceptualise decision-making as a highly refined deliberative cognitive process and drug consumption as the result of a conscious analysis of positives and negatives, informed by reliable information.
- This approach attempts to reduce a young person's intent to consume (one of the accepted measures of 'effectiveness' within drug education research) and increase the perceived capacity to avoid or resist alcohol and other drugs.

Overall, young people are addressed as not yet fully autonomous and therefore require training in how to make a decision. For this reason, the resources enact clear, structured step-by-step processes on how to rationally deliberate and enact autonomy.

Peer pressure: A threat to autonomy

Here are a few options you can take that will help you deal with situations where you may be inclined or pressured to use drugs and alcohol:

Option 1: Avoid situations

Option 2: Make an excuse

Option 3: Walk away

Option 4: Be assertive

Option 5: Be a 'broken record' (*Drugs & alcohol: What you need to know*, 2019, p. 7)

While decision-making activities attempt to teach the capacity for rational autonomous action, carrying out the necessary steps to make an empowered decision is approached as constantly under threat within drug education. Reflecting popular understandings of youth social relationships, peer pressure is presented as a central issue for young people to negotiate. This has several implications:

- In reducing youth drug-related sociality to the notion of peer pressure, drug education struggles to engage with other motivations, outcomes and social relations and as such offers little to foster capacities to manage affectively charged, complex and, importantly, diverse consumption contexts, potentially shaped by starkly different social dynamics.

- By equating offers of alcohol and other drugs with 'pressure', those who offer drugs are presented as a threat that requires resistance, while those who discourage consumption are presented as a neutral or positive influence. This distinction often does not reflect the complexity of young people's social relationships.

Popular peer pressure approaches position young people who do not live according to the values of drug education, whether freely chosen or otherwise, as lacking autonomy due to compromised decisions and unwholesome social relations.

Autonomy and social norms

Do most teenagers use cannabis? No. Only 6% of Victorian secondary school students used cannabis in the month before the survey. (*Get Ready*, 2013, p. 11)

The most direct way that drug education attempts to address young people's assumed overestimation of youth alcohol and other drug use is by providing basic statistical information about population levels of these practices. The emphasis on youth alcohol and other drug consumption as a minority practice has several implications:

- In repeatedly emphasising that membership of the 'majority' is indicative of having made an autonomous choice, drug education asserts that autonomy is demonstrated by adhering to broader norms.
- In this approach, the decision not to consume alcohol and other drugs is constituted as a product and demonstration of autonomy, while consumption is constituted as a product and demonstration of heteronomy.

Rather than attempting to assemble autonomous decision-makers, social norms drug education strategies seek to teach young people that empowerment is based in — if not primarily, at least partly — reproducing what most other young people are doing.

‘SOMETHING SERIOUS’: BIOPEDAGOGIES OF YOUNG PEOPLE, SEX AND DRUGS IN AUSTRALIAN DRUG EDUCATION

The second article published from this research examined how sex is addressed in drug education, suggesting that while ostensibly focused on teaching young people about alcohol and other drugs, drug education often contains lessons about sex and sexuality and, in this sense, operates as a form of sex education, too. As this research demonstrated, drug education operates as a form of sex education in two main ways.

Drugs, sex and regret

Drugs can decrease sexual inhibition and the capacity to accurately judge a situation. Going back to someone else’s house under the influence of drugs could lead to sexual intercourse that may later be regretted or a sexual assault. (*OurFutures: Cannabis and psychostimulants*, 2022, p. 6)

The first drug education strategy used to address the relationship between young people, sex and alcohol other drugs is to constitute all sex in these contexts as intrinsically regrettable and harmful. As earlier research demonstrates, mobilising regret is a common deterrence strategy in classroom drug education resources (Farrugia, 2017):

- Young people are taught that regrettable sex is an effect of drugs and their capacity to decrease inhibition and careful judgement. These drug education activities suggest that sex is only appropriate within a romantic relationship, most likely a monogamous one.
- Demonstrating an investment in conventional gendered standards of decorum, it is notable that drug education resources include calls to avoid ‘unplanned’ and ‘unprotected’ sex, addressed to young women specifically.

In its handling of sex, drug education seeks to achieve two goals. The first is to discourage sex in alcohol and other drug consumption settings altogether, positioning it as unavoidably harmful. The second is to render appropriate sex as not only sober but planned, discreet and with a partner.

Drugs, sex and consent

Young women who drink alcohol are at risk of sexual coercion. Alcohol consumption increases the risk of sexual assault as victims become less able to detect dangerous situations. (*School Health and Alcohol Harm Reduction Project*, 2012, p. 6)

The second drug education strategy used to address the relationship between young people, sex and substance consumption is to position sex in these settings as not only regrettable but dangerous — primarily because alcohol and other drugs are thought to produce sexual violence. Alongside direct statements about risk and harm, drug education resources often contain activities that require students to identify and develop responses to fictional narratives of risk. These activities include lessons about sex and alcohol and other drugs with several implications:

- By focusing on the actions and comportment of the targets of violence, drug education backgrounds the role of gender and power in shaping this violence.
- Rather than engaging with the complexity of young people’s efforts to negotiate sex, drug education constitutes all sex in settings of alcohol and other drug consumption as necessarily regrettable or even violent.
- Young people, primarily young women, are enjoined to regret giving into decreased sexual inhibition and having unplanned sex or sex with people they do not know well.

Drug education mobilises sex as part of a project of alcohol and other drug deterrence, seeking to constitute appropriate and inappropriate sex through moralities of alcohol and other drug consumption where all who do not adhere to its message of deterrence are faced with regret.

AGENCY, SEX AND DRUG EDUCATION: EXAMINING THE RESPONSE-ABILITY OF EDUCATION RESPONSES TO CONSUMPTION, SEX AND HARM

The third article published from this research built on the analysis of curriculum documents by examining how drug education professionals understand and seek to address the relationship between alcohol and other drug consumption, sex and harm. As this article examined, attributions of agency are central to how drug education responds to issues related to sex. Most commonly, these drug education professionals approach sex in the context of alcohol and other drug consumption as intrinsically harmful, best addressed by reshaping young people's agency or the agency of the substances they may consume. Some professionals offered a different view and sought to address other agencies in efforts to reduce potential harms related to sex and alcohol and other drugs.

Responding to individual human agency

I was thinking of the decision-making with regard to consent as well and the decision-making surrounding the consequences of actions if choosing to have excess alcohol or drugs. So yeah, definitely, definitely, that came into [my lessons ...] I mean, consent now is such a big area that is, you know, that teachers have to deliver in that [...] You know, your decision-making is impaired [when you're intoxicated ...] Then we related that back to that sense of self [...] So just instilling that resiliency [and] sense of self-worth. (Terra, teacher)

Most of the drug education professionals who participated in this research positioned young people's agency as the primary focus of intervention. Reflecting the concern with decision-making found in drug education curriculum resources, these professionals routinely focused on individual responsibility as the central issue or agency that should be addressed to reduce harms associated with drug consumption and sex.

- For these professionals, the actions and agency of young people are the primary forces to consider when designing and implementing drug education responses to consumption and sex.

- Centring young people's agency can de-emphasise other issues such as inequitable gender power arrangements that shape harm.

Addressing young people's individual agency reproduces an intervention focus on the target of potential violence and seeks to convince young people — often young women — to change their actions to avoid harm.

Responding to alcohol and other drug agency

I think that impulse control stuff that comes from, you know, drinking that then gets you into those bad situations, like sexual behaviour, that you don't want to be [in] ... that you wouldn't partake in otherwise [...] Risky behaviours are for me, are in the same realm. Like drug and alcohol use, sex, they are all in the same kind of realm of risky behaviours, so we touch on them, more than touch on them, like, they are a big part [of our program ...] People doing things they didn't want [to do and] regretting things after they've drunk or taken drugs. (Zoe, research)

The agency of alcohol and other drugs themselves was the other key concern for many of the drug education professionals interviewed in this research. These professionals expressed concern about consumption compromising young people's ability to make decisions related to sex and, more generally, overriding the agency of young people in ways that led to harm.

- Focusing on the agency of drugs presents harms such as sexual assault as drug effects. In this approach, the perpetrator of violence fades from view, replaced by a malevolent substance. At other times, the perpetrator stays in the picture, but their actions are explained as a drug effect, caused by their impaired judgement.
- These professional perspectives struggle to account for how various agencies and their 'effects' will take shape differently in moments of consumption and sex. When informing drug education, this approach addresses drugs solely as a threat to human agency and places all forms consumption and sex into a homogenous category of non-consensual sex.

This approach informs advice to reduce consumption as a way of addressing harm, a process that de-genders issues such as a risk,

regret and shame as well as issues such as sexual violence.

Responding to agencies beyond people or alcohol and other drugs

I think when we talk about [sex, sexuality and gender] in the alcohol and drug [context], when you throw that lens into it, to me it seems to focus [or ...] narrow straight down [... to a message saying] 'you are going to get assaulted or [...] get an STI' — it's ignoring, you know, the greater stuff of the bigger picture. (Gerard, policy/treatment)

While most participants focused on human individual agency or the agency of alcohol and other drugs, others expressed misgivings about the potential shortcomings of these approaches. These professionals sought to prioritise addressing forces beyond individual young people or the substances they have consumed.

- Rather than centring either individual people or drugs as distinct agencies, some professionals approach the outcomes of consumption and sex as emerging from how several forces come together to generate sexual practices and experiences.
- These accounts offer a sense in which drug consumption and sex cannot be approached solely as harmful or defined purely by the agency of individuals or the substances they consume.

These professionals gestured towards an education approach that is more willing to engage with the diversity of experiences of sex in the context of alcohol and other drug consumption and to address other social forces such as gender and sexuality.

NARCOFEMINIST AFFECTS: GENDER, HARM AND FUN IN YOUNG WOMEN AND GENDER DIVERSE PEOPLE'S EXPERIENCES OF ALCOHOL AND OTHER DRUG CONSUMPTION

The findings of the fourth project publication summarised here examine how the young women and gender diverse people who participated in this research understood and negotiated the relationship between gender and harm when consuming alcohol and other drugs. Addressing concerns about harm first, these young people position men's conduct as the primary concern during consumption events. Importantly, they also described the appealing aspects of alcohol and other drug consumption practices — focusing primarily on meaningful forms of sociality and generative embodied pleasures. Given this, they mobilised strategies to promote these positive dynamics while managing gendered risks. Overall, this publication drew on participant experiences to explore the potential of responses to alcohol and other drugs that reduce harm without sacrificing the potential benefits of consumption that these young people sought.

Gender, harm and safety

I feel like I would never, like, leave one of my friends alone in a place just, like, with a bunch of men who were fucked up [intoxicated] or just in a bunch of men in general. I would always, like ... with a woman or, like, a queer person, I would, like, never leave them alone [...] it's just not safe. I don't know, yeah, but it's not the drugs that I think are unsafe. (Quin, non-binary, 20)

Most of the young women and gender diverse people who participated in this research identified unwanted male attention, sexual harassment or violence, and the presence of men¹ more generally as the key concerns they negotiated when consuming alcohol and other drugs.

- While these participants were cognisant of physical health issues such as the impact of alcohol on the liver or negative effects of

¹ For our participants, the category of 'men' generally refers to 'cisgender' men.

intoxication on their brains, these issues were discussed in much less detail and with less concern than potential or experienced harms stemming from men's harassment and violence.

- This threat did not stop most of these young people from consuming alcohol and other drugs, yet it did shape their experiences and practices.

A general sense of caution pervades the accounts of consumption offered by the young women and gender diverse people in this research, and this limited access to certain settings such as bars and clubs, and access to desired forms of intoxication.

The significance of social alcohol and other drug consumption

I think that when you have shared experiences with friends and you are on drugs, typically with marijuana, it makes you more talkative. Your mind is more active, you are thinking about maybe more abstract things. I can remember talking about things [with my friends] that we might not talk about when we are sober, like, you know, our sex lives or things that we would normally feel ashamed of [...] I think that's a very core experience of it [...] I think the shared experience makes everyone a little more open to each other, like, I learnt a lot about all of my friends by, you know, sitting around a table while we are smoking and just having long, in-depth conversations, which I think is pretty valuable to the connection between friends. I don't think you have to have drugs involved to have those conversations, but I think it kind of opens the gates up a little to allow people to feel less judged and a bit more open. (Nicole, F, 19)

While concerns about men shaped the consumption of these young people in important ways, they still valued these practices. The contribution of consumption events to meaningful sociality in which friendships were made and strengthened was an especially salient positive socially oriented dynamic.

- Participants routinely spoke about consumption events generating more 'open' and 'deep' communication, which contributed to 'bonding', feeling 'connected' and 'closer' with friends as well as romantic partners and family members.
- Participants also discussed the significance of care, which was implicated in meaningful experiences of connection and intimacy.

Much of the significance of and motivation for alcohol and other drug consumption stemmed from its contribution to the development of valued forms of friendship and social connection.

The significance of individual alcohol and other drug consumption

I normally like to, you know, like, I will sometimes get out my journal or, you know, put on a good movie or I will have a nice shower and, like, just relax a lot [...] I think more thought is going into what I [am writing in my journal]. Say, like, if I am stoned, like, I can just write a lot more deeply and, like, from the heart kind of thing and it's, like, more emotional for me. (Harper, F, 18)

These participants also described more inward-focused or personally oriented desires associated with alcohol and other drug consumption. These desires focused less on relationships with other people and generally centred embodied pleasures or new individual capacities.

- Alcohol and other drug consumption was described as appealing because it contributed to events that generated pleasurable and meaningful forms of embodiment implicated in a positive embodied sense of selfhood.
- While the individually focused dynamics could be experienced as spectacular or extraordinary at times, they could also be more mundane, part of everyday life.

Overall, these young people described how consumption can form part of practices that contribute to pleasurable and generative forms of embodiment — new ways of being and doing in the world.

Negotiating gender, harm and fun when consuming alcohol and other drugs

When people worry about young women drinking, they think something bad is going to happen to them at the hands of someone else. So, I would say to them, 'Shouldn't you be more worried about the young men who are drinking, who are going to, like, take these actions?' Like, reframing what they're worried about and thinking about it critically [...] I mean, obviously, I would generally be more worried about young women. You know, I've been on the end of that [male harassment], and I would be more worried about that [...] How can we prevent this, rather than just [saying] 'Don't do anything [use alcohol or drugs] at all and you'll be fine'? (Ash, F, 17)

The participants in this research offered strategies designed to manage and resist the potential gendered harms that they encountered when consuming alcohol and other drugs. Their strategies focused not solely on reducing harm but also on bolstering their right to experience the appealing aspects of their consumption practices.

At times, concerns about male violence informed alcohol and other drug consumption by, for example, making stimulant drugs more appealing towards the end of a night because they contribute to alertness, which was said to increase safety.

Some participants argued that offering abstinence as a strategy for young women to avoid men's violence is insufficient, and such strategies should address men's consumption and comportment rather than reproducing an intervention targeting women's conduct.

Overall, these young women and gender diverse people offered strategies that sought to generate the appealing aspects of alcohol and other drug consumption while reducing harms associated with men's harassment. In this sense, they articulated a right to experience the generative forms of consumption despite the gendered harms they may have to negotiate.

EVERYDAY INTOXICATIONS: A QUALITATIVE ANALYSIS OF YOUNG PEOPLE'S ALCOHOL AND OTHER DRUG CONSUMPTION

The fifth article produced from this project examined how many of the young participants routinely offered narratives and perspectives that downplayed the novelty of alcohol and other drug consumption and intoxication. This is not to suggest these practices were not valuable, but this article focuses on accounts that position intoxication as relatively routine — forming part of other activities that, when understood together, constitute everyday life.

Everyday intoxications

I think that we just get like a little bit more open with each other [...] I think when you're sober, there's, like, a level of kind of thinking where it's, like, 'I'm not sure if I can say this' [...] I think you're just more concerned about, like, what you're going to tell someone. Whereas normally when my mates are drunk, we'll talk more openly about stuff that we normally would tell each other anyway, but it might just not come as fluent or as fluid in the conversation. (Bailey, M, 20)

Many of the young people in this research refrained from addressing intoxication as synonymous with harm and loss of control and instead offered accounts of mundane activities that also included consumption or described these events in relation to uncontroversial aspects of everyday life.

- Accounts of everyday consumption emphasised mild shifts in consciousness and sociality that are neither ordinary nor extraordinary.
- Everyday forms of consumption often formed a part of other activities such as camping or playing cards, generally uncontroversial practices that are rarely the topic of research about youth alcohol and other drug consumption.

Rather than offering alcohol and other drugs as wholly determinative of these experiences, these young people positioned such practices as adjacent to them, woven through activities that together articulate intoxication as part of, rather than in opposition to or tension with, everyday life.

Everyday intoxicated sociality

We're all English literature nerds, so [...] talking about books and philosophy [when we're drinking ...] Pretty normal conversations that we have on a day-to-day basis and [...] gossip about that person that we don't like [...] just pretty standard. (Ash, F, 17)

Reflecting other research, these young people's alcohol and other drug consumption was generally motivated by the sociality that emerges in conjunction with it. These social dynamics were often discussed as part of the everyday, even when they emerge during acute experiences of intoxication.

- Young people offered relatively tame accounts of intoxicated sociality, which positioned it as uncontroversial part of the everyday.
- These accounts often addressed different forms of intoxication as part of routine everyday forms of sociality: networking, friendships and family life.

The experiences examined here dislodge the association of youth drug consumption from disorder and chaos, and complicate the boundaries between ordinary/extraordinary that might usually position such practices as necessarily outside of the everyday.

Everyday solitary intoxication

I would say probably, like, walking or just spending time in nature [when I smoke cannabis]. I enjoy, like, taking photos [...] with my phone. Yeah. I think that's probably the thing that I like to do the most [when smoking cannabis], yeah, whether that be, like, walking or swimming or, like, just being outside [...] So, like, a route that I enjoy taking is I'll walk down to the beach and at the end of the beach, there's rocks that kind of join up to a hill, but it's a bit steep, it's a bit outcroppy so, not many people go there [...] I'll go up the hill and maybe just sit there for a little bit, maybe about an hour, and then I'll just walk back the same route [...] Like, no-one really goes there or goes close to there, and so there is a bit of a feeling of solitude that I like [...] I like the ocean, so, yeah, sometimes from there, I can see, like, turtles and dolphins and stuff. (Dinesh, M, 19)

Alongside descriptions of socialising with family and friends, these young people discussed solitary activities that included various forms of intoxication. As in the previous section, these perspectives present intoxication as a subtle, even routine, shift in one's relationship with the world.

- Rather than inevitable harms or intense pleasures, these young people offer a tame picture of youth alcohol and other drug intoxication shaped by journalling, nature walks and relaxing at home.
- These accounts position alcohol and other drug consumption not as a separate issue that can or cannot be incorporated into or balanced with normal life, but as a relatively uncontroversial aspect of other daily practices.

In several different ways, the experiences examined in this research addressed intoxication not as 'other' to normality but, challengingly, as a relatively mundane part of everyday life. These findings point to the need for education efforts that can grapple with the potentially unremarkable or mundane character of some forms of youth alcohol and other drug consumption.

RECOMMENDATIONS

This report has summarised the key publications from an ARC-funded project examining how gender and sexuality shape drug education curriculum alongside young people's views on and experiences of this form of education and alcohol and other drug consumption more broadly. The findings are drawn from analysis of drug education curriculum materials and interviews with young people and drug education professionals across the Australian states of New South Wales, Queensland, Victoria and Western Australia. This closing section outlines recommendations drawn from the findings of this research as they relate to drug education curriculum and future drug education research.

RECOMMENDATIONS FOR DRUG EDUCATION CURRICULUM CONTENT

1. Audit drug education curriculum content for stigmatising representations of people who consume alcohol and other drugs

Drug education curriculum materials can include explicitly and implicitly stigmatising accounts of people who consume alcohol and other drugs. These materials need to be audited to ensure that they do not inadvertently contribute to stigmatising understandings of these practices. Even drug education materials recommended by reputable organisations need to be audited for stigmatising information. This review should include representations of young people as well as others in their lives, such as parents. For example, an audit may consider whether young people who choose to try a drug are routinely positioned as morally compromised or suspect. Similarly, this audit may examine whether representations of parents who participate in these practices are positioned as intrinsically uncaring.

2. Audit drug education curriculum content for simplistic approaches to sociality and social norms

Drug education curriculum materials and approaches are often informed by simplistic understandings of young people's social lives and their relationship to broader social norms. These materials need to be audited to ensure they effectively engage with the diversity of ways alcohol and other drug consumption may form part of young people's social lives. This audit should specifically address the overuse of simplistic notions of 'peer pressure' to explore motivations for alcohol and

other drug consumption. Relatedly, these materials should be audited to ensure they do not assert that adhering to broad social norms is straightforwardly beneficial. Drug education should encourage critical thinking about how social norms shape alcohol and other drug consumption, its outcomes and social position more generally, ensuring this critical engagement goes beyond convincing young people to adhere to abstinence expectations.

3. Audit the gender dynamics of drug education curriculum content for equity issues

The ways that the gendered aspects of alcohol and other drugs consumption, its appealing aspects and its harms are handled in drug education often reproduce troubling gender dynamics. These materials need to be audited to ensure that they do not inequitably focus on young women's responsibility, their moral character or worth. Relatedly, drug education curriculum materials are rarely inclusive of LGBTIQ young people. These materials need to be audited to ensure that they contain information and activities relevant to LGBTIQ young people. While such assessments would necessarily include representations of gender and sexual diversity, they would also need to ambitiously address how gender shapes the specific meanings and experiences of alcohol and other drug consumption more generally.

4. Audit drug education curriculum content that concerns sex for equity issues

Drug education often operates as a rarely recognised site of education about relationships, sex and sexuality. This aspect of drug education needs to be audited for equity issues to ensure it does not reproduce unhelpful approaches to the relationship between gender, sexuality and alcohol and other

drug consumption. This audit would need to address issues of responsibility to ensure the targets of gendered and sexual harms are not positioned as primarily responsible for reducing them.

5. Audit drug education curriculum content for its engagement with the appealing aspects of alcohol and other drug consumption alongside its harms

Drug education curriculum materials and approaches struggle to address the appealing aspects of alcohol and other drug consumption. While information about risk and harm is abundant, it must be balanced with nuanced information about what makes these practices appealing. Drug education should address the appealing aspects of consumption alongside its risks and harms, and should be designed to be relevant and useful both for young people who do choose to consume alcohol and other drugs and for those who do not.

RECOMMENDATIONS FOR DRUG EDUCATION RESEARCH

6. Include issues of equity in definitions and assessments of effective drug education

As this research demonstrates, even reputable drug education curriculum materials that are considered ‘evidence based’ or ‘effective’ may take harmful approaches to the relationship between gender, sexuality and alcohol and other drug consumption, and include stigmatising notions of young people’s consumption more broadly. The way that effective drug education is assessed can draw attention away from these issues. Measures 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 or victim-blaming approaches to the relationship between sex, intoxication and violence.

7. Develop drug education with the perspectives of young people who consume alcohol and other drugs alongside those young people who do not

Many of the young people who participated in this research were dismissive or sceptical of their formal drug education. This scepticism was especially strong following personal experiences of alcohol and other drug consumption during or in the years following school. To enhance the utility of drug education for young people who consume alcohol and other drugs, especially in the years immediately following school, these initiatives need to more fully incorporate their perspectives. This would require

fuller engagement with the appealing aspects of alcohol and other drugs, including providing examples and activities that engage with more mundane forms of intoxication and explore how and why consumption events may not end in harm, rather than solely examining those that do.

8. Conduct research on the perspectives, methods and paradigms that inform the work of professional groups invested in the design and delivery of drug education

Various professional groups such as educators, researchers and policymakers are invested in drug education. These investments — and the methods, knowledge and expertise that inform them — shape drug education design, its implementation and outcomes. Given very little is known about this aspect of drug education, future research should examine the perspectives of professional groups invested in drug education, to understand further how the knowledge they mobilise shapes the design, delivery and outcomes of these initiatives.

9. Incorporate the insights of disciplines beyond public health and prevention, especially scholarship on education about relationships, sex and sexuality

Drug education research should draw on a broader range of disciplinary insights and knowledge to address the issues examined in this research. For example, relationships, sex and sexuality education research has a rich tradition of nuanced debate addressing complex issues such as pleasure, desire, gender and power, giving it the potential to inform future drug education development. As both address deeply embodied practices that can be highly controversial and include the potential for serious harms, it is likely to be generative if future conceptualisations of drug education and relationships, sex and sexuality education are developed with insights from both areas of scholarship.

10. Mobilise a wider set of research methods including qualitative and longitudinal methods to investigate how young people relate to drug education and whether it has proved useful in the years after school

Given young people’s perspectives on alcohol and other drugs are often informed by personal experience that changes over time, the potential relevance and utility of drug education needs to be assessed qualitatively and longitudinally. While some longitudinal studies are emerging, more future research should investigate how former students view their drug education classes and whether they appropriately prepared them for post-school life and how was their longer-term utility more generally.

EFFECTIVE AND ETHICAL DRUG EDUCATION: AN AUDIT TOOL FOR EDUCATORS, RESEARCHERS AND OTHER PROFESSIONALS



THIS AUDIT TOOL

This toolkit was produced by a team at the Australian Research Centre in Sex, Health and Society (ARCSHS), La Trobe University, with funding from an Australian Research Council DECRA Fellowship awarded to the Lead Investigator Dr Adrian Farrugia.

ARCSHS has a long history of conducting social research on alcohol and other drug-related issues, particularly as they relate to sex and gender. Our research in this area aims to understand the rich social dynamics that shape alcohol and other drug consumption, and responses that seek to govern these practices and reduce harms. ARCSHS is committed to reducing harms associated with alcohol and other drugs, including those harms that can be inadvertently produced by our responses to them. This audit tool is designed to contribute to this mission.

Who is this resource for?

Informed by the findings of an Australian Research Council-funded research project that analysed drug education curriculum resources, interviews with young people and interviews with professionals responsible for the design and delivery of drug education initiatives, this audit tool provides strategies, ideas and resources to address potential shortcomings of available resources identified in this research. Most specifically, the audit tool is designed for use by professionals designing and conducting drug education in secondary school settings, to examine how understandings of young people's alcohol and other drug consumption are translated into drug education efforts, including in ways that can be limiting or unhelpful. More generally, this audit tool is for anyone interested in drug education and reducing harms that can stem from young people's alcohol and other drug consumption.

What you will find in this resource

This audit tool provides practical strategies for ensuring drug education curriculum resources address several key issues in an effective and, importantly, ethical manner. Drawn from the research informing this tool, these key issues include:

- addressing the relationship between alcohol and other drugs and stigma
- making decisions about alcohol and other drugs
- understanding the role of alcohol and other drug consumption in social life
- examining how issues related to gender and sexuality are addressed

Where relevant, this audit tool also provides information about and links to other resources including:

- reputable stigma reduction resources related to alcohol and other drugs
- a contemporary international drug education resource with activities focused on decision-making
- a language guide for LGBTIQ inclusion
- a resource about respectful relationships education with insights relevant to alcohol and other drugs

How it was developed

The audit tool was developed through a qualitative project investigating how gender and sexuality shape young people's alcohol and other drug consumption, their relationship to school-based drug education, and how related issues are addressed in drug education.

A detailed account of the project methods is available in the broader report that incorporates this audit tool.

Overall, the project included three datasets:

- a corpus of drug education resources
- interviews with young people
- interviews with drug education professionals

Drug education resources

The education resources were gathered through an online platform called Positive Choices, a valuable source of contemporary drug education curriculum materials and prevention programs for school communities and education professionals. Each resource was examined for how it handled the relationship between sex and gender and alcohol and other drugs. Several other issues emerged through the examination process including, for example, the use of 'social norms' strategies, understandings of decision-making, and the position of drug consumption in young people's social lives.

Interviews with young people

The 40 young people (aged 16 to 20) interviewed for this research were recruited through social media promotion on several platforms and snowball referral. Experiences with alcohol and other drugs varied among the interview participants, with some having never consumed alcohol and other drugs or only having had limited experience of drinking, as well as some who regularly consumed a range of substances such as cannabis, MDMA, cocaine, ketamine and psychedelics. Almost all had experience of formal school-based drug education. These interviews addressed several topics including their experiences of formal drug education, experiences of alcohol and other drugs, and concerns about the potential risks and harms of these practices.

Interviews with drug education professionals

The 20 drug education professionals were recruited through direct invitation or via targeted social media activity and promotion and snowball sampling. Participants included: private drug education providers; academic researchers designing and informing drug education programs; secondary school teachers with experience conducting drug education classes; youth-focused alcohol and other drug treatment providers; policy professionals with roles related to youth-focused drug education and health promotion; and a harm reduction professional with experience conducting drug education in community settings. These interviews addressed understandings of effective drug education; the relationship between young people's gender and sexuality and the outcomes of alcohol and other drug consumption; and the benefits and limitations of different drug education paradigms such as abstinence or harm reduction approaches.

These data were analysed with a focus on how the issues addressed in current drug education resources related to the perspectives and experiences offered by the young people and the drug education professionals. Overall, the goal was to use these insights to inform a tool that supports the design and implementation of future education responses to youth alcohol and other drug consumption.



WHY AUDIT DRUG EDUCATION MATERIALS?

Drug education is an important strategy with significant potential to reduce the harms young people may encounter in relation to their alcohol and other drug consumption. Much research has been conducted about the technical aspects of what makes effective drug education, that is, education that 'works'. Several innovative Australian drug education programs have been developed informed by this research; however, the notion of 'effectiveness' used to assess them is relatively narrow and often measured according to time-limited reductions in alcohol and other drug use, improved knowledge and reduced reported harms. While this makes sense, another implication of this

approach is that the ethics and politics of drug education are rarely examined in depth. If drug education programs are not assessed for their potential to contribute to harms — for example, by reproducing gender stereotypes or contributing to drug-related stigma — they may be considered 'effective' despite having potentially troubling impacts. Informed by a research project and body of research focused on these aspects of drug education (see the [summary report](#)), this audit tool is designed to help assess whether efforts to address young people's alcohol and other drug consumption are not only effective according to current definitions, but also ethical in that they do not reproduce other harms that may not be usually understood as directly or obviously 'drug-related'.

HOW TO USE THE AUDIT TOOL

This audit tool is designed to be used in a flexible way — it is not a universal resource or manual for designing or implementing drug education initiatives. As the research that informed the tool explored, there are many drug education resources available for teachers and several private education companies seeking to take on the responsibility of educating young people about alcohol and other drugs in Australia. The relevance and implications of this audit tool will vary depending on the different strategies and resources each educator seeks to use in their drug education initiatives. Educators are encouraged to draw on their professional insights and understandings of their context, students and available resources when deciding which aspects of the tool are most suited to their goals.

Of course, educators may want to review curriculum material they seek to use in their drug education classes, and it is this process that the audit tool is designed to inform. Similarly, drug education researchers might use the tool to inform research design as well as the curriculum materials they produce. Overall, the tool offers a three-step process to review drug education materials and practice for the key issues identified in this research:


1. Read the topic related advice identified in the tool.
2. Review the drug education material against the advice of the tool.
3. Record the action needed following your review.

Each topic includes an example audit finding and potential steps as 'actions needed'.

The tool finishes with two audit examples demonstrating the kinds of issues that might be identified and how they might be addressed.

AUDIT TOPIC 1:

STIGMA

A grayscale photograph of a hand holding a glowing orange lightbulb. The lightbulb has a simple line drawing of a filament inside. The background is a solid light orange color.

**THERE IS ALWAYS KIND
OF A STIGMA AGAINST
YOUNGER PEOPLE WHO
ARE USING DRUGS [... THAT
CAN LEAD TO] A VERY POOR
UNDERSTANDING ABOUT
WHAT A LOT OF THESE
SUBSTANCES ARE ACTUALLY,
WHAT THEIR IMPACT OR
EFFECTS ARE AS WELL.**

(Rory, M, 20)

Alcohol and other drug consumption is often associated with stigma and discrimination. Reflecting this issue, the impact of stigmatising attitudes on people who consume certain alcohol and other drugs regularly emerged in the research informing this audit tool. Most generally, stigma involves negative attitudes about and actions against certain individuals or groups of people based on a distinguishing characteristic, such as a health condition, mental illness or disability.

Stigma can take many different forms within drug education: for example, the use of stereotypes that frame young people who smoke cannabis as 'losers' or 'stoners' are often easily identifiable, but other subtler forms of judgement that, for example, constitute drug use as the failure to make a rational choice might also inform classroom activities.

Importantly, stigma can lead to exclusion and unfair treatment (often referred to as 'discrimination'). Stigma and discrimination can also change the way people think of themselves: they may come to accept as true the negative judgements expressed by others. This can negatively impact on self-esteem and wellbeing more broadly. Stigma is known to have many other negative effects, such as impacts on mental health, increased social isolation, willingness to receive education or support, and access to health services.

This audit tool is designed to help drug education professionals review content for common stigmatising assumptions about alcohol and other drugs and the people who consume them. Overall, the goal is twofold: (1) to ensure that drug education does not inadvertently reproduce these stigmatising ideas and, in doing so, instruct young people in them; and (2) to offer young people the opportunity to analyse and interrogate the negative impacts of stigmatising assumptions about people who consume drugs.

OTHER RELEVANT RESOURCES

Livesofsubstances.org: Personal stories of alcohol or other drug addiction, dependence or habit

- Publication year: 2017
- Resource produced by researchers from Curtin University's National Drug Research Institute, in collaboration with Healthtalk Australia, Monash University and the University of New South Wales' Centre for Social Research in Health.
- [Access link](#) [accessed 23/05/2025]

Informed by robust qualitative research, this website explores the personal experiences of people who consider themselves to have an alcohol or other drug addiction, dependence or habit. It contains personal accounts of negotiating alcohol and other drug-related issues including stigma and discrimination. Each issue is explored using video re-enactments, original audio recordings and written extracts from interviews with people personally impacted.

Overall, Lives of Substance aims to fill in the many gaps in public discussions of addiction, to counter stigmatising misconceptions, and to promote understanding and more effective community responses.

The Power of Words: Having conversations about alcohol and other drugs

- Publication year: 2019
- Resource produced by the Alcohol and Drug Foundation, the Association of Participating Service Users, Harm Reduction Victoria, the Penington Institute, and the Victorian Government
- [Access link](#) [accessed 23/05/2025]

While this language guide was designed for professionals who work in the alcohol and other drug sector, it contains information that may be relevant to professionals designing and implementing drug education initiatives.

This guide prepares the reader with principles for using non-stigmatising terms. These terms are organised with a traffic light system: red for 'stigmatising terms', amber for terms that are 'stigmatising in certain contexts', and green for 'preferred neutral terms'. As such, the context-dependent nature of terminology is highlighted.

ISSUES TO CONSIDER

REVIEW

Activities and resources reflect most up-to-date best practice terms to refer to drugs and people who use them.	Student resources and activities use appropriate person-centred language, but some teaching material reproduce stigmatising terms such as 'addict'.
People who use alcohol and other drugs are presented as whole people with diverse interests.	Activities present young people who only use alcohol and other drugs occasionally as whole people with a range of hobbies and interests. However, some activities reproduce 'stoner' stereotypes that define some young people by their cannabis use.
Visual representations (cartoons, infographics, photos etc.) of people who consume alcohol and other drugs do not reproduce stereotypes.	
Social events and interactions that include alcohol and other drug consumption are presented as complex, varied and not always ending in harm.	
Alcohol and other drug consumption is presented as a complex social practice that can form part of meaningful and generative experiences as well as harmful ones.	
The potential fun and other appealing aspects of alcohol and other drug consumption are acknowledged and addressed in sufficient detail.	
When statistics are used to provide context to young people's alcohol and other drug use, those who do not reflect these statistics are not presented as intrinsically antisocial or dangerous.	
Young people who consume alcohol and other drugs are presented with the same complexity as those who do not. These young people are not presented as intrinsically unhealthy, untrustworthy or morally suspect.	
Changes in alcohol and other drug consumption (e.g. starting or stopping) are presented as part of broader life experiences and are not used to reflect the character or moral work of individual young people (positively or negatively).	
Young people are given the opportunity to interrogate stigmatising ideas often found in news reporting and popular media about people who consume alcohol and other drugs.	

ACTIONS NEEDED

Teaching materials need to be updated to remove all stigmatising language.

Stereotypes of ‘stoners’ and young people who smoke cannabis need to be removed. Activities focused on the potential harms of cannabis need to be reviewed to ensure that do not inadvertently generate harmful stigma.

AUDIT TOPIC 2:

DECISION-MAKING

I WAS 18 [...] WHEN I FIRST TOUCHED [ALCOHOL]. I WAS ON A CAMPING TRIP WITH MY FRIENDS, AND THEN STARTED DRINKING, WHICH IS WHAT I PLANNED TO DO. I HAD IT PLANNED OUT THAT I WOULD TRY IT THERE BECAUSE I KNEW I WAS IN SAFE HANDS [...] I HAD FUN, BUT SOME OF MY FRIENDS OVERDID IT AND THEY DIDN'T HAVE FUN BY THE END OF THE NIGHT.

(Aspen, F, 19)

Decision-making — that is, how young people come to choose to try alcohol or a different drug — is a central concern in much drug education. Reflecting this, drug education curriculum resources routinely include activities focused on making choices or teaching decision-making skills. These activities seek to instil in young people the capacity for sequential, deliberative action when thinking about alcohol and other drug consumption.

These activities often approach decision-making as a highly refined deliberative cognitive process, and drug consumption as the result of a conscious analysis of positives and negatives. This highly rational approach can struggle to properly engage with the influence of several other forces known to shape drug consumption decisions, such as pre-existing views and personal intentions about alcohol and other drugs, the affective climate of the setting, the emotional state of the individual, or their relationships with other people at the event.



[THE FIRST TIME I TRIED CANNABIS] WAS VERY RECENTLY [...] WE WERE IN A BIG GROUP OF FRIENDS. SO, I FELT COMFORTABLE, KIND OF, IN THAT ENVIRONMENT. WE WERE JUST OUT [IN THE CITY], SO WE JUST SMOKED, JUST WHILE WE WERE OUT [...] I FELT REALLY COMFORTABLE WITH THE PEOPLE I WAS WITH [...] IT WAS JUST SPUR OF THE MOMENT.

(Bailey, M, 20)

While seeking to inform young people about a range of issues to consider when they encounter the opportunity to drink alcohol or take a drug is an important goal, how this decision is understood requires careful attention. Efforts to inform how young people make decisions about alcohol and other drugs must avoid inadvertently framing those who do participate in these practices — that is, those who decide to drink or use drugs — as irrational or having ‘failed’ to make the right choice. Such approaches may not sufficiently acknowledge the complexity of lived experiences of consuming alcohol and other drugs, including the diversity of the motivations for and outcomes of these practices; and, in doing so, they may encourage scepticism of drug education content among young people whose decisions and outcomes are different to those prioritised in curriculum resources.

OTHER RELEVANT RESOURCES

Weed Out Misinformation

- Publication year: 2023
- Resource produced by cannabis researchers and students at Humber College in Toronto, Canada
- [Access link](#) [accessed 29/05/2025]

Designed for education settings and public health campaigns, this set of resources seeks to provide authoritative information about cannabis consumption that addresses common ‘myths’ and other forms of misinformation. As a Canadian resource, all the information and other strategies would need to be carefully adapted for the Australian context. Most importantly, while cannabis consumption is legal in Canada, it remains illegal in Australia. Even accounting for this difference, these resources may be useful for professionals designing and implementing drug education initiatives in other contexts such as Australia.

Alongside addressing misinformation, these resources offer advice relevant to decision-making in the form of a checklist of important things to consider when thinking about trying cannabis. Overall, these resources are informed by an approach that seeks to reduce harm and encourage ‘mindful consumption and benefit maximization’, which could also be adapted for other substances.

ISSUES TO CONSIDER

REVIEW

Activities and resources explore decision-making as a complex and dynamic process rather than a simple linear one.

Most activities include fictional narratives that highlight several different decisions individuals might make, including how these may change over the course of an event. However, some lessons use simplistic models that present decisions as a sequential linear process that does not reflect how decisions can change.

Activities about decisions present multiple options and possibilities, and avoid offering single 'correct' answers.

Activities about decisions primarily present the alcohol and other drug consumption as an 'irrational' and dangerous choice or due to the inability to resist peer pressure.

Activities and resources explore a range of information sources and how they may inform individual decisions. Sources such as mainstream media and advertising, social media (e.g. memes about drugs) and popular culture (e.g. film and music) are explored.

Activities and resources explore how decisions are shaped by several forces beyond the individual young person. Issues such as how the atmosphere of the local setting, interpersonal relationships and material environment impact individual choices are examined.

Activities and resources explore the possible positive and negative motivations informing decisions to consume alcohol and other drugs equally. For example, motivations such as fun, pleasure or the desire to connect with friends are examined alongside issues such as the desire to escape life troubles, social influence or stress.

Activities and resources examine the relationship between population level statistics of young people's alcohol and other drug consumption and individual actions in ways that allow for decisions that do not also reflect broader statistics and trends. These activities do not position young people who use alcohol and other drugs as a suspect or dangerous 'minority' population.

Views that are sceptical about or critical of mainstream approaches to alcohol and other drugs are respectfully addressed. Activities offer the opportunity to critically examine different ways of addressing alcohol and other drugs, such as exploring the differences between health and criminal responses or issues raised by therapeutic potential of some illicit drugs (e.g. medical cannabis).

The responsibility for outcomes that stem from individual decisions are examined within a broader context. Activities and resources explore how local social dynamics as well as broader cultural and regulatory frameworks such as policing practices or school rules impact the outcomes of individual decisions, including those to drink or try drugs.

ACTIONS NEEDED

Review the use of decision models to ensure they reflect the same complexity that appears in the fictional narratives. These models can be replaced with activities that engage with the dynamic character of how individuals make decisions during different events.

Review activities about decisions to ensure that multiple possibilities are presented. Some activities should explore why the decision to consume alcohol or another drug might make sense at this particular moment, rather than inadvertently always presenting the decision to abstain as the only appropriate action.

AUDIT TOPIC 3:

SOCIAL LIFE

**LIKE I SAID BEFORE,
IT WASN'T PEER PRESSURE
[WHEN I FIRST DRANK ALCOHOL],
WHERE SOMEONE WAS, LIKE,
'OH, YOU HAVE TO DO DRUGS' OR,
LIKE, 'YOU'RE A LOSER', BUT SORT OF
JUST, LIKE, THOSE THOUGHTS THAT
YOU HAVE [...] LIKE, 'IT WOULD BE A
LOT MORE FUN TO DO IT WITH THEM
RATHER THAN BEING SOBER'. YEAH,
BUT I DON'T KNOW WHETHER THAT
WOULD NECESSARILY COUNT AS PEER
PRESSURE, BECAUSE IT'S NOT LIKE
ANYONE'S REALLY PRESSURING.**

(Trang, F, 20)

The social dynamics that shape the character of young people's alcohol and other drug consumption are another significant focus within drug education. Reflecting this focus, drug education curriculum routinely includes activities that seek to help young people negotiate social situations where alcohol and other drugs are present and social relationships that may shape their decisions about them.

The idea of peer influence or 'peer pressure' is often used to explain how young people may come to drink alcohol or try a drug — especially for the first time. Activities about peer pressure generally provide young people with strategies to avoid, delay or refuse offers of alcohol and other drugs. While such skills may be useful for some young people in some social situations, they can be limited, given the many different contexts in which young people may

encounter alcohol and other drugs, and the equally diverse motivations and social dynamics that shape these encounters.

Activities about how social relationship shape alcohol and other drugs may, for example, need to address young people who enthusiastically seek opportunities to try them. Further, it may not be productive to primarily address young people who offer these substances as a 'bad influence' who exerts 'pressure', given such rigid distinctions will not necessarily reflect the complexity of young people's friendships and other social relationships. For example, offers of alcohol and other drugs may be a meaningful part of friendship building or increasing intimacy, possibilities that are not addressed well using peer pressure models.



ISSUES TO CONSIDER

REVIEW

Activities and resources explore young people's social life as rich, complex and meaningful.

Most activities present young people as negotiating a rich and complex social life in ways that can shape their decisions about alcohol and other drugs. However, some activities overly rely on high school caricatures such as 'stoners' and 'jocks' that undermine this complexity.

Activities and resources present young people who consume alcohol and other drugs in diverse ways, avoiding stereotypical depictions that assume they are 'bad people' or a 'bad influence'.

Activities inadvertently stigmatise young people's friends by depicting those who consume alcohol or drugs as morally suspect and a bad influence.

Activities and resources present different kinds of social relationships that include alcohol and other drugs, ensuring that they include various activities and are not reduced or defined by consumption alone.

Activities and resources present a range of scenarios in which young people might be offered alcohol or other drugs, avoiding an overreliance on notions of 'peer pressure'.

Activities and resources explore an array of motivations to consume alcohol and other drugs. Positive motivations such as enjoying connecting with friends are explored alongside negative motivations such as 'peer pressure'.

Students are provided with information that helps to reduce harm if they choose to consume alcohol and other drugs.

Students are provided with information on how to ensure events are safe and fun, even if they include alcohol and other drugs.

Parents who consume alcohol and other drugs are presented in different ways, ensuring they are not stigmatised as 'bad parents'.

ACTIONS NEEDED

Review resources to ensure that activities do not reproduce unhelpful or simplistic caricatures of young people. Ensure fictional characters disrupt stereotypes; for example, some may be committed to sport while also using alcohol and other drugs at times.

Review resources to ensure young people who consume alcohol or drugs are presented in a variety of ways.

AUDIT TOPIC 4:

GENDER AND SEXUALITY

WHEN PEOPLE WORRY ABOUT YOUNG WOMEN DRINKING, THEY THINK SOMETHING BAD IS GOING TO HAPPEN TO THEM AT THE HANDS OF SOMEONE ELSE. SO, I WOULD SAY TO THEM, 'SHOULDN'T YOU BE MORE WORRIED ABOUT THE YOUNG MEN WHO ARE DRINKING, WHO ARE GOING TO, LIKE, TAKE THESE ACTIONS?' LIKE, REFRAMING WHAT THEY'RE WORRIED ABOUT AND THINKING ABOUT IT CRITICALLY [...] HOW CAN WE PREVENT THIS, RATHER THAN JUST [SAYING], 'DON'T DO ANYTHING [USE ALCOHOL OR DRUGS] AT ALL AND YOU'LL BE FINE.'

(Ash, F, 17)



While issues related to gender² and sexuality may not seem immediately relevant to this audit tool, the research that informed its development found that drug education regularly provides information that pertains to both. These initiatives, for example, routinely include activities and lessons that focus on the relationship between alcohol and other drugs, sex and harm. Such lessons demonstrate that while drug education is primarily concerned with alcohol and other drug consumption, it often contains lessons about sex and sexuality, too. For example, drug education might suggest that having sex with someone new is a risk of intoxication, offering a lesson that suggests sex should primarily take place within a regular partnership.

Attending to the gender dynamics that shape motivations for and experiences of alcohol and other drug consumption is also important for drug education, because related harms are gendered. However, when providing lessons about these issues, it is equally important that drug education does not reproduce other potentially counterproductive issues. For example, drug education must avoid inequitably focusing on the actions of young women, as this can inadvertently position the targets of gendered violence as responsible for reducing it. Drug education might, for example, include an activity that interrogates the actions of people who use alcohol and other drugs to perpetrate violence. Additionally, these initiatives must ensure that they engage with experiences of LGBTIQ young people.

Informed by the insights of relationship and sexuality education research, this audit tool seeks to ensure that drug education does not inadvertently reproduce unhelpful stereotypes — about gender, sexuality and alcohol and other drugs — that may inform young people's understandings and practices.

OTHER RELEVANT RESOURCES

Respectful relationships education toolkit

- Publication year: 2022
- Resource produced by Our Watch
- [Access link](#) [accessed 23/05/2025]

Designed for school settings, this toolkit concerns preventing gender-based violence by promoting gender equality and respectful relationships. While it is primarily about respectful relationships, it contains information that may be useful for professionals designing and implementing drug education initiatives.

The toolkit offers information about the gendered drivers of violence, including information about how to avoid inadvertently excusing it. For example, the toolkit explores how school messaging that focuses on changing young women's behaviour, such as their alcohol use or what they choose to wear, as a way to reduce harm has the potential to excuse gendered violence.

LGBTIQ+ inclusive language guide

- Publication year: 2025
- Resource produced by the Victorian Government Department of Families, Fairness and Housing
- [Access link](#) [accessed 23/05/2025]

Designed for public sector employees, this guide aims to contribute to safer and more inclusive workplaces. While it is not about alcohol and other drugs, it may be useful for professionals designing and implementing drug education initiatives.

The guide provides up-to-date information and principles for LGBTIQ inclusive language and other practices that can be used in drug education classes.

2 In this resource, gender is understood as a diverse and personal experience that includes a wide range of identities and expressions including and beyond binary expectations. It may align with or differ from the sex assigned at birth and can include identities such as female, male, transgender, gender diverse, non-binary and agender, for example.

ISSUES TO CONSIDER (GENDER)

REVIEW

Gender diversity can be clearly identified in the activities and resources.

Gender diverse characters are not present in any of the activities or resources.

Language used is appropriate and inclusive of trans, gender diverse and queer-identifying young people. Visual representations and images are also inclusive.

Several activities and resources use language that is inclusive of gender diversity; however, visual representations have not been reviewed for inclusivity.

Responsibility for ethical conduct is shared equitably between genders. For example, activities focus on the perpetrators of gendered violence rather than assuming targets of violence should limit their consumption of alcohol and other drugs in order to reduce risk.

Risks and harms are explored in a gender-sensitive manner and do not reproduce simplistic gender stereotypes. For example, resources and activities do not suggest that young women should worry about the impact of alcohol on their appearance while young men should be primarily concerned with physical harm.

Activities and resources offer the opportunity to critically examine gender dynamics of consumption. For example, the gender dynamics of media coverage of alcohol and other drugs is available for critical analysis.

ISSUES TO CONSIDER (SEX AND SEXUALITY)

REVIEW

Diversity of sexuality can be clearly identified in the activities and resources.

Activities that address sex are almost exclusively focused on heterosexual dynamics, and diversity of sexuality is visible only once or twice across several resources.

Activities and resources that engage with sex and harm present sexual violence as a complex issue that cannot be reduced to or straightforwardly 'caused by' alcohol and other drug use.

Several activities examine the ways intoxication impacts the ability to consent. Some activities – by advising young people to stay safe by not consuming alcohol – present non-consensual sex as caused by intoxication.

ACTIONS NEEDED

Review resources to ensure that diversity of gender appears throughout.

Review visual depictions for inclusivity in all resources.

ACTIONS NEEDED

Review resources to ensure that diversity of sexuality is present more often.

Review resources to ensure that all activities about consent do not reduce violence to an effect of alcohol and other drugs. Ensure activities do not inequitably focus on the targets of violence by, for example, primarily providing advice to reduce their consumption.

ISSUES TO CONSIDER (SEX AND SEXUALITY)

REVIEW

Activities and resources provide the opportunity to engage with potential positive sexual experiences in the context of alcohol and other drug consumption. Young people are invited to reflect on how the desire to reduce inhibitions, increase confidence or alter bodily sensations may form part of motivations to consume alcohol and other drugs. Such issues may intersect with gender and sexuality; for example, consumption may reduce inhibitions around same-sex or multi-gender attraction.

Activities and resources that address sex are non-judgemental and do not inadvertently shame young people for having sex, regardless of their alcohol and other drug use.

Activities and resources that engage with consent are informed by best practice guidelines from relationships and sexuality education.

Activities and resources that engage with consent engage with how to communicate consent alongside information about a lack of consent.

Lessons about consent engage with all young people equally and do not inequitably focus on young women.

Activities and resources that engage with harm and sexual violence do not solely focus on the actions of the targets of violence at the expense of a focus on the actions of the potential perpetrator.

Activities and resources that engage with sex, sexuality and harm explicitly ask young people to identify and discuss the structural and social dynamics that shape these issues.

ACTIONS NEEDED

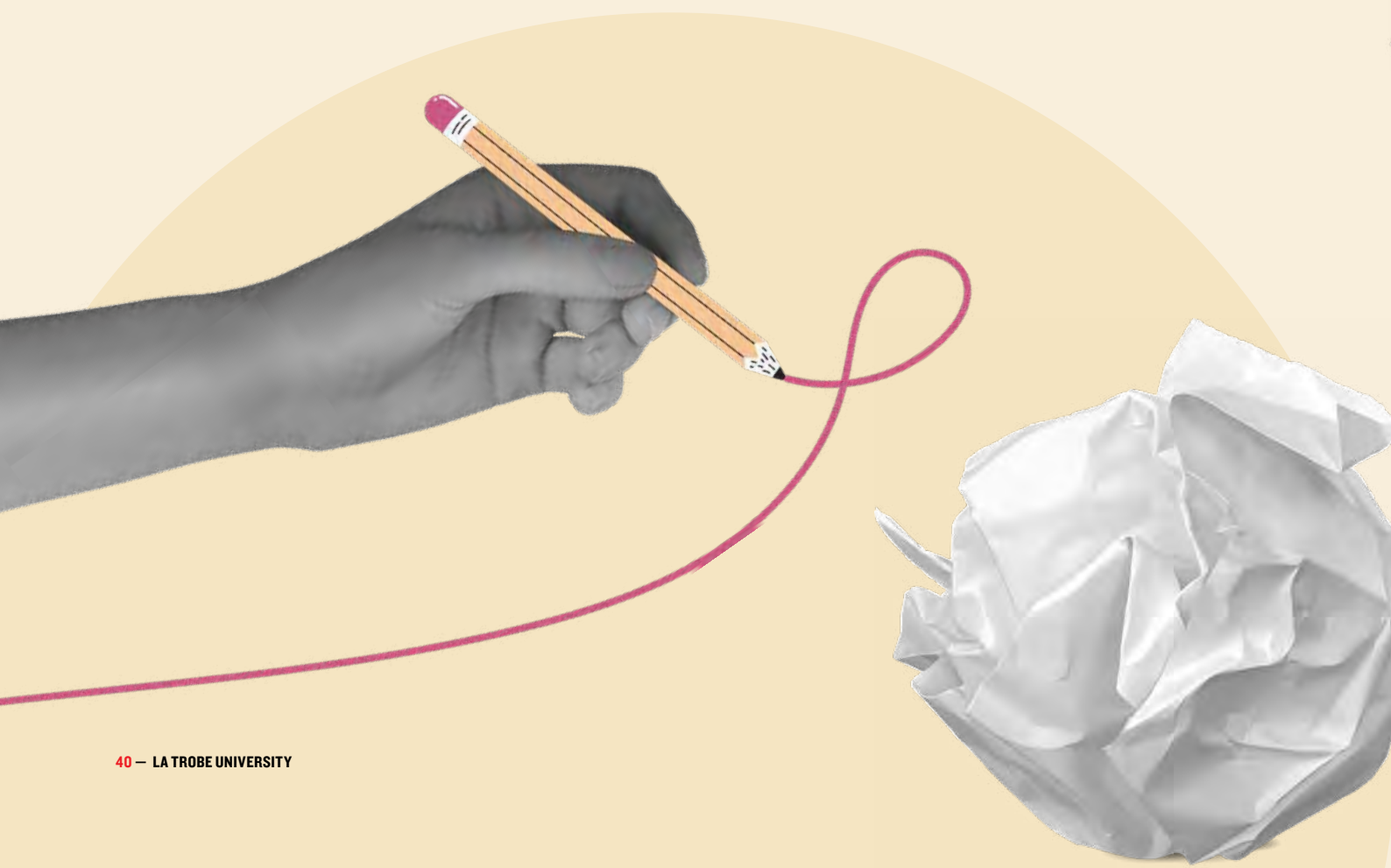
DRUG EDUCATION AUDIT EXAMPLES

The final section of this tool provides two examples of how drug education information and activities might be revised following an audit.

Each starts with an example of content typical to many current drug education activities and materials, including the shortcomings identified in the research that informs this tool. While these examples are inspired by this research, they are not direct quotes from any current resources. Following this, alternative content is provided incorporating insights from the audit tool. The key differences between the two examples have been highlighted, with the thinking behind these amendments explained at the bottom of each. As these examples demonstrate, while the audit may inform fundamental shifts in the information provided at times, at others, the activity may only need slight revision. Importantly, neither of these activities are designed to be immediately used in drug education; rather, they are designed to clarify how the audit tool might be used to avoid some of the common issues identified in this research.

GENDER AND SEXUALITY

Drug education resources often base activities on fictional narratives that describe alcohol and other drug-related issues for students to consider. These activities generally require students to develop alternative courses of action for the fictional characters in the narrative or hypothetical responses they might enact should they encounter a similar situation. The following example offers a narrative that addresses issues related to gender and sex alongside alcohol consumption. The two versions of the narrative demonstrate how drug education content may be adjusted using this audit tool.



Original narrative

A Faded Memory — Julia (17)

I honestly wish I never went to my cousin's birthday party. I thought it might be a good chance to see what drinking was like. I'd never tried it before, but I figured it would be fine because all the adults — my parents, aunts and uncles — were hanging out upstairs. I wasn't going to get drunk or anything like that.

I started off with a couple of vodkas and didn't really feel much, so I had a few more. Then I started really getting into the music and dancing, I was feeling great. **Some guy joined me — he seemed nice enough. After a while, the room began to spin and I felt dizzy. He offered to take me outside to get some fresh air, which sounded like a good idea.**

We ended up in the garden, and he started kissing me. **That's the last clear thing I remember. The rest of it has faded from my mind.**

Next thing I know, my cousin found me in one of the upstairs bedrooms. She said my jeans were halfway down and I'd vomited on the bed. **She had to help me into the shower and clean me up. I was so out of it, I could barely work out what was going on.**

Revised narrative informed by an audit

My Cousin's Party — Julia (17)

My cousin's birthday party wasn't what I expected. I went along planning to have a few drinks and even though I'd never drank properly before, I figured it would be fine because all the adults — my parents, aunts and uncles — were hanging out upstairs. I wasn't going to get drunk or anything like that.

I started off with a couple of vodkas and didn't really feel much, so I had a few more. Then I started really getting into the music and dancing, I was feeling great. **Some guy, who turned out to be named James, joined me — he seemed nice enough.** After a while, the room began to spin and I felt dizzy.

I was dancing with my friends Echo and Hanna, who I'd only just met, when James suggested we go outside for some fresh air.

It sounded like a good idea to me, and Echo and Hanna were keen to have a rest, too. We were all sitting in the garden and James started trying to kiss me.

The rest is a bit unclear, but I remember Echo suggested we go back inside. I wasn't feeling well, so Echo and Hanna sat down with me on the couch and convinced me to have some water. James was still hanging around, but Echo and Hanna seemed suspicious of him and stayed with me the rest of the night.

I felt so sick the next morning and thought I was going to vomit. While I remember thinking James was cute, **I've been questioning his motivations given he wouldn't leave me alone even when it was obvious I was too out of it!**

Orange: In the original narrative, the 'guy' is unnamed and is made present primarily through the suggestion of non-consensual sexual activity. This approach centres primarily on Julia's actions as the only named character. To avoid an inequitable focus on the young woman, the changes highlighted in yellow seek to draw attention to the potential perpetrator of violence. He is named and his actions are brought directly into question.

Pink: The original narrative focuses on Julia individually, with little discussion of the setting of the party. This focus also works to make her primarily responsible for the outcomes of the events described. The changes highlighted in green seek to emphasise the social character of the alcohol consumption described here and position safety, including Julia's, as a shared responsibility between all attendees, even those who do not know each other well.

Blue: The discussion of vomit and having to be 'cleaned up' in the original narrative strikes a judgemental tone. The changes highlighted in blue seek to demonstrate harm reduction and other practices of care without a judgemental tone.

Overall, while the general story has not been drastically amended, the subtle shifts in the revised version work to position ethical conduct as a shared responsibility and avoid shaming and solely focusing on the actions of a target of potential violence.

SOCIAL LIFE

Drug education resources often provide direct information and advice on how to negotiate situations that include alcohol and other drugs. Activities and information that attempt to teach young people autonomy and the ability to resist peer pressure are especially common. These activities generally provide specific options or a sequence of actions that can be mobilised in

peer pressure situations. The following example provides information and resistance strategies for young people to consider when negotiating social events that include alcohol and other drugs. Like the previous example, the two versions of the information demonstrate how drug education content may be adjusted using this audit tool.



Original content

Managing Peer Pressure

Here are a few options you can take that will help you deal with situations where you may be **inclined or pressured to use drugs and alcohol**:

Option 1: Avoid situations that may include drugs or alcohol

Option 2: Make an excuse for why you can't have drugs or alcohol

Option 3: Walk away from the people offering drugs or alcohol

Option 4: Be assertive and express yourself clearly

Option 5: Be a 'broken record' by politely and continually saying 'no'

Revised content informed by an audit

Approaching Social Situations, Alcohol and Drugs

Here are a few ways to deal with situations where you may be encouraged to use drugs and alcohol **even though you do not want to**:

Option 1: Avoid situations that may include drugs or alcohol

Option 2: Make an excuse for why you can't have drugs or alcohol

Option 3: Walk away from the people offering drugs or alcohol

Option 4: Be assertive and express yourself clearly

Option 5: Be a 'broken record' by politely and continually saying 'no'

Here are a few issues to consider in situations where **alcohol or other drugs are available and you are interested in them**:

Issue 1: How do I feel right now? Comfortable? Uncomfortable? Nervous? Excited?

Issue 2: Have I already taken something that might mix badly?

Issue 3: Who am I with? Do I feel comfortable and safe with the people around me?

Issue 4: What is the setting like? Is this a safe place to do this?

Issue 5: What happens later? Do I need to travel? How am I going to get home?

There are many reasons a person might try alcohol or drugs, so it can be hard to pin down exactly all the different motivations or things to consider. Overall, it's important to try to be mindful about your own motivations and the positive and negative outcomes of the different experiences you have. While it would be ideal to consider all these outcomes in the moment, this can be very difficult, so it may be useful to also reflect on them later.

Orange: The original activity assumes that young people should not want to try alcohol or drugs by equating inclination with peer pressure. In order not to alienate young people who already have or want to try alcohol or drugs, the changes noted in yellow seek to acknowledge that this advice is primarily relevant to young people who do not want to participate in these practices.

Pink: Most significantly, the revised activity addresses young people who may already be interested in consuming alcohol and other drugs or decide they would like to in the spur of the moment. This change seeks to address a wider range of young people and ensure activities do not assume that abstinence is only one 'correct' decision.

Blue: The original activity does not offer advice to young people who do not refuse alcohol and other drugs. The changes noted in blue seek to offer advice for these young people, addressing practical issues such as transport alongside other more complex issues such as relationships with others and emotion.

In contrast to the first example, the information here has been significantly revised. The new information seeks to address a wider range of young people, provide strategies for both those who do and do not consume alcohol or other drugs, and tries to acknowledge complexity by taking a less didactic tone.

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APPENDIX A: PARTICIPANT TABLES

Young people (N=40)	n
Age	
16–17	6
18–19	17
20–21	17
Self-identified gender	
Female	18
Male	18
Non-binary	2
Trans	1
Agender	1
Self-identified sexual orientation	
Heterosexual or straight	27
Bisexual	7
Queer	3
Gay or lesbian	2
Other (unlabelled)	1
State of residence	
Vic	13
NSW	12
Qld	8
WA	7
Residential location	
Urban	28
Regional	12

Young people (N=40)	n
Ethnicity	
Australian	26
Sri Lankan	3
Indonesian	2
Indian	2
Dutch	1
French	1
Lebanese	1
Pakistani	1
South African	1
Thai	1
Vietnamese	1
Experience of secondary school drug education	
Yes	38
No	2
Highest completed education	
Year 12	31
Year 10	8
Year 9	1
Currently studying	
University	24
Secondary school	8
TAFE	2
Not currently studying	6

Young people (N=40)	n
Employment status	
Casual	24
Part time	8
Full time	2
Not working	6
Primary drug	
Alcohol	15
Cannabis	8
Amphetamines and MDMA	7
Psychedelics	2
Opioids	1
Cocaine	1
Other	1
Does not consume alcohol or other drugs	5

Drug education professionals (N=20)	n
State of residence	
Vic	6
NSW	5
Qld	5
WA	4
Professional role	
Drug education researcher	5
Private drug education provider	5
Secondary school teacher	4
Alcohol and other drug treatment provider	3
Policy professional	2
Harm reduction professional	1
Self-identified gender	
Female	10
Male	8
Trans	1
Non-binary	1

APPENDIX B: PROJECT OUTPUTS

BOOK CHAPTER

Farrugia, A. (2024). Drug education as a site of sexuality education. In L. Allen and M. L. Rasmussen (Eds.), *The Palgrave encyclopedia of sexuality education* (pp. 219–226). Palgrave Macmillan. https://doi.org/10.1007/978-3-031-56681-3_128

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REFEREED JOURNAL ARTICLES

Farrugia, A., Keane, H., Ekendahl, M., & Rasmussen, M. L. (2025). *Everyday intoxications: A qualitative analysis of young people's alcohol and other drug consumption*. [Manuscript submitted for publication].

Abstract

Much sociological research on young people's drug consumption seeks to push past the narrow public health focus on risk and harm by centring pleasure as a key dynamic shaping the motivations and outcomes of these practices. This scholarship demonstrates the limits of a myopic focus on harm by examining, for example, meaningful forms of intimacy, social connection and generative embodied pleasures that form through drug consumption. This intervention often relies on examinations of acute forms of intoxication and ecstatic pleasures, extraordinary consumption possibilities that by positively transforming everyday life, starkly contrast with narratives of risk and harm. While a highly generative area of scholarship, in this article we ask whether focusing on ecstatic pleasures risks inadvertently reproducing boundaries between the ordinary and extraordinary in ways that position drug consumption as exceptional — outside the realms of ordinary life or the 'everyday'. Combining insights from the sociology of the 'everyday' as the site of the mundane and the exceptional with recent examinations of the multiplicity and fluidity of intoxication, we analyse how alcohol and other drug consumption is articulated as part of everyday life in interviews with 40 young people aged 16 to 20. Although alcohol and other drug consumption was not an everyday practice for most of these young people in the temporal sense, we examine how they

articulate it as part of everyday life by emphasising: (1) less florid forms of intoxication, (2) routine intoxicated sociality, and (3) solitary pleasures that are not markedly distinct from everyday life but form part of its normative fabric. We argue that these accounts trouble boundaries between the ordinary and extraordinary and offer an account of youth drug consumption that grapples with its potential to be an uncontroversial aspect of the everyday regardless of whether it occurs every day.

Farrugia, A., Pienaar, K., & Dennis, F. (2025). Narcofeminist affects: Gender, harm and fun in young women and gender diverse people's experiences of alcohol and other drug consumption. *The Sociological Review*. Advance online publication. <https://doi.org/10.1177/00380261251317318>

Abstract

While much sociological research suggests that gender dynamics can make alcohol and other drug consumption settings potentially unsafe, these practices can still be highly pleasurable and meaningful for young people. Analysis of influential understandings of young people's alcohol and other drug consumption highlights how the notion of 'harm' is gendered with men and masculinity rarely addressed while women are constituted as uniquely vulnerable. Mobilising a concurrent focus on harms and benefits inspired by narcofeminisms and analysing qualitative interviews with 22 young women and gender diverse people, we examine what they find appealing and concerning about alcohol and other drugs, and how they navigate these dual forces in their consumption practices. Our analysis centres affective dynamics to examine how these practices can form part of meaningful modes of living in a world shaped by persistent concerns about the threat of gendered violence. Our participants characterise the conduct of men as central concerns during consumption events. However, their accounts also highlight the affective appeal of alcohol and other drug consumption in relation to experiencing social connections, embodied pleasures and new ways of being and doing in the world. In navigating this nexus of risk and reward, these young people describe efforts to

maximise the generative potential of consumption while minimising the harms that men's conduct can pose. We argue that responses to young people's alcohol and other drug consumption could be productively informed by a narcofeminist politics that considers not only the reduction of harm but the desire to live well.

[Article is available open access](#)

Farrugia, A. (2025). Agency, sex and drug education: Examining the response-ability of education responses to consumption, sex and harm. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*. Advance online publication. <https://doi.org/10.1177/13634593251326285>

Abstract

This article examines how drug education professionals understand and respond to the relationship between alcohol and other drug consumption, sex and harm. While recent research examines how these issues are addressed in drug education curriculum, little is known about the perspectives of professionals involved in education design and delivery. Research suggests that agency is centrally important for understanding experiences of harmful, pleasurable or ambiguous sexual encounters in consumption settings. I analyse understandings of the relationship between agency, drug consumption, sex and harm generated during in-depth interviews with drug education professionals. Informed by Karen Barad's relational concepts of agency and response-ability, I examine the agencies that these professionals constitute as the locus of harms related to consumption and sex. Some focus on individual human agency, while others position alcohol and drugs as the primary agents of harm. Throughout the analysis I argue that both approaches offer an impoverished account of drug consumption and sex and inform education approaches that struggle to respond to other significant agencies such as gender. I also examine accounts that grapple with agencies beyond people and drugs. Overall, I argue for drug education approaches that are more response-able to the multiple agencies that together constitute experiences of drug consumption and sex.

[Article is available open access](#)

Farrugia, A. (2025). 'Something serious': Biopedagogies of young people, sex and drugs in Australian drug education. *Pedagogy, Culture and Society*, 33(3), 905–921. <https://doi.org/10.1080/14681366.2023.2295285>

Abstract

Despite being ostensibly focused on alcohol and other drugs, drug education often directly addresses sex — a focus subject to scant analysis. This article examines how the relationship between young people, sex and alcohol and other drugs is addressed in a dataset of 23 'evidence-based' drug education texts currently recommended for use in Australian secondary schools. Approaching drug education as a 'biopedagogy', I argue that drug education operates as a form of governance that seeks to constitute young subjects with specific orientations not only to alcohol and other drugs but sex and health more broadly. First, I argue that drug education constitutes appropriate sex as sober, planned and with a regular romantic partner. Second, I argue that in lessons about sexual violence, drug education works with an account of consent that constitutes the targets of violence as responsible for addressing it. My analysis suggests that drug education operates as a biopolitical strategy that constitutes sex in the context of alcohol and other drug consumption as not only dangerous but wrong. Overall, this approach struggles to offer understandings and skills that may contribute to ethical sexual conduct where alcohol and other drugs are involved.

[Article is available open access](#)

Farrugia, A. (2023). Under pressure: The paradox of autonomy and social norms in drug education. *International Journal of Drug Policy*, 122, Article 104194. <https://doi.org/10.1016/j.drugpo.2023.104194>

Abstract

Much contemporary youth drug education operates from the assumption that young people's decisions to use alcohol and other drugs often stem from a misunderstanding that youth consumption is so common as to constitute a 'social norm'. Known as the 'social norms' approach, the stated aim of this form of drug education is to empower young people to avoid consumption by constituting it as uncommon and, therefore, abnormal. Taking the relationship between autonomy and norms as my primary concern, I examine key assumptions of the social norms approach through an analysis of a dataset of 23 'evidence-based' drug education texts currently

recommended for use in Australian secondary schools. Drawing on Rasmussen's (2011) analysis of autonomy as a 'paradox' in which young people are compelled to demonstrate their autonomy by submitting to external authority, I argue that drug education constitutes young people's (lack of) autonomy as the key cause of and solution to youth drug use through three strategies: (1) decision-making exercises that position consumption as the result of an inability to make the rational choice; (2) activities that equate drug consumption with succumbing to peer pressure and failing to demonstrate autonomy; and (3) deployment of population-level data on youth drug use that constitutes it as atypical. Together these strategies suggest that while drug education often purports to empower young people to make empowered decisions, it operates as a broader social intervention that seeks to produce compliant rather than autonomous subjects.

CONFERENCE PRESENTATIONS, INVITED SEMINARS AND KEYNOTE ADDRESSES

Farrugia, A. (2023, September 6–8). *'Under pressure': Troubling social norms, autonomy and compliance in Australian drug education* [Paper presentation]. Sixth Contemporary Drug Problems Conference — Embracing trouble: New ways of doing, being and knowing; Paris, France.

Farrugia, A. (2023, September 12). *Beyond immunisation: Towards an attentive drug education* [Invited seminar]. Department of Social Work, Stockholm University, Stockholm, Sweden.

Farrugia, A. (2023, September 19). *Beyond immunisation: Towards an attentive drug education* [Invited seminar]. Centre for Alcohol and Drug Research, Aarhus University, Aarhus, Denmark.

Farrugia, A. (2023, November 8–11). *Immunising against change: Drug education and the pedagogy of stasis* [Paper presentation]. Society for Social Studies of Science Annual Conference, Honolulu, United States.

Farrugia, A. (2024, September 20). *Narcofeminist affects: Gender, harm and fun in young women and gender diverse people's experiences of alcohol and other drug consumption* [Invited seminar]. Victorian Substance Use Research Forum, Melbourne, Australia.

Farrugia, A. (2024, November 21–22). *Agency, sex and drug education: Examining the response-ability of education responses to consumption, sex and harm* [Paper presentation]. 20th Dangerous Consumptions Colloquium, Melbourne, Australia.

Farrugia, A. (2025, May 13–14). *The politics of the stories we tell: Generating voices for change through research* [Keynote address]. Association of Alcohol and Other Drug Agencies NT: Voices of change — Leading the way; Darwin, Australia.

Farrugia, A. (2025, September 20). *Everyday intoxications: A qualitative analysis of young people's alcohol and other drug consumption* [Invited seminar]. Research School of the Social Sciences, Australian National University, Canberra, Australia.

Farrugia, A. Keane, H., Ekendahl, M., & Rasmussen, M. L. (2025, August 22). *Everyday intoxications: A qualitative analysis of young people's alcohol and other drug consumption* [Invited seminar]. The technoculture and politics of everyday intoxications; Goldsmiths, University of London, London, United Kingdom.

Farrugia, A. Keane, H., Ekendahl, M., & Rasmussen, M. L. (2025, November 27–29). *Everyday intoxications: A qualitative analysis of young people's alcohol and other drug consumption* [Paper presentation]. The Australian Sociological Association Conference Living Now: Social Worlds, Political Landscapes; Melbourne, Australia.

Keane, H., & Farrugia, A. (2025, August 27–29). *What's in a name? A story about critical drug studies* [Keynote address]. Contemporary Drug Problems Conference: Boundaries, borders, binaries and barriers; Manchester, United Kingdom.

INQUIRIES AND LAW REFORM SUBMISSIONS

Farrugia, A. (2024). *Submission to the inquiry into the health impacts of alcohol and other drugs in Australia*. <https://www.apf.gov.au/DocumentStore.ashx?id=42be5a82-4921-4bdc-a232-fc97d8fcec21&subId=763834>

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Seear, K., Lenton, E., Mulcahy, S., Fraser, S., valentine, k., Moore, D., Farrugia, A., Kagan, D., & Bourne, A. (2023). *Submission to the consultation on the Draft National Stigma and Discrimination Reduction Strategy*.



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