

Drug and Sex Education: A Case Study of the Operation of Social Control

by

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ABSTRACT

In *Visions of Social Control*, Cohen (1985) predicts that social control will become part of communities in the twenty-first Century. In this thesis I examine the operation of social control within drug and sex education in the City of Toronto. In order to explore the operation of social control I conducted 9 semi-structured interviews with Health and Physical Education teachers from the Toronto District School Board and completed a critical discourse analysis of the Ontario Ministry of Education and Training's curricula documents. The teachers' and the curricula's constitutions of various drugs and sexual activities were linked to wider social, political and historical discourses of health, drugs and sex. Throughout this thesis I argue that social control operates within these discourses and the construction of unhealthy and unacceptable activities for the students to engage in. I conclude with a discussion of how these discourses justify current measures of control within society.

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Chapter 1 : Introduction

Drug use and sex are activities that virtually everyone engages in, in some form or another. These activities have historically been part of society. The construction of these activities as acceptable or unacceptable, normal or deviant, harmless or harmful, not risky or risky, etc. has changed throughout history and is dependent on a variety of circumstances, for example age of the individual engaging in the activity. The perception that youth are beginning to engage in these activities at an earlier age than the generation before is not a unique issue to contemporary Canadian society. Formal drug and sex education is one opportunity to address these activities with youth. Which topics are included in formal drug and sex education is also currently a topic of discussion in Ontario.

In January 2010 the Ontario provincial government released a new elementary Health and Physical Education (HPE) curriculum which included discussions about masturbation, homosexuality and lubrication. Greenberg's (2010) coverage of the curriculum described provincial officials as justifying the inclusion of these topics in the curriculum due to the perception of youth engaging in sexual activities at a younger age (Greenberg 2010). The changes to drug education curriculum did not receive any attention. In April 2010 media coverage (for example Greenberg 2010) of the negative public reaction, and moral outrage by various religious associations, to the inclusion of these discussions led the Ontario provincial government to retract the document with the promise of revising it. The public outrage over the curriculum changes demonstrates the importance of studying how drugs and sex are framed in HPE. Drug and sex education is also an important case study because these are activities that virtually everyone engages

in and this education is a mandatory part of the Ontario curriculum. The framing of drugs and sex in HPE is also academically significant as a case study of the operation of social control. By studying social control in drug and sex education this thesis is examining a specific situation in which social control could be operating. The mandatory nature of the education system contributes to the significance of studying it as a government system in which social control operates. Drug and sex education in particular is a vital situation to study social control because drugs and sex are often the target of social control.

Within this thesis I question, is social control operating within formal drug and sex education in the City of Toronto? And if so, how? In order to answer these questions, I have analyzed the provincial curriculum expectations¹ of drug and sex education. I then compared these expectations with how teachers construct drugs and sexuality in their discourse. In order to answer my second question, how social control is operating in drug and sex education, if it is at all, I also compared these discourses in two ways. I compared how drugs versus sex were framed and how drugs and sex were framed in the elementary grades versus the secondary grades. Examining how social control operates within the curricula's and the teachers' discourses of drugs and sex provides an understanding of the underlying assumptions of discourses and social relations.

The rest of this introductory chapter will summarize the key issues within each chapter of this thesis. The next section will summarize the second chapter of this thesis, which begins with the theoretical basis of this work and then moves on to the literature review. In order to understand if social control is operating in drug and sex education,

¹ I use the word expectations here because it is the word used within the curricula

and the relationship between formal drug and sex education and the social control of these activities in contemporary Canadian society, I have theorized the characteristics of social control in contemporary Canadian society within that chapter. This has provided a strong basis for examining if social control is operating in drug and sex education. Following that section will be an overview of the third chapter and the two different methods used for this research. Next, an outline of the fourth and fifth chapter will provide the key findings of the two sets of data collected. Finally this chapter will end with the main conclusions drawn from the analysis and of my research.

SOCIAL CONTROL, DRUGS, SEX & DRUG AND SEX EDUCATION

Social and political responses to moralized issues such as drug use and sexuality have varied throughout history. These responses have ranged between formal and informal mechanisms to control these activities. The criminal justice system is one method in which the government formally controls activities related to drugs and sexuality. Discourses used to justify the criminal justice system's control of drugs and sexuality have changed from the historic need to protect the public from social harms and immorality (Hunt 1999) to contemporary cautions of risks (O'Malley 2004). Yet the historic discourse of social harms and the contemporary discourse of risks have targeted similar groups and activities. These discourses are constructing deviance as something that needs to be responded to by the criminal justice system (Cohen 1985).

The health care system is another way that drugs and sex are formally controlled. One way the health care system controls drugs and sex is by promoting how to avoid unhealthy conditions and lifestyle choices when engaging in these activities. Predominantly the legal and health systems are the focus of academic work on the control

of drugs and sexuality. This focus diminishes the role that other governmental systems play in the formal control of drugs and sexuality, including the mandatory, state sponsored education system.

Following the work of Cohen (1985), I conceptualize social control as the constitution of, and response to, deviant individuals and behaviours. Social control within education is essential to research for several reasons which will be explored further in the next chapter, including the sociological importance of understanding situations of social control within society. Studying social control allows for an understanding of why activities, behaviours and identities are defined as deviant, problematic, undesirable, etc. Throughout this thesis my use of the term social control is based on the assumption that social control is not inherently a negative phenomenon but rather an occurrence in society. Studying social control within an education setting is essential because it is within the education system that students are taught how to define and respond to different social situations and are expected to acquire knowledge (Berger & Luckmann 1990). Drug and sex education, therefore, provides students with information on how to engage in these activities.

How the teachers represent these activities and how students ultimately engage in them is notably influenced by individual perceptions of the law, morality and risk. Legal control of drugs and sex in Canada has changed throughout history, though notably in different ways, which I will argue in the next chapter is due to the different manner in which social control operates with respect to drugs compared to sex.

The moral perception of these activities is a factor in the formal as well as the informal control of drugs and sex. In the next chapter I will discuss how moral

perceptions of activities and behaviours as socially harmful necessitate a response to reduce the harm. The construction of drugs and sex as risky activities in formal and informal discourse also necessitates social control to manage the risks.

Some drugs and sexual activities perhaps may be included or excluded from the teacher and government discourses based on the legal, moral or risk concerns related to them, or due to the perception of them as normal or abnormal, yet all substances and activities related to drugs and sex are included in this thesis when discussing these topics. The perception of drug use and sex as abnormal, immoral or risky is based upon various factors including individual constructions of reality and cultural beliefs. Socialization is one means by which individuals learn to act depending on the social circumstances and the construction of reality (Berger and Luckmann 1990). Social control manifests in the interpretation of acts as “deviant, problematic, worrying, threatening, troublesome or undesirable” (Cohen 1985: 1). This interpretation is partially dependent on the socialization that occurs in education. Education, therefore, is especially important to examine as a situation of social control because it is not only teaching how to act, it is also teaching how to construct reality and interpret circumstances that are encountered. Examining social control within education provides an opportunity to examine one mode of socialization that is organized by the government.

METHODOLOGY

In order to identify if social control is operating in drug and sex education, I examined the teachers’ and the curricula’s discourses for constitutive expressions of social control. I conducted semi-structured interviews with HPE teachers from the Toronto District School Board (TDSB) and completed a critical discourse analysis of the

curriculum documents. A qualitative approach has been the best research method to use for this thesis because it allows for a deeper, more meaningful understanding of the data. The interviews with the teachers provided an understanding of how teachers frame drugs, drug use and sexuality. The curriculum documents provided an understanding of how the government expects these topics be taught. Examining these two discourses together provides more depth to the data collected and a detailed understanding of how drug and sex education is a situation of social control.

I used an inductive approach throughout the analysis of the data for this thesis (Flaherty 1996). An inductive approach was necessary since I was looking to discover how teachers and the provincial government frame drugs, drug use and sexuality. I conducted semi-structured interviews in order to ensure all important topics had been covered, but also to allow for new topics to emerge if the conversation indicated this as necessary. During the interviews, I tried to understand how the teachers framed drugs, sex, health, risk, morality and deviance. After conducting the interviews I transcribed the interviews to prepare the data for analysis.

Fairclough's (2001) method of critical discourse analysis was used for the analysis of the curriculum documents. I chose to use critical discourse analysis over other analysis strategies because I wanted to understand the operation of social control, including the constitution of deviance, which critical discourse analysis focuses on more compared to other methods (McKenna 2004). The use of critical discourse analysis helped me assess the manner in which elements of social control operate within formal drug and sex education in contemporary Canadian society, which was essential to answering my research question. The underlying meanings and ideologies in discourse

which are exposed through critical discourse analysis help to reveal how social control operates in contemporary Canadian society.

I predominantly followed Fairclough's (2001) method of analyzing each text. A description of these two methods of analysis is available in the third chapter. After completing the analysis of the vocabulary used in the text, I questioned how the text represents, relates, identifies and values "social relations, social identities, and cultural values" (Fairclough 2001: 241). This allowed me to compare the teachers' discourses with the discourse used by the provincial government. This comparison has helped draw implications for social control in society from this case study. For example, similar to the classification system of drugs in contemporary Canadian society in which some drug related activities are formally controlled by the criminal justice system, the teachers' and the curricula emphasized the avoidance of drugs that are illegal.

FINDINGS & WORKING ARGUMENT

Throughout this thesis I will argue that social control is operating within formal drug and sex education in the City of Toronto. I will argue that social control operates primarily in the constitution of various drugs and sexual activities as healthy or unhealthy. The constitution of drugs and sex in this way implies how students should engage with these activities throughout their lives and it implies negative consequences if these are not followed. I will also argue that within the curricula and the teachers' discourses social control operates in a similar way. In my analysis of the curricula I will also argue that social control operates differently depending upon the topic being discussed, and the age (elementary or secondary) and cultural differences of the students. Similarly, within my analysis of the teachers' discourses I will argue that social control

operates differently depending upon the topic being discussed, the age (elementary or secondary) and cultural differences of the students, and the experience and gender of the teacher.

CHAPTER ORGANIZATION

This thesis is separated into six chapters. The next chapter will discuss social control, drugs, sex, and drug and sex education. It will situate this study within existing literature and sociological discussions. The third chapter will explain the methodology used for data collection and analysis. It will explain why qualitative methods are necessary to use to study this topic and understand how teachers and governmental documents and websites frame various drug and sexual practices. The fourth chapter will discuss the findings of the critical discourse analysis that was completed on the provincial curricula. The fifth chapter will discuss the findings from the interviews conducted with teachers from the TDSB. Finally the last chapter will conclude this thesis with a discussion of findings and the social control of drugs and sexuality through education.

Chapter 2 : Understanding the Social Control of Drugs and Sex in Formal Drug and Sex Education

Drug use and sexual practices have always been part of the human experience and society (Szasz 2003). Various cultures have embraced or restricted these practices throughout history (Szasz 2003; Hunt 1999). In contemporary Canadian society government organizations, such as the criminal justice system, the health care system and the education system, among others, formally control these activities in different ways. As mentioned in the previous chapter, by focusing on formal drug and sex education, I am analysing how social control manifests within activities in which the law, morality, risk, and health intersect.

Contemporary sociological discussions about the law, morality, risk, and health tend to dismiss the concept of social control in order to focus instead on Foucaultian concepts such as governmentality. Throughout this chapter, however, I will demonstrate why the concept 'social control' is more useful in identifying the underlying meaning of discourses within drug and sex education. I will discuss the law, morality and risk with regards to drugs and sex. I will also undertake a sociological examination of drugs and sex as activities which are prevalent in society. All drugs and sexual practices are included in this thesis, however, not all drugs or sexual practices will specifically be discussed. Instead, I will most often use the terms drugs and sexuality (or sexual practices) to encompass the spectrum of substances and activities that could be included in these terms. To begin this chapter I will describe how social control operates. Later in this thesis I will use this description of the expression of social control to analyze my case study on drug and sex education.

SOCIAL CONTROL

Rothman (1981) examines how the term ‘social control’ has been used by sociologists throughout the twentieth century and argues that the definition of social control has changed drastically throughout this time period. The term social control became a fundamental concept for American sociology with the publication of E. A. Ross’ book *Social Control* in 1901. In the 1920s, the Chicago School identified social control as the “central problem of sociology” (Park & Burgess 1924: 42.).

Rothman (1981) argues that sociologists first used the term social control to explain “voluntary and harmonious cohesion” (107)². In contrast to this original conception of social control, in the 1950s and 1960s the conceptualization of social control “reversed its orientation, moving from cooperation to coercion, from harmony to conflict” (Rothman 1981: 109). In *Visions of Social Control*, Cohen (1985) argues that the term social control has become an ambiguous concept because it has been, and continually is, used in such a variety of ways by academics and professionals. Cohen (1985) explains that it can be used as a “neutral term to cover all social processes to induce conformity” or as a “negative term to cover not just the obviously coercive apparatus of the state, but also the putative hidden element in all state-sponsored social policy” (2).

Cohen (1985) confronts the malleability of the concept of social control in how he ultimately defines the term. Cohen (1985) defines social control as,

² This is Rothman’s (1981) reading of the history of the concept social control. I acknowledge that other scholars disagree with this original interpretation.

the organized ways in which society responds to behaviour and people it regards as deviant, problematic, worrying, threatening, troublesome or undesirable in some way or another (1).

When discussing social control, I will be using Cohen's (1985) definition. I am using Cohen's (1985) definition because it encompasses the constitutive (it 'regards') as well as the reactive (it 'responds') nature of social control. The constitution of and responses to activities and behaviours as deviant, problematic, etc. in social practices and policies, including the education of drugs and sexuality, is an expression of social control. Cohen (1985) also discusses responses to deviant activities in the "reactive sense (after the putative act has taken place or the actor has been identified) or in the proactive sense (to prevent the act)" (3). The "proactive sense" of how social control responds will be useful in my analysis of the curricula and teachers' discourses as the discourses included preventative messages, which will be discussed in the fourth and fifth chapters.

Examining the operation of social control allows for an understanding of what activities, behaviours and identities are defined as problematic, troublesome, undesirable, etc. in specific circumstances. It also allows for an understanding of why these activities, behaviours and identities are defined in this way and the implications of controlling them, for example to justify other forms of control. Studying the operation of social control within discourses provides an explanation of the underlying meaning of discourse.

How teachers and the curricula frame various drug use and sexual practices revealed if social control is working in state sponsored education. It is essential to examine education as a situation of social control for several reasons, which will be discussed next.

Cohen and Scull (1983) argue that socialization is the “first and most basic process” of social control (6). Berger and Luckmann (1990) define socialization as an acquisition of knowledge. This implies that the knowledge students learn in school may be an influential part of their life. This will be expanded upon later in this chapter; for now, this implies that studying state sponsored education as a situation of socialization allows this thesis to theorize the operation of social control of drugs and sexuality within the broader society. Within society social control operates in formal and informal ways. Studying education as a situation of social control is an example of the formal and informal ways social control operates.

Cohen (1985) theorizes the operation of social control in the twenty-first century within Western societies. Cohen (1985) argues that within the informal and formal means of social control, there will be inclusionary, within society, and exclusionary, removed from society, practices of social control. Cohen (1985) predicts that schools, along with “families, neighbourhoods, youth organizations and work-places”, will be central spaces in which inclusionary forms of social control will take place in the twenty-first century (232). Cohen (1985) argues that “these forms of inclusion work because they are voluntary or simply because they are not recognized to be social control” (233). This study confronts Cohen’s (1985) prediction of the school becoming a space of social control, at least in relation to drugs and sex education.

Exclusionary tactics are used to support the instruction of individuals into the space of the inclusionary tactics; exclusionary tactics will react and take form when an individual deviates beyond a threshold of the expected norm. Cohen (1985) argues that society seeks order, no matter what level of control is necessary for this order and

compares this to an addiction. Cohen (1985) problematizes this ‘addiction’ to order and argues that it only leads to more and more control, which will not be successful in maintaining social order.

It is also important to analyze social control within education for two final reasons. Janowitz (1991) argues that social control works towards a “set of goals” (73) and towards a “value position” (74). The set of goals the teachers and curricula are emphasizing will reveal how social control operates in HPE, for example the emphasis on avoiding STIs.

Cohen (1985) argues that social control “must fulfil the functions of creating scapegoats, clarifying moral boundaries and reinforcing social solidarity” (233). Creating scapegoats, clarifying moral boundaries and reinforcing social solidarity are based on the value position of the agent of social control. In order to understand the value position of the teacher and government discourses, I will question what values are being created and reproduced and how these frame unacceptable engagement with drugs and sex. The definition and promotion of certain values over others will be important to understanding the operation of social control within drug and sex education.

This section has discussed several concerns with how social control is conceptualized for this thesis. The relationship between education, socialization and social control in society will be further discussed later in this chapter. The discussion will now turn towards a comparison of the concepts discipline, power and social control because Cohen (1985) uses Foucault as a conceptual basis for *Visions of Social Control*. I will compare these concepts in order to identify how these concepts at times describe the same situations while at others are able to describe different situations.

DISCIPLINE AND POWER

In *Discipline and Punish* Foucault (1995) discusses shifts in punishments as they relate to broader social changes in eighteenth century Europe. Foucault (1995) argues the shift in punishment to be the result of a “calculated economy of the power to punish” and relates this to be the same power that is transforming society (101). The change in society and the nature of power and discipline altered all social and work relations.

Educational reforms were part of the widespread social changes that were occurring (Foucault 1995). These educational reforms targeted the body of students and created a society of disciplined bodies (Foucault 1995). Social control and discipline are similar because they are mechanisms of control by some individual or group onto another individual or group. As mechanisms of control, social control and discipline are means used to govern activities and behaviours. For example, school administrators (including the teachers) control the actions of the students. They are not, however, synonymous concepts.

Social control is directed at specific individuals and identities that are deemed deviant and produces conformity through the use of inclusionary and exclusionary tactics, while discipline is broadly directed at everyone in society and emphasizes positive reinforcement of behaviours. Discipline, therefore, could also be part of the education system through examinations and positive reinforcement of the students’ behaviours. I have emphasized here the difference between social control and discipline by focusing on their mechanisms and objects. This focus is also important in the distinction between the concepts of social control and power.

Foucault (1982) argues that power does not exist by itself. “Power exists only when it is put into action” (Foucault 1982: 219). Foucault (1982) discusses power that acts upon and “categorizes” individuals (212). In this definition of power the individual has been defined and given an identity. This is similar to Cohen’s (1985) definition of social control, though not equivalent, because it is an example of how individuals or actions are responded to and implies that social control is something that is exercised upon behaviours or individuals. Social control and power are similar concepts because they only exist when acting upon someone or some group.

This conception of social control, and the similarities and differences between social control, power and discipline were useful in my analysis of the teachers’ and curricula’s discourses. As mentioned previously, perceptions of the law, morality and risk influence how individuals engage in drugs and sex. Enforcement of the law is one example of how social control formally acts upon individuals. This discussion will now move to an explanation of how drugs and sexuality are formally controlled by the Canadian Criminal Code.

DRUGS AND SEXUALITY IN THE CANADIAN CRIMINAL CODE

As will be discussed later in this thesis, the teachers and the curricula emphasized the legal boundaries of engaging with drugs and sex. It is important to discuss the history of how drugs and sexuality are classified in the Canadian Criminal Code when discussing the social control of these practices because the law legitimizes the use of inclusionary and exclusionary practices of control by acting as a guide for social norms and expectations. A description of Canada’s laws, however, does not describe all instances of social control within the legal system because this description denies the informal social

hierarchy that influences how laws are enforced in society. Giffen *et al.* (1991) argue this point in relation to Canada's drug laws when stating, "the social meaning of such laws is to a large degree that of punishments directed at types of people" (491). This argument can easily be expanded to the enforcement of all laws, including the laws controlling sexual practices.

The legal boundaries of sexual practices are outlined in sections 150-162 of the Canadian Criminal Code. Homosexuality was a criminal offence in Canada until 1969 (Chambers 2010). The social and political circumstances surrounding the decriminalization of homosexuality are important to understand when discussing the history of the social control of sexual practices in Canada because it allows for a comparison of these circumstances with the circumstances surrounding changes in the legal control of other sexual practices. It also allows for these circumstances to be compared with the circumstances surrounding the legal control of drugs.

Chambers (2010) argues that supporters of the decriminalization of homosexuality did not necessarily support homosexual behaviour, nor did they view it as moral or acceptable behaviour. Chambers (2010) argues that the social circumstances leading up to the decriminalization of homosexuality were in favour of the separation of the church from the state. Supporters sought to distinguish between legalism and moralism and they believed that there were other, more appropriate methods of responding to "such behavior" (Chambers 2010: 250). This is an important claim that later will be contrasted with the continued criminalization of specific drugs.

Elliott and Bonauto (2005) examine contemporary legal trends in North America and the increasing legal rights of the LGBT community. Elliott and Bonauto (2005) argue

that with these increasing rights has come increasing equality based on sexual orientation in North America. Importantly, in this study Elliott and Bonauto (2005) find that Canada has progressed further towards equality despite sharing similar political and cultural values as the United States.

The legal control of other sexual practices is also changing in contemporary Canadian society. Currently, key provisions of Canada's prostitution laws, including communicating for the purpose of prostitution, keeping a common bawdy house and living on the avails of prostitutions, are being challenged in court on the basis that these laws are unconstitutional and were causing significant harm to sex workers. On September 28, 2010 an Ontario Superior Court ruled in favour of removing these key provisions. This decision is currently being appealed by the government.

These changes do not mean that all sexual practices have become legalized or decriminalized. Johnston (2010) discusses the creation of a new law that regulates "extreme" adult pornography in England and Wales. This law includes four measures of defining 'extreme' pornography including that the "image must be 'grossly offensive, disgusting or otherwise of an obscene character'" (Johnston 2010: 148). Johnston (2010) discusses the merits of a law that includes this wording and regulates morality and behaviour based on the perception of how a rational person would interpret the image. Johnston (2010) argues that the wording of this law will protect more individuals from enforcement, rather than infringe on more people because it has "the safeguard of ongoing interpretation and assessment" of what is considered offensive, disgusting or obscene (156). In this way, the enforcement of this law will change as morality and social acceptance of sexuality change. Johnston's (2010) analysis of this law demonstrates that

while sexual practices are still being controlled through the law, they are being controlled in a way that acknowledges that social acceptance and understanding of morality change over time.

Canada's legal control of drugs has also changed over time but in a different way than the legal control of sexual practices as more drugs have become criminalized rather than legalized. The federal government of Canada has criminalized drug related activities since the creation of the Opium Act in 1908. Alexander (1990) argues that the creation of Canada's drug laws was racist and not based on scientific evidence about the use of these substances. Hathaway and Erickson (2003) support this argument and explain that the creation of the Opium Act was not responding to an actual social problem caused by opium. Dias (2003) explains that before the creation of the Opium Act, alcohol and tobacco were considered to be more problematic health and morality issues than opiates. Since the creation of the Opium Act, subsequent laws have been created which criminalize new substances that are perceived as harmful. The Controlled Drugs and Substances Act, which was enacted in 1996, is the current legislation that restricts drug related activities in Canada (Hathaway & Erickson 2003).

Giffen *et al.* (1991) find that historically, Canada has been an international leader in criminalizing drug related activities. Giffen *et al.* (1991) describe Canada historically as an international leader in promoting increasingly harsher penalties for drug use. This finding is important to compare with Elliott and Bonauto's (2005) finding that Canada is leading in progressive steps towards equal rights for the LGBT community because it indicates that the formal social control by the criminal justice system of drugs is stricter

than of some sexual activities. Here it is also important to question why other measures of controlling drug use are not defined as more appropriate as they were for homosexuality.

Other underlying issues may need to be uncovered in order to understand the differences between the legal control of sexuality and drugs. For example, Giffen *et al.* (1991) argue that there was no social concern for how drug users were defined and treated until the 1960s and the case of the new marijuana users who were mostly middle to upper class adolescents. Until this time, the public debates surrounding the drug laws did not discuss whether or not criminal sanctions should be used, it was assumed the law was necessary (Giffen *et al.* 1991). Why is there social concern only once these laws and social problems affect the middle class? Why is the criminal law regarded as necessary to control drug use? Giffen *et al.* (1991) answers this question when arguing that "laws are seen more as a reaction to the characteristics of users than to the drugs themselves, though imputed harms from use of the drugs may be important in the justifying ideology" (11). Research focused on disproving the harms of illegal drugs are not likely to affect change in the laws and instead perceptions of drug users must first change³. The reliance on criminal sanctions will continue as the current Conservative government pushes its 'tough on crime' bills.

In this section I have outlined the different progressions that the legal control of sexuality and drugs have taken and began to question these differences. Next I will discuss morality, harm and social control. In this section I have argued that social control

³ In light of this, I still feel it necessary to argue that illicit drugs have been repeatedly demonstrated to be less harmful than some legal drugs (McVay 2004), yet in 2003 1.5 million Canadians had a criminal record for simple possession of marijuana (Thomas 2003).

operates in the formal control of specific acts through the law. The perception of acts as immoral is another way social control manifests.

MORALITY

Foucault (1978) explains that individuals define their morality based on their sexual practices. Individuals could define themselves morally, and as deviant or not, based on their use of specific drugs or form of drug consumption and perceptions of these drugs as bad, wrong to use or harmful. If the engagement in specific drug use or sexual practices defines an individual morally, then what are the implications of this?

Hunt (1999) argues that,

moralising discourses increasingly linked immorality to utilitarian claims about the personal or social harm associated with the wrong. However, the association between wrong and 'harm' is significant. Harm has two distinguishable dimensions: it invokes both some specific harm resulting from the wrong conduct and some enhanced symbolic harm... (7).

This implies that as long as an act is defined as personally or socially harmful then it will be moralized and constructed as needing to be controlled. Individuals engaged in immoral activities, therefore, are socially harmful as well as personally harmful. This implies that individuals engaged in specific drug use or sexual practices which are constituted as immoral are socially harmful because their engagement in these activities has defined them as harmful to society. This is especially important in social control if the group defining the immoral act has some sort of influence in society (for example students may perceive their teachers to be influential). It also implies that this act necessitates a response since it is harmful. This control could be through formal sanctions (such as incarceration) or informal sanctions (such as exclusion from the group). The law and morality intersect in the control of acts or behaviours when they are deemed illegal

and immoral. Acts and behaviours could also be constructed as immoral and needing to be controlled based on the perception of them as bad or wrong to engage in.

As mentioned in the introduction to this chapter, drug use and sexual practices are activities in which the law, morality and risk intersect. In the last two sections I have outlined legal and moral concerns about drug use and sexuality. Next I will discuss risk and the social control of drugs and sexual practices.

RISK

In typical Foucaultian fashion, O'Malley (1992) explains that by framing specific activities as "risks", the government is able to effectively manage the population. Through this management the government is able to target specific individuals (O'Malley 1992). O'Malley (1992) names this targeting "risk-based targeting" and explains that it is used to react to undesirable activities and individuals. Risk-based targeting, therefore, is one method of social control because it constitutes an activity as undesirable and reacts to that activity.

O'Malley (2004) describes the differences between inclusive and exclusive "risk-based strategies" (236). This relates to Cohen's (1985) conception of social control in two ways: 1) by identifying marginalized or deviant groups and responding to the risks they pose differently; and 2) by using inclusionary and exclusionary strategies. Specific forms of drugs, forms of drug consumption and sexual practices are constructed as risks that could result in physical, emotional or social harms (Pilkington 2007; Lear 1995; Hamilton & Mahalik 2009). As will be discussed later, the teacher and government discourses include these constructions of risks. The definition of activities as risks is an expression of social control of these activities in the discussion, through exclusion from

activities the students could engage in, and in society, through formal exclusionary methods.

Ericson and Haggerty (1997) explain that defining risks leads to the creation of knowledge and technology on how to avoid these risks (88). The knowledge of how to avoid risks calms the fear of individuals about the identified risk. Knowledge of risks could also lead to more control, which Cohen (1985) argues calms society's need for the maintenance of order.

The construction of risk is often reliant on expert knowledge and not how the individuals engaging in these activities would define the risks themselves. Defining activities as risks is one expression of social control in society with respect to drugs and sexual practices because it is constructing these activities as problematic.

I have just outlined the legal, moral and risk concerns related to drugs and sexual practices. The law, morality and risk are mechanisms of social control as they rely upon an outside group's evaluation of an individual's act as deviant, problematic, etc. and necessitating a response. The control of drugs and sex intersects when these activities are criminalized and constructed as immoral and risky. Social control operates differently in contemporary Canadian society depending on a variety of factors. Varying perceptions of the law, morality and risk are some of these factors. By examining the law, morality and risk I am able to examine some of the ways that social control is acting within contemporary Canadian society. The law, morality and risk were part of the curricula and the teachers' discourses on drug and sex education. The curricula and the teachers indicated in their discourse that perceptions of the law, morality and risk were factors in how drugs and sex were constructed. Discussions of the law, morality and risk with

regards to health, drugs and sex within the curricula and the teachers' discourses were an indication of how social control was operating. This will be further expanded upon in the fourth and fifth chapter.

In the next three sections I will examine and compare contemporary sociological discussions of drugs and sex. These discussions are important to outline in order to understand how this study contributes to contemporary academic knowledge.

DRUGS

Drug use is extremely prevalent in Western societies (Armentano 2003). Yet, 'drug users' are often thought of as only the small number of people who use those substances that are classified as illegal, despite alcohol, tobacco, over-the-counter and prescription drugs being more commonly consumed.

Szasz (2003) provides an explanation of the history of psychoactive drug use, and how drug use has always brought individuals together. Szasz (2003) argues that individuals will continue to purposely seek specific drugs because they inherently desire the drug. Szasz (2003) compares this inherent desire for drug use to an individual's innate belief in religion, and argues that drug use is inherently desired, creates group solidarity and is celebratory. This explanation provides reasons why drug use will always be prevalent in society. The prevalence of drugs in society is often overlooked due to the negative connotations of the word drug. Disregarding the prevalence of drug use in society is one justification for the criminalization of drugs as it is portrayed that specific drug use can be eradicated through prohibition. This will be expanded upon next in this section. The teachers and curricula predominantly excluded the prevalence of drugs in

society from the discussion. The implications of this for social control will be discussed in the fifth chapter.

Alexander (1990) argues that the criminalization of specific drugs is continually supported by the propaganda⁴ the government has disseminated throughout the criminalization of drugs in Canada. O'Malley (1999) proposes that there has been a transition in the specific discourses the government uses to control drug users. O'Malley (1999) argues that the new discourses normalize drug use in order to control it in a new way. These new discourses are a new form of propaganda because they are still concentrated on the negative aspects of drug use, for example the harms and risks, and not the positive aspects of drug use, for example the benefits. This attention to the harms is continuing the support for the criminalization of these drugs. Any positive consequences (such as therapeutic uses) of illicit drug use are not widely understood by society because of the focus on the negative consequences of drug use. O'Malley and Valverde (2004) explain that official discourses ignore pleasure as a motive for the consumption of drugs and instead they rely on pain, pathology and compulsion. They find that even the consumption of alcohol is constructed as problematic if it conflicts with the individual's responsibilities.

It is important to note that not everyone is hypnotized by government propaganda on the dangers of illicit drugs and drug users. In fact, public discussions about drugs do not represent the reality of many drug users or private perceptions of drugs. For example, despite limited government funding many health and social organizations continue to

⁴ For example, Health Canada's *drugsnot4me* campaign that depicts the instant addiction of a teenage girl after trying cocaine.

provide services and harm reduction materials to individuals seeking them without being abstinence based.

There is a disconnection between the constitution of dangerous drugs, dangerous drug users and the actual harms posed by these substances. With the exception of marijuana, illegal drugs and the people who use them are predominantly defined as dangerous, deviant and diseased which necessitates social control. Public discussions about illegal drugs and drug users are often marginalizing and stigmatizing. Generally, with the exception of marijuana which was almost decriminalized in Canada in 2001 and California in 2010, government policies encourage these marginalizing and stigmatizing views of illegal drugs⁵. Alcohol, over-the-counter and prescription drugs all pose various levels of harm to individuals and society but are not defined as dangerous except under specific circumstances (such as binge drinking). Western society predominantly defines (and encourages) alcohol, over-the-counter and prescription drugs⁶ as acceptable drugs to use as the users of these drugs are not perceived as necessary to control. Similarly, sexual practices are categorized in acceptable and unacceptable groups.

SEX

Weeks (2007) examines how society has viewed various sexual practices from the mid-twentieth century to the present time. Weeks (2007) argues that since the end of the Second World War, “there have been enormous strides in the tolerance of difference, the different ways of human beings, and in the recognition of human rights in general and

⁵ Some government discourses are marginalizing and stigmatizing of marijuana as well. For example Health Canada’s *drugsnot4me* which presents marijuana as a gateway drug.

⁶ I have excluded tobacco from these lists because it is debatable if tobacco is an accepted drug in Western society.

sexual rights in particular” (4). The idea of these “enormous strides” should not confuse us to think that all sexual practices are now widely accepted. As much as various sexual practices have become more widely accepted, society is still predominantly heteronormative in its assumptions about sexuality (Weeks 2007: 12).

Weeks (2007) argues that heterosexuality “is an institution, so embedded in the way we think and act that it is almost invisible unless you try to escape it” (12). By defining heterosexuality as an institution, Weeks (2007) is arguing that all other sexual practices are compared to heterosexuality, which is assumed to be the ‘normal’ type of sexual activity. Similarly, Bernasconi (2010) argues that historically, sexuality has been controlled through heterosexual institutions such as marriage and the family. The definition of all other sexual practices, for example polygamy, as abnormal, deviant, etc. is a result of social control operating in society. Barker and Landridge (2010) argue that monogamous relationships are promoted as the natural form of sexual relationships.

Bernasconi (2010) discusses how three generations of Chilean women define their own sexuality differently. Bernasconi (2010) places importance on Foucault’s (1978) examination of sexuality and sexual regulation in Western societies and the link between sexuality and morality. Based on Foucault’s (1978) conception of sexual practices and morality, Bernasconi (2010) argues that Western societies believe that “individuals constitute themselves morally through their sexual practices” (861). Bernasconi (2010) attributes the different definitions to how the individuals define themselves. These differing definitions could also be the result of changing perceptions of morality and sexuality throughout the past several decades.

Beres and Farvid (2010) argue that women's ethical perception of sexuality is controlled by "gendered power relations" and heteronormative assumptions in their study on casual sex in Canada and New Zealand. Beres and Farvid (2010) use Foucault's work on sexuality and ethics to explain the complexity of sexual relations and individual perceptions of morality. Beres and Farvid (2010) discuss the gendered double standard of casual sex and the negative constructions of women who engage in casual sex, for example "irresponsible", "reckless" and "promiscuous and/or blamed for any associated negative consequences" (379).

Masturbation is another important sexual activity to discuss when considering the changing perceptions of sexuality in contemporary society. Lacqueur (2003) explains masturbation to be the "part of human life where potentially unlimited pleasure meets social restraint" (13). Historically masturbation was defined as a disease, partially because of fear of this unlimited pleasure (Lacqueur 2003). Plummer (2009) argues that masturbation and self-stimulation are "perhaps the most pervasive form of sexualities in all of world history and at the current moment" (20), yet there is a lack of research on this topic. Plummer (2009) argues that the topic of masturbation is beginning to be explored more as the topic of cyber-sex is explored. Lacqueur (2003) also argues that the internet has created an unrestricted space of sexual fantasies and in this space masturbation, or self-stimulation, has become an acceptable sexual activity. This demonstrates that sexual practices are controlled differently depending upon the circumstance, for example masturbation is not constituted negatively in some spaces on the internet.

This acceptance of masturbation, however, is dependent on the circumstance (the internet) and masturbation may not be an acceptable activity for youth to engage in. An

increasing tolerance of sexuality and sexual practices in contemporary society is also demonstrated through the mass media. Garner *et al.* (1998) explain that over the past three decades, North American youth magazines have begun to discuss sexuality and some sexual practices more openly. This drastic change in the mass media demonstrates that some sexual practices are now viewed less as a taboo subject to discuss with youth. The teachers' discourse included a discussion of the media portrayal of sex as a taboo activity and how this influenced when youth began to engage in these activities. The fifth chapter will expand upon this point.

DRUGS, SEX AND SOCIAL CONTROL

These two sections have connected drugs and sex as activities that are evaluated based on legal, moral and risk concerns with them. Depending upon the social circumstance, various drugs and sexual practices are accepted or vilified. Social control is at work in this vilification. The media, government and public discourses control specific forms of drug use and sexuality through negative constructions of these activities. Individuals and peer groups may be more accepting of other forms of engagement in these activities than the media and government; these varying constitutions demonstrate how important the construction of reality is to understanding the definition of deviance in contemporary Canadian society. The importance of the construction of reality will be discussed next. The next section will also discuss how socialization teaches individuals how to constitute activities, behaviours and identities depending on the social circumstance and is dependent upon the construction of knowledge and reality.

REALITY, KNOWLEDGE AND EDUCATION

In *The Social Construction of Reality*, Berger and Luckmann (1990) discuss the creation of knowledge and reality in life. They explain the physical world as an objective reality that each individual experiences in the same way as they encounter it. They also explain that there is a subjective reality that we encounter in everyday social life. As an individual acts upon a situation their subjective reality (how they think about how they are going to act) becomes an objective reality once they have completed their action. Some acts, however, remain subjective because the individuals who are participating in them can interpret them differently.

Berger and Luckmann (1990) explain that socialization is part of the subjective reality of individuals because it is teaching them socially defined unacceptable activities, behaviours and identities in particular social situations. Berger and Luckmann (1990) discuss primary socialization as a process that occurs in infancy and secondary socialization as a process that occurs later in life in an institutional context, for example within the education system. Their conception of secondary socialization serves to explain how education influences the subjective reality of students. This conception, however, does not mean that how individuals constitute activities, behaviours and identities throughout life is completely dependent upon their socialization; rather socialization is one influence on this.

Socialization is important to examine as an instance in which social control is expressed because it is teaching how to construct reality and interpret circumstances that are encountered. Cohen's (1985) definition of social control relies on the interpretation of acts as deviant. This interpretation is influenced by individual perceptions of deviance

which are partially learnt during secondary socialization. Education, therefore, can be a situation of social control because it teaches students to define actions, behaviours and identities as abnormal, problematic, deviant, etc. The structure of the education system is necessary to examine as this will affect the subject matter students are taught. This examination of the structure of the education system is brief because my study is examining education as a situation of social control and not the education system.

Bourdieu and Passeron (1990) argue that the school system shares the culture of the dominant class. Bourdieu and Passeron (1990) also argue that the educational system is not autonomous, but a historical reproduction of itself and the dominant class' culture. The subject matter presented within the school system, therefore, is a historical reproduction of the dominant class' culture. Similarly, Bowles and Gintis (1976) conclude that the formal education system reproduces inequalities that already exist in modern society. This limits the ability of youth to develop individually and implies that the structure of the education system affects what students learn and how they constitute activities, behaviours and identities.

Bourdieu and Passeron (1990) also argue that education

has the effect of producing individuals durably and systemically modified by a prolonged and systemic transformative action...ie with common schemes of thought, perception, appreciation and action (196).

Bourdieu and Passeron's (1990) argument implies that the education system teaches students "common schemes of thought", for example how to constitute activities, behaviours and identities. This demonstrates how the school can be a place of social control. It is important to acknowledge, however, that students do not have blank minds in which teachers deposit information (Freire 2000).

A key issue in the critical examination of the formal Canadian education system is how knowledge is constructed, presented and expected to be acquired by students. Jardine (2005) uses Foucault's explanation of knowledge as constructed, instead of as discovered, to highlight the importance and implications of how the modern Western education system was created. Foucault problematized the understanding of knowledge as being able to be discovered and to be universally true. Jardine (2005) explains that the conceptualization of knowledge as universally true led to the creation of standardized curricula. Bowles and Gintis (1976) problematize standardized curricula because it does not allow the teachers or the students to take part in the discussion of what topics will be covered.

In Jardine's (2005) Foucaultian examination of the modern Western education system she comments on the important implications that Foucault's examination of the construction of knowledge could have on education.

Foucault argued that not only our first language, but also the bodies of knowledge (objects, concepts, techniques, themes, theories, strategies, and their interrelationships) that we learn in our schools and culture warp us into their own image, and force us to see, understand, and know only a small, biased, individualized, singular, and unique selection and ordering of what is in the world to know (Jardine 2005: 79-80).

Jardine's (2005) insights explain that education, along with Western culture, is creating a specific reality for students. The school, and Canadian culture, are very important influences on how individuals perceive the world. Jardine's (2005) quote implies that the modern Western education system does not teach students to be critical thinkers. If students are not critical thinkers, then the school becomes a more significant influence on how students define activities and behaviours as abnormal, problematic, etc.

This section has examined the relationship between education, socialization and perceptions of reality. Education is one means of secondary socialization that our society undergoes. It teaches students how to perceive reality and interpret activities, behaviours and identities.

CONCLUSION

In this chapter I have defined social control and examined instances of how social control operates within the broader Canadian society, for example within the law and perceptions of morality and risk. I have also examined how the formal education system can be a situation of social control. In Canada the provincial and territorial governments preside over education. The Ontario Ministry of Education and Training (OMET) provides documents that outline the curriculum expectations for each grade and subject. In Ontario, drug and sex education is found within the Health and Physical Education (HPE) curriculum. For grades 9-10 and grades 11-12, these documents have not been updated since 1999 and 2000, respectively. For grades 1 through 8, a new curriculum was released in 2010. As mentioned in the first chapter, the government retracted this new curriculum document a few months later due to negative public reaction to the changes made. An interim curriculum was released and is being taught during the 2010-2011 school year. This interim document, which was taught during the 2010-2011 school year, was included in my critical examination of the HPE curricula in the fourth chapter.

This thesis will fill this gap in the literature by examining how teachers frame various drug use and sexual practices. It will also attempt to understand how teachers are defining deviance with respect to drugs and sex and their pedagogical strategy for these issues. Finally by contributing to the existing literature on the social control of drugs, sex

and the intersection of the law, morality, risks and health, this thesis is able to theorize the implications of drug and sex education on the broader social control of drug use and sexuality in contemporary Canadian society.

Chapter 3 : Research Design and Methodology

For this thesis project, I questioned if social control is operating in drug and sex education in the City of Toronto. Throughout this thesis I will argue that social control is operating within drug and sex education in the City of Toronto. To support this argument I examined how teachers and the provincial curriculum documents frame various drugs and sexual practices. I also compared the discourse used by HPE teachers and the curriculum documents in order to explain how social control is operating in formal drug and sex education in Toronto.

Toronto is one of the most populous and culturally diverse urban areas in Canada and a unique site to research drug and sex education for several reasons. The City of Toronto is one of few municipalities in Canada to have a municipal drug strategy, it provides a wide range of harm reduction programs and services and it was the first municipality to endorse and sign the Vienna Declaration⁷. Toronto is also unique compared to other municipalities in Canada in its responses to sexuality as the City of Toronto's Public Health website provides sexual health information for individuals of ages 10 years and older and a variety of sexual interests. Also, in September 2009 Maclean's Magazine provided an article about how one Toronto teacher had a sex store owner teach pleasure based sex education. The Toronto District School Board is also home to the Triangle Program, which is the first Canadian school board program designed to help LGBT students avoid homophobic and transphobic harassment within

⁷ "The Vienna Declaration is a statement seeking to improve community health and safety by calling for the incorporation of scientific evidence into illicit drug policies" (The Vienna Declaration 2010).

public schools. Within this environment a variety of drugs and sexual activities are less likely to be constituted as deviant, problematic, immoral or necessary to avoid.

As mentioned in the first chapter, I have used two qualitative methods: semi-structured interviews and critical discourse analysis of the provincial curricula. Before conducting the interviews I was required to apply for ethics at Carleton University and each of the school boards in which I was hoping to conduct interviews. Originally I had proposed to compare drug and sex education in Toronto and Montreal. The English Montreal School Board and Toronto Catholic District School Board rejected my requests to interview their teachers and so I could not continue with this plan. The Toronto District School Board (TDSB) accepted my request of interviewing up to 10 teachers. I was able to secure interviews with 9 HPE teachers at 9 different elementary and secondary schools in the TDSB.

The teachers I interviewed differed from one another in many ways. In the Appendix there is a short description of each teacher that participated in my research. I interviewed 5 elementary and 4 secondary school teachers. I proposed that I would diversify my sample of teachers in 3 different ways. Due to the minimal amount of responses to my interview requests, I was only able to diversify my sample in two of these three proposed ways⁸. First, I used the TDSB's neighbourhood distinctions in order for my research to be geographically diverse. I contacted an elementary and secondary school within each of the neighbourhoods distinguished by the school board in hopes that they would participate in the study. I was able to secure an interview within each of the

⁸ I had hoped to diversify my sample by including schools that had specially outlined a related issue to this project on the TDSB website and schools that had not outlined these issues to contrast with.

neighbourhoods, except one, but I was only able to secure an interview with both an elementary and secondary school within one of the neighbourhoods.

Secondly, I diversified my sample through the actual teachers who participated in the study, as they ranged in their levels of experience of being an HPE teacher, teaching different subjects and teaching at different schools in and out of the City of Toronto. These teachers ranged in their experience of teaching from 3 years to 12 years. Over these years they also developed experience of teaching a variety of grades. These teachers had various experiences of teaching different subjects from drama to science to special needs, among others. The locations in which they have taught were also diverse as the schools were located in various parts of the City of Toronto, some had experience teaching at other schools in the city and some also had experience teaching in other cities which they included in their responses. These interviews took place at the schools in which the interviewees taught during their time off or after school hours.

I also attempted to diversify my sample by contacting schools with a TDSB description related to drugs and sex. None of those schools returned my call for participants. Only one school that participated in this study had such a description but this contact was made through a family friend. I completed two rounds of interviews; the first took place in mid-January 2011 and the second took place in late February 2011. The interviewees from the second round of interviews were mostly recruited from recommendations by interviewees who participated in the first round of interviews. Most of the teachers who agreed to participate did so because of their passion for teaching HPE and the pride they have in their programs.

This outline of the case study has briefly described the qualitative methods that were used to gather and analyze data for this research project. Next, this chapter will discuss why a qualitative approach is essential to answering this research question and completing this research.

QUALITATIVE RESEARCH

A qualitative approach is the best research method to use for this thesis because it allows for a thorough understanding of how teachers and the provincial curricula frame drugs and sexuality. A qualitative approach was also beneficial because it offers more depth to the data collected. It allows for greater insight into the teacher's subjective experience of teaching drug and sex education, which allowed me to understand how the teacher constructs reality and deviance. This was an essential aspect in positing how social control operates within formal drug and sex education.

Holstein and Gubrium (2008) explain that qualitative researchers are "aiming in particular to document the mechanisms by which the participants concretely construct and sustain social entities" (177). The discourse teachers use to describe drug and sex education will be an indication of how they construct drugs, sex, health and youth engagement in these activities.

I used an inductive approach throughout the analysis of the data for this thesis (Flaherty 1996). An inductive approach is necessary since I was looking to discover how teachers frame drug use and sexuality and I was not attempting to verify or refute a hypothesis. Since I was not verifying or refuting a hypothesis, during my analysis I was not focused on proving an argument but instead let the data guide the argument. An inductive approach allowed my analysis to focus on understanding the operation of social

control within the various discourses. During my analysis I was able to search through the data to find commonalities and essential indicators of how drug use and sexuality are framed by the teachers. Themes that emerged in one document or interview became important to look for in subsequent documents or interviews. An inductive approach, therefore, was most helpful for drawing conclusions from the data. As mentioned previously, data was gathered from curriculum documents and by conducting semi-structured interviews. I will now discuss why conducting interviews was of vital importance to this research project.

INTERVIEWS

Holstein and Gubrium (2008) argue that if

social order is accomplished in and through its practices, then social worlds and circumstances are self-generating. Members... are continually “doing” social life in the very actions they take to communicate and make sense of it (178).

Qualitative methods, and interviews in particular, are essential to use to understand how the teachers “communicate and make sense of” social life. Interviews are the only research method that could give me access to the teachers’ representations of various drugs and sexualities and how they frame these topics. I conducted semi-structured interviews in order to ensure all topics that came to be important throughout the initial stages of my research had been covered, but also to allow for new topics to emerge throughout the conversation.

Semi-structured interviews are able to generate rich, detailed discourses from the interviewee because they do not limit the possible answers or reasoning for answers. The interviewee, therefore, is able to explain in as much detail as they wish. Semi-structured

interviews also do not limit the topics of discussion that the interviewee can discuss or point to the importance of. This allowed me to better understand how the interviewee conceptualized the topic and justified the importance of the various subtopics.

During the interviews, I tried to understand how the teachers framed drugs, sex, health, risk, morality and deviance and their motivation for teaching HPE through contextual questions. Mason (2002) explains that,

the researcher needs to devise questions and modes of asking which both anticipate and discover the range of contexts in which moralities of [the research topic] get done by or in relation to their interviewee (227).

Mason (2002) explains the importance of asking a spectrum of contextual questions instead of general questions during interviews in order to better understand how the person conceptualizes the issue being discussed and make it easier for them to expand on their answer. Mason (2002) also explains that contextual questions are particularly helpful to use in order to understand the moral perspective of the interviewee without asking them to explicitly state their moral standing on the issue being discussed. For example, during my interviews it was important to understand what the teacher believed to be important about drug and sex education and what they hope the students would remember from these lessons. It was also important to understand how they convey this importance to the students. Mason (2002) argues that researchers should allow an opportunity for the interviewee to include life stories when answering moral questions. For this reason, I allowed and encouraged the interviewees to include life experiences, such as their own drug and sex education experiences, in their answers.

Below is a list of topics that were discussed within the interviews. It should be noted that each interview was expected to be different and discuss different subtopics.

Each interview began with the following introductory phrase and question⁹:

“As an undergraduate student I became very interested and passionate about my studies. This led me to applying for the Master’s program at Carleton University and has given me aspirations of participating in a doctoral program as well. What do you feel led you to become a Health and Physical Education teacher?”

Topics:

- 1) Motivation for teaching HPE
- 2) Pedagogical approach
 - a. Materials used
 - b. Style of teaching these topics
- 3) Contents covered
 - a. Reasons for inclusion or exclusion of topics
- 4) Memorable experiences during class
- 5) Most important message you want to send to the students
- 6) Role of the school versus parents in drug/sex education
- 7) Description of school on school board’s website
- 8) Comments on the curriculum
- 9) Defining Health
- 10) Drug Use vs Abuse vs Addiction

After conducting the interviews I transcribed them to prepare the data for analysis. I categorized the interview data based on common themes and indicators of how the teachers framed drugs, sex, deviance, etc. As mentioned earlier, in addition to interviewing teachers, I completed a critical discourse analysis of the HPE curricula¹⁰. I will now discuss why critical discourse analysis is the most useful method of textual analysis for answering my research question.

⁹ This phrase was not used at the beginning of one interview because the discussion leading up to the interview placed an emphasis on another question and it made logical sense to begin with that topic.

¹⁰Curriculum documents are expected to guide course material of all classes taught in Ontario. They provide a checklist of key points and standards for teachers to use to evaluate their students. These can be found at <http://www.edu.gov.on.ca/eng/teachers/curriculum.html>

CRITICAL DISCOURSE ANALYSIS

Discourses are diverse representations of social life which are inherently positioned (emphasis in original) (Fairclough 2001: 235).

Critical discourse analysis is a method of analyzing discourses that connects social problems and processes with language and interactions (Fairclough 2001). Similar to other analysis strategies, critical discourse analysis is able to unpack social relations of power and inequality that are promoted through the use of specific language. I have chosen to use critical discourse analysis over other analysis strategies, however, because I am trying to understand the operation of social control and the constitution of deviance, which critical discourse analysis focuses more on compared to other methods. The use of critical discourse analysis focused my attention on how social control is part of formal drug and sex education in contemporary Canadian society, which is essential in answering this research question.

Critical discourse analysis is “critical in the sense that it aims to show non-obvious ways in which language is involved in social relations of power and domination, and in ideology” (Fairclough 2001: 229). Critical discourse analysis is essential to use because it reveals the relationship between language choices and social relations. Critical discourse analysis, therefore, allowed me to understand the operation of social control within language and the broader social implications of language choices. Toolan (1997) explains that the underlying ideologies of the specific discourses used reinforces power relations in society. The underlying ideologies of specific discourse are indicative of how social control is operating as these ideologies would posit behaviours and activities as deviant and necessary to avoid. The ability to reveal the relationship between language

and social control was helpful since the teachers and curricula did not always explicitly problematize specific activities.

Fairclough (1985) discusses the “critical goals in discourse analysis” (746) and the relationship between discourse, ideology and social structures. Fairclough (1985) argues that “verbal interaction is a mode of social action” which make a variety of assumptions about society (746). By examining the discourse of teachers and the curricula I was able to understand their assumptions about drug and sex. For example, later in this thesis it will be outlined that the teachers and curricula placed a lot of emphasis on young people using birth control and other harm reduction measures when engaging in sexual activities in order to avoid pregnancy and STIs. This assumes pregnancy is unwanted and problematic for young people.

Fairclough’s (1985) description of social actions and verbal interactions defines them to be part of a cyclical relationship in which they build upon one another. Through this process, ideologies in society become naturalized and assumed to be common sense, which makes them “no longer visible as ideologies” (Fairclough 1985: 752). This is similar to Berger and Luckmann’s (1990) conceptualization of how socialization affects an individual’s conception of the subjective world by acquiring institutional knowledge. Holstein and Gubrium’s (2008) description of discourse supports Fairclough’s (1985) argument. Holstein and Gubrium (2008) argue that “[d]iscourse not only puts words to work, it also gives them their meaning, constructs perceptions, and formulates understanding and ongoing courses of interaction” (183). By acknowledging the underlying meanings and ideologies in discourse, critical discourse analysis will be able

to link individual, or organizational, discourse with the operation of social control of drugs and sex in contemporary Canadian society.

I predominantly followed Fairclough's (2001) method of critical discourse analysis . O'Regan's (2006) "Text as a Critical Object (TACO)" method (180, 192-193) was also very helpful for me to understand how to undertake this critical discourse analysis and recognition of that is also due. O'Regan's (2006) TACO method is a procedure that can be used to complete a critical discourse analysis. The examination of the vocabulary used are based on O'Regan's (2006) TACO method.

My analysis includes an examination of the vocabulary used, the values and meanings associated with the vocabulary selections and the significance of the words that were chosen. Fairclough (2001) explains that "text analysis is analysis of the textual work of: representing; relating; identifying; valuing" (241). After completing the analysis of the text, I then questioned how the text represents, relates, identifies and values "social relations, social identities, and cultural values" (Fairclough 2001: 241). By questioning how the text represents, relates, identifies and values social relations, social identities and cultural values, I was able to compare the teachers' discourse with the discourse used in the curricula. This comparison helps me explain how this case study contributes to the knowledge of social control in contemporary Canadian society. By questioning how the text represents, relates, identifies and values social relations, social identities and cultural values I am also able to explore some of the sociological foundations of how social control is operating within drug and sex education.

Critical discourse analysis assumes that discourse can be one means of control. It also assumes the discourse an individual, or organization in the case of the provincial

documents, uses is a means of control based on their subjective perceptions of deviance. My thesis assumes there is no definitive definition of deviance and the definition of an individual or activity as deviant is dependent upon the social, historical and political contexts that surround that individual or activity. The constitution of various drugs and sexual practices as deviant, risky, immoral, etc. in the discourse used by the teachers and curricula included in this research can be understood, therefore, as social control. The findings and implications of this thesis are dependent upon the social construction of deviant forms of drug use and sexuality within the data collected. I will discuss the importance of reflexivity during social science research, and this thesis in particular, next in this chapter. At this point, however, it is important to note that the social construction of deviant drugs and sexuality within the data collected will be affected by how I analyze the discourses in the data. It is also important for me to acknowledge my influence on the discourse produced during the interview since it was a semi-structured interview and I contributed to the produced discourses. This description of how I completed the critical discourse analysis for this data is necessarily subjective.

Critical discourse analysis assumes that objectivity is unreachable and there are no value free facts (Flyvbjerg 2001). Flyvbjerg (2006) argues that all facts are value laden and social science research should promote circumstance based knowledge over universal knowledge as a goal for social science research. By uncovering how language and social practices reinforce social control and the social structure using critical discourse analysis, social science researchers are able to demonstrate how there are no value free facts and objectivity is not achievable within the social sciences. Since this will be a subjective analysis of the data, it will be essential for me to be reflexive.

REFLEXIVITY, SELF-INTERPRETATION AND TRANSPARENCY

Throughout this research, and particularly in the data analysis stage, I needed to be constantly reflexive and question how my personal experiences and opinions affected how I examine this case study. Tracy (2010) defines self-reflexivity as “honesty and authenticity with one’s self, one’s research, and one’s audience” (842).

Mauthner and Doucet (2003) argue that reflexivity is an essential process that must occur throughout the research process. Specifically, Mauthner and Doucet (2003) explain how “the interpretation of data is a reflexive exercise through which meanings are made rather than found” (414). My critical discourse analysis, therefore, created meaning in the language used throughout the data. The meaning created in the critical discourse analysis allowed me to draw inferences of how social control operates in society. Mauthner and Doucet (2003) imply that in order to make these suggestions, however, I must make my research process and data analysis transparent.

Flyvbjerg’s (2001) idea of self-interpretation is an essential aspect of how I understand the process of remaining transparent and reflexive. Flyvbjerg (2001) explains two types of self-interpretation that are necessary to this project, which are self-interpretation of the interviewees and of myself (32-33). These allow me to understand how the context of the teachers has shaped how they teach drug and sex education¹¹ and how my own context affected how I interpreted the data.

¹¹ For example one teacher explained that he has changed his method of teaching over the years.

CONCLUSION

The use of two qualitative methods (semi-structured interviews and critical discourse analysis) is an essential aspect of this thesis because it allows me to create a fuller understanding of how social control is operating in drug and sex education based on how teachers and the curricula framed these activities. The use of critical discourse analysis constructed meaning within the discourse of the curricula and the use of semi-structured interviews provided an opportunity for the teachers to explain their own perceptions of health, drugs and sex in detail. The ability to fully understand the framing of these activities within drug and sex education was essential to understanding how social control operates within it.

Chapter 4 : Social Control Within Government Expectations

In Ontario, drug and sex education is taught within the HPE curriculum. As mentioned previously, I have completed a critical discourse analysis of the HPE curriculum documents that were created by the OMET. Teachers are to follow the guidelines in these documents when teaching and they are available for each grade and subject taught in Ontario elementary and secondary schools. These documents outline the overall and specific expectations of what students should learn in each grade and provide an evaluation outline and other relevant information for teachers. Without further research I am not certain what form of discipline would be applied, if any, for a teacher's deviation from the curricula standards. As will be discussed in the next chapter, the teachers' discourses indicated the freedom they have to interpret and implement the curricula, while others discussed the criticism of parents for not explicitly following the curricula. Perhaps deviating from the curricula is only problematic if a parent or principal realizes it has happened and does not agree with what topics the teacher has included.

I am analyzing drug and sex education from all grades for this thesis, which is found in the Healthy Living strand. In the elementary HPE classes and the Healthy Active Living Education¹² secondary classes, three of the strands are the same: Living Skills, Active Living and Healthy Living. The fourth strands are named differently but encompass the same idea. In elementary classes it is the Movement Competence: Skills, Concepts and Strategies strand. For the core secondary classes it is the Physical Activity strand.

¹² The Healthy Active Living Education class for grades 9 through 12 is the core HPE class. There are other classes within the HPE curricula for grades 9 through 12.

In the elementary curriculum, the expectations for the Healthy Living strand are outlined in a more complex manner than the other three strands. Each topic within the Healthy Living strand, except for Growth and Development, is divided into three subtopics. As mentioned in previous chapters, the new elementary curriculum was retracted and an interim document was taught during the 2010 to 2011 school year. In this document the Growth and Development section contains the same overall and specific expectations of the previous curriculum document which was created in 1998. I will be analyzing this interim document along with the curriculum for grades 9 to 10 which was created in 1999 and for grades 11 to 12 which was created in 2000. Within the secondary curricula, the Healthy Living strand is outlined in as much detail as the other strands, which are the Living Skills, Active Living and Physical Activity strands.

My analysis of these documents is separated into the key words, which examines the vocabulary used and the significance of this vocabulary, found within the curricula and concludes with an analysis of how these texts represent, relate, identify and value social relations, social identities and cultural values and how social control has operated within the curricula.

Throughout this analysis I will argue that social control is operating within the discourse used. More specifically, I will argue that social control is operating in the curricula's representations of health, drugs and sex. I will also argue that the discourse used by the curricula categorizes behaviours, actions and identities as acceptable and healthy or unacceptable and unhealthy and proactively responds to these categories by trying to prevent students from engaging in them. I will argue that the emphasis placed on responsibility, making informed decisions, life skills and risk in the curricula is an

expression of social control because, for example all behaviours, actions and identities not categorized as responsible are categorized as irresponsible. Finally I will argue that how these texts represent, relate, identify and value social relations, social identities and cultural values is another expression of the constitutive nature of social control. I will begin with an examination of how the term health is used within the curricula and the importance placed upon it.

HEALTH

Health is an important term for these documents as well as this thesis. The elementary and secondary curricula's discourse define health in a similar manner and indicate that activities and behaviours not constituted as healthy are unhealthy and necessary to avoid. The elementary curriculum uses the World Health Organization's 1948 definition of health as the basis for this term. Health is "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity" (OMET 2010: 8). It also uses Health Canada's 1998, determinants of health which are

income and social status, social support networks, education and literacy, employment and working conditions, physical and social environments, biology and genetic endowment, personal health practices and coping skills, healthy child development, availability and quality of health services, gender, culture, and other influencing factors (OMET 2010: 8).

The inclusion of these definitions is important for the reader to understand the broad ranging definition that is meant when the document uses the term health.

The secondary documents do not contain a definition of health as the elementary curriculum does, so the definition of health is found in the way the term is used. The term health is used in two ways in these documents, to describe the absence of a condition or

disease and to describe lifestyle choices. For example the grade 9-10 document describes healthy sexuality as “avoiding unwanted pregnancies and STDs such as HIV/AIDS” (OMET 1999: 10). In this expectation, STDs are constituted as an unhealthy condition that is necessary to avoid. This constitution of unhealthy conditions in general, and STDs in particular implies that not using precautionary measures, and thus being exposed to STDs, is considered an unacceptable activity. The constitution of problematic sexual activities and precautionary measures will be expanded upon later in this chapter. What this example demonstrates here is that the condition of health, as used within the curricular documents, is often dependent on lifestyle choices.

Lifestyle choices are divided into two categories, healthy and unhealthy. For example, students are taught to “analyse how various lifestyle choices (e.g., decisions pertaining to nutrition, physical activity, and smoking) affect health” (OMET 2000: 14). The document’s representation of smoking will be expanded upon later in this chapter, for now I will simply point to how the lifestyle choice of smoking is constituted as unhealthy. The promotion of healthy lifestyles is an extensive part of these documents. As the introductory section explains,

All components of the health and physical education curriculum help students develop a healthy active lifestyle while in high school and the ability to maintain it after graduation (OMET 1999: 5).

Throughout this document the opposite of every categorization or constitution of being healthy is being unhealthy. This argument can be extended to the elementary curriculum as well because the term health is used in the same way as the secondary curricula. For example,

apply decision-making strategies to make healthy choices about behaviours and the use of various substances in ways that could lead to dependencies, identifying factors that should be considered (*e.g., short-term use of medications can be helpful for an illness, but misuse of some medications could lead to dependency or harm;* (emphasis in original) (OMET 2010: 110).

The elementary and secondary curricula regularly promote “healthy active living” (OMET 2010: 136). The constitution and promotion of a healthy active lifestyle throughout the curricula illustrates the specific parameters of health and how it is valued within these documents. The importance of health is also established in the placement of drug and sex education within the ‘Healthy Living’ strand of ‘Health and Physical Education’.

RESPONSIBILITY

Similar to health, importance is placed upon responsibility in the elementary curriculum. The secondary curricula do not emphasize responsibility in the same way, which is one main difference between the elementary and secondary curricula. Teaching responsibility is presented as one of the main goals of HPE in elementary school, as the first part of the document discusses the importance of being responsible in almost every subsection. Students learn to be responsible for their health, “a sense of personal responsibility for lifelong health” (OMET 2010: 29), their safety, as “emphasis is placed on having students learn how to take responsibility for their own safety, at home and in the community” (OMET 2010: 69), and for their own learning, as “responsibilities with respect to their own learning develop gradually and increase over time, as they progress through elementary and secondary school” (OMET 2010: 9). Finally, students also must learn to be responsible members of society,

all learners develop the knowledge, skills, and perspectives they need to be informed, productive, caring, responsible, healthy, and active citizens in their own communities and in the world (OMET 2010: 3).

The elementary curriculum's discourse of responsibility tries to prevent irresponsibility. It defines for students unacceptable activities that they are responsible for avoiding and constitutes students' actions as irresponsible if they are not responsible as outlined in the curriculum. This makes students responsible for engaging in drugs and sex in healthy, acceptable ways and implies the student is an irresponsible and unhealthy member of society for not following these guidelines.

MAKING INFORMED DECISIONS

Similar to the construction of irresponsibility are discourses positing some decision making processes as uninformed. In the elementary curriculum students are also responsible for making informed decisions based on the education they receive. The elementary and secondary curricula emphasize making informed decisions. Making informed decisions is constituted as essential because it will impact all parts of the student's life,

Teachers can help students see connections between what they learn and their ability to make important decisions related to various aspects of their health and well-being, and they can remind students of the importance of thinking carefully about decisions that could have a major impact on all parts of their lives – physical, emotional, social, mental, and spiritual (OMET 2010: 12).

The discouragement of acting without first making an informed decision is trying to prevent unacceptable activities from occurring. It also constitutes inappropriate behaviours for youth to engage in throughout their lives. Students are taught that the proper way to make decisions is based on the information they receive from school.

demonstrate the ability to apply health knowledge and living skills to make reasoned decisions and take appropriate actions relating to their personal health and well-being (OMET 2010: 80).

The constitution of informed decisions as appropriate and necessary before acting categorizes activities and behaviours as a result of an informed decision or as a result of an uninformed decision. Activities and behaviours that are constituted as inappropriate, unhealthy or necessary to avoid are part of the category of uninformed decision making, including the representations of drugs and sex which will be discussed below.

LIFE SKILLS

HPE is not only teaching about health, but also life skills. Similar to the constitution of uninformed decisions, life skills are a preventative measure addressing how students will engage in drugs and sex throughout their lives. Life skills, as outlined in the elementary curriculum, are personal, interpersonal and critical and creative thinking skills and are part of the secondary curricula as well. Life skills are emphasized and expected to be part of all grades. The inclusion of them in every grade emphasizes the importance of them for students. The focus on life skills legitimizes the curricula's constructions of health, drugs and sex by constituting them as enduring definitions throughout the students' lives. This implies that these definitions also exist within the broader society.

The curricula also associate life skills with preventing consequences. For example, students in grade 8 are expected to

apply living skills (e.g., decision-making, assertiveness, and refusal skills) in making informed decisions, and analyse the consequences of engaging in sexual activities and using drugs (OMET 2010: 201).

The consequences could be formal or informal punishments or they could be the transmission of a condition which will affect the individual's health, as was described in the above sections.

RISK

Risk is a small part of the elementary and secondary curricula's discourses of negative consequences. Risks are discussed without a specific definition of what they are. Risks are discussed as part of everyday life, including communication technology and eating practices and as reasons to avoid engaging in drugs and sex. The curricula's discourses constitute various activities as unacceptable because they are risky.

EXPECTATIONS

The elementary and secondary curricula define the topics to be covered within each grade and strand as overall and specific expectations. The definition of the topics to be covered as expectations creates standards and guidelines of the knowledge students are to learn. Within the HPE guidelines, this classification of the standards implies that students should apply the knowledge of these expectations to their daily lives. For example, the following are the overall expectations for the grade 9 Healthy Living strand.

Overall Expectations

By the end of the course, students will:

- identify the factors that contribute to positive relationships with others;
- explain the consequences of sexual decisions on the individual, family, and community;
- demonstrate personal strategies to deal effectively with the social influences that contribute to the use and abuse of alcohol, tobacco, and other drugs (e.g., cannabis);
- identify strategies to minimize potentially dangerous situations (e.g., violence prevention, injury prevention) (OMET 1999: 10).

Students are expected to “demonstrate personal strategies to deal effectively with the social influences that contribute to the use and abuse of alcohol, tobacco, and other drugs (e.g., cannabis);” This implies that students are also expected to use these strategies outside of the school setting when they are faced with influences to use these drugs. This can also be applied to how the curricula expect students to use these strategies when engaging in sexual activities. Before examining how the curricula represent drugs and sex, I will first examine the curricula unit names.

CURRICULA UNIT NAMES

As mentioned above, drug and sex education are taught as part of the Healthy Living strand in elementary and secondary classes. By placing drug and sex education within the Healthy Living strand, the curricula are explicitly defining that there are healthy and unhealthy ways to engage in drugs and sex. Similar to the discussion of life skills, the ‘living’ part of this strand indicates that these topics will be an ongoing part of the students’ lives.

Within the Healthy Living strand, sex education is taught as part of the Growth and Development unit in the elementary curriculum and the Healthy Growth and Sexuality unit in the secondary curriculum. The secondary curriculum acknowledges that they are teaching about sex, however, the elementary unit’s name does not acknowledge the sexual subject matter being taught. They are discussing the physical changes that people undergo as they mature from children to adults, the growth and development, but they are also teaching about sex, sexual activities, condom use, sexually transmitted infections, etc. The language used for this unit name establishes that it is unacceptable to

name an elementary class as sex education but not a secondary class. This can also be applied to the language used for the drug education unit names.

Within the Healthy Living strand, drug education is taught as part of the Substance Use, Addiction and Related Behaviours unit in the elementary curriculum. In the secondary curricula it is part of the Substance Use and Abuse unit. It is important to examine what it means for drug education to be classified as 'substance education'. The term substance could be used because of the negative connotations of the word drug. The use of the term substance and inclusion of other activities as substances, instead of drug is a way to cover drug education without naming it as such; however, this is avoiding the important subject matter being taught. Throughout this thesis I will continue to refer to the curricula's substance education as drug education.

The drug education part of this strand is disregarded in the introduction of the Healthy Living strand in both the secondary curricula.

Issues investigated in the healthy living component include healthy growth and sexuality, mental health, personal safety, and injury prevention (OMET 1999: 4).

Students will develop additional skills and knowledge relating to healthy growth and sexuality, mental health, personal safety, and injury prevention (OMET 2000: 3).

Here mental health is included as one of the four subtopics instead of substance use, even though mental health is not a subtopic of the strand. Without further research into this I have no explanation of why this is, but hypothesize that it may be an indicator that these documents do not place importance on drug education or that they are trying to avoid controversy over teaching drug education. I will now examine how the curricula represent drugs and sex.

REPRESENTATIONS OF DRUGS AND SEX

. The elementary and secondary curricula had many similarities and differences in their representations of drugs and sex. In the following sections I will provide several examples of how drugs and sex were represented in order to illustrate how social control is operating in the curricula's discourses.

Drug Education

Drug education begins in grade 1 and is part of every grade until grade 12. The curricula include over-the-counter, prescription, alcohol, tobacco and illegal drugs and use a variety of these drugs as examples throughout the document. In this section I will argue that various drugs and activities related to drug use were constituted as unhealthy, unsafe and necessary to avoid depending upon the circumstance, for example cultural differences in drug use. I will also argue that drugs are represented in a similar manner in the elementary and secondary curricula.

Drugs were predominantly defined as unhealthy and necessary to avoid throughout the elementary and secondary curricula. The type of drug was an important factor in how the curricula represented drugs. Illegal drugs were almost always defined in this way, while tobacco, alcohol, over-the-counter and prescription drugs were more often defined as acceptable or unacceptable to use depending on the circumstance. The constitution of acceptable and unacceptable circumstances to use drugs will be discussed later in this section.

The curricula also constituted drugs as unhealthy by excluding them from being part of a healthy lifestyle and connecting drugs to unhealthy conditions. For example,

students in grade 11 are taught that using drugs can spread communicable diseases, and should not be used to avoid transmitting a disease.

explain methods used to prevent the transmission of communicable diseases (e.g., abstinence from practices that may lead to contamination, avoidance of drugs) (OMET 2000: 16).

The broad use of the term drug in this expectation has defined all drugs as a cause of unhealthy conditions (“communicable diseases”) and it has linked drugs to unhealthy lifestyle choices (“practices that may lead to contamination”). This is one example of how drugs are broadly constituted as unhealthy in the elementary and secondary curricula. The curricula also define drugs as unhealthy in more specific terms.

Substance Use, Addictions, and Related Behaviours

C3.2 analyse the personal and societal implications of issues related to substance use and addictive behaviours (*e.g., effect of technology dependence on school and workplace performance, risks associated with chewing tobacco, effects of second-hand smoke on non-smokers and children, legal and health implications of underage drinking, body damage and reputation loss among athletes as a result of the use of steroids and other performance-enhancing drugs; risk of HIV/AIDS with intravenous drug use; risk of fetal alcohol spectrum disorder [FASD] as a result of alcohol abuse during pregnancy*) [CT]

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Teacher prompt: “Underage drinking is a concern in our school. Who can be harmed by underage drinking, and how?”

Student: “Underage drinking can be harmful to the person doing it because it can lead to legal charges and physical and emotional harm. Alcohol abuse is connected to violence in relationships and to unwanted pregnancies, so other people are hurt by it. Intoxication can also lead to risky behaviour that can result in injury or death. Alcohol poisoning can even be fatal. Underage drinking can be harmful to family members and the community because of the personal injuries or property damage that can result from actions or behaviour associated with impaired judgement, including car crashes. Irresponsible behaviour can damage not only the reputation of the person involved but also the reputation of teenagers in general. Underage drinkers also risk losing the trust of their parents and other adults.” (emphasis in original) (OMET 2010: 186).

This example of the grade 7 expectations constitutes alcohol as unhealthy when consumed by people under the legal limit, when consumed to the point of intoxication and when consumed irresponsibly. These specific unhealthy definitions of consuming alcohol are dependent on the drug itself as well as the circumstance in which the individual is consuming alcohol.

Within the curricula's discourses students are taught that drugs are unhealthy to use in a variety of circumstances. For example,

Teacher prompt: "Different types of drugs can have very different effects on your body, depending on whether they are stimulants, depressants, hallucinogens, or psychiatric drugs. Cannabis is a commonly used illicit drug. The effect of cannabis on your body depends on a number of things: how much you use, how often and how long you use it, whether you smoke it or swallow it, your mood, your environment, your age, whether you've taken other drugs, and your medical condition. What are some possible effects of using cannabis?"

Student: "Cannabis can change the way you see and feel things – distances can seem shorter or longer than they really are, and things that are serious can seem funny. Larger amounts can lead to feelings of losing control, panic, or confusion. Physical effects include red eyes, dry mouth, a higher heart rate, and a feeling of hunger. Using cannabis often and for a longer time can lead to being physically dependent on it. Then, when people stop using cannabis, they can have withdrawal symptoms, which can include feeling irritable, anxious, or nauseated, not having an appetite, or not being able to sleep well."

Teacher: "How can these effects of cannabis affect a person's life?"

Student: "Cannabis can affect your performance at school because it makes it harder to concentrate. It can be dangerous if it's used with alcohol because it makes the effect of the alcohol stronger and makes you more intoxicated. It can affect your ability to drive safely. It can get you into trouble with the law because it is illegal to grow, possess, or sell cannabis. If you are pregnant, it can affect your baby. But cannabis is also used for some medical purposes, such as relieving nausea and stimulating appetite in patients who have cancer or AIDS." (OMET 2010: 162).

This example has mainly outlined the negative consequences of cannabis and circumstances which it should not be used. It has also explained one circumstance in

which it is acceptable to use cannabis, “for some medical purposes”..The consequences of cannabis use in this example, both positive and negative, have linked the constitution of unacceptable drug use with formal punishment, “It can get you into trouble with the law”.

The elementary curriculum’s use of the law as a reason to avoid drug use will be discussed next, now I will discuss how the elementary and secondary curricula define activities differently based on cultural customs. For example the elementary curriculum does not define tobacco as unhealthy when used for traditional practices by First Nations peoples (OMET 2010: 131). The curricula also define culture as impacting how individuals engage in sexual activities. For example, “describe how society and culture affect individual perceptions and expressions of sexuality” (OMET 2000: 22). The circumstance, in this case cultural beliefs and traditions, affects how various activities are defined as necessary or unnecessary to avoid. Other circumstances that affect how the curricula define drugs and sex are when these activities are controlled by the law.

Similar to the constitution of unhealthy activities as a reason to avoid them, the law is emphasized throughout the elementary curriculum as an essential reason for avoiding particular drugs¹³. For example, when making healthy choices three things are emphasized to grade 3 students: what is healthy, what is harmful and what is legal. This categorization makes consuming illegal drugs problematic in and of itself, while consuming legal drugs is only problematic in some circumstances.

¹³ This was not done for sexual practices.

The law is also used to justify at what age drugs are acceptable to use. For example in grade 5 students are taught the difference between adults and youth drinking alcohol is the law.

Teacher prompt: “Some adults choose to drink alcohol in social settings or during celebrations. How is this different from a teen drinking alcohol?”
Student: “It is legal for adults to drink alcohol. Drinking in moderation, avoiding getting drunk, and following the law about drinking and driving are some of the responsibilities that adults who choose to drink alcohol have to accept.” (OMET 2010: 147).

This example has constituted the law as a defining factor for when it is appropriate to consume alcohol. Similar to the above example, the law will define the consequences of inappropriately using alcohol depending upon age and activity (for example before driving). This quote is also indicative of how the curricula constitute inappropriately using alcohol without depending upon the law. For example “getting drunk” is constituted as inappropriately using alcohol. The law is discussed within the secondary curricula, but not emphasized as it is within the elementary curriculum; this is one difference between the elementary and secondary curricula.

Other consequences are also linked to the inappropriate use of drugs throughout the curricula, for example students are taught that if they use inappropriate drugs or appropriate drugs incorrectly there are consequences such as this example that medication (over-the-counter or prescription drugs) can be used in healthy and unhealthy ways.

apply decision-making strategies to make healthy choices about behaviours and the use of various substances in ways that could lead to dependencies, identifying factors that should be considered (*e.g., short-term use of medications can be helpful for an illness, but misuse of some medications could lead to dependency or harm...*) (emphasis in original) (OMET 2010: 110).

The consequence of misusing medication in this expectation is addiction. Similarly, drug misuse and abuse are constructed as likely to occur from any drug use and result in negative consequences. These constructions make drug use necessary to avoid in order to circumvent these negative consequences.

The curricula also link drug misuse, abuse and addiction to broader social problems. The curricula define the consequences of drug misuse, abuse and addiction as affecting not only the individual but other people as well. For example the teacher student dialogue in grade 3 explains that the abuse of drugs affects the ability of the person to take care of their family and could lead to emotional or physical abuse.

Teacher prompt: “When a family member is abusing alcohol, there is an impact on him or her, but there is also an impact on others. What impact does it have on others in the family?”

Student: “People who abuse alcohol may not be able to take good care of their families. They may miss important events, spend money on alcohol that is needed for other things, or get involved in arguments. Sometimes emotional or physical abuse happens in families if someone is abusing alcohol.” (OMET 2010: 109).

This example demonstrates how the curricula link drug abuse with broader social problems and practices. In order to avoid these negative consequences, students are taught strategies to avoid drug use. One strategy to avoiding drug use is understanding the factors that lead to it, for example peer pressure or “social influences” (OMET 1999: 10). The negative construction of peer pressure gives the school authority as a positive influence on the students’ actions. The school also teaches students how to manage the negative consequences of drug use. In order to manage these negative consequences, support services in the school and community are discussed with students. Students are

taught about support services that can help with “substance use and addictive behaviours” (OMET 2010: 160).

Drugs and the effects of using drugs are framed in a negative way in every grade from grade 1 through to grade 12. Students are taught repeatedly that using illegal drugs, or legal drugs in illegal ways, will have negative consequences for themselves, their families and their communities. In the next section I will outline how sexual activities are discussed.

Sex Education

Sex education begins in grade 1 and is included in every grade until grade 12. The elementary and secondary curricula focus on the physical changes people undergo as they develop from children to adults, the reproductive system and harm reduction measures (for example condoms). In this section I will provide several examples of how curricula represent sexual activities and argue that the elementary and secondary curricula constituted similar sexual activities as unhealthy and necessary to avoid.

The elementary and secondary curricula focused on reproductive processes. This focus constitutes sex as an activity that primarily should be engaged in between a woman and man for reproduction and categorizes all other forms of sex as abnormal.

Similar to the curricula’s representation of drugs, social control is also operating in the representation of sexual activities as unhealthy. Sexual activities are constituted as unhealthy in two ways: as part of an unhealthy condition and as part of an unhealthy lifestyle. Healthy relationships are a key part of the curricula’s promotion of a healthy lifestyle.

Healthy relationships are based on respect, caring, empathy, trust, and dignity, and thrive in an environment in which diversity is honoured and accepted. Healthy relationships do not tolerate abusive, controlling, violent, harassing, or inappropriate behaviours (OMET 2010: 55).

In grade 4 healthy relationships are defined as “showing consideration of others’ feelings by avoiding negative communication” (OMET 2010: 132). This quote demonstrates how being healthy is the absence of negative, problematic activities, which will be discussed later. Being unhealthy, therefore, is participating in negative, problematic sexual activities which are not part of a healthy relationship. In grade 11 students learn “the factors (e.g., attitudes, values, and beliefs about gender roles and sexuality) that affect the prevention of behaviour related to STDs, AIDS, and pregnancy” (OMET 2000: 22). This example has linked sex with unhealthy conditions, “STDs, AIDS, and pregnancy”, and unhealthy lifestyle choices, “behavior”. Unhealthy lifestyle choices, therefore, lead to sex which should not be engaged in. STDs, AIDS and pregnancy are also constructed as consequences of unhealthy sexual activities in the curricula.

The negative consequences of sexual activities are described as affecting not only the individual. In grade 9 students learn about “the consequences of sexual decisions on the individual, family, and community” (OMET 1999: 10). The inclusion of consequences for the individual as well as others is indicative of the moral undertone of the curricula. The curricula emphasize avoiding these consequences by following specific steps.

Within the curricula, learning about the consequences of sex includes learning about abstinence as well as harm reduction measures to avoid unhealthy conditions. Unlike drug education, sex education in these documents contains some harm reduction

measures, for example using condoms. The inclusion of these measures demonstrates that it is expected that students will eventually engage in sexual activities and they are encouraged to do so in a safe, healthy way. Despite the focus on sex for reproduction throughout the curricula, the curricula represent pregnancy as an unwanted condition for the students. Pregnancy is acceptable in certain circumstances, when an individual is of a certain age, not secondary students. Abstinence is promoted as “a positive choice for adolescents” (OMET 2010: 201) for students in order prevent pregnancy.

Sexual activities that are not part of a healthy relationship are also negatively constructed. For example, as mentioned above, “abusive, controlling, violent, harassing, or inappropriate behaviours” (OMET 2010: 55). Other examples include, “avoiding negative communication” (OMET 2010: 132), and “relationship violence – physical, verbal, sexual, emotional” (OMET 2000: 11). The elementary and secondary curricula do not specifically define these elements but the brief inclusion of them has outlined what activities would be part of an unhealthy relationship and are necessary to avoid.

The curricula’s representations of sex also have a lot of positive emphasis on sexuality and healthy relationships. For example in grade 12 students learn about “healthy, respectful, and long-lasting relationships” which include “communication skills needed to discuss sexual intimacy and sexuality” (OMET 2000: 22). Positive aspects of drug use were only a small part of the drug education, for example the discourse on appropriate use of medicine. Negative aspects of sexuality are still part of the sex education discourse, for example the discourse on consequences.

ANALYSIS

In the above sections I completed a critical discourse analysis on the elementary and secondary curricula and provided several examples of the discourse used within the curricula. In this section I shall argue that social control is operating within the curricula's discourse and analyze the various ways this is occurring.

A principal element of the discourse was the vocabulary of health. I outlined several examples of how the elementary and secondary curricula's discourses have parallel definitions of health as a condition or as a lifestyle. Social control is operating in the curricula's discourse of health in several ways. The constitutive nature of social control is operating in the categorization of unhealthy behaviours and activities as problematic and troublesome. These categorizations are closely linked to dominant discourses of health within the broader society. Social control is also operating in the valuing of and importance placed on health in the curricula as it is devaluing the conditions, behaviours, activities, persons, etc. that do not fit under the umbrella term of health. The promotion of health throughout this document is an instance of the proactive nature of social control.

The proactive nature of social control is also operating in the elementary curriculum's emphasis on responsibility, making informed decisions, life skills and risks as these discourse attempt to prevent students from being irresponsible, taking risks, etc. The secondary curricula also emphasizes these vocabulary with the exception of responsibility, which is one way that social control operates differently within the elementary and secondary curricula. How social control operates in the focus on responsibility, making informed decisions, life skills and risk is dependent upon the

curricula's definitions of health, drugs and sex as these define for students how to engage in these activities. These definitions are based on legal, moral and risk concerns of these activities that have developed from the social, political and historical contexts.

The discourses of responsibility, making informed decisions and risks constitute inappropriate behaviours for youth to engage in throughout their lives and ascribe negative consequences to them. These consequences justify the legal, moral and risks concerns and measures of controlling these activities. The inclusion of negative consequences in the discourse of responsibility, informed decision making and risks is an expression of social control as it defines troublesome behaviours and activities.

The emphasis on responsibility, making informed decisions and life skills implies the curricula's representations of health, drugs and sex will endure throughout the students' lives and be applicable to students outside of school. The constitution of the curricula guidelines as expectations also makes the school information applicable to the students outside of school. The enduring and applicable nature of the emphasis on responsibility, making informed decisions and life skills is another expression of the proactive nature of social control within the teachers' discourses.

Based upon the curricula's constitution of health, drugs and sex were defined as deviant, problematic, etc. conditions and lifestyles in different ways. Next in this section I shall analyze the similarities and differences in the operation of social control within this constitution of drugs and sex and within the elementary versus secondary discourses.

Social control operated in a similar manner in the classification of various drugs, drug use and sexual practices as problematic, unhealthy and socially damaging. Throughout this chapter I provided examples of how these definitions were dependent

upon the particular type of drug or sexual practice and the circumstance surrounding the activity. The basis of the constitution of particular activities and circumstances is linked to dominant discourses of drugs and sex and reinforces these discourses by disseminating them in the education system.

A key example of this reinforcement was the discussion of the legal boundaries of drugs within the elementary curriculum. The emphasis on the use of the law to control specific drug use in society in the elementary curriculum legitimizes it as a method of control within society. The secondary curricula did not emphasize as much the legal boundaries of drugs, which could be a result of these documents being 10 years older and less detailed. The legal boundaries of sexual practices were not discussed in the elementary or secondary curricula.

The discussions of the law also focused on the negative consequences of engaging with drugs. The focus on negative consequences of drug use is a proactive response of social control as it tries to prevent the students from these consequences. Similar to drugs, social control operates in the elementary and secondary curricula through the discussion of negative consequences associated with sexual activities that were defined as necessary to avoid. Within the discourses of drugs and sex, the consequences were constructed as impacting the individual as well as society. This necessitates a response in order to prevent harm to society. The discussions of consequences were suggestive of the moral undertone of the curricula. Drugs and sex, and the various circumstances in which they are engaged in, were moralized in the curricula.

One manner in which this is done is the equation of drug use with drug abuse and addiction. This equation classifies all drug use as inherently 'bad' and necessary to avoid.

Sexual activities are moralized in the elementary and secondary curricula's focus on the reproductive system and the differing constructions of pregnancy depending upon the individual's age and relationship status. Harm reduction measures, such as birth control, are promoted to prevent pregnancy in unwanted circumstances. The discourses of drug education do not include harm reduction measures.

The acceptable circumstances of pregnancy are part of the elementary and secondary curricula's focus on positive aspects of sexual activity and promotion of sexual health. The curricula do not acknowledge the prevalence of drug use in society or the pleasure and benefits that come from drug use. The difference in the construction of positive elements about sexual activities versus drugs implies that social control operates differently in sex education than it does in drug education.

I will now undergo an analysis of the social relations, identities and cultural values within the curricula and how social control has operated within the elementary and secondary curricula. I will argue that how the curricula represents, relates, identifies and values social relations, social identities and cultural values is an operation of social control because it connects the HPE curricula's expressions of social control with expressions of social control within the broader society. I will argue that the manifestations of social control within the curricula, for example the constitution of activities as healthy or unhealthy and the focus on responsibility, making informed decisions, life skills and risk, are expressions of social control within the HPE curricula. In this section I will also discuss the implications of the relationship between how social control operates within the curricula and the broader society.

As argued previously, the curricula represented most drugs as unhealthy, harmful substances that should be avoided. Illegal drugs were almost always presented in this way. Some legal drugs, such as alcohol and tobacco, were also represented in this way. The curricula identified drugs as necessary to avoid based on legal restrictions, and at times also the risks and consequences associated with drugs and the consumption of drugs, for example addiction. The curricula valued a healthy, drug-free lifestyle. The emphasis on living a healthy lifestyle within the curriculum expectations as well as the introductory reports explaining the importance of HPE relates the value of a healthy lifestyle to broader cultural values and expectations of how to live. I will expand upon this point later, but for now I will outline how the curricula represented, related, identified and valued sexuality.

As argued previously, the curricula represented sex as something that everyone will eventually engage in and presented how it should be engaged in, for example while in a relationship and with the use of harm reduction measures to avoid STIs and unwanted pregnancies. The curricula identified which sexual activities are acceptable and which are unacceptable based on perceptions of health, risk and harm, for example not protecting against STIs. Similar to how the curricula valued drugs, the curricula also valued sexual activities that are identified as healthy, for example as part of a healthy lifestyle and for reproduction. The emphasis on the reproductive system values sexual activity for reproduction, at the appropriate age, over engagement in these activities for pleasure. The curricula's representation and valuing of drugs and sex relates to broader cultural values of being healthy, active citizens.

The negative representations of illegal drug use or teen pregnancy teach the students which social identities are valued in society. The cultural values, social relations and social identities that are the basis of the discourses within curricula are a manifestation of social control because they distinguish what values, relations and identities are acceptable and appropriate from those which are not. The connections between what actions, behaviours and identities are promoted within the HPE curricula and the broader society implies that social control acts in a similar way in both of these settings.

CONCLUSION

Within the curricula, social control operated differently depending upon the subject matter, for example drugs versus sex and tobacco versus alcohol. Social control also operated differently depending upon the circumstance the discourse was discussing, for example cultural differences or age of the students. The complexity of the elementary curriculum provided abundant examples of how social control was manifesting, while the secondary curricula still provided rich examples of the different manifestations of social control. In the next chapter I will examine how the teachers represented health, drugs, sex and knowledge within their interview discourse. I will compare these representations with those of the curricula in order to answer whether social control is operating in the teachers' discourse, as it was operating in the curricula.

Chapter 5 : Teachers' Perceptions of Health, Drugs and Sex as an Expression of Social Control

This chapter outlines the common themes found within the teachers' discourses and examines how these are an expression of social control. These themes are the importance of health education, the importance of the school and the HPE teachers, the construction of knowledge, pedagogical objectives and approaches and how drugs and sex were represented by the teachers. As mentioned in previous chapters, the information from this chapter is based on semi-structured interviews I conducted with 5 elementary and 4 secondary teachers from the TDSB during the winter of 2010. A short description of these teachers is available in the Appendix.

In this chapter I will argue that social control is operating in the teachers' discourses primarily through the constitution of activities as unhealthy and necessary to avoid. I will argue that social control operates differently within the teachers' discourses of drug education than it does within the teachers' discourses of sex education, as well as within the elementary versus the secondary teachers' discourses. I will explore similarities and differences between the various teachers' discourses in order to explain how social control is operating in drug and sex education.

Throughout this chapter I will connect the teachers' discourses and representations of health, drugs, sex and acceptable or unacceptable activities with how these topics were represented within the curricula. I will argue that the teachers and the curricula were similar in their representations of these topics and that this is demonstrative of how social control acts within HPE and specifically with drug and sex education.

IMPORTANCE OF HEALTH EDUCATION

Health education was stressed as being a necessary subject for students throughout school. Although most teachers did not explain the health part of being a HPE teacher to be the draw towards this career, they found the importance of it while teaching. The importance placed on health education and the teacher's definition of health is very important to answering my research question.

In order to answer if social control is operating within drug and sex education, I looked for indicators of how the teachers defined activities and behaviours as deviant, problematic, etc. In the teacher's discourses deviant and problematic activities were constructed as activities to be avoided because they are not healthy. The teachers' discourse categorized activities and behaviours as either healthy or unhealthy. With regard to drugs and sex, the teachers' subjective interpretations of activities and behaviours as 'healthy' or 'unhealthy' are consistent with dominant discourses within broader society. The teachers' discourses justified their definitions of unhealthy activities by associating them with negative consequences. The construction of activities as unhealthy and unacceptable, therefore, is one way social control is expressed in the teacher's discourses. Social control is also operating in the connections made between HPE and these sanctions. The elementary and secondary teachers' discourses were consistent on the importance of health education. The teachers' discourses were not distinguishable based on either the geographic location of the school or the teacher's experience on the subject of the importance of health. This indicates that the importance of health is not dependent upon the circumstance.

This subsection will examine the teacher's definitions of health. Similar to the curricula, health was defined in two ways by the teachers, as a condition and as a lifestyle. I will argue that social control operates in these definitions. Within the individual teacher's discourses constructions of activities as healthy versus unhealthy were mutually exclusive. Examining how the teachers' discourses define health in general terms will be useful for understanding how social control operates in the teacher's representations of drugs and sex as unhealthy in specific terms later in this chapter.

Health is...

I asked the teachers to define health in their own terms, and the responses illustrated how important they believe health is to an individual's life as well as to society. The teachers' discourses imply a proactive response is necessary to prevent students from engaging in the wrong activity by moralizing health. This moralization and indication of the need to prevent engagement in activities and behaviours that are constructed as wrong, bad or harmful is one way the teachers' discourses constituted activities and behaviours as deviant. The harms from unhealthy activities were based on conditions the individual could possess or lifestyle choices they could make.

The teachers' discourses predominantly defined health in two distinct ways, as a condition, something inside the individual that makes them healthy, and as a lifestyle, the way they live their life makes them healthy.

Health is inside, it's outside, it's how you interact with other people and it's how you treat yourself (Isabella).

Health is a condition that includes “the whole person in terms of like spiritual health, mental health, social health, so being healthy is sort of balancing all of those elements of health” (Joe). Health is a subjective condition of fitness and energy based on what individuals physically and culturally have access to. The condition of health was also described as the absence of an unhealthy condition. Health is “your body being clean and you know less likely to get diseases and illnesses” (Isabella). To be not clean and diseased is to be not healthy. The teachers’ discourses suggest that the way to avoid unhealthy conditions is by leading a healthy lifestyle.

A healthy lifestyle is the implementation of health knowledge based on individual physical or cultural abilities. The healthy lifestyle encompasses several different aspects of life, for example relationships and daily physical activity. A “successful life” (Kim) and “contributing to society” (Joe) are part of being healthy. A healthy lifestyle is also how the individual deals with conditions, for example not “jumping into the meds right away” (Isabella). These various examples promote various elements of a healthy lifestyle. Since the teachers’ constituted health as an exclusive category a definition of what is not a healthy lifestyle can be understood from the teachers’ discourses. For example not contributing to society, being unsuccessful or taking medication unnecessarily are all part of an unhealthy lifestyle.

The avoidance of an unhealthy lifestyle and unhealthy conditions framed the importance of health education over other subjects because of how it is applicable and affects the students’ everyday decisions and lives. Due to this, health was explained to be the most important class that students will ever take, because health is about living.

You need to read and write and stuff but if you actually pay attention and learn something in health class you will live (Kim).

Next I will discuss how the teachers emphasized HPE as teaching the students life skills.

Life Skills

We try to teach life skills and prepare them to go on to be a member of society (Chris).

According to the teachers, the inclusion of life skills teaches students a comprehensive definition of how to live a healthy life including acceptable and unacceptable circumstances the students will encounter throughout life. The inclusion of life skills is also a proactive response to how the students will engage with these activities in the future.

Life skills were discussed by elementary and secondary teachers. This could be a result of life skills being included in the curricula for all grades. The teachers spoke of life skills as part of HPE in the same way as the curricula, as a comprehensive definition of how to live a healthy life. The similarity in these discourses could imply many things, including that all the teachers believe life skills are an essential part of HPE or that they were specifically following the curricula in the interview in order to avoid potential penalty for not doing so.

The comprehensive definition of life skills within the teachers' discourses provides explicit examples of healthy versus unhealthy lifestyle choices. For example, unacceptable actions are those that are unacceptable as "members of society". The teachers emphasized that as you develop from being a child to being an adult, you get to participate in activities such as drugs and sex, but you also get more rights, freedoms, and responsibilities to act and be a member of society. Part of being a member of society

includes respecting other people in society. Respect was discussed in terms of respecting people you are in a relationship with, but also respecting the various views and beliefs that people have. The construction of rights, freedoms, responsibilities and respect are all indications of acceptable actions that are part of being a member of society. Health education, therefore, is necessary to teach students how to be members of society. The teachers' discourse also discussed specifically why drug and sex education is necessary.

Importance of Drug and Sex Education

The teachers' discourses stressed that health education in general and drug and sex education in particular should begin between the beginning and the middle of elementary school at home with parents and at school, in order for students to make informed decisions about these topics before they are exposed to them. The teachers' discourse was not explicit about what topics should be included at what age, but implied that these topics need to be covered more extensively in the beginning to middle of elementary school. The teachers' discourses on this topic are in line with the province's decision to include more topics in sex education at a younger grade and differ from the moral outrage of parents and religious groups that was covered by the media. This contradiction shows that there is a disconnection between the province, the teachers and individual perceptions of when it is acceptable to discuss these topics with children and youth.

Drug and sex education, along with health education in general, was also stressed to be an important topic and area of discussion within the school setting. As argued previously, the emphasis on education within the school system legitimizes the knowledge of teachers on these topics. This section will discuss the importance placed on

having drug and sex education within the school system which will be informative later in this chapter when the teachers' representations of drugs and sex are presented. The teachers' discourses presented three main reasons why their students needed drug and sex education in school. The first reason is the perception of students lacking knowledge. Every teacher in this study perceived their students to lack knowledge about drugs and sex. "They don't know anything" (Jason). Some teachers also defined the students as being naïve because they did not know the answer to questions the teacher deemed easy, simple and common knowledge. The teachers' discourses on the students' lack of knowledge implied that specific knowledge is necessary to engage in these activities properly. The construction of proper ways of engaging in these activities implies that there are improper ways to engage in these activities as well. This legitimizes the knowledge the teachers' are disseminating and delegitimizes the knowledge of the students. The opinion that students lack knowledge implies that they are naïve, blank minds requiring this knowledge to guide their actions. As mentioned in the second chapter, Freire (2000) argues that students are not blank slates in which teachers deposit information.

Some teachers did not judge the students' lack of knowledge in this negative way. "Their knowledge is so minimal that they are just so excited to learn about this" (Louisa). In fact, this secondary school teacher constructed the students as more receptive to the information being presented because they lacked knowledge about the topic.

They are just so interested and surprised by what these drugs can do to the body and what can happen that they are very sponge like during those classes, um, the memorable I think is, again are when I show the videos and it's during those classes their true shock like the shock value

of that film and I don't know if that's a good or bad thing but I just find that it's really effective (Louisa).

In opposition to the idea that these students do not know anything, there was a lesser amount of discussion about how much this generation does know about these topics from going on the internet or watching television or beginning to engage in these activities at a younger age. The idea that this generation is participating in these activities at a younger age was the second reason the teachers provided for the need for drug and sex education.

It's getting to the point you know where these issues are coming out around a lot sooner where um students are gaining access to cigarettes ah marijuana and things like that so they need to know about it, they need to be aware about it (Isabella).

The perception that this generation was engaging in these activities at a younger age implied the moral perception and values of the teachers. The focus on harms for the individual and society within the teachers' discourses indicated that they perceived youth engagement in various drugs and sex as immoral and valued these activities as adult activities. As will be discussed later in this chapter, the teachers' constructions of these activities were dependent upon age. The concern that students are engaging in these activities at a younger age justifies the need of the curricula and education on this topic.

One elementary teacher argued that without education about these topics at an early age it will be too late and the students will become drug addicts. Another teacher explained how drug education should start at a younger age because "there are kids in grade 7 doing, you know, coke at parties" (Joe) so introducing these topics in high school is too late. These discourses construct education as able to make 'good' young people and illustrate the values and morals of the teachers. The moralization of addiction and illegal

drugs links the teachers' discourses to wider social, political and historical perceptions of drugs and sex. These examples demonstrate some of the ways that drugs and sex have been constructed within the teachers' discourses and will be expanded upon later in this chapter. The idea that this generation is not beginning these activities at a younger age was a smaller part of the discourse. For example,

The general perception is everyone is going too fast and all these kids are into everything, you know teenagers these days and 12 year olds and real-realistic terms it's no different than when I went to school, you have 2 or 3 students who are ah into smoking, getting involved in sex, at a young age (pause) and then you have the vast majority which are totally clueless about everything, even those students in grade 8 who are, you know the cool kids, just, you know I mean I suppose an example would be you talk about oral sex and by far the maj- those are students and even a few of them who have half a clue of what it is think its phone sex or talking dirty (Simon).

Finally the teachers presented gender differences as a reason for the need for more education about these topics. The teachers' discourses constructed female students as taking more responsibility for learning about sexual interactions and as being responsible for the results of engaging in sexual activities. This demonstrates that social control operates differently in drug and sex education depending upon the gender of the students. One secondary school teacher described the male students as not being interested in health and only taking the class for physical activity. In contrast he described the female students as really interested in health. Another secondary teacher commented that he thought the female students were more inquisitive during the sex units. When I inquired as to why, he attributed it to the idea that the female students felt they could not trust their male sexual partners to be responsible and they needed to know all the information, be

responsible and make the right decision about abstinence or using harm reduction measures.

How is Social Control Operating in the Importance Placed on Health Education?

Throughout the preceding sections I have provided multiple examples of how the teachers discussed the importance of health education, and the particular discourses that pervade their teaching and beliefs. Particularly prominent was their constitution of unhealthy conditions and lifestyles, the emphasis on life skills and justification of health education within the school. In this section, I shall apply my theoretical framework in order to make the case that these discourses can be understood as elements of social control within education.

Specifically, the teachers' discourses suggested that these definitions of unhealthy conditions and lifestyles were closely linked to dominant discourses of health which promote fear and/or disapproval. The fear and/or disapproval of specific conditions and lifestyles is a symptom of social control. The link to dominant discourses implies that social control operates within health education in a similar manner as it does within the broader society. Social control is operating within these negative constructions of activities as unhealthy and troublesome as well as in the goal of these discourses to minimize these activities.

The teachers' discourses also suggested a need to minimize these activities due to the harms or risks associated with them. The need for a preventative response to stop students from engaging in the activities and behaviours they have problematized is another operation of social control. This preventative response is also in the discussions

of life skills, as life skills are constructed as preventing unhealthy engagement throughout the students' lives. Life skills address the teachers' fear and/or disapproval of students participating in these activities at a young age. The perception of youth engaging in drugs and sex at a younger age historically has been a concern.

Wider social, political and historical perceptions of drugs and sex are also linked to the importance placed on health education in the teachers' discourses. This is exemplified in the teachers' moralizing discourses of health and the justifications of the need for this education within the school and ultimately the teachers' own jobs. The importance placed upon health education is also in the teachers' promotion of health and a healthy lifestyle. This promotion is not an expression of social control, because it is encouraging these activities rather than problematizing them. This promotion could instead be analyzed as a method of Foucault's discipline as it motivates students to act in certain, positive ways.

In the importance placed on health education, social control is operating in a similar manner in the elementary and secondary teachers' discourses and the curricula. This similarity demonstrates that these constructions of the importance of health are not dependent upon the circumstance. The similarity of the teachers' discourses to the curricula's discourses could be a result of the teachers' purposely following the curricula during the interview. It could also be a result of how I analyzed the data as I placed importance on similarities within the discourses.

IMPORTANCE OF THE SCHOOL AND TEACHERS

The above section examined how the teachers defined health as a necessary topic of education. This section will examine why the teachers defined the school as a

necessary place for the education of these topics. The importance the teachers' discourses placed upon the school gives the school and specifically the HPE teachers authority in the areas of health, drugs and sex. In this section I will argue that the authority of the teachers, as described in their discourses, is a manifestation of social control in drug and sex education. Similar to the above section on the importance of health education, in this section the teachers' discourses were coherent in their representation of the importance of educating about these topics within the school setting, regardless of grade being taught, geographic location or experience of the teacher. This coherence demonstrates that social control is acting within HPE, as opposed to only within certain teacher's discourses.

Teachers versus Parents

I asked the teachers what they believed was the role of the parent versus the school for teaching about these topics. The responses indicated that it is the responsibility of the parent to be active in teaching their children about these topics.

it's the parents job and responsibility to teach their kids the values they want them to have but a lot of them don't I think, or don't do it in a way that is kind of fair to all people of all genders, of all races, or all whatever religions because they don't have that experience either so they teach them what they know they don't teach them what the kids should know (Kim)

Some of the teachers' responses also indicated that they felt a lack of parents doing this, doing it in a less inclusive or biased way (as in the above quote), or the lack of knowledge parents have of when these topics become part of their children's lives. This resulted in teachers emphasizing the need for drug and sex education within the school. These teachers justified the perceived inability of parents to teach their children about these topics by constructing these topics as sensitive, emotional and uncomfortable.

Drugs and sex were not always put together within the teachers' discourse as being uncomfortable topics for parents and children to discuss. An elementary teacher explained that students are more naïve about sex than drugs since they will see their parents doing drugs in the household.

I suppose their parents will discuss smoking with them, parents will discuss drinking with them, most parents feel mildly uncomfortable discussing puberty, sex, so and I guess the other way of looking at it is they would have seen their parents drink and smoke (Simon).

Exposure to drugs within the household was one influence on the students actions that the teachers explained, the next section will expand on this point as well as other perceived influences.

These negative perceptions of how parents teach their children these topics construct the parents as unwilling or unable to teach these topics. These constructions justify the necessity of teachers addressing these topics, in the perceived absence of parents doing this. Based on the teachers' perceptions of the parents' willingness or ability to teach their children depending on the subject indicates that social control may operate differently within drug education than within sex education. How teachers represent drugs and sex and how social control operates within drug education versus sex education will be discussed later in this chapter.

Other Influences on Students' Actions

The teachers' discourses emphasized the various influences on how students eventually engage in drug use and sex including differing perceptions of their own influence. Examining the other influences on the students' actions within the teachers' discourses provides a more comprehensive understanding of the importance the teachers

place upon teaching drug and sex education within the school. Other influences upon the students' behaviour were primarily constructed as negative and necessary to subdue compared to the school which would lead students towards the right decision. The discussions of positive and negative influences highlight the teacher as a positive influence. It is important to note, however, that the teachers were not consistent in their perception of their own influence on students' actions.

Before examining the differing perceptions the teachers had of their influence, this section will first examine the other influences on the students' actions that the teachers pointed to including peers, older siblings, the environment and parents. The teachers' discourses explained that a student's actions cannot be determined by a single factor, but are just part of the human experience since these are activities that humans seek out.

Peers, older siblings, and parents were the main influences that came up in my initial interviews. In my second round of interviews I specifically asked about these influences. The influence of peer pressure ranged from eventual to immediate. For example,

at first it's no no no, after a while, it's just you're hanging out with this group, this is what they do, and it just becomes your way of life like you've seen it and you are choosing to and then you just convert to the other side (Jason).

Or,

you vote with the majority, if you are hanging out with a group of people and they are picking up cigarettes and smoking, whether you agree with it or not, whether you think it's the right thing to do or not, or everybody else is, that's what we do, so everybody else does it (Brandon).

Strategies for avoiding peer pressure were emphasized as an important part of most of the programs in order to help students make informed decisions once they were confronted

with these issues. Peer pressure was constructed as a negative influence on the students' actions that needs to be minimized or it will lead students to engage in drugs and sex in unacceptable ways.

Siblings were also constructed as negative influences as some teachers discussed how children with older siblings are more likely to come into contact with drugs¹⁴ at a younger age than they may have because their siblings could be involved with them. As will be argued later in this chapter, drugs were often constructed as an unacceptable activity for students to engage in, especially at a young age. The influence of older siblings, therefore, is also constructed as necessary to minimize through education.

The environmental influences on students' actions that were discussed are very similar to the influence of older siblings. The teachers' discourses were divided in their explanations of how neighbourhood demographics provide opportunities for students to engage in drugs and sex. The teachers on both sides of this division were similar in terms of the geographic locations they had experience teaching in, but differed in experience teaching and gender. This implies that individual experiences affect how the teacher constructs health, drugs, sex and socio-economic status, which affects how social control operates within the individual teachers' discourses. The male teachers who had more experience teaching explained that affluent students had more access to drugs and sex.

Plus we live in, this particular school is in, um, a neighbourhood and a demographic where they have disposable income, um, they have access to all things in growth and development and substance abuse that could potentially impact their lives in a negative way (Matt).

¹⁴ The specific types of drugs were not explicitly outlined in this discussion, but it can be expected that the 'problematic drugs' for youth are being included in the term drugs here, for example alcohol, tobacco, and illegal drugs.

In opposition to this, the female teacher, who had been teaching for fewer years in a neighbourhood of similar socio-economic demographics, suggested that the demographic of the school area made it very unlikely to have alcoholic parents and teen pregnancies. This comment equates problematic drug and sex activities with socio-economic status. As argued in the second chapter the social meaning of the law is how punishment is directed differently at different people, for example people of different socio-economic status. The equation of problematic drug and sex activities with socio-economic status implies that social control is operating in the same way within drug and sex education as it is within the broader society. It also implies that it is necessary to subdue negative environmental influences in order for the student to avoid engaging in these activities in unacceptable ways.

This negative discussion about how the environment influences students' actions was countered with a discussion of the impact students have on their environment. The impact students have on their environment is constructed as positive as long as the information is from the school and the HPE teacher. This promotes the knowledge of the HPE teacher over other sources, which will be discussed later in this chapter.

As mentioned previously, the teachers' discourses constructed the parents as unwilling or unable to teach their children about drugs and sex with educational discussions. Opposed to this, the teachers emphasized how parents influence their children's actions through their own actions. One teacher discussed how students who see their parents using marijuana would never want to use it themselves because "they know all about it" (Joe). Another example is provided here,

They do one health lesson which is 25 minutes once a week they are with their parents, you know a lot of the time and they will get their cues from their parents and some of their parents are drug users some of the parents are alcoholics, so their first hand experiences are going to be much more the determining factors then whether their phys ed teacher says don't do this (Simon).

Unlike the other influences that have been discussed, here the construction of parents engaging in unacceptable drug use has been perceived as stopping the students from wanting to engage in unacceptable drug use, as will be outlined later in this chapter. This demonstrates the variety of the teachers' discourses as some perceive the parents as positively deterring the students' actions despite engaging in unacceptable drug use while others perceive parental drug use as a negative influence.

Outside influences on sexual activities were absent from the teachers' discourses. One teacher rationalizes that parents will have more indirect influence on their children's drug activities because drug use, in some form, is openly part of the household. According to the teachers, sex is not openly part of most households, and as discussed previously, teachers believed that many parents are uncomfortable talking to their children about these topics.

Finally the teachers discussed their own influence on the students' actions. One secondary teacher explained that you can persuade the students toward healthier behaviours and the right way to act, but it does not mean they will follow it. During the interview this teacher questioned on more than one occasion the relationship between education and the actions of the students. He argued that students want to,

learn by trial and experiment and all that other psychological stuff about how their brains work and they want to take risks and they want to have fun no matter how much education you give them doesn't mean they are not going to make mistakes and do stuff (Joe).

Other teachers placed a lot of emphasis on their influence on the students' future actions. Some of the elementary teachers discussed how they know the students are not ready for these activities and conveyed that to the students: "you're not ready for it" (Isabella) and "I'm telling you, like, you are not ready for it and anybody that thinks they are they are wrong" (Matt). By conveying these strong messages of how to act to the students these two teachers are presuming they have an influence on their actions. This is another example of how the teachers' discourses promoted their own positive influence and criticized negative ones.

The positive influence of teachers was attributed to the amount of time students spend in school with their teachers versus at home with their parents. This construction implies that health education must be taught in school in order to positively influence how students engage in these activities. The importance that they placed on health education being taught within the school by trained HPE teachers demonstrates their perception that they will be able to influence the students' actions. In this way many of the HPE teachers in my study perceived the relationship between education and how students will eventually engage in these topics to be stronger; otherwise they would not have emphasized this topic as much.

How is Social Control Operating in the Importance Placed upon the School?

In the preceding sections, I provided examples of the teachers' perceptions of the importance of schooling, their views on parents' roles in drug and sex education, and their perceptions of the various influences on the students' actions, including their own.

In this section, I shall discuss the manner in which social control manifests in these instances.

Social control manifests in the importance the teachers' placed on the school and specifically the information they provide as it legitimizes the need for school and the school as a place of scientific knowledge. The importance placed on the school values it as an institution of knowledge in society which implies that there is less value in other sources of knowledge.

The valuing of scientific knowledge from the school is a manifestation of the constitutive nature of social control as other sources of information are constituted as problematic due to contradicting information. This will be expanded upon in the next section as I examine how the teachers' discourses constructed knowledge.

As well as problematizing other sources of knowledge, the teachers' discourses emphasized the need to subdue other negative influences on the students' actions, including parents. The classification of other influences on the students' actions as negative and undesirable is an expression of the constitutive nature of social control. The constitutive nature of social control, according to Cohen (1985) is how activities, behaviours and identities are represented as deviant, troublesome, etc. The teachers' discourses also indicated a need to respond proactively and minimize these negative influences. The teachers' negative constitution of other influences on the students' actions legitimizes the need for drug and sex education within the school.

Similar to the above section on the importance of health education, in this section the teachers' discourses were coherent in their representation of the importance of educating about these topics within the school setting. This coherence demonstrates that

social control is operating within HPE, as opposed to only within certain classrooms. The examples in this section began to differentiate how social control operates within drug education compared to sex education based on how the teachers described the other influences on students' actions. This difference will be further examined later in this chapter.

CONSTRUCTION OF KNOWLEDGE

The teachers' discourses constructed health knowledge, including information about drugs and sex, as scientific, objective and valuable. Similar to the curricula's use of references to justify the knowledge within it, the construction of knowledge in this way legitimized the knowledge of the teachers and dismisses other sources of knowledge. Similar to the importance placed upon health education and the school, teachers' discourses on this topic were similar and neither experience teaching, gender, grade being taught nor geographic location made the discourses distinguishable.

Open and Honest Information

Within the teachers' discourses, the role of the teacher was described as providing honest information and teaching students to make the right decision. The teachers' discourses described themselves as responsible for remaining professional and keeping the conversation educational. One elementary teacher, who has experience training first time TDSB HPE teachers, explained that "we need to be professional all the time when you are dealing with this" (Matt). When reflecting upon a workshop, another elementary teacher remembered the importance placed on always keeping the discussions educational. Throughout the rest of this section, and similar to the discourse on the influences of students' actions, the teachers' discourses legitimized the school as a place

of information and negated the legitimacy of other sources of information. A professional and educational discussion was rationalized as able to avoid the sensitive and uncomfortable nature of these topics and make the discussions about drugs and sex between students and teachers, and people of different generations in general, more comfortable. The professional and educational presentation of the knowledge legitimized the knowledge being disseminated. The professional manner also illustrates the importance of this information and the scientific nature of it since it is presumed that false information would not be presented in such a way. The knowledge being taught was also legitimized through the construction of it as open and honest.

The teachers' description of their information as open, honest and based on scientific evidence legitimizes the information they are providing to the students. As argued in the above section, it also legitimizes the need for education about these topics within the school system.

The teachers emphasized that they were creating an unrestricted atmosphere of communication for the students, an open atmosphere, and that the information they were providing was factual, based on scientific evidence. The emphasis within the teachers' discourses on the scientific basis of the information they are providing is similar to the elementary curriculum's use of references to justify the information being taught.

Assess your source kinda thing, but you know, if you've got questions but you are talking to friends or you're googling for the information you need to remember you might not be getting valid information or accurate information so think about if you've got questions it's totally okay to ask but you have to remember who are your best people to go for on that or where, what sources, what resources you know if you don't want to talk to anyone if you are too embarrassed then find the websites and find the information that's going to be valid (Louisa).

The emphasis that this is factual information was also found in how the teachers explained they would answer the students' questions. They emphasized researching questions for the student in order to bring them a factual answer. The TDSB website and journal database was indicated by many teachers as a supportive resource for scientific knowledge. The emphasis on the scientific nature of the information presented defines for the students the validity of this information and the need to follow this information when they engage in these activities. Not following this information could result in negative consequences.

Scientific evidence was contrasted with the knowledge of parents and with "what's actually out there and on the street about it" (Brandon). The knowledge of parents and the street are two forms of knowledge whose validity were negated by the teachers' discourses.

Parents were constituted as not having all of the information and, therefore, less able to cover these important topics with their children. According to the teachers, this was not due to any fault of the parent but instead was due to the fact that there is so much information to be known about drugs and sex that it would be difficult for anyone to know this information if it was not their profession to do so, such as it is the HPE teacher's responsibility to know this information. The quality and passion of these HPE teachers was also discussed in comparison to schools that do not have HPE specialists and it was perceived that the students at those schools would not receive the same experience or messages.

The construction of the information being discussed as scientific and superior to street knowledge makes it privileged information. Street information was constructed as

something to be feared as it would leave the students unprepared for making these important decisions.

“its scary what they think or believe to be true” (Brandon).

The fear of street knowledge gives the perception to the students that the information they learn in school is the correct way to act, while following what they learn about on the streets will lead to harmful, dangerous activities that will have negative consequences on their health and their future.

Honest information was also stressed since the teachers perceive the students to be immature and not know anything about these topics. The immaturity of the students was constructed as a fault of the students and would lead them to follow the street knowledge for lack of knowing the dangers that would come from doing this. Honest information from the school was also emphasized in order for the students to make informed decisions, which will be discussed next.

The Right Decision

Similar to the elementary curriculum’s emphasis on making informed decisions, many of the teachers described the importance of preparing students to make the right decision. The constitution of a right decision over other decisions is an expression of social control as some choices are constructed negatively. Making the right decision is also a product of how social control is operating in drug and sex education as the decision on how to engage in these activities is based upon how these various activities were defined as healthy or unhealthy, acceptable or unacceptable.

Making the right decision was presented as obvious, if not always easy. As will be discussed later, the law surrounding drug use was a guiding point that many teachers

emphasized. They also explained that there are reasons why drugs are illegal or have restrictions on them. To understand these reasons it seems would make anyone want to avoid these drugs.

It doesn't mean that you won't try to experiment with something but again here are the warnings of things you need to be aware of and again here are reasons why that can be scary or unsafe (Louisa).

The right decision is to avoid breaking the law and only engage responsibly with the right drugs.

One elementary teacher's discussion about drugs and sex had parallel ideas, as he described only specific drugs as problematic and troublesome, just as intercourse (versus holding hands) will "get you into the most trouble" (Brandon). With regards to sex, the right decision was not dependent on the law. The teachers acknowledge that the kids are going to have sex eventually, so the right decision is to delay engaging in sexual activities. As will be discussed later, the delay of sexual activity and the avoidance of teen pregnancy and STIs is a main message that the teachers emphasized in their discourse. This constitutes those who do become pregnant while still in school as acting badly because these students have not only made the 'wrong' decision by not waiting for sex, but they have also made the 'wrong' decision by not taking precautions such as using birth control. This is another way social control operates differently depending upon the gender of the student. Social control will not be expressed in the same way towards male students who engage in 'wrong' sexual activities as it will be towards female students who engage in 'wrong' sexual activities because the female is inherently identified as engaging in the wrong sexual activity and the male student is not.

Similar to sex, alcohol use is almost unanimously expected to be something that the students will eventually do. One teacher even described drinking alcohol to be the norm for high school students. A few teachers discussed how decision making skills are “significantly altered” (Simon) when drinking alcohol and the difficulty of preparing to be under the influence. The right decision is to use alcohol safely when you are of age, and to avoid binge drinking, drinking and driving and becoming an alcoholic.

The teachers did not have a unified explanation of the most important message that they try to convey to the students. While the elementary school teachers emphasized the most important message to be avoidance of drugs, the secondary school teachers were not firm in this. “It’s not the “just say no”, but...” (Louisa). The lingering “but” displays the teacher’s hopes for her students. The elementary and secondary school teachers ultimately hope their students will not use drugs. The secondary teachers, however, placed importance upon giving the students more information to be safe and responsible about it. The responsible choice is the ultimate right decision that the teachers conveyed. Public education is socializing children and youth, with the goal that they will one day become responsible members of society. Being responsible includes being prepared to make those choices since these are activities that students will be faced with as they grow up and especially in high school.

Some of the elementary school teachers alluded to the fact that decisions about drugs and sex are not as important now as they will be for the students in high school, mostly because of the increasing availability of these activities as the students grow older. As will be discussed later, the elementary and secondary teachers represented drugs and sex in different ways. This could be an explanation for these differences. Yet these

elementary school teachers also stressed the need for students to have a solid decision making basis or to have their decisions already made of how they will eventually engage in drugs and sex. The differences between the discourse and the emphasis on the need for a strong decision making basis reveals how the teachers construct student engagement in these activities as necessary to avoid or delay, as will be discussed later. This implies that social control of drugs and sex operates differently depending upon the age of the individual. The manifestation of social control differently depending upon age is comparable to how social control manifests in the broader society and when it is acceptable for these controversial topics to be discussed with children.

How is Social Control Operating in the Teachers' Construction of Knowledge?

In the preceding section I provided examples of how the teachers' discourses constructed knowledge, including the importance they placed upon honest information and decision making skills. In this section, I shall argue that social control operates in how the teachers' discourses dismissed other sources of knowledge and the distinction of the 'right' decision over others. The teachers' discourses were very similar within this theme and the operation of social control was coherent within them.

Similar to how social control operated in the teachers' discourses on the importance of the school, social control operated in the teachers' constitution of other sources of knowledge as undesirable. These other sources of information were also constructed as leading to negative consequences from engaging in risky, dangerous or bad activities if the information learned at school is not followed. This is also an expression of social control in drug and sex education as it associates other sources of

information to problematic engagement in drugs and sex and students' making the 'wrong' decision.

How the teachers' constitute making the 'right' decision will be more easily understood later when their representations of drugs and sex are examined. In this section, however, I have noted that the teachers' perceptions of the 'right' decision was based on social, political and historical perceptions of how youth should engage in drugs and sex and how responsible members of society act, for example the reliance on the law for decision making. The teachers' perception of the 'right' decision is also a result of their moral perception of the difference between how girls versus boys engage and at what age youth should engage in these activities. The individual teacher's pedagogical objectives, which will be discussed next, also influenced how they defined the right decision.

PEDAGOGY

The teachers' discourses contained two distinct features of their pedagogy, their pedagogical approaches and objectives. The pedagogical approaches within the teachers' discourses were not distinguishable based on their teaching experience, grades being taught, geographic location or gender. Overwhelmingly the discourses justified the use of various approaches in order to make HPE relevant to the students' lives. The approaches became relevant to the students' lives through the pedagogical objectives the teachers promoted. The teachers' pedagogical objectives however, were distinguishable based on the topics being covered, the grade being taught and the experience of the teacher.

Pedagogical Approaches

The teachers' discourses explained various strategies for teaching about drugs and sex including peer education, using the media and practicing situations, among others. Similar to the construction of knowledge and other influences on the students' actions, the variety of approaches used legitimized the teachers' knowledge over other sources (for example being critical of the media) and legitimized the importance of the information (for example justifying that it is relevant to the students' lives).

Peer education was used as an activity by one secondary teacher and can be constituted as the opposite of peer pressure. This teacher had the students teach their peers about a specific issue they had researched. Peer education is validated because the information has been reviewed by a teacher or been taken from the correct sources. Peer pressure is problematized because it is not based on scientific knowledge, but rather street knowledge which was previously discussed.

Both elementary and secondary teachers discussed using the media and pop culture during class presentations. One elementary teacher explained how using the media augmented the class discussions about drugs and sex because it offered a means for the students to learn about what has happened to other students who have engaged in drugs and sexual activities, for example committing suicide from being teased or going to jail for selling drugs. This use of the media focuses on negative consequences of engaging in drugs and sex. The teachers' discourses implied the use of the media to support and validate their representations of drugs and sex. Being critical of internet sources was another way the teachers validated the information they present in their classes, as was previously discussed.

The teachers' discourses justified the use of a variety of pedagogical strategies, including those mentioned above, in order to make the information relevant to the students' lives. The teachers' discourses implied the need for the material to be relevant to the students' lives in order to guide how students engage in drugs and sex throughout their lives. For example, many teachers explained the approach of situational discussions over lecturing facts about drugs and sex as a method to make the information more relevant to the students' lives. Situations were described as letting the students understand how they would act when the opportunity arises. One secondary teacher also described role playing as giving students the opportunity to be "responsible for their learning" (Jason). This quote mirrors the emphasis the curricula placed upon students' being responsible for their own learning.

The teachers' discourse also constructed HPE as relevant to the students' lives when discussing how the subject matter is led by the students. One elementary teacher made an interesting distinction about how the subject matter is driven when stating, "I do what the curriculum tells me and then I do what the kids actually want to learn" (Kim). This distinction is essential to contrast with my finding that the curricula and the teachers' discourses contained very similar representations of drug and sex education. This distinction, nonetheless, demonstrates the agency of teachers. It also demonstrates the problem with having uniform curriculum standards, as argued by Bourdieu and Passeron (1990), for teaching about drugs and sex as everyone has different experiences and relationships with these activities and the curriculum might not meet these diverse requests of the students.

Some teachers discussed how their strategy for approaching and presenting these topics changed in some classes as a response to the variety of their students' cultural and religious values. The teachers emphasized that their pedagogical objectives remained the same despite presenting the information differently. For example,

there are times when I will mention open mouth kissing to a class, and our school is a very multicultural population but also a very high Muslim population, and I'll get 60% of the girls going bright red in the face because heaven forbid I talked about use of tongues and kissing so then you have, we'll okay, maybe I'm not going to mention anal sex today, we are going to save that for tomorrow... but it doesn't mean that I dismiss it or don't talk about it but it's just like alright we are going to take a little bit of a slower approach getting to that or getting to same sex relationships where again there is going to be, I don't know if I can even learn about this because of my religion, and I remind them that they are in a public school and learn about it I'm not telling you what you have to believe at home or I'm not telling you to dismiss your own beliefs but again its human rights that we are looking at here (Louisa).

One secondary teacher described himself as taking a realistic approach to teaching these topics when he questioned the actual risks of one of his students transmitting a STI. His discourse constituted STIs as not likely relevant to his students' lives. This teacher did not find the same problem with drug education scare tactics and in this way is implying that drug risks are real and sex risks are not. In this way, he problematized scare tactics, the focus on the avoidance of risks and the operation of social control in the sex education programs.

The construction of HPE as relevant to the students' lives by influencing the students' future actions is a proactive response of social control. The objectives the teachers are working towards when attempting to make it relevant to the students' lives are also an expression of the constitutive nature of social control through the teachers'

objectives in these activities. The next section will examine the pedagogical objectives available in the teachers' discourses.

Pedagogical Objectives

The teachers' pedagogical objectives, or goals, differed primarily based on the topic being covered. The pedagogical objectives also differed based on the age of the students and the experience of the teacher. In this section I will argue that the teachers' pedagogical objectives demonstrated how social control operates within HPE through the constitution of abstinence as necessary for some activities versus harm reduction and pleasure for other activities. The necessity of students' remaining abstinent from some activities within the teachers' discourses demonstrates the teachers' disapproval of students engaging in these activities.

All of the teachers had an abstinence based objective in their discourse, usually with regards to drug education. Similar to the curricula, the objectives of sex education were predominantly harm reduction based, though the goals of abstinence and pleasure were also available in some of the teachers' discourses and not the curricula. For each teacher, the pedagogical objectives differed depending on the topic or subtopic they were teaching. For example students were taught harm reduction measures on how to drink alcohol responsibly and not to drink and drive, while also being taught to avoid using cocaine. The differing objectives of HPE depending on the subject illustrates how social control operates differently depending on whether drug or sex education is being covered and which activities are being covered. This point will be expanded upon further in the last section of this chapter.

The teachers' discourses also differed depending on the age of the students. Predominantly, the elementary teachers conveyed a message of abstinence for drug education.

I try to always say that, you know, it's ok to say no and here are the tools to say no and it's always better, you can always, when you're older you can always you know say yes (Matt).

Matt, an elementary teacher, used the negative consequences that could occur to youth if they used drugs while they are still developing to justify abstinence based drug education. The secondary teachers' discourses were not as coherent on the objective of abstinence based drug education. This difference demonstrates a main difference in the discourses of the elementary and secondary teachers' discourses with regards to drug education.

There was also a discussion about how the objectives for these topics have changed with experience. One elementary teacher implied that he used to provide a harm reduction goal to teaching these topics. He explained that he has changed his goal because youth need to avoid these activities at least until they are done developing, if not completely.

I don't mind scaring them, like I, you know, like if you are not going to put on a condom during sex like there are going to be some issues that come up, if you are not going to, um, say no to drugs, like if you, if you're doing, doing marijuana every weekend when you are 12 or 13 like when you are 18, ha, what do you think you are going to be like? (Matt)

Teaching harm reduction measures (without naming them as such) for sex education was almost always included in the teachers' perception of important aspects of their programs. Harm reduction measures were also taught for some parts of drug education, mostly when discussing alcohol. Similar to sex, alcohol is something that is almost

completely expected the students will eventually do. Some of the secondary teachers also expanded their harm reduction messages to other drugs as well in order to prepare students in advance if they do choose to experiment, for example how to reduce the risks associated with going to parties where underage drinking and drugs are being used.

How is Social Control Operating in the Teachers' Pedagogy?

In the preceding sections, I have discussed the teachers' focus on negative consequences, their focus on making the classes relevant to the students' lives and the goal of abstinence for some activities and not others within their discourses of pedagogical approaches and objectives. In this section, I shall argue that each of these manifest varying instances of social control by constituting and responding to vilified individuals and activities. Within the teachers' discourses of their pedagogical objectives, social control operated in the differing goals depending upon the topic being discussed, the grade of the teachers (elementary versus secondary) and the experiences of the individual teachers. The teachers' discourses on their pedagogical objectives, or goals, differed primarily based on the topic being covered and the age of the students.

One way the teachers' discourses of pedagogical approaches and objectives vilified specific activities and circumstances was in the goal of abstinence, that is stopping or reducing the students' engagement in specific activities and circumstances, and the focus on negative consequences. Negative consequences were based on the legal, moral and risk perceptions of these circumstances and will be further explained later in this chapter. As argued previously, legal, moral and risk concerns about consequences and harms are a method of controlling specific people. The perception of the likelihood

of negative consequences was also dependent upon individual teachers' personal and professional experiences. Personal and professional experiences are one element that influences how social control operates within drug and sex education.

The teachers placed importance on their pedagogical approaches being relevant to the students' lives. Similar to the inclusion of life skills, this importance was dependent upon the teachers' perception that HPE classes have some influence on how students engage in these activities throughout their lives. The discourses of the pedagogical approaches implied that these were used to proactively react to situations in which students would engage. The discourse of altering the pedagogical approach depending upon the cultural and religious values of the students implies that the teachers believe cultural and religious values have an influence on how students engage in drugs and sex, therefore, a different response is necessitated.

The pedagogical objectives for drug and sex education have been similar but importantly different between the elementary and secondary teachers with regards to social control. The main focus of elementary teachers on abstinence, coupled with the restricted and negative discussions of some drugs and sexual activities previously mentioned, indicates how social control is operating in drug and sex education by constituting these activities as unhealthy and discouraging involvement in them. Although the constitution of activities as unhealthy and discouragement of involvement in them was still part of the secondary teachers' discourses, it was a lesser part. The availability of discussions about harm reduction measures and pleasure in the secondary teachers' discourses does not mean that social control is not operating. The secondary

teachers used different approaches to prevent the students from unsafe, unhealthy, or irresponsible engagement in these activities for the rest of their lives.

REPRESENTATIONS OF DRUGS AND SEX

Similar to the curricula, the teachers' discourses constituted various drugs and sexual activities as unhealthy and necessary to avoid. I will argue that the constitution of drugs and sex in this way is indicative of the operation of social control within drug and sex education. I will argue that representations of drugs and sex as unhealthy, problematic etc. were related to the grade being taught and in this way social control operates differently within elementary HPE than secondary HPE. The teachers, therefore, constituted drugs and sexuality as necessary for the students to avoid depending on their age and implied that it is less acceptable for youth to engage in these activities than adults. I will also argue that drugs were constituted as unhealthy and necessary to avoid more often when compared with sexual activities. I will also argue that the teachers' experiences affected how they represented drugs, sex and youth engagement in these activities. The different ways these activities are constructed within the teachers discourse demonstrates how social control operates differently upon drugs than sex in drug and sex education.

Drugs

A wide variety of drugs were covered in the secondary school teachers' discourse, though sometimes as a result of my further questioning. For example prescription and over-the-counter drugs were often not thought about initially when the teachers discussed their programs or gave examples. Alcohol and tobacco were focused on the most with less discussion of illegal drugs. Marijuana was commonly given as an example of an

illegal drug but cocaine, crack, heroin, ecstasy, GHB (date rape drug), crystal meth and ketamine were also part of the discourse. Legal drugs, such as caffeine, were also part of one teacher's discourse. The elementary school teachers' discourses covered a smaller range of these drugs, also with a primary focus on alcohol, tobacco and marijuana.

Within the teachers' discourse drugs were primarily constituted as unhealthy and necessary to avoid, as they were within the curricula. The constitution of activities as unhealthy and necessary to avoid was dependent upon several factors, including the specific drug being discussed and the age of the students. Experiences of the teachers subtly distinguished the discourses of the individual teachers. The discourses were not distinguishable based on geographic location of the school or cultural differences. In this section I will begin by examining how social control operated in the teachers' negative constitution of drugs.

The elementary and secondary teachers' discourses primarily constituted drugs as unhealthy or associated them with negative consequences, such as risks.

when it comes to drugs um I try to get the message that um when talk about drugs, narcotics, street drugs, stuff like that, that they're unhealthy for you (Brandon).

Drugs were often also defined as unhealthy and necessary to avoid through the discourse of drug abuse and addiction. The discourse of drug abuse and addiction is another ways teachers' discourses associated negative consequences and conditions to drugs. Many of the elementary and secondary teachers discussed how drug abuse leads to addiction which is a dependence on the drug, addicts "psychologically or physically need the drug to function" (Joe). A secondary teacher explained that drugs are not something that everyone can try casually, as some people will be instantly addicted. An elementary

teacher explained that addiction is not something that is necessary to discuss because the demographic of the school makes the students unlikely to become addicted. This comment equates problematic drug use with socio-economic status. This point will also be discussed later with problematic sexual activities.

Many of the elementary and secondary school teachers equated drug use with drug abuse especially when discussing illegal drugs. This equation was based on how drug use would affect the development of youth as well as the specific drug being discussed. The changing nature of this equation, based on the drug or age of the student, demonstrates the different ways the teachers' discourses represented various drugs and their moral perception the different teachers held of various drugs as the type of drug distinguished if it was right or wrong to use it. Illegal drugs were predominantly constituted as wrong to use which shows how the law and morality intersect in the teachers' discourses of drugs.

Discussions of drug use were absent from the elementary teachers' discourses as they focused instead upon drug abuse and addiction. The exclusion of discourse about drug use by the elementary teachers implies that all consumption of drugs is abusive. The constitution of all drug use as abuse classifies drug use as problematic and necessary to avoid.

The teachers' discourses justified the equation of drug abuse with drug use by focusing on the harms and negative consequences of drugs. Their definitions of abuse encompassed a variety of harms for the individual's body, their family, friends, and work. The focus on harms for the individual as well as other people is indicative of the moral

undertone of the teachers' discourses on drugs. The elementary teachers' discourses did not include discussions about pleasure from drug use.

Opposite to this focus on drugs as harmful, the secondary teachers' discourses did not constitute all drug use as unhealthy, depending upon the situation. In particular, two secondary teachers, with experience learning from the same teacher, included discussions about using drugs because they are fun, experimenting or socially using drugs, drinking alcohol to be the norm for secondary students and safely using drugs which included having someone drive them home if they drink alcohol. The similarity in the discourse of these two teachers indicates that professional teaching experience, including during education to become a teacher, affect how the individual constructs drugs and how social control operates in their discourse¹⁵. These examples also illustrate the few ways these secondary teachers constructed drug use as acceptable, and are concentrated upon alcohol.

The prevalence of drugs in society was not often discussed by the teachers, especially by the elementary school teachers. One elementary school teacher discussed how many students are dependent on prescription drugs for a variety of conditions including diabetes and epilepsy, but was uncomfortable calling these students "drug users". Another elementary school teacher described the awkward responses he received from other adults when he chose to have a cranberry orange juice after a curling game instead of an alcoholic beverage. The avoidance of discussing the prevalence of drugs in society, while sharing stories of everyday drug use, emphasizes the negative association

¹⁵ These two teachers' discourses were not distinctly different from the other teachers' discourses on sex, perhaps because discussions of pleasure were available throughout the teachers' discourses on sex.

with the term drug and individuals who are defined as drug users within the teachers' discourses. Social control is also operating in the classification of specific drug use as unacceptable (for example non-prescribed drugs), compared to prescribed drugs which are acceptable (for example for epilepsy).

One secondary teacher explained how he discussed the prevalence of drugs in our society with his students. He used examples such as the caffeine in his morning coffee from Tim Hortons, the need for Ritalin versus a more active lifestyle for people with ADHD and finally the push by the pharmaceutical industry to solve all problems with medication, "you got a problem, take a pill" (Joe). The different ways that the elementary and secondary teachers discussed the prevalence of drugs in society is one main difference between the elementary versus secondary teachers' discourses. This difference was also presented in the pedagogical objectives that were discussed above. Next I will explain how the teachers' discourse framed sexuality.

Sex

There was not a wide variety of sexual activities that were discussed during the interviews. This is partially due to the different way that I approached the subject of sexuality versus drugs during the interviews. Unlike drugs, sexual activities cannot easily be classified into different categories that can be interrogated about in follow up questions. For this reason I did not pursue a variety of answers from the teachers as I did for drugs.

Explaining the reproductive system was an important part of many of the sex education programs in both the elementary and secondary teachers' discourse. For example the following is a response to which topics are included in sex education.

grade 6s normally get puberty and reproduction changes, grade 7s get more reproduction um actual more sort of factual I suppose after puberty what changes occur towards the reproduction changes which occur in you and these are changes that you can declare are your, you know nature is getting you ready to reproduce sort of thing and then grade 8s they get the um STDs or sorry STIs, HIV ah abstinence talk (Simon).

Similar to the curricula, explaining the reproductive system was also an important part of the sex education curricula. This emphasis implies that sexual activities should be engaged in primarily for reproduction. The emphasis on engaging in sexual activities for reproduction within the teachers' discourses constitutes all other sexual activities as not normal. These discourses are indicative of the moral perception of sex within the teachers' discourses.

Similar to the curricula, the elementary and secondary teachers' discourses placed importance upon engaging in sexual activities while in a relationship as part of a healthy lifestyle. This made multiple partners and one time encounters, potentially with someone unknown, constituted as activities to be avoided because they could result in unhealthy conditions and are part of an unhealthy lifestyle. Contrary to this emphasis, one secondary teacher did explain multiple partners to be a normal part of sexuality.

The secondary teachers' discourses differed from the elementary teachers' in the inclusion of discussions about masturbation, oral and anal sex. One secondary teacher discussed scientific knowledge as a positive reason to engage in sexual activities. Specifically this teacher was discussing "the health and scientific benefits, masturbation is a stress reliever" (Louisa). The use of science to justify engaging in sexual activities for pleasure is an exception among the available discourse. Using scientific knowledge to justify engaging in sexual activities was not found within the elementary teachers'

discourses. It is important to contrast this use of scientific information with the importance the teachers placed upon honest, scientific information as was discussed earlier in this chapter.

Similar to masturbation, anal sex and the use of sex toys was only part of one of the secondary teachers' discourses. Within this teacher's discourse these topics were explained to be a normal part of sexuality. The teachers' discourses included discussions of oral sex more often but typically as an example of the lack of knowledge that students have about sex as the students were perceived to define oral sex as "phone sex or talking dirty" (Simon).

The elementary and secondary teachers' discourses also focused on the potential consequences of engaging in sexual intercourse. The negative consequences focused mostly on pregnancy, STIs and HIV/AIDS as risks associated with sexual intercourse and reasons to avoid it until later in life. Becoming pregnant at a young age is a negative situation because of the restrictions on their life that this will cause, if the students chose to keep the pregnancy. Abortion was not discussed and instead harm reduction measures (for example using birth control) were emphasized as an important step to avoiding pregnancy if the students are not abstinent.

The elementary and secondary school teachers had a more coherent message about sexuality than they did about drugs. Perhaps this is because it is expected that everyone will eventually have sex and not that they will use drugs. Some differences in the elementary and secondary teachers' discourses were the inclusion of a wider variety of acceptable, healthy sexual activities in the secondary teachers' discourses. In this way,

social control is exerted differently in elementary sex education than secondary sex education.

How is Social Control Operating in Drug and Sex Education?

In the preceding sections I demonstrated how the teachers' discourses represented drugs and sex as unhealthy and unacceptable to engage in depending upon the circumstance. In this section, I shall argue that social control is operating within these representations of drugs and sex as it defines these activities as problematic and necessary to avoid. I shall also argue that social control operated differently within the elementary and secondary teachers' discourses. I shall also argue that the social control of drugs operates differently than the social control of sex. The teachers' discourses of particular drugs and sexual activities constituted these behaviours and activities as problematic as well as the individuals who engage in them. Social control operated within the teachers' discourses of drugs and sex in a similar manner to how it operated in the curricula.

As I argued in the second chapter, Foucault's conceptions of discipline and power are at times describing the same circumstances as social control, while at other times they are able to describe different circumstances. The categorization of individuals and activities through the teachers' discourses is an operation of social control and power. Examining the operation of social control within the teachers' discourses, however, produces meaning in the teachers' focus on negative consequences for the individual and society.

The teachers' discourses of negative consequences were dependent upon the grade and activity being taught. The definitions of drugs as unhealthy predominantly

relied upon the law as well as the conditions of drug abuse and addiction while the definitions of sex as unhealthy were implied from the focus on the reproductive system and harm reduction measures to avoid the risks of STIs and unwanted pregnancies. Their focus on negative consequences as well as their definitions of both drugs and sex was indicative of their moral perception of engaging in a variety of these activities as ‘wrong’ because they are unhealthy and could have negative consequences.

The discourse of negative consequences and harms for the individual as well as other people also indicates the responsive nature of social control as necessary to reduce or eliminate these harms. The teachers’ discourses constituted drug and sexual activities as immoral when they led to bad consequences. The perception of acts as immoral implies that they are harmful and necessitate a response to reduce the potential harms to the individual or society. This implies that activities that do not have potential bad consequences do not necessitate control.

Opposite to harm, pleasure was a minimal part of the teachers’s discourses of sex and not part of their discourses of drugs. The exclusion of discussions about pleasure with regards to drug use is another way social control is operating within the elementary drug education. For example by excluding the pleasure and benefits of marijuana use from the discussion the teachers are limiting the existence of these benefits and are expressing social control through the construction of marijuana as a harmful drug that needs to be avoided. This argument can also be extended to the exclusion of other drugs from the discourse; however, it is also important to note that some drugs may not have been part of the teachers’ discourses due to the interview discussion.

Discussions of pleasure were one manner in which social control operated differently within the teachers' representations of drugs versus sex. The elementary and secondary teachers' discourses constructed drugs primarily as unhealthy or unacceptable to engage in for a variety of reasons, while their constructions of sexual activities also included discussions of positive, healthy sexuality. These discussions of positive, healthy sexuality are not an operation of social control; however the coupling of these discussions with those of negative consequences is an operation of social control as it outlines the negative outcomes, and risks, of engaging in these activities.

The classification of negative consequences and risks was more coherent within the elementary and secondary teachers' discourses of sex education. Within drug education, social control operated in the elementary teachers' discourses in a wider variety of ways compared to the secondary teachers. Social control, therefore, operated differently within drug education than within sex education because of how the elementary versus the secondary teachers represented these activities.

The elementary and secondary teachers differently represented the acceptable and unacceptable circumstances of engaging in drugs and sex. The secondary teachers' discussed drug use while the elementary teachers' did not. This also has implications for what age is considered acceptable to introduce particular ideas to children. Previously in this chapter the teachers advocated for the introduction of these topics at a young age. This means that the teachers' discourses are not necessarily representative of broader social perceptions of these activities. Another example of this was the construction of alcohol use as the norm for secondary students by secondary teachers.

CONCLUSION

Throughout this chapter I have argued that social control is operating within the teachers' discourses of drug and sex education. The importance placed upon health education in general, and drug and sex education in particular, within the school system, the categorization of activities and lifestyles, the construction of knowledge, the educational approaches and the representations of drugs and sex within these categories, have demonstrated how social control operates in different ways within HPE. How social control operates is dependent mostly upon the age of the students, although the gender and experiences of the teacher, the geographic location of the school and the cultural differences of the students at times also influenced how social control operated. These factors vary in how they affect the operation of social control within various drug and sex education discourses. All of these issues differently affect how and why each teacher defines acts as unhealthy and necessary to avoid. Social control manifests in the way that health, drugs and sex are introduced and constituted as acceptable or unacceptable activities. Social control also manifests in the exclusion of some topics from the classroom discussion.

The teachers' discourses have demonstrated that social control operates differently within elementary and secondary discourses, as well as within drug education versus sex education. In the fourth chapter I argued these same differences of how social control was expressed in the curricula. The curricula and the teachers' discourse also expressed social control in a similar manner in the way they constituted activities as healthy or unhealthy. I have argued throughout this chapter that the teachers' discourses had many similarities with the discourse of the curricula. The similarity in these

discourses could imply that the teachers were specifically following the curricula guidelines in our interview in order to avoid penalty for not teaching as outlined.

Chapter 6 : Conclusion and Implications of this Study

While conducting this research I questioned if social control is operating within formal drug and sex education in the City of Toronto. Throughout my analysis of the curricula and the teachers' discourses I have argued that social control is operating within drug and sex education. Previously I provided examples of how the City of Toronto has many unique responses to drugs and sex compared to other municipalities in Canada. These posited the City of Toronto as an environment in which a variety of drugs and sexual activities would be less likely to be constituted as deviant and necessary to control. Important future directions of the study of drug and sex education and social control could compare my argument that social control operates in a diverse manner within drug and sex education in the City of Toronto with other municipalities in Canada that respond differently to drugs and sex.

To complete this research, I used two qualitative methods in order to give the data more complexity. Specifically the critical discourse analysis allowed me to focus upon the operation of social control and the constitution of deviance within the curricula and the semi-structured interviews allowed me to access the teachers' perceptions of drugs, sex, health, morality, deviance, risk, etc. The data collected was very useful in answering my research question as it provided many examples of social control. These two research methods also allowed me to have a well-rounded understanding of how drug and sex education is conducted since the teachers outlined their perceptions of the classes and the curricula outlined the government expectations of how these classes should be conducted.

To support my argument that social control is operating within formal drug and sex education I provided several examples of how social control is expressed in the

curricula's and teachers' discourses. These examples indicated that within the teachers' and the curricula's discourses social control predominantly manifests within the constitution of various drug and sexual activities as unhealthy and therefore inappropriate to engage in and necessary to avoid. The constitution of these activities by social control varied depending upon numerous factors including the grade and topic being taught, and the experience and gender of the teacher. The teachers' and the curricula's constitutions of various drugs and sexual activities were linked to wider social, political and historical discourses of health, and more specifically drugs and sex. The operation of social control within drug and sex education, therefore, is closely linked to the control of drugs and sex within the broader society. The use of dominant discourses within the schools' narratives justifies current measures of control within society. The use of dominant discourses and support of current measures of control within the school is predictable since the school is a soft arm of the state.

For this thesis I have used Cohen's (1985) definition of social control to describe the operation of social control within drug and sex education because it encompasses the constitutive as well as the reactive nature of social control. The constitutive and reactive expressions of social control were applicable indicators of social control within the teachers' and curricula's discourses. The expression of goals and values, the proactive responses and the inclusion or exclusion of topics were also applicable indicators of how social control operated in the discourses.

Throughout my analysis I have argued that social control operates differently within drug education than within sex education. This is partly due to the more punitive social practices that are connected to drugs than sex within the broader social, legal, and

historical context. This is also partly due to the predominant constitution of drugs as unhealthy and necessary to avoid versus sexual activities which were also constituted as activities of pleasure. My literature review in the second chapter of academic discussions of how drugs and sex are controlled in contemporary society indicated that it was likely for drugs to be constituted as unhealthy and linked to punishment more than sex within drug and sex education. For example, I argued that government discourses of drugs are promoting the punitive control of specific drugs compared to the approach the government has taken towards some sexual activities.

The curricula's and the teachers' discourses discussed the law, morality and risk in various circumstances as reasons to avoid engaging in drugs and sexual activities. How these elements controlled drugs and sex within the available discourses was dependent upon the constitution of these activities as harmful, dangerous and associated with negative consequences for the individual as well as society. Throughout my examination I argued that these constitutions are an expression of social control within the teachers' and curricula's discourses as they attempt to proactively reduce these harms. The legal, moral and risk discourses were dependent upon the social, political and historical debates surrounding drugs and sex.

The relationship between how drugs and sex were represented within the curricula and the teachers' discourses and the law, morality and risk is essential to further examine in this conclusion. My thesis is contributing not only to knowledge about social control, but this study has also given examples that contribute to sociological examinations of how perceptions of the law, morality and risk influence the social control of drugs and sex.

The elementary curriculum and the teachers' discourses justified the need for students to avoid certain drugs based on their illegal status. In contrast illegal sexual activities were not part of the curricula or the teachers' discourses. As discussed previously, Giffen *et al.* (1991) argue that the law is a reaction to the types of people who engage in these activities and not the harms associated with the activity. A focus on illegal drugs as bad, therefore, is also a construction of the types of people who consume illegal drugs as bad.

This argument can be extended to illegal sexual activities as well, and perceptions of people who engage in them. It implies that discourses that legitimize the use of the law are legitimizing the control of these types of people. It also implies that the curricula's and the teachers' representations of drugs and sex are actually representations of how the curricula and teachers perceive people who engage in these activities. The moral and risk perceptions of these activities are actually moral and risk perceptions of the people who engage in them as well. For example, as argued by O'Malley (1992), risks are reactions to the individuals engaging in them. The constitutive operation of social control necessitates a response to control these activities.

Social control also operated within the teachers' discourse of knowledge which delegitimized other sources of knowledge that teach about drugs and sex. Berger and Luckmann's (1990) description of how reality is constructed within the subjective world was helpful for understanding these constructions of knowledge, while their definitions of socialization was helpful in my theorization of education. The criticisms of the education system by Bowles and Gintis (1976), Bourdieu and Passeron (1990) as well as Freire (2000), outlined the relationship between education, socialization, the agency of students

and inequalities within the broader society. These relationships are indicative of the complex manner in which education shapes the lives of students and were helpful in situating drug and sex education within the broader education system. By examining the connections between how social control operates within my data and how social control operates within the broader education system and various social practices of control, I am able to draw implications from my study.

Throughout this thesis I have argued that social control operates in a similar way within the curricula and the teachers' discourses. This could be a result of the teachers purposely following the curricula's expectations during the interview in order to avoid negative penalties from not doing this. This could also be the result of being trained to teach HPE and discuss drugs and sex in this way. Throughout this thesis I have also argued that social control operates in the constitution of various activities as unhealthy and unacceptable to engage in and in the social practices of control that are related to these activities. The relation to social practices implies that social control will act the same way within these practices as it does within HPE. For example, illegal drug use is an unacceptable activity within the workplace just as it was constituted as unhealthy and necessary to avoid within HPE.

Due to these connections, this study has implications for how social control operates within the broader society. If social control did not operate in a similar manner in society as it does within drug and sex education, than examples from everyday life could not be used within the curricula or the teachers' discourses. Yet both the curricula and the teachers continually used examples from expected social circumstances the students would encounter and emphasized that the students must be prepared when faced

with these situations. If social control did not operate in a similar way within drug and sex education as it does within the broader society than the negative consequences of engaging in unhealthy activities would not have the potential to transpire. The predominant focus on the potential negative aspects of drugs and sex, however, negates any potential positive effects for engaging in these activities. The focus on potential negative aspects of drugs and sex also negates a significant reason why individuals engage in these activities, pleasure.

Appendix - Descriptions of the Participants

Brandon has been an elementary school teacher for 11 years, with 5 years at his current school, and has experience teaching a variety of subjects.

Chris has been a secondary HPE teacher for 3 years. Chris teaches at a very multiculturally diverse school in a lower income area of Toronto.

Isabella has been an elementary HPE teacher for 2 years. She is trained as a Special Education Teacher. Isabella teaches in an affluent area of the city at a school with little diversity.

Jason has been a secondary HPE teacher for 13 years. He has experience teaching HPE in downtown Toronto and is currently teaching outside of the downtown area within the City of Toronto.

Joe has been a secondary HPE teacher for 11 years. He has experience teaching in various parts of the City of Toronto as well as other cities. He is currently teaching at a school in a low income area of Toronto and is also working as a guidance counsellor at this school.

Kim has been an elementary school teacher for 6 years. She has experience teaching a variety of subjects, including HPE, to students from Kindergarten to grade 8.

Louisa has been a secondary school teacher for 6 years. Before becoming an HPE teacher at her current school she taught at a group home for at-risk youth. She also teaches drama, family studies and special needs.

Matt has been an elementary HPE teacher for 10 years and has experience training new HPE teachers for the TDSB. Matt teaches in an affluent area of the city.

Simon has been an elementary HPE teacher for 12 years. He teaches at a school in a socio-economically diverse area of the city.

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