A Qualitative Study of "No-Use" Drug Education: A School-Based Public Health Perspective

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Abstract

An in-depth, qualitative research study was used to evaluate the need for a conceptual shift in how students are viewed and educated about substances. Interview data was collected through seven semi-structured field interviews with California secondary school health workers and alcohol and drug education program specialists. The data revealed no systematic efforts or district pressure for effective and comprehensive drug education. A key finding was that "no-use" programs are not only invalid, but detrimental for youth coping with depression, anxiety, and trauma. This small-scale, multi-level study suggests that professionals in the field of drug prevention and education lack an understanding of the complexities of the challenges facing inner-city youth. However, interviews with school health workers suggested that those working directly with youth rejected the "no-use message" but were left to "just say nothing." Given the lack of oversight and political will to search for effective alternatives, the rejection of "no-use" drug education is significant. Results and the need for research into culturally sensitive approaches is discussed.

A QUALITATIVE STUDY OF "NO-USE" DRUG EDUCATION: A SCHOOL-BASED PUBLIC HEALTH PERSPECTIVE

From the 19th-century temperance movement that rallied America's youth against alcohol to Nancy Reagan's "Just Say No" campaign, Americans have been trying to prevent teenage drug use through school-based "no-use" drug education. Most of these strategies are compromised by one or more of the following: a) the unwillingness to distinguish between drug use and abuse, proclaiming "all use is abuse"; b) the use of misinformation as a scare tactic; and c) the failure to provide comprehensive information to help young people reduce the harms that can result from drug use. Despite vigorous efforts and massive financial investments into programs that aim solely to prevent substance use, a national study by Monitoring the Future reveals that 50% of young people will have used an illegal substance by the time they graduate high school (Johnston). Studies have consistently shown that even the most advanced drug education programs has had limited efficacy and that it is the no-substance-use message the contributes to its failure (Brown and Kreft, 1998). Nonetheless, political leaders continue to support these programs simply because they satisfy the public as an acceptable critique of drugs and a form of outreach to young people

The growing acceptance of drug legalization at the state level in addition to the evidence against "no-use" drug education, including zero tolerance policies[1], all suggest that there would be an urgency for reconceptualizing program goals and practice. But, so far, policymakers fear-based

[1]Zero Tolerance mandates suspension or expulsion for first-time drug-related offenses. These policies still currently in favor in up to 90% of schools nationwide even though they show no measurable, positive impact on school safety; strong evidence of racially disproportionate enforcement; and a pernicious impact on the school-to-prison pipeline (Heitzeg).

drug war rhetoric has officially mandated an abstinence-based drug education policy that makes it difficult for adults to treat youth substance use as a health and safety issue.

Because of a well-documented history of program failure, along with the changing legal status of marijuana, the goals of this study were: a) to gain an understanding of how schools are promoting a safe and drug-free learning environment, and b) to determine the obstacles and forms of resistance toward shifting to a more comprehensive approach to drug education within schools. In the literature review below, I examine the conceptualization of school-based drug education. This demonstrates how today's "no-use" drug education is similar to, and as ineffective as, the historically ineffective "no-use" drug education (Brown, 2001). In addition, I discuss gaps in the literature regarding drug misuse prevention and the existing state of drug education in California.

LITERATURE REVIEW

Abstinence

In 1981, Chng concluded that "drug education in the schools has failed…[and] the goal of abstinence [is] one of the contributory factors for this 'failure'" (p.13). Even the government's the General Accounting Office (GAO) believes that "the expectation that teenagers, at a time in their lives when they are most amenable to risk taking...will accept our abominations, is unrealistic at best" (1993). Unfortunately, federal policymakers have chosen to ignore the GAO's recommendation to examine alternative programs and there is little government support for researchers to do this.

Conspicuously lacking in the drug education field, are recommendations for minimizing the risks of drug use and misuse among more experienced populations of older youth—those who need it most. While well-intended for a myriad of sociological, psychological, and physiological reasons, the insistence on total abstinence is problematic for the young people who may make a choice not to abstain (Rosenbaum, 1999). It is important to understand that supporting "abstinence-plus" education does not mean teachers, parents, and other concerned adults condone substance use. Instead, the focus of comprehensive drug education is on safety, offering parents and educators a way to reach the students who need the most support, and allowing drug use to be dealt with through an evidence-based, public health perspective.

Here much can be learned from the growing acceptance of reality-based sex education which, up until recently, focused strictly on abstinence as well. As public concern about unintended pregnancies and sexually transmitted diseases increased, the federal government shifted its goal to become comprehensive, putting safety first (Sex Education in America, 2004). Since then, there has been huge success in reducing unwanted pregnancies and sexually transmitted diseases (Stanger Hall & Hall, 2011). While sex education has evolved, just about every school drug prevention program in the United States continues to operate on the principle of universal abstinence (Skager, 2007).

Temperance Instruction

To understand the insistence on abstinence education and how we arrived here, I will use a historical perspective to examine the conceptualization of school-based drug education. This

review will demonstrate how messages employed to dissuade youth substance use have remained remarkably the same.

A historical review by Beck (1998) reveals that today's "evidence-based" drug education curriculum stems back to the rhetoric of the Women's Christian Temperance Union (WCTU) in the early 1900s. In preparation for their campaign for alcohol prohibition, the WCTU successfully lobbied state legislatures and Congress to require that "scientific" temperance instruction be taught to students throughout the nation. The WCTU dictated abstinence as the only morally and socially acceptable behavior, made no distinction between drinking and alcohol abuse, and argued that the initiation of use would inevitably lead to either prison or death—essentially a blueprint of all the drug education that has come since.

A group of faculty members from Harvard and Clark universities warned the extensive exaggerations, distortions, and gross inaccuracies in approved textbooks was "inappropriate" and "doomed to backfire" when the students would soon find out that the "facts" they were forced to memorize were incorrect (Billings, 1905). The repeal of prohibition in 1933 indicated the beginning of the end of compulsory temperance education. However, the movement never really died. The messages, practices, and goals of this period were reintroduced years later as our nation's war on drugs was declared in the name of protecting young people from the threat of drugs.

"Just Say No"

Although Richard Nixon was the first president to declare a war on drugs, it was Ronald Reagan who set the precedent of fighting drug use using a zero tolerance approach. At the same time,

Nancy Reagan took the stage with her highly publicized "Just Say No" campaign. This approach to society's drug problem was systematized into official school policy. Under the Safe and Drug-Free Schools and Communities Act, schools were mandated to adopt zero-tolerance drug abuse prevention programs with some variation of the "no-use" message in order to receive funding (U.S. Department of Education, Title IV — 21st Century Schools, 2004, Section 401, Part A, Sections 4001-4003). Shortly afterwards, the first national program promoting zero tolerance, Drug Abuse Resistance Education (D.A.R.E), was developed by the Los Angeles police department and quickly implemented nationwide despite no evidence of effectiveness.

Youth Placed At Risk

In addition to teaching young people that "illegal and other drug use" is "wrong" and "harmful" (Section 4132), federal policies also mandated that schools provide substance use and abuse prevention services geared towards protecting at-risk students[2] . But a study of California's drug education programs found that, rather than providing interventions to assist students who may be struggling, at-risk youth were actually placed at greater risk through punishment, marginalization, or shaming (Brown & Caston, 1995). Notably, students interviewed in the study reported that the school's drug policies were a tool for "getting rid of the bad kids" (Brown & D'Emidio Caston, 1995, p. 56) rather than getting rid of the problem . Although the evaluation was commissioned by the California Department of Education, the CDE declined to publish these findings.

[2]See Appendix A for a list of risk factors used to determine which students are deemed most likely to develop problems with substance use.

Despite well-publicized findings that students had increased rates of drug use following D.A.R.E presentations, a recent report (Kumar et al 2013) documenting the existing state of drug education found that D.A.R.E. continues to be the most widely used prevention program. The report also revealed that almost half of the school districts relied on a wide range of locally-developed programs, of which we unfortunately know very little.

"Evidence-Based" Programs

Modern social skill programs, such as LST, have been developed as alternatives to the flawed D.A.R.E. program. These programs claim"to educate students not only on the dangers associated with substances, but [also] how to make healthy decisions on their own" (Botvin et al., 1998). Instead of simply telling children that drug use is bad, they emphasize decision-making skills and information about how to make healthy choices. Instead of "Just Say No," children hear, "Use your refusal skills" (Botvin et al., 2001, p. 361). Since drugs are not healthy, there is still only one correct decision, to "Just Say No" (Brown & Kreft, 1998).

Today's young people are growing up in a unique era where recreational marijuana use is gradually becoming a normal part of the adult world. Colorado, Washington, Alaska, Oregon, Washington, D.C., and most recently, California have all passed initiatives for legalizing marijuana. What is not already covered in the literature is how legalization of marijuana has changed drug education. Drug educators and their materials can no longer rely on "stoner" stereotypes and scare stories when the majority of voters in a state voted in support of legalization and, thereby, indicated that they no longer accept the usual propaganda.

Study Overview

This study extends current research on California's school-based drug education and prevention programs. Through in-depth interviews, qualitative data was collected to examine how schools are fulfilling their obligations to promote a "safe and drug free learning environment" (Section 4132.) Because this study contains interviews with school personnel various organizational levels (e.g., counselors, health directors, program specialists) and in multiple school sites (e.g., charter, private, public) and diverse communities (i.e., high and low Socioeconomic status (SES), it offers a deeper understanding of school-based drug education than is currently available. This study was designed to answer two questions:

- How are schools dealing with student substance use?
- How do school personnel perceive these efforts?

Preliminary research revealed that, in 2008, the failure of abstinence-based drug education programs prompted the federal government to drain the entirety of California's Title IV Drug Education Budget. School districts lost funding causing them to pursue safe and supported schools grants that were discontinued in 2015. Although federal law still mandates schools to teach drug and alcohol prevention, I hypothesize that with the demise of Title IV funding, the search for effective alternatives at the district level has become unimportant. This study will examine the attitudes and experiences of school personnel operating in this new landscape.

METHODS

Participants

Preliminary research was carried out to determine the choice of criteria for the sample population. Based on their involvement in school-based prevention and health efforts, twelve key personnel from five schools in four districts were interviewed in the field. A subsampling

process resulted in the final analysis of five interviews from school health workers and two Alcohol Tobacco or Drug (ATOD) program specialists.

Instrument

Semistructured interviews were used to determine how school personnel approached student substance use. When appropriate, follow-up questions related to current efforts and respondent experiences were asked.

Data Collection

There were three stages of data collection.

Stage 1 comprised district and school selection. High school sites were chosen based on snowball and quota sampling using two criteria: their geographic proximity to the University of California, Berkeley, and the availability of school-based health centers, as indicated by the California School-Based Health Alliance. Of the five schools selected, two were in each of the following counties: Alameda and Concord. Three of the schools selected were affiliated with a school district and had a large number of students receiving free or reduced-priced lunches. The other two schools selected were not affiliated with the district and were private or charter schools.

Stage 2 comprised personnel selection and interviews. Information for this study was gathered through in-depth interviews with adult high school system participants. Original criteria for the sample population were that participants be either principals or high school students.

A preliminary unstructured interview with an East Bay educator revealed that principals were too far removed from the realities of student substance use and had limited time to support my

research project. Student populations were omitted from the sample group due to limited time and Institutional Review Board (IRB) processes for participants under age eighteen.

To ensure that the most appropriate and accessible informants were selected to address the research question, the criteria for the sampling pool shifted to school personnel who addressed students' health needs and administrators responsible for addressing prevention services at district levels. The key personnel targets for interviews in each district included school health workers, psychological counselors, health program directors, and ATOD program specialists. The request for research was introduced in an email request as an educational assignment, and interest was linked to my young age and close proximity to student populations (See Appendix B). Of the fifteen potential study participants, three declined to participate because of limitations placed on them by the Berkeley Unified School District for participating in external research.

Stage 3 was the selection of interview schedules. Two developmentally appropriate semistructured interview schedules were devised, one for respondents in direct contact with students and one for those at higher organizational levels. Schedules were devised to reveal systemic, school-based approaches to student substance use and the experiences of school personnel involved in these efforts. Open-ended questions allowed participants the opportunity to respond to the issue in their own voices.

I devised questions based on the following: a) research on common themes in past ATOD programs that were found to have contributed to youth skepticism and distrust; b) the "use is abuse" messages; c) insistence on total abstinence; and d) lessons that only emphasize the negative consequences of drug use. Schedules placed subjects in hypothetical situations where they were asked to explain their response to case studies (See Appendix C). These were intended

to reveal similar messages associated with past ATOD programs. Open-ended questions allowed for the flexibility to probe initial participant responses for interpretation and development of common themes.

FINDINGS

Abstinence-based drug education is not only ineffective, but it is also disproportionately harmful to inner-city youth. "No-use" messages are conceptually flawed because of the failure to understand the challenges facing inner-city youth and the reasons for their drug use. Of the interviews analyzed, school health worker participants revealed the most in-depth understanding of policy, prevention practices, and the issues pertaining to students' lives. Unless otherwise noted, the evidence below was derived from interviews with school health workers. Three key findings emerged:

1. Methods to effectively address youth substance use remain undetermined.
1. School personnel struggle with a loss of credibility in the eyes of the students.
2. The drug use of inner-city youth was predominantly linked to trauma.

Key Finding #1: No systematic effort to search for promising alternatives

The new context of marijuana legalization presents challenges related to the validity of the drug prevention and education field. This is demonstrated by a respondent ("R2") who describes her difficulty designing a strategy that could reduce marijuana use now that previous claims of marijuana's dangers are being questioned as overstated:

R2: [marijuana use] is a personal concern, and there is very little literature for me to rely on, to bring to decision makers and policy makers. So I've worked with the police department to try to bring more presence to stop, to create a climate where you can't smoke. because it's so permissive, but i can't find the research and data to validate that this is more than me, a women acting overly concerned, anxious, or a stress freak. …..

In this context, the health director was restricted by the absence of science-based information and practices for drug misuse prevention. Without district pressure or support, effectively addressing substance use is left up to school personnel who commit themselves to exploring and implementing alternatives.

In another district, a respondent ("R3") provided an example of a method she developed independently in her school's health center. There she attempts to reduce the harms of substance use for those who do not abstain by making an effort to meet the students where they are:

R3: our response was designed specifically for students who were at the beginning of their use. The idea is to press pause and create a space for young people to do some meaningful reflecting around what the effects are of their use, and how those effects get in the way of things they deeply value.

In this harm reduction approach to drug education, the respondent allowed for young people to bring their lived experiences and their own insight and wisdom into the room—a departure from abstinence-only programs where conversations remain confined to "just say no" messages. By acknowledging that her students were ultimately going to make their own choices, the respondent was able to prioritize student safety.

Acknowledging choices that can minimize harm is consistent with our approach to sex education. Despite difficulties with articulating the best way to talk to young people about their substance use, all school personnel agreed that it was necessary to have school-based drug education. Unfortunately, the ideological pursuit of a drug-free world has systematically

prevented schools from reorienting their approach in order to reach the students who may make a choice not to abstain.

Key Finding #2: Loss in credibility

Although no schools in my study had a formal drug education program or curriculum in place, respondents ("R2", "R3", and "R6") described the importance of talking about marijuana and other drugs in a sophisticated manner and distinguish between use and abuse:

R2: Students are able to[make the distinction] because they learn a lot together and in their communities. young people can readily identify the difference in their peers, behaviors that indicate abuse, and they can identify what that looks like in others.

R3: If you assume or imply that any use is abuse, you lost them. Because it's not true, it's not realistic, and they know it.

R6: Students are very aware. and they actually get very pissed off, you will lose a kid in a heartbeat if you don't make that distinction.

The repercussions of delivering messages that may be inconsistent with young people's' experiences and observations were expressed by all respondents as undermining their credibility. This finding was described in the article "In Their Own Voices: Students and Educators Evaluate California School-Based Drug, Alcohol, and Tobacco Education (DATE) Programs, where nearly all the students interviewed discussed the substance "use versus abuse" message as a reason why drug education was not credible. This study concluded that because school-based messages contradicted personal observations and experiences, students came to fully reject the message as well as the messenger (Brown & D'Emidio Caston, 1995, p. 33)

Although the prevention literature ignores these key distinctions, the interview data from my study suggests that a prime criterion for any drug education strategy to be successful is to be independently verifiable by the students.

The overlying issue is that young people are growing up with massive amounts of contradictory information. Respondents ("R2" and "R6") described their difficulty delivering balanced messages:

R2: When you talk to students, they will name teachers who smoke weed, they will even name teachers who smoke weed with the kids. One student said to me recently that they could see the pipe coming out of the [safety] officer's pocket

R6: I think it's really hard to have a successful conversation, especially when they're seeing everyone having a good time and not really getting any negative obvious effects. there are obvious negative effects of alcohol abuse or more hard level drugs. but with something like that you don't really see it, you don't really see it and there is not much research to back it.

A respondent ("R1") provides an example of her difficulty discussing marijuana with a student:

R1: I honestly replied that pot smoking can have negative consequences but the student was adamant that I was wrong because "well my dad smokes everyday and he's fine"

It should be no surprise that students no longer trust educators. Young people are biased towards those closest to them, and in this case her father seemed "fine," which was in opposition to the school's anti-drug messages. When classroom lessons do not resonate with personal observations, students resolve their dissonance by coming to believe the educators lied (DATE). The students, in this process, may filter their perspectives to see only the positive benefits of their fathers' or peers' use because the authority figures delivering the warnings did not present both sides of the conflict. To reduce young people's repudiation of adult messages as more noncredible propaganda, my interview data suggests that any type of curriculum or program must also nonjudgmentally acknowledge the persistence of use in society.

Key Finding #3: Common adolescent behavior and at-risk drug use

Psychologists in the youth development field have argued that substance use is a normative behavior that fits squarely within a stage of risk-taking, having fun, sensation seeking, or

disobeying authority (Newcomb & Bentler, 1980). But for students in urban school districts, my respondents revealed that drug use was more than just an experimental or risk-taking behavior. It was a strategy of coping with interpersonal trauma and community violence.

R5:Lot of the students who get caught report using to deal with anxiety or depression.. self medication….. using it to escape,

Many of the students in these districts come from neighborhoods and communities that have been impacted by violence, poverty, and incarcerated family members. Ironically, a large body of research shows these environmental conditions have been exacerbated by the war on drugs.

Because of their professional training, health workers used an environmental perspective on youth behavior when describing youth choices. Youth substance was interpreted at various degrees and influenced by range of factors. Respondents did not express concern about the dominant narratives of risk-taking, fun seeking, and experimental behavior. But, rather, that the majority of their students were using drugs in order to cope with their environmental and ecological conditions. Their perspective contradicted the field of prevention, which has failed to take into account the complex nature of youth behavior.

By understanding that choices to use substances are not based on calculated costs and benefits, a shared assumption is expressed by the following respondent:

R4: The point I'm getting at is to first find structures to support the students who need marijuana. we can't just punish a kid who's smoking to escape depression if you don't address the depression, or the loneliness, anxiety, or the trauma.

Here, the respondent described how, unless schools address the complex systems that are causing the trauma, anxiety, or depression, preaching abstinence is not only invalid but also stigmatizing. She further expressed that urban public schools were ill-equipped to support the students dealing with those challenges. Without adequate support systems, problematic use of marijuana by inner-city youth occurred because of its function as a coping mechanism.

Although the 1995 study by Brown & D'Emidio Caston revealed that federally funded programs were rejected by youth because of the "no-use" message, the perspectives shared by my respondents—in particular the health workers working in urban high schools—revealed that "no-use" programs and messages were detrimental to inner-city youth. The respondents linked the consequences of abstinence drug education to its focus on changing youth behavior rather than addressing the conditions that influence them.

My findings are consistent with research that shows that the youth development field is dominated by a psyche that has not been impacted by the social, political, and economic forces that, in particular, burden the lives of inner-city youth. As a result, programs that focus solely on preventing use never reach young people who may need the most assistance—those coping with trauma, anxiety, or depression.

Generalizability

The conclusions of this study are limited by my research goals and how I attempted to achieve them. The first goal was to understand how schools are addressing underage substance use; the second was to amplify the concerns of school personnel with regard to drug prevention policies

and practices. Because the qualitative data came from small-scale quota and snowball samples of health workers in East Bay High Schools[3], I cannot generalize the rejection of abstinence-only drug education to the entire population California's school system personnel. I can, however, conclude that, because of the absence of federal and state money, California school districts are not supporting or enforcing school to provide substance use prevention. A second consideration of my findings was that of the one school site which lacked a comprehensive health center was also the only sample enforcing zero tolerance policies, whereas, other schools with school-based health centers had in place restorative justice practices[4]. However, because of the limited presence of respondents without a school-based health center, further research is necessary to determine the relationship between the absence of funding for school-based health centers and the enforcement of zero tolerance policies as a prevention strategy.

CONCLUSION

The absence of political will, in conjunction with the limited research on drug misuse prevention, has impeded the thinking of adults who reject "no-use" drug education from accessing alternatives. Because the history of drug messages has failed to reflect students' observed realities, adult attempting to reach students regarding their substance use are immediately dismissed as more noncredible manipulation. The no-use message is more problematic than

[3] Berkeley, El Cerrito and Albany are among the 10 most liberal cities in the United States
[4] A set of practical responses to student behavior and proactive strategies that strengthen accountability and improve school culture.

previously understood for inner-city youth, who are using substances to cope with trauma, anxiety, and depression. Without addressing the conditions that have influenced their behavior, stigmatizing and pathologizing substance use is not only ineffective, but cruel. The findings of this study suggest that, not only is further research needed for drug misuse prevention, but also, a more nuanced understanding of the unique challenges that burden the lives of inner-city youth is warranted. Thus, we need, not only a conceptual shift in prevention efforts, but also approaches to drug education that are grounded in the lived experiences of young people.

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Appendix A. California Department of Education identifies at-risk youth based on a number of risk factors.

Family risk factors: lack of clear expectations for behavior; lack of monitoring; inconsistent or excessively severe discipline; lack of caring; parental drug, alcohol, and tobacco use; positive parental attitudes toward use; low expectation for children's success; family history of alcoholism

School risk factors: lack of clear policy regarding drugs, alcohol, and tobacco; availability of drugs, alcohol, and tobacco; school transitions; academic failure; lack of student involvement; little commitment to school.

Community risk factors: economic and social deprivation; low neighborhood attachment and community disorganization; community norms and laws favorable to drugs, alcohol, and tobacco use; availability of drugs, alcohol, and tobacco.

Individual/peer risk factors: early antisocial behavior; alienation and rebelliousness; antisocial behavior in late childhood and early adolescence; favorable attitudes toward drugs, alcohol, and tobacco use; greater influence by and reliance on peers rather than parents; friends who use drugs, alcohol, and tobacco, or sanction use; early first use.

High risk factors: (for the purposes of these guidelines, the federal definition of high risk will be used) any student who is at high risk of becoming or who has become a drug abuser or an alcohol abuser and is a child who has one or more of the following characteristics: is identified as a child of a substance abuser; is a victim of physical, sexual, or psychological abuse; has dropped out of school; has become pregnant; is economically disadvantaged; has committed a violent or delinquent act; has experienced mental health problems; has attempted suicide; has experienced long-term physical pain due to injury; has experienced chronic failure in school; has been placed on probation, formal or informal, or has served time in a juvenile detention facility. (California Department of Education 1992, viii-ix)

Appendix B. Request for Research

UNIVERSITY OF CALIFORNIA AT BERKELEY

Request to Participate in Research

Substance-Use Prevention Programs: Perspectives on Planning and Implementation

Introduction and Purpose

My name is Rhana Hashemi. I am an undergraduate student at the University of California, Berkeley working with my faculty advisor, Professor Edwin Lin in the Department of Sociology. I would like to invite you to take part in my research study, which concerns how schools are in relationship with substance use among their students within an era of limited funding and changing drug policies. There are no right or wrong answers; I am just interested in hearing what you have to say.

Procedures

If you agree to participate in my research, I will conduct an interview with you at a time and location of your choice. The interview should last about 30 minutes. Your participation is entirely voluntary. You may stop taking part at any time or refuse to answer any questions. I hope, however, that you will participate; this will help me the current state of drug education and also help me improve my interviewing skills. I promise to keep everything you tell me strictly confidential. I might share a transcript of the interview with my instructor so he can give me suggestions to improve my interviewing skills, but I will not provide your name or the school name, and I will change some simple facts about you so that no one can identify you.

Questions

If you have any questions about this research, please feel free to contact me. I can be reached at rhashemi@berkeley.edu. I can also provide a phone number upon request, if that is easier.

Appendix C. Hypothetical Questions

Describe what you would do:

If a student confines in you that his/her parents use substances openly?

What would you say to the student who admits to using substances because they are fun?

What would you say to the student who is concerned about his/her peers MDMA use because they may be forming holes in their brain?