

praise for Beyond Zero Tolerance: a reality-based approach

"Beyond Zero Tolerance provides a much needed blueprint for addressing the issue of secondary school drug education and assistance. I highly recommend this booklet for educators looking for pragmatic, cost saving, humane strategies."

— *Ted Wachtel, co-author of TOUGHLOVE and
President of the International Institute for Restorative Practices*

"Zero-tolerance school policies for alcohol and other drug use have displaced many at-risk youth, particularly youth of color, from their communities, families, and educational institutions. Zero-tolerance creates a "schools to jails pipeline"—a track steering students further away from college, and toward the path to prisons.

"*Beyond Zero Tolerance* offers a pragmatic alternative; it provides educators with the tools necessary to empower youth to make life-affirming decisions with regards to using alcohol and other drugs. Please take the time to read the ideas presented in this booklet and implement them in your schools and communities."

— *Victor Manuel Perez, School Board Member,
Coachella Unified School District*

"*Beyond Zero Tolerance* provides recommendations for smarter and more effective use of California's secondary school drug education and prevention resources. The creation of this booklet is one step towards reform, by restoring our teenagers' trust in drug education and providing them with the tools they need to avoid abusing alcohol and other drugs."

— *California State Assemblymember Jackie Goldberg*

"Suspension or expulsion of students who use alcohol and drugs, without behavioral intervention, mentoring or rehabilitative referral, is ineffective and unsuccessful in curtailing substance abuse. The California State PTA encourages the use of programs that include education, counseling, support and treatment as responses to student substance abuse.

Parents and teachers can't afford to ignore the realities of what their teens are doing. *Beyond Zero Tolerance* deals realistically with alcohol and drugs, helping to open an honest dialogue between parents, teachers and teens."

— *Brenda Davis, President, California State PTA*

The logo features the word "Beyond" in a white, sans-serif font with a thin orange arc above it. Below it, the words "zero tolerance" are written in a smaller, purple, sans-serif font.

Beyond zero tolerance

a reality-based
approach to drug education
& student assistance

Rodney Skager, Ph.D.

www.beyondzerotolerance.org



Beyond Zero Tolerance is a project of the Drug Policy Alliance.
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DRUG POLICY ALLIANCE

Reason. Compassion. Justice.

The Drug Policy Alliance is the nation's leading organization working to end the war on drugs and promote new drug policies based on science, compassion, health, and human rights.

Dedicated To

John Vasconcellos

California State Legislature
from 1966—2004
and
Co-Founder, The Politics of Trust Network
www.politicsoftrust.net

INTRODUCTION

Twenty years ago, while teaching graduate courses in research methods and data analysis at UCLA, I was invited by California Attorney General John Van de Kamp to develop and conduct a survey of secondary school students on their use of alcohol and other drugs. The result was the CALIFORNIA STUDENT SURVEY, administered statewide every other year since 1985 to 7th, 9th, and 11th graders.

As I studied the use of alcohol and other drugs among students—and documented its persistence over the past two decades—I began to have serious doubts about the effectiveness of drug education and school discipline policies designed to deter use.

Though we all share the desire to see today’s young people grow up free of problems with alcohol and other drugs, ample evidence shows that current approaches to early drug education not only fail to have lasting effects, but can also be counterproductive.ⁱ

For twenty years, I have searched for more effective, humane, and compassionate strategies for dealing with the use and abuse of alcohol and other drugs among teenagers. As an educator, I continue to have faith in the power of honest education and compassionate assistance.

In this booklet, I offer a new, reality-based model for drug education and related school policies. The approach is grounded both in research and professional experience, with the health, safety, and well being of young people as the bottom line. My hope is that we, as educators, counselors, parents, as well as others who are searching for pragmatic strategies to help young people, will use the analyses and recommendations presented here as a starting point for developing sound programs for secondary school students.ⁱⁱ

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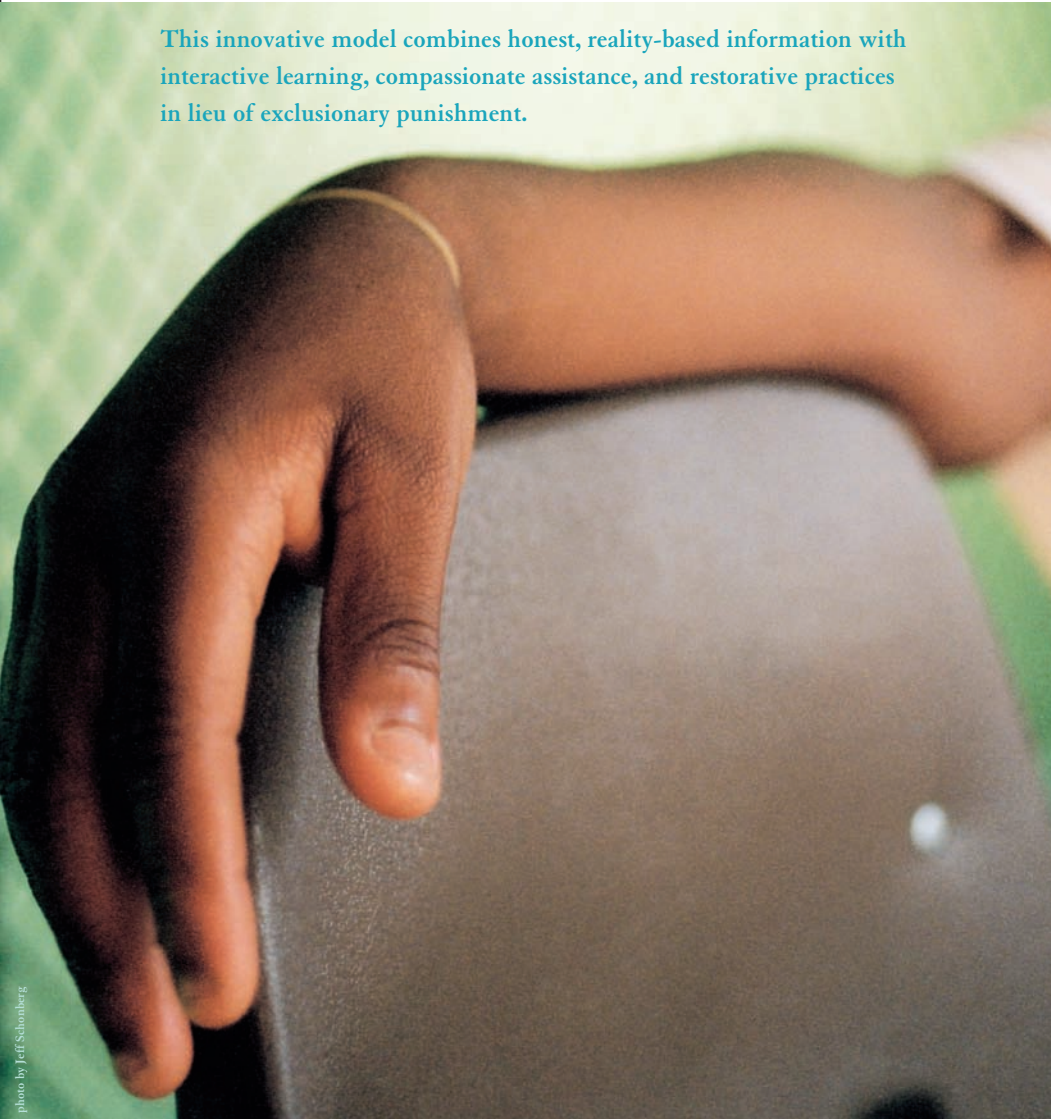
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i Summaries by Rodney Skager of supporting information include Research and Theory Supporting an Alternative Perspective on Drug Education for Youth (available at www.safety1st.org) and Drug Education in a Climate of Zero Tolerance: Finding Solutions vs. Minimizing Problems (in Drug Education in Schools, R. Midford & G. Monroe, eds., East Hawthorne, Victoria, Australia: IP Communications, in press).

ii This model focuses on drug education and student assistance in secondary schools because “inoculating” primary school children against later substance use has not been effective. Early drug education in elementary schools should narrow its focus to the immediate needs of children tailored to the communities in which they live. For most children this means personal safety in a world where dangerous substances are accessible, including those in the medicine cabinet. It also includes recognizing and responding to substance abuse in their families or communities. Elementary schools should offer support groups for children in such troubled families (check out the Celebrating Families Program at www.preventionpartnership.us or Strengthening Families Program at www.strengtheningfamilies.org).

Beyond Zero Tolerance is a comprehensive, cost-effective approach to high school drug education and student assistance that is all about helping teenagers by bolstering the student community and educational environment.

This innovative model combines honest, reality-based information with interactive learning, compassionate assistance, and restorative practices in lieu of exclusionary punishment.



BEYOND ZERO TOLERANCE: A REALITY-BASED MODEL

Where We Are Today

Most American high schools do not offer effective drug education, nor do they provide interventions to assist students struggling with abuse of alcohol or other drugs. Instead, they rely primarily on deterrent punishment for students who are caught violating the rules. Proponents of the “big four” consequences—exclusion from extracurricular activities, transfer to another school, suspension, and expulsion—believe that harsh consequences for those who are caught will deter other students from committing similar offenses, and too often constitute the whole of prevention.

But research has shown that these punishments are not likely to change students’ behavior. Ironically, rather than serving as an effective deterrent, drug education that lacks credibility and is backed by punitive measures often fosters resentment and oppositional behavior. The few secondary schools that offer drug education often repeat messages that may have had some credence for elementary school students but lack credibility for older, more experienced teenagers. Current “science-based” programs are more sophisticated than earlier “Just Say No” programs, but are still based on questionable assumptions about the reasons so many teens experiment with drugs.

Empowering Tomorrow: A Comprehensive Approach

A reality-based model incorporates three mutually reinforcing elements: *education*, *intervention/assistance*, and *restorative consequences*. The basic tenets, which are described later in more detail, are as follows:

- Drug education should be honest, balanced, interactive, and delivered in a way that involves full participation of students.
- Intervention for students who need assistance should be an integral part of drug education.
- A restorative process, in which offenders identify harms they have caused and then make amends, should replace most suspensions and expulsions.

of honest education and compassionate assistance”
“have faith in the power

photo by Jeff Schomberg

GUIDING REALITIES

The use of alcohol and marijuana is common among high school students, and most young people accept it as part of teenage social life.

For decades, alcohol and other drug use has been widely accepted among older teens. A majority of them, including those who choose abstinence, view the use of alcohol and marijuana as a common social activity rather than abhorrent behavior practiced only by outcasts and deviants.^{1,2} In the *California Student Survey*, most older teens consistently report that their peers try alcohol or marijuana because they are curious about the effects and that “having fun” is the main reason to continue.³ This social climate tolerates drug experimentation and occasional use, though not necessarily use that causes problems.

Throughout the ‘90s, my students at UCLA joined in lively class discussions and wrote reports based on anonymous interviews with other college students about the use of alcohol and other drugs in their high school communities. Findings from over 300 interviews included the following:

- Alcohol and other drugs were readily available to students in their high schools and most students, whether they used them or not, were tolerant of friends who did. Those who abstained did not condemn the user as a person even though they disapproved of the behavior.
- The interviewees did not remember much about prevention education in their elementary schools (“they just told us drugs were bad”).
- Most denied that teenagers try drugs because of direct peer pressure.
- All were aware that use of alcohol or other drugs caused problems for some of their peers, but many also cited benefits associated with moderate use and others made it clear that they did not view users as immoral.



“Smoking pot for my friends was like watching TV for me. It was just normal.”

“It’s possible for someone to think that drug use is immoral, but to also not have a biased opinion of the user. I have friends who do it, but I’m still friends with them.”

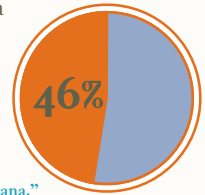
“Among my friends some people choose not to do it and others do. And nobody thinks less of any other person.”

“The D.A.R.E. program made it seem like smoking bud was a horrible thing to do, but when I saw my friends do it they were having a blast, so I joined in.”

“The people I knew were well informed on the consequences of drugs, but they didn’t care. When they did drugs they were bonding with friends.”

Over the last 30 years the national *Monitoring the Future* survey (www.monitoringthefuture.org) has consistently shown that marijuana accounts for the lion’s share of illegal drug use among teenagers. The results since 1991 continue to confirm its popularity.⁴

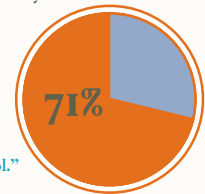
- 46% of current high school seniors have smoked marijuana in their lifetime compared to a peak of 50% in 1999 and a 33% low in 1992.
- 29% had used an illegal drug other than marijuana at least once compared to a peak of 31% in 2001 and a low of 25% in 1992.



“I have smoked marijuana.”

Although underage drinking is at its lowest level in recent history (unlike use of illegal drugs), the great majority of older teens have tried alcohol at least once in their lives and substantial numbers drink heavily and frequently.

- 71% of high school seniors have tried alcohol compared to a peak of 78% in 1991 and a low of 70% in 2003.
- 60% have been drunk at least once compared to a peak of 65% in 1991 and a low of 58% in 2003.



“I have tried alcohol.”

Use rates fluctuate from year to year, although they never come close to universal abstinence. Perhaps this is because young people live in a society where a range of legal substances, including alcohol, over-the-counter drugs, and pharmaceuticals are not only tolerated, but promoted through popular culture and the media.

As a result, drug prevention programs for preteens, instituted nationwide in the mid-80s, simply have not reduced widespread acceptance and use of alcohol and marijuana among contemporary high school populations. These savvy teens have easy access⁵ to these substances, and are skeptical⁶ of most “just say no” messages.

Drug prevention programs designed to “inoculate” children against later alcohol and other drug experimentation have failed.

Most existing drug education programs are delivered with the assumption that elementary school students can be *inoculated* against later temptation. While a few of these programs offer secondary school “booster sessions,” the curricula mainly recap the same messages heard in elementary school, even though little evidence supports the theory that early prevention education has been successful in reducing use of alcohol and other drugs by the mid-teen years.

little evidence supports the theory that early prevention education has been successful

...many teens become skeptical about the warning messages they heard in elementary school prevention programs



photo by Jeff Schumberg

Older teens become skeptical about the warning messages heard in elementary school prevention programs, and can identify little or nothing of what they learned in their pre-teen years. Independent scientists have identified serious flaws in research ostensibly supporting even “science-based” elementary school programs.^{7,8,9} Given students’ limited retention of the information taught in these programs, it seems the best time to *start* school-based drug education is at the beginning of the teenage years, immediately before experimentation escalates.¹⁰

Those who have reared or taught children know they become adolescents rather suddenly at 11 or 12 years old, when physical and motivational changes are obvious. The equally important leap forward in mental capacity that occurs at this age is usually less apparent. “Formal reasoning” ability, as psychologists call it, enables teenagers to arrive at answers to problems in the same way as adults, by thinking of possible explanations and testing them out.¹¹

This fundamental principle of human development explains why early one-sided or factually inaccurate drug prevention messages are rejected by the mid-teen years. The information conveyed by adults often conflicts with knowledge teens have acquired on their own, through observation or personal experience.¹² In a social climate of widespread acceptance of the use of alcohol and other drugs, underestimating teens’ mental agility and delivering simplistic “drugs are bad” messages results in cynicism rather than obedience.

Given today’s climate of government-sanctioned fear, I appreciate the difficulty adults may have delivering a balanced message. It can be professionally dangerous for teachers to acknowledge benign use and/or the positive aspects of alcohol and other drugs. But by omitting these realities, we seriously compromise our ability to establish and maintain credibility.¹³ To go a step further

and admit that most young people who do try alcohol or other drugs do not get into lifelong patterns of abuse provokes the accusation that, “you are sending the wrong message!” and thereby granting *permission* to use.¹⁴

Teenagers do not ask adults whether they can drink alcohol, smoke cigarettes, or try marijuana. Instead, most young people respond to the norms of their own social world, just as they do for modes of talk, dress, sexual behavior, or music.

“Nothing about us without us!”—Drug education that ignores the views of young people is bound to fail.

Historically, drug prevention education has been a top-down enterprise that has overlooked the experience and opinions of young people, resulting in cynicism.¹⁵

As a society, we rely heavily on polling and other tools to gauge customer opinions. Drug prevention programs would benefit from the application of similar techniques: What do teenagers remember from the drug education they experienced as children? Do they later see inaccuracies or lack of balance in the information and messages? What about the information and images they have been bombarded with since then—do they ring true? Do young people view the programs as effective, or are they perceived as just more hypocritical indoctrination?^{16,17}

Students should also be involved in setting school policies regarding consequences for violating rules. The battle cry of the disability rights movement, “nothing about us without us!” applies with equal force to working with teenagers.

Severe punishment of those caught with alcohol and other drugs has not affected use rates among other high school students.

Most Americans believe education is the primary tool for preventing substance use among young people. However, in practice, *deterrent punishment* is actually the key component in prevention.^{18,19} Deterrent punishment refers generally to punitive measures such as expulsion, suspension, or exclusion from participation in student government, sports, or other extracurricular activities. These “consequences” are thought to insure abstinence among teens.

Yet, defying adults through oppositional behavior is a tactic frequently used in striking back at what many young people perceive as unreasonable and arbitrary rules and decisions. When it comes to the use of alcohol and other drugs, we have no proof that punishing the few who are caught actually deters others from predictable experimentation. Additionally, deterrent punishment undermines a sense of connection—among those caught and observers alike—leaving young people feeling isolated and believing that “the system” is uneven, unfair, and cruel.

a reality-based approach...

Moreover, draconian punishments largely ignore the welfare of the students who are cast out of the high school community.

By contrast, research has shown that for young people, feeling connected to family and school is the best predictor of positive health choices, including abstinence.^{20,21,22} That's why the California State Parent Teacher Association passed an "Alternatives to Zero Tolerance" resolution at its annual convention in 2003.

...the California State Parent Teacher Association passed an "Alternatives to Zero Tolerance" resolution* at its annual convention in 2003.

Most high school students report that friends troubled by their use of alcohol or other drugs are not likely to find help at their schools. They are aware that these offenders are instead "disappeared" through suspension, expulsion, or transfer to another school where the process starts all over again. To most of them, this seems both cruel and unwise.

From the UCLA interviewees:

"Expulsion just encourages the negative behavior. It leaves no alternative open to the kid."

"Expelling a student is getting rid of problem kids and not getting rid of the problem in those kids."

"You are continuing the problem with expulsion. A kid who comes to school high is obviously in need of some attention and guidance. By kicking him or her out of school, you may eliminate the only stability that he or she has in life."

"Kicking kids out of school is the dumbest thing ever. Then what are they going to do? Just sit home and smoke pot all the time?"

"If the school expels the student, he or she is just going to be transferred to another school...(and) repeat the same behaviors. The rest of the students don't care...because they think that they won't get caught and they're right, most students don't get caught."

The 2004 *California Student Survey* found that in any 30-day period almost 15% of 11th graders admit to having used alcohol or other drugs at least once on campus.²³ A much smaller minority are actually caught selling drugs at school, with wide variability in administrative responses to such violations, although suspension or expulsion tends to be the norm.

When dealing with offenders, I believe that consequences likely to *reform rather than disadvantage* the student will significantly reduce oppositional behavior, including drug possession and use on campus, while increasing the



REALITY: 15% The 2004 CALIFORNIA STUDENT SURVEY found that in any 30-day period almost 15% of 11th graders admit to having used alcohol or other drugs at least once on campus; that is one out of every seven students.

likelihood of ultimate success in school and work. "Restorative practices," alternative methods for dealing with offenders, are discussed later in this booklet (see pages 16-17).

Some students are so seriously involved with alcohol and/or other drugs that they would benefit from *professional* intervention and treatment in lieu of expulsion. In one UCLA interview, a severely drug-involved student at a Catholic girls preparatory school told a story with a happy ending. She had been coming to school intoxicated on a daily basis. Eventually she was caught and suspended. Fortunately, teachers and counselors begged her to get help and managed to get her the resources to do just that.

This student desperately needed direct intervention and compassionate assistance, and was helped as a result.

As she said:

"Some days it would be vodka in my water bottle, other days I would pop speed in the girl's bathroom before class. If I were expelled, I never would have gotten a chance at life. I would have dropped out of high school, not gotten into rehab, and not been in college right now. Thank God for them (the counselors and teachers) and thank goodness for my friends."

feeling connected to family and school is the best predictor of positive health choices

*download the "Alternatives to Zero Tolerance" resolution at <http://www.capta.org/sections/advocacy/downloads/StudentSubstAbuse-C.pdf>

The following are broad-based recommendations for implementing reality-based drug education and student assistance. Each school, of course, will have its own particular culture, needs, and resources.

PRAGMATIC RECOMMENDATIONS

Drug education must be honest, comprehensive, and respectful of students' intelligence and experience.

The form and content of high school drug education must acknowledge teenagers' intelligence and ability to draw independent conclusions from their own experiences. Any advice to abstain must be grounded in accurate and balanced information rather than exaggerations and inaccuracies.²⁴

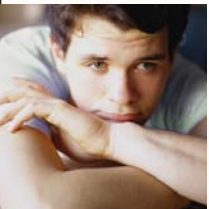
It is not necessary for a school to “reinvent the wheel” and invest in an expensive curriculum containing “facts” about alcohol and other drugs. *From Chocolate to Morphine: Everything You Need to Know about Mind-Altering Drugs*, by Andrew Weil, M.D., and Winifred Rosen (Boston/New York: Houghton Mifflin, 2004), provides balanced, scientifically valid, and unbiased information about the range of substances available to young people today. The book was written for a high school audience, and is easily accessible for teachers, students, and parents.

Lessons should always emphasize safety as the bottom line. Abstinence should be offered as the best choice but, just as in comprehensive sexuality education, information must go beyond simplistic abstinence-only messages. For example, with rates of alcohol use so high, teens need to know how to recognize alcohol poisoning, which is the most common and life-threatening drug-related crisis they are likely to encounter. If and when young people see a friend in distress, it is critical that they know what to do. Also crucially important is being able to identify signs of drug dependency—whether in one's self or in others.

Finally, young people need to learn that there is much more to understand about alcohol, marijuana, and other drugs than properties of the substances themselves. The social context of use, the setting, and one's own mindset may have as much a role in a drug's effect as the drug itself.²⁵

Effective drug education for teenagers should utilize a truly interactive learning process.

Students want and respond to open dialogue, integration of personal experience, and respect from their teachers. Indeed, research demonstrates that drug education for teenagers is most effective when delivered via *interactive learning*. Open dialogue promotes involvement, trust, and mutual respect between young people and adults, while acknowledging mental capacities that develop in the early teen years as well as experiences that most teens acquire on their own.^{26,27} Adults working with young people must be credible,



Drug education must be honest, comprehensive, and respectful of students' intelligence and experience.

genuinely care about the welfare of their students, and be able to establish and maintain a positive and productive group process. Quality educators respect and care about the individual, even when disapproving of the behavior.

Adolescence is the stage of life in which values and beliefs are incorporated into personal identity and enhanced through self-examination and interchange with others. *Interactive learning* covers a continuum of practices, from simply allowing students to ask questions, to encouraging them to contribute relevant personal experiences, to giving them an active role in setting the agenda. Here, students may also do some teaching themselves and introduce opinions and information that conflict with what the text or teacher asserts.

Interactive learning may focus on specific topics, but there is no rigid, sequential ordering of material within those topics because the immediate concerns of the group should be addressed in real time as they arise. These “teachable moments” are the cornerstone of an educational climate that is truly responsive to the needs of learners. However, structured experiential learning exercises can also be very useful. Effective facilitators organize the work of such groups with ground rules for positive interchange among members and ask questions that promote involvement and sharing. When they do not know the answer to a question, they help the group find ways to get the answer by doing their own research.

rather than exaggerations and inaccuracies...
interactive, **open dialogue**... respect

UpFront: A Case in Point

I was initially exposed to interactive drug education through Charles Ries, the developer and director of an inner-city high school program. “Chuck” works with a culturally and ethnically diverse population of high school students, including those who use alcohol and/or other drugs, and those who do not. In addition to drug education, his UpFront program provides assistance through intervention counseling and, where possible, outside referral for students who need help that is not available at the school.

Chuck and his co-worker, Ann Quirk, visit school classrooms to explain that they facilitate discussions about alcohol and other drugs. Each classroom that signs up then has the opportunity to work with Chuck and Ann for five sessions over several weeks. Students have come to know Chuck as the “drug guy.” In this way, a student’s introduction to high school drug education and student assistance is presented as an offering, a service that is available to them, not as a lesson, indoctrination, or punishment.

On the day I observed an UpFront session, an 11th grade English class and their teacher had just filed into a secluded room and taken seats in a circle of chairs. There are no prevention posters or anti-drug slogans on the walls, and the atmosphere is friendly and rather intimate. The students are attentive and seem to look forward to the discussion.

Chuck explains how the group works and goes over the topics for this and the four sessions to follow. The format is discussion rather than lecture. The general topics to be covered are initially drug-focused: marijuana, alcohol, club drugs, continuum of use, and clarifying personal values. Within these broad topics, Chuck and Ann are flexible and determine the process depending on what the students need to know and want to talk about.

Then Chuck lays down the two rules of group process.

“What’s said here stays here.”

This first rule helps students feel safe in sharing beliefs, questions and experiences. Chuck adds the single exception—he is obliged by law to report anyone who expresses suicidal thoughts or threatens physical harm to others.

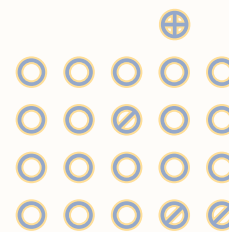
Students agree to the rule because they come to the session already knowing Chuck, that he can be trusted, and that he cares about them.

They appreciate being trusted, care about what their peers think, and respect the facilitator. Trusting their teacher, students are confident that they will not be punished for anything they say in the group. Sharing is easy for most of them because there are few secrets about who does or does not use alcohol and/or other drugs in a high school community.

Attitudes



vary widely...



Once an example is set, others tend to relax and follow along.

The second rule in making the group safe for its members is to prohibit personal criticism and judgments. This rule protects both users and abstainers.

“There are no put-downs in this group. Everyone has the right to his or her own thoughts, feelings, opinions, and experience. Be respectful of others. Do not criticize members of the group or what they have to say!”

Chuck invites participants to join him later for free pizza if they want to talk more about drugs or any other subject that comes up in the discussion. He encourages students concerned about their own or someone else’s alcohol and/or other drug use to talk with him privately or join a support group that meets on campus.

Group work begins with asking each participant (including the teacher) to make a brief statement about what he or she thinks about drugs. Attitudes vary widely: a 17-year-old claims that without marijuana she could not stand the conflict going on in her family; a 16-year-old young man is confident that “drugs make holes in your brain.”

As the session unfolds it is clear that a young woman in a troubled family and two or three others need assistance, not only because of possible drug dependency, but to cope with difficult personal situations. Chuck will follow up later, perhaps in a support group (where most other participants face similar problems) or one-on-one.

Once the discussion gets underway, Chuck answers questions about whatever comes up, such as drug effects, signs of abuse, and relevant laws. He also asks questions of the group, knowing that students are eager to share. For example, a girl reports that last year she reduced her use of marijuana because it made her cough and she felt short of breath in gym class. Not quite abstinence, but a step forward. Teenagers are more likely to listen when peers, rather than adults, tell negative stories about drugs.

Chuck and Ann do not do formal drug treatment, although their work is insight-focused and directed at change. They work with the students to identify problems and together decide on a course of action. A few need referral to treatment, but unfortunately, in this community, as in so many others, effective treatment programs for teens are rare and too expensive for most families.

students are eager to share ...when peers, rather than adults, tell negative stories about drugs



Not long ago a frustrated teacher asked us, “How do you get beyond the cynicism of adolescence? They discount everything!” Yes, most do when the process is top-down and obvious indoctrination rather than when open, objective exploration is the norm. In contrast, students usually get deeply involved when an adult is willing to dialog *with* them instead of lecture *to* them.

Chuck values students’ input and uses it to facilitate the group.

Chuck and Ann use structured exercises. For example, they explain that most of us are dependent on sugar without realizing it. In a later session, volunteers are asked to abstain for two days from soft drinks, sweets, and desserts. The volunteers will report back to the group on how the experience made them aware of just how much they (like most of us) were “hooked” on sugar. This is teaching through experience rather than from lectures, visuals, and books. It is personal and real for the participants.

The UPFRONT program reflects the Beyond Zero Tolerance principles outlined in this booklet because it:

- was developed in response to suggestions and feedback from ongoing student evaluations;
- outflanks the cynicism students develop in response to earlier scare tactics and half-truths common to “zero-tolerance” curricula;
- promotes personal involvement and responsibility by respecting individual experiences and values;
- encourages students to ask questions, conduct online searches, and explore personal values and experiences with peers and adults;
- links drug education to intervention and assistance services for youth who need it;
- demonstrates to teenagers that non-judgmental group discussion and problem solving is engaging and productive;
- establishes a context in which users, often isolated and marginalized, become experts and valued members of the group. This is often a new experience, creating a feeling of competency that, with some work, carries over into other areas of schoolwork and their lives;
- undermines the stigma that heavy drug users may experience and thus begins to deconstruct the users’ need to maintain an “outlaw” persona as a way of coping, thereby reintegrating them back into the fold and reducing the likelihood of deepening deviance;
- creates relationships between staff and students that improve chances for effective interventions.



There are few secrets about who does or does not use alcohol and/or other drugs in a high school community.

In sum, as Chuck Ries’ *UpFront* program demonstrates, interactive drug education encourages young people to participate in setting the agenda, openly share their experiences, feel free to ask any questions, and to take responsibility for making the process a success. Chuck himself is a major factor in making the program work, but with training, it is possible for any respected and trusted faculty member to implement a program such as *UpFront*.



upFront



*Charles Ries and Ann Quirk
UpFront Program, Oakland, California*

WWW.UPFRONTPROGRAMS.ORG

though the reasons young people use drugs are varied and complex, the issue of how to respond... is fairly simple

All secondary schools should coordinate student assistance with their drug education program. The student assistance program should identify, assist, and, when appropriate, refer students with problems to counseling and/or treatment.

Most American secondary schools do not offer intervention and assistance for students who need help with their substance abuse problems. In the *California Student Survey*, only one-third of 11th graders believed that students with a problem with alcohol or other drugs could find help at their schools. Ideally, intervention and assistance for students who need help should be coordinated with secondary school drug education.

Student Assistance Programs (SAPs), which emerged in the '80s as school-based analogs of federal Employee Assistance Programs, are designed to provide such help, not only for substance use, but also for other kinds of personal problems that create barriers to learning. Early SAPs focused on substance use but many programs, if not most, now apply a broader brush, since problematic substance use in teens is usually intertwined with other kinds of personal issues.

Staff duties in SAPs and similar programs typically include: drug education for students, school staff, and parents; informing teachers and administrators about services and how to identify students who need those services; intervention counseling and leading support groups for students in need; and connecting with community resources including law enforcement, family services, and treatment agencies.

As Chuck Ries suggests:

Everyone agrees that drug and alcohol use at school affects a young person's ability to learn, and can disrupt the classroom, etc. We would like to think that the consequences we create are based on actual behavior, are logical and appropriate, are geared to helping the student, and also keeping the classroom environment, and thereby the larger student community, safe.

Even though the reasons young people use drugs are varied and complex, the issue of how to respond to their drug use at school is fairly simple. By giving students a chance to do confidential work during the school day on their issue (using, selling, etc.) with someone they know and trust, we are saying to the student, "We value you beyond your ability to follow our rules and we are willing to work with you. We will make getting help as easy and palatable as possible. You are the most important piece of this puzzle."

"By kicking him or her out of school, you may eliminate the only stability that he or she has in life." 16

In sum, drug education in secondary schools should be part of a process that identifies and assists young people whose academic performance, attendance, or relationships have been damaged as a consequence of abusive substance use, with education, intervention, and support closely linked.^{28, 29}

Schools should implement a policy of restorative practices in lieu of expulsion or suspension.



The majority of youth who violate school rules involving drugs do not need formal treatment, suspension, or expulsion. Instead, they should be involved in a process likely to replace alienation with changed attitudes.

Restorative practices, as described by Dr. Francis Barnes, former school superintendent and current Pennsylvania Secretary of Education, are "a set of practical responses to student behavior and proactive strategies that strengthen accountability and improve school culture."^{30, 31}

Young people are often unaware of the harmful impact of their behavior on themselves or others. A restorative experience, which is an interactive process rather than a punitive sentence, begins with awareness. The individual then finds ways to repair the damage, including service activities and making personal amends.

In the case of substance use, amends can include apologies to teachers disturbed and frustrated by disruptive or insultingly inattentive behavior, as well as to fellow students who want a serious and productive experience in their classrooms.

It is up to the offender to decide how he or she will make things right with others and the institution. This teaches accountability while repairing damage.

There is nothing new about restorative practices, which have a long history of effectiveness. Alcoholics Anonymous' ninth step, "making amends," provides an example. For young people, actively making amends rather than passively enduring punishment is likely to promote positive feelings, rather than resentment and alienation, toward school, the adults who work there, and the community.



UpFront session photos by Jeff Schonberg

actively making amends
rather than passively enduring punishment is likely to promote
positive feelings



TANGIBLE BENEFITS OF A BEYOND ZERO TOLERANCE MODEL

The Beyond Zero Tolerance model should be particularly attractive to secondary schools for—and not limited to—the following reasons:

- It can be developed within a school setting, using existing staff.

The familiarity and accessibility of a trusted and respected school employee, who works on campus, benefits students who find they need information, help, or simply a sympathetic ear.

- The use of school personnel saves precious resources.

With proper training, one or two staff members can handle drug education and coordinated SAP services, eliminating the need for an expensive package developed and delivered by an outside organization.

- The engagement of students that results from interactive drug education and student assistance translates into increased attendance and decreased truancy, thus avoiding loss of state funding to the school.ⁱⁱⁱ

In both the short and long run, the modest cost of implementation will add up to much less than what we currently spend on programs that do not work and, as a society, what will be absorbed later on in ruined lives and the damage they cause to others.

- Restorative practices pay for themselves by reducing disciplinary incidents and suspensions.

For example, in a Pennsylvania pilot high school for Safer Saner Schools, disruptive behavior dropped from 273 to 142 incidences and out-of-school suspensions dropped from 105 to 53 in the first year of the program, according to a *School Board News* report.²²

Based on the experience of those educators who have used it, the final test of an honest, interactive, non-punitive model is that it works to reduce abuse of, and problems with, alcohol and other drugs while increasing student engagement and school safety.

According to high school principal Ed Baumgartner:

"I've had an epiphany, a metamorphosis. I used to be one of these black and white, law and order guys. Kids had to be held accountable, and the only way to do that was to kick them out of school—to show the other kids that you're the boss. That doesn't work. I didn't solve problems, I just postponed them... and then somebody else had to deal with them.

Restorative practices work. We now fix and solve problems."

ⁱⁱⁱ For example, California currently funds school districts at \$7,000 per student per year. Suspending a student for one full semester decreases a school's budget by \$3,500.

a reality-based approach...

Beyond Zero Tolerance: a reality-based approach

TAKING ACTION

For those interested in instituting reality-based high school drug education and student assistance, here are some tips and resources:

Learn about Student Assistance Program (SAP) funding

and how to tailor a SAP proposal for your school.

Although it isn't necessary to qualify for a formally recognized SAP, it is useful to know about program resources. The National Student Assistance Association website

www.nsaa.us

provides information about training materials and creating a program.

Attend an annual conference and talk with professionals

who have extensive experience with teenagers in a positive situation.

As a successful case in point, please contact

Jim Rothblatt or Jan Ryan (760-771-8633)

to learn about the Desert Sands Unified School District Family Conference Model of Student Assistance in La Quinta, CA.

For facts and information

about drugs in general, read

From Chocolate to Morphine: Everything You Need to Know about Mind-Altering Drugs

— by Andrew Weil, M.D., and Winifred Rosen (Houghton-Mifflin, 2004),

about marijuana in particular, read

Understanding Marijuana: A New Look at the Scientific Evidence — by Mitch Earleywine, Ph.D. (New York: Oxford University Press, 2005),

and/or

Marijuana Myths, Marijuana Facts: A Review of the Scientific Evidence — by Lynn Zimmer, Ph.D., and John P. Morgan, M.D. (New York: The Lindesmith Center, 1997).



“MARIJUANA MYTHS, MARIJUANA FACTS is an important contribution to the marijuana and drug policy literature.”

— *Journal of the American Medical Association*

Contact experts

on interactive education, student assistance programs, and related youth development strategies. The professionals listed below can and will provide information and instruction:

- Bonnie Benard (bbenard@wested.org)
 - Ralph Cantor (rcantor@acoe.k12.ca.us)
 - Joel Philips (joel@emt.org)
- www.emt.org

For information on a validated SAP program for high-risk youth, including program management software, contact:

- Greg Austin (gaustin@wested.org)

For training and curriculum development, contact:

- Charles Ries (cries4life@prodigy.net)
- www.UpFrontPrograms.org

For teacher and peer training, contact:

- Ira Sachnoff (peersira@aol.com)
- www.PeerResourceTraining.com

For information on a long established community-based drug education and student assistance program (CASPAR in Somerville, MA) contact:

- Beth Fraster (bfraster@casparyouth.org)
- Rosie McMahan (rosiemcmahan@charter.net)

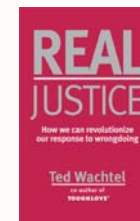
Learn about restorative practices

Visit: www.safersanerschools.org and www.restorativepractices.org;

Read: *Real Justice: How We Can Revolutionize Our Response to Wrongdoing* — by Ted Wachtel (Pipersville, PA: Piper's Press, 1997);

and

Attend: Training sessions offered by the International Institute of Restorative Practices.



APPENDICES

About Rodney Skager, Ph.D.

Rodney Skager is Professor Emeritus in the UCLA Graduate School of Education and Information Studies; and co-director of the Attorney General's *California Student Survey*, authoring its reports since 1986.

Professor Skager has written about research and theory on prevention, prevalence of substance use among youth, and correlates of substance abuse in the youth population. He has conducted evaluations of school and community programs for at-risk youth, gang prevention, alcohol and other drug use prevention for youth, and professional training in the addictions. Skager has also worked with community agencies serving alcohol and drug-addicted clients, treatment facilities, and industrial Employee Assistance Programs, as well as school-based prevention programs.

Currently he is a member of the Board of Directors of Phoenix Houses of California; a senior research associate at WestEd, an education-focused, national research, development, and services agency; and consultant to the Drug Policy Alliance.



*Rodney Skager, Professor Emeritus, UCLA, and
co-director of the California Student Survey, since 1986*

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