

Beyond Zero Tolerance

**A Reality-Based Approach
to Drug Education
and School Discipline**

Rodney Skager, PhD

**A Drug
Policy
Alliance
release.**

We are the Drug Policy Alliance and we envision a just society in which the use and regulation of drugs are grounded in science, compassion, health and human rights, in which people are no longer punished for what they put into their own bodies but only for crimes committed against others, and in which the fears, prejudices and punitive prohibitions of today are no more.

Please join us.



Beyond Zero Tolerance

A Reality-Based Approach to Drug Education and School Discipline

Rodney Skager, PhD

Copyright ©2013 Drug Policy Alliance. All rights reserved.
“Drug Policy Alliance” and the “A Drug Policy Alliance Release” logo are
registered trademarks of the Drug Policy Alliance.

Printed in the United States of America.

*To obtain additional copies of Beyond Zero Tolerance: A Reality-Based Approach
to Drug Education and School Discipline please contact:*

Drug Policy Alliance

212.613.8020

nyc@drugpolicy.org

www.drugpolicy.org



Table of Contents

- 6 Beyond Zero Tolerance: A Reality-Based Model
- 7 Guiding Realities
- 16 Education or Surveillance?
- 18 Pragmatic Recommendations
- 23 Upfront: A Case in Point
- 29 Tangible Benefits of a Beyond Zero Tolerance Model
- 31 Resources
- 34 Endnotes
- 39 Acknowledgements

Introduction

More than 25 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.* For more than 25 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.

(continued next page)

* 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), 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, 2006), and More Effective and Humane Youth Policy Starts by Treating Youth with Respect (in D. L. White, B. C. Glenn, and A. Wimes, eds., Proceedings of Persistently Safe Schools: The 2007 National Conference on Safe Schools, (2007, October) Washington, DC: Hamilton Fish Institute, The George Washington University. Available at <http://gwired.gwu.edu/hamfish/AnnualConference/2007/>; Replacing Ineffective Early Alcohol/Drug Education in the United States with Age-Appropriate Adolescent Programmes and Assistance to Problematic Users, *Drug and Alcohol Review* 26, no. 6 (2007).

Introduction (cont.)

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.*

*Rodney Skager, Ph.D.
Professor Emeritus
UCLA Graduate School of
Education and Information Studies*

* 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 secondary school drug education and school discipline 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 and other drugs.^{1,2} 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.³

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.⁴ 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.⁵

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.⁶
- Intervention for students who need assistance should be an integral part of drug education.⁷
- A restorative process, in which offenders identify harms they have caused and then make amends, should replace most suspensions and expulsions.⁸

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.⁹ 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.¹⁰ This social climate tolerates drug experimentation and occasional use, though not necessarily use that causes problems.¹¹

Guiding Realities (cont.)

As a college professor, 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.

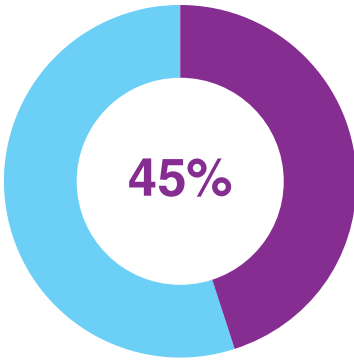
Over the last 30 years the national Monitoring the Future survey (www.monitoringthefuture.org) has consistently shown that marijuana accounts for the lion’s share of illegal drug use among teenagers.¹²

- 45% 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.
- 24% used an illegal drug other than marijuana at least once – representing a new low since 1992, compared to a peak of 31% in 2001.

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.

- 69% of high school seniors tried alcohol compared to a peak of 88% in 1991.
- 54% have been drunk at least once compared to a peak of 65% in 1991.

“I have smoked marijuana.”

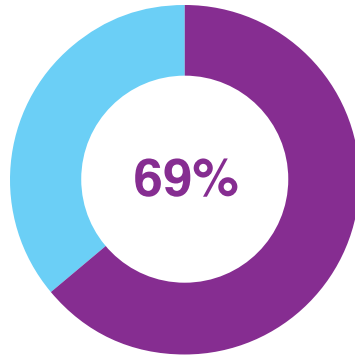


Use of pharmaceutical drugs without a doctor's prescription is on the increase, possibly explaining the decline for alcohol.

- 8% of high school seniors used pain-killers, such as Vicodin, in the last year, and 4% used OxyContin.¹³
- More than 5% used tranquilizers, such as Xanax, and nearly 5% used sedative barbiturates in the last year.¹⁴

Use rates fluctuate from year to year, but they never come close to reflecting universal abstinence. Perhaps this is because young

“I have tried alcohol.”



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.¹⁵

As a result, drug prevention programs for preteens, instituted nationwide in the mid-80s, have not reduced widespread acceptance and use of alcohol and marijuana among contemporary high school populations.¹⁶ These savvy teens have easy access¹⁷ to these substances, and are skeptical¹⁸ of “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.

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.¹⁹ 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.²⁰

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.²¹ However, in modern developed societies young people have been prevented from assuming responsibilities commensurate with their capabilities. The response to this “infantilizing” is often oppositional, with substance use an “in your face” example.²²

“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.”

Guiding Realities (cont.)



An adolescent's ability to reason helps to explain why early one-sided or factually inaccurate drug prevention messages are rejected by the mid-teen years.²³ The information conveyed by adults often conflicts with knowledge teens have acquired on their own, through observation or personal experience.²⁴ 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.²⁵

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. By omitting these realities, we seriously compromise our ability to establish and maintain credibility.²⁶ 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.²⁷

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 ignored the experience and opinions of young people, resulting in cynicism.²⁸

Our society relies 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?²⁹

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.³⁰

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 the key component in prevention.^{31, 32, 33} Deterrent punishment refers generally to punitive measures such as expulsion, suspension, or exclusion from participation in student government, sports, and 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.³⁴ 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.^{35, 36} 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.³⁷

12% The 2011 California Student Survey found that in any 30-day period almost 12% of students in both 9th and 11th grades admit to having used alcohol or other drugs at least once on campus; that is one out of every eight students.

Moreover, draconian punishments largely ignore the welfare of the students who are cast out of the school community.³⁸

Research has shown that young people who feel connected to family and school are more likely to make positive health choices, including abstinence.³⁹ That's why 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 callous and unwise.⁴⁰

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 2011 California Student Survey found that in any 30-day period almost 12% of students in both 9th and 11th grades admit to having used alcohol or other drugs at least once on campus.⁴¹ 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 likelihood of ultimate success in school and work. "Restorative practices," alternative methods for dealing with offenders, are discussed beginning on page 22 of this booklet.

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."

Education or Surveillance?

In light of the deficiencies in current prevention approaches, the federal government has supported random student drug testing. Unfortunately, this policy perpetuates many of the problematic aspects of zero tolerance strategies:

- Random drug testing erodes relationships of trust between students and adults at school, hindering open communication and damaging an essential component of a safe and rewarding learning environment.⁴²
- Drug testing programs are counter-productive, erecting barriers to participation in extracurricular activities – the very activities likely to increase students’ connection to caring adults at school, and provide structure and supervision during the peak hours of adolescent drug use, from 3-6pm.⁴³
- Drug testing programs do not effectively identify students who have serious problems with drugs and further marginalize at-risk students.⁴⁴
- Testing may trigger oppositional behavior by inadvertently encouraging more students to abuse alcohol – not included in many standard testing panels – or by motivating some drug-involved adolescents to switch to harder drugs that leave the system more quickly.⁴⁵
- Specimen collection is invasive and humiliating.⁴⁶
- Drug testing can result in false positives, leading to the punishment of innocent students.⁴⁷
- Drug testing is expensive, wasting scarce dollars that could be better spent on other, more effective programs that keep young people out of trouble with drugs.⁴⁸
- The scientific literature does not support the safety or effectiveness of random student drug testing. The only national peer-reviewed study conducted on the topic to date compared 94,000 students in almost 900 American schools with and without a drug testing program, and found virtually no difference in illegal drug use.



- **Prominent national organizations representing experts on adolescent health oppose student drug testing, including the American Academy of Pediatrics, the Association for Addiction Professionals, the National Education Association, the American Public Health Association, the National Association of Social Workers and the National Council on Alcoholism and Drug Dependence, among others.**
- **Drug testing fails to reach students' key attitudes and beliefs. Instead, we should spend our scarce resources educating students through comprehensive, interactive and honest drug education with identification of, and assistance for, students whose lives are disrupted by substance use.**

Pragmatic Recommendations



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

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

The form and content of secondary school drug education must acknowledge teenagers' intelligence and ability to draw independent

conclusions from their own experiences. Advice to abstain must be grounded in accurate and balanced information rather than exaggerations and inaccuracies.⁴⁹

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.⁵⁰

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.⁵¹

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.⁵²

Adults working with young people must be credible, 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.⁵³

Pragmatic Recommendations (cont.)

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.

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 40% of 11th graders believed that students with a problem with alcohol or other drugs could find help at their schools.⁵⁴ 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.

In sum, drug education in secondary schools should be part of a process that identifies and assists young people whose academic performance, attendance, and/or relationships have been damaged as a consequence of substance abuse, with education, intervention, and support closely linked.⁵⁵

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

**Pragmatic
Recommendations (cont.)**

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.”^{56, 57}

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’s 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: A Case in Point



I was initially exposed to interactive drug education through Charles Ries, who developed and directed 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 staff visit school classrooms to explain that they facilitate discussions about alcohol and other drugs. Each classroom that signs up has the opportunity to work with Chuck and his staff 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.

Upfront: A Case in Point (cont.)

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 his staff 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:

1. “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. 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.

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.

2. “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.”

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

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

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 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 or other drug use to talk with him privately or join a support group that meets on campus.

Chuck and his staff 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.

Upfront: A Case in Point (cont.)



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 his staff 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 may, in time, carry over into other areas of school work 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; and
- provides restorative practices training for educators.

In sum, as Chuck Ries’s *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. With training, it is possible for any respected and trusted adult to implement a program such as *UpFront*.

Tangible Benefits of This 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, eliminating the need for an expensive package developed and delivered by an outside organization.
- **The engagement of students that results from interactive drug education translates into increased attendance and decreased truancy, thus avoiding loss of state funding to the school.***
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 what society will absorb later on as a result of ruined lives and the damage suffered by others.
- **Restorative practices pay for themselves by reducing disciplinary incidents and suspensions.** For example, in a Pennsylvania pilot high school using restorative practices advocated by Safer Safer 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.⁵⁸

* 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.



Based on the experience of those educators, the final test of an honest, interactive, non-punitive approach to school infractions is that it reduces alienating behaviors 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."

Resources

for training and curriculum development:

Contact:

UpFront director, Chuck Ries
(cries55@yahoo.com),
for information about UpFront's
consultation services regarding:

- group facilitation
- workshop facilitation
- use of the UpFront curriculum
- technical assistance
- motivational interviewing for groups
- consulting in setting up programs
in your school



Watch:

UpFront: A Reality-Based Approach to Drug Education; An 11-minute video presentation on DVD that showcases the Student Assistance Program at Oakland High School, Oakland CA, run by UpFront director, Chuck Ries (San Francisco: Drug Policy Alliance, 2006). Available for purchase at: www.safety1st.org.



Beyond Zero Tolerance: Restorative Practices in Schools; A 27-minute video that explores the impact of restorative practices in secondary school discipline (Bethlehem, PA: International Institute of Restoratives, 2006). Available for purchase at: www.iirp.org.

Attend:

Training sessions offered by the International Institute of Restorative Practices. Information available at: www.safersanerschools.org.

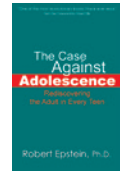


Resources

for facts and information:

About adolescence, read:

The Case Against Adolescence: Rediscovering the Adult in Every Teen
by Robert Epstein
(Sanger, CA: Quill Driver Books, 2007)



A Tribe Apart: A Journey into the Heart of American Adolescence
by Patricia Hersch
(New York: Ballantine Books, 1999).

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
(Boston: 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)



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).



About restorative practices, read:

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



Resources for facts and information (cont.)

About parent drug education, read:

Safety First: A Reality-Based Approach to Teens and Drugs
by Marsha Rosenbaum, Ph.D.
(San Francisco: Drug Policy Alliance, 2012).

This educational booklet provides parents with the tools needed to evaluate and discuss strategies for protecting their teenagers from drug abuse.



and watch:

Safety First: The Workshop
(San Francisco: Drug Policy Alliance, 2007).

This video offers parents an example of how to conduct their own Safety First workshops within their own PTA, community, or family meetings. Available at: www.safety1st.org

About student drug testing, read:

Making Sense of Student Drug Testing - Why Educators Say No
by Jennifer Kern, Fatema Gunja, Alexandra Cox, Marsha Rosenbaum, Ph.D, Judith Appel, J.D., and Anjuli Verma
(San Francisco: Drug Policy Alliance, ACLU Drug Law Reform Project, 2006).

This educational booklet documents the key flaws of random student drug testing as well as the components of promising alternatives. Available at: www.safety1st.org.



Endnotes

- 1 Chris Ringwalt et al., "The Prevalence of Effective Substance Use Prevention Curricula in the Nation's High Schools," *The Journal of Primary Prevention* 29, no. 6 (2008); Revathy Kumar et al., "Alcohol, Tobacco, and Other Drug Use Prevention Programs in U.S. Schools: A Descriptive Summary," *Prevention Science* (2013).
- 2 Gregory Austin and Rodney Skager, *Results of the 13th Biennial California Student Survey 2009-10, Grades 7, 9, and 11: Compendium of Tables* (San Francisco: WestEd, 2011), Table 5.2.
- 3 Joel H. Brown and Amy M. Clarey, "The Social Psychology of Disintegrative Shaming in Education," *Journal of Drug Education* 42, no. 2 (2012).
- 4 Sheryl A. Hemphill et al., "The Impact of School Suspension on Student Tobacco Use: A Longitudinal Study in Victoria, Australia, and Washington State, United States," *Health Education & Behavior* 39, no. 1 (2012); Sandra M. Way, "School Discipline and Disruptive Classroom Behavior: The Moderating Effects of Student Perceptions," *The Sociological Quarterly* 52, no. 3 (2011).
- 5 Amy A. Vincus et al., "A Short-Term, Quasi-Experimental Evaluation of D.A.R.E.'S Revised Elementary School Curriculum," *Journal of Drug Education* 40, no. 1 (2010); Wei Pan and Haiyan Bai, "A Multivariate Approach to a Meta-Analytic Review of the Effectiveness of the D.A.R.E. Program," *International Journal of Environmental Research and Public Health* 6, no. 1 (2009).
- 6 Zili Sloboda, "School Prevention," in *Adolescent Substance Abuse*, ed. Carl Leukefeld, Thomas P. Gullotta, and Michelle Staton-Tindall, *Issue in Children's and Families' Lives* (Springer US, 2009).
- 7 Gregory Austin and Rodney Skager, *California Student Survey 2009-10, "Highlights: Drug, Alcohol, and Tobacco Use Among California Secondary Students,"* 18-19.
- 8 Zili Sloboda, "School Prevention," Zili Sloboda, "Background Paper: Substance Abuse Prevention: Reviewing the Basic Elements of Prevention Intervention," in *Technical Consultation, 'International Standards on Drug Use Prevention'* (Vienna, Austria: United Nations Office on Drugs and Crime, 2012).
- 9 Lloyd D. Johnston et al., *Monitoring the Future, National Survey Results on Drug Use, 1975-2012: Volume I, Secondary School Students* (Ann Arbor: Institute for Social Research, The University of Michigan, 2013), Tables 2.1-2.3, 4.2, 5.1-5.4, 8.3, 8.6, and 9.1-9.5; Substance Abuse and Mental Health Services Administration, "Results from the 2012 National Survey on Drug Use and Health," (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013), Tables 7.1A-B, and 7.34A-7.35B; Danice K. Eaton et al., "Youth Risk Behavior Surveillance – United States, 2011," *Morbidity and Mortality Weekly Report. Surveillance Summaries* 61, no. 4 (2012); Gregory Austin and Rodney Skager, *California Student Survey 2009-10, 12-20*, Tables 2.14, 2.2, 2.5, 3.5-3.7, 4.1, and 4.6-4.10; Yvonne M. Terry-McElrath, Patrick M. O'Malley, and Lloyd D. Johnston, "Reasons for Drug Use among American Youth by Consumption Level, Gender, and Race/Ethnicity: 1976-2005," *Journal of Drug Issues* 39, no. 3 (2009).
- 10 Rodney Skager and Gregory Austin, *10th Biennial California Student Survey: Drug, Alcohol and Tobacco Use, 2003-04* (Sacramento, CA: California Attorney General's Office, 2004).

Endnotes (cont.)

- ¹¹ Lloyd D. Johnston et al., *Monitoring the Future*, Tables 8.3 and 8.6.
- ¹² Lloyd D. Johnston et al., *Monitoring the Future*, Table 2-1.
- ¹³ *Ibid.*, Table 2-2.
- ¹⁴ *Ibid.*
- ¹⁵ Brian A. Primack et al., "Media Exposure and Marijuana and Alcohol Use among Adolescents," *Substance Use & Misuse* 44, no. 5 (2009).
- ¹⁶ R. Midford, "Drug Prevention Programmes for Young People: Where Have We Been and Where Should We Be Going?," *Addiction* 105, no. 10 (2010).
- ¹⁷ Lloyd D. Johnston et al., *Monitoring the Future*, Table 9-8; Gregory Austin and Rodney Skager, *California Student Survey 2009-10*, Table 4.2, and "Highlights", 16-17; Substance Abuse and Mental Health Services Administration, "Results from the 2012 National Survey on Drug Use and Health," Table 7.35B; Yvonne M. Terry-McElrath, Patrick M. O'Malley, and Lloyd D. Johnston, "Saying No to Marijuana: Why American Youth Report Quitting or Abstaining," *Journal of Studies on Alcohol and Drugs* 69, no. 6 (2008).
- ¹⁸ Thomas Nicholson et al., "Focusing on Abuse, Not Use, in Drug Education," *Journal of Substance Use* 0, no. 0 (2013); Joel H. Brown and Amy M. Clarey, "The Social Psychology of Disintegrative Shaming in Education"; R. Midford, "Drug Prevention Programmes for Young People: Where Have We Been and Where Should We Be Going?"; D. Rosenbaum and G. Hanson, "Assessing the Effects of School-Based Drug Education: A Six Year Multi-level Analysis of Project DARE," *Journal of Research on Crime and Delinquency* 35, no. 4 (1998): 381-412.
- ¹⁹ Joel H. Brown and Amy M. Clarey, "The Social Psychology of Disintegrative Shaming in Education"; Dennis M. Gorman and Eugenia Conde, "The Making of Evidence-Based Practice: The Case of Project Alert," *Children and Youth Services Review* 32, no. 2 (2010); Dennis M. Gorman, "Does the Life Skills Training Program Reduce Use of Marijuana?," *Addiction Research & Theory* 19, no. 5 (2011); Dennis M. Gorman and J. Charles Huber, "The Social Construction of "Evidence-Based" Drug Prevention Programs a Reanalysis of Data from the Drug Abuse Resistance Education (Dare) Program," *Evaluation Review* 33, no. 4 (2009); Dennis M. Gorman, Eugenia Conde, and J. Charles Huber Jr, "The Creation of Evidence in 'Evidence-Based' Drug Prevention: A Critique of the Strengthening Families Program Plus Life Skills Training Evaluation," *Drug and Alcohol Review* 26, no. 6 (2007); Dennis M. Gorman and Eugenia Conde, "Conflict of Interest in the Evaluation and Dissemination of "Model" School-Based Drug and Violence Prevention Programs," *Evaluation and Program Planning* 30, no. 4 (2007); Jim McCambridge, "A Case Study of Publication Bias in an Influential Series of Reviews of Drug Education," *Drug and Alcohol Review* 26, no. 5 (2007); Allison Gruner Gandhi et al., "The Devil Is in the Details: Examining the Evidence for "Proven" School-Based Drug Abuse Prevention Programs," *Evaluation Review* 31, no. 1 (2007); R. Midford, "Drug Prevention Programmes for Young People: Where Have We Been and Where Should We Be Going?"; R. Midford, "Is This the Path to Effective Prevention?," *Addiction* 103, no. 7 (2008); Carol H. Weiss et al., "The Fairy Godmother – and Her Warts: Making the Dream of Evidence-Based Policy Come True," *American Journal of Evaluation* 29, no. 1 (2008); Fabrizio Faggiano et al., "School-Based Prevention for Illicit Drugs Use: A Systematic Review," *Preventive Medicine* 46, no. 5 (2008); Brian R. Flay, "The Promise of Long-Term Effectiveness of School-Based Smoking Prevention Programs: A Critical Review of Reviews," *Tobacco Induced Diseases* 5, no. 1 (2009).

- ²⁰ H. U. Wittchen et al., "What Are the High Risk Periods for Incident Substance Use and Transitions to Abuse and Dependence? Implications for Early Intervention and Prevention," *International Journal of Methods in Psychiatric Research* 17 Suppl 1 (2008); Suellen Hopfer et al., "A Review of Elementary School-Based Substance Use Prevention Programs: Identifying Program Attributes," *Journal of Drug Education* 40, no. 1 (2010); R. Midford, P. Snow, and S. Lenton, *School-Based Illicit Drug Education Programs: A Critical Review and Analysis*, RFT 637 (Melbourne: Department of Employment, Education, Training and Youth Affairs, 2001): 1-80.
- ²¹ David Moshman, *Adolescent Psychological Development: Rationality, Morality, and Identity* (Mahwah, NJ: Lawrence Erlbaum Associates, 1999); David Moshman, "Adolescents Are Young Adults, Not Immature Brains," *Applied Developmental Science* 15, no. 4 (2011).
- ²² Robert Epstein, *The Case against Adolescence: Rediscovering the Adult in Every Teen* (Sanger, CA: Quill Driver Books, 2007); Rodney Skager, "More Effective and Humane Youth Policy Starts by Treating Youth with Respect," in Proceedings of Persistently Safe Schools: The 2007 National Conference on Safe Schools, ed. D. L. White, B. C. Glenn, and A. Wimes (Washington, DC: Hamilton Fish Institute, The George Washington University, October 2007); Robin Room, "Preventing Youthful Substance Use and Harm – Between Effectiveness and Political Wishfulness," *Substance Use & Misuse* 47, no. 8-9 (2012); Amy M. Yule and Jefferson B. Prince, "Adolescent Substance Use Disorders in the School Setting," *Child and Adolescent Psychiatric Clinics of North America* 21, no. 1 (2012); Kenneth W. Griffin and Gilbert J. Botvin, "Evidence-Based Interventions for Preventing Substance Use Disorders in Adolescents," *ibid.* 19, no. 3 (2010).
- ²³ Thomas Nicholson et al., "Focusing on Abuse, Not Use, in Drug Education"; Julian Cohen, "Drug Education or Drug Propaganda?," in *Harm Reduction in Substance Use and High-Risk Behaviour*, ed. Richard Pates and Diane Riley (John Wiley & Sons, 2012).
- ²⁴ Thomas Nicholson et al., "Focusing on Abuse, Not Use, in Drug Education"; Robin Room, "Preventing Youthful Substance Use and Harm – Between Effectiveness and Political Wishfulness"; Julian Cohen, "Drug Education or Drug Propaganda?"; David Hawkes et al., *Prevention of Psychoactive Substance Use: A Selected Review of What Works in the Area of Prevention*, Department of Mental Health and Substance Dependence (Switzerland: World Health Organisation, 2002).
- ²⁵ Laura Vogl et al., "A Computerized Harm Minimization Prevention Program for Alcohol Misuse and Related Harms: Randomized Controlled Trial," *Addiction* 104, no. 4 (2009); Yahui Kang, Joseph N Cappella, and Martin Fishbein, "The Effect of Marijuana Scenes in Anti-Marijuana Public Service Announcements on Adolescents' Evaluation of Ad Effectiveness," *Health Communication* 24, no. 6 (2009); Chris Ringwalt, Michael Hecht, and Suellen Hopfer, "Drug Prevention in Elementary Schools: An Introduction to the Special Issue," *Journal of Drug Education* 40, no. 1 (2010).
- ²⁶ Jerome E. Beck, "100 Years of 'Just Say No' versus 'Just Say Know': Reevaluating Drug Education Goals for the Coming Century," *Evaluation Review* 22, no. 1 (1998): 15-45; Thomas Nicholson et al., "Focusing on Abuse, Not Use, in Drug Education"; Joel H. Brown and Amy M. Clarey, "The Social Psychology of Disintegrative Shaming in Education"; Julian Cohen, "Drug Education or Drug Propaganda?."

Endnotes (cont.)

- ²⁷ Christiane Poulin and Jocelyn Nicholson, "Should Harm Minimization as an Approach to Adolescent Substance Use Be Embraced by Junior and Senior High Schools?: Empirical Evidence from an Integrated School- and Community-Based Demonstration Intervention Addressing Drug Use among Adolescents," *International Journal of Drug Policy* 16, no. 6 (2005); R. Midford, "Drug Prevention Programmes for Young People: Where Have We Been and Where Should We Be Going?"; Emily J. Ozer, Maggie G. Wanis, and Nickie Bazell, "Diffusion of School-Based Prevention Interventions in Two Urban Districts: Adaptations, Rationales, and Suggestions for Change," *Prevention Science* 11, no. 1 (2010); Julian Cohen, "Drug Education or Drug Propaganda?."
- ²⁸ Robin Room, "Preventing Youthful Substance Use and Harm – Between Effectiveness and Political Wishfulness"; Julian Cohen, "Drug Education or Drug Propaganda?."
- ²⁹ Joel H. Brown, Marianne D'Emidio-Caston, and John Pollard, "Students and Substances: Social Power in Drug Education," *Educational Evaluation and Policy Analysis* 19, no. 1 (1997): 65-82; Joel H. Brown and Marianne D'Emidio-Caston, "On Becoming 'At-Risk' through Drug Education: How Symbolic Policies and their Practices Affect Students," *Evaluation Review* 19, no. 4 (1995): 451-92; Marcella Ogenchuk, "High School Students' Perceptions of Alcohol Prevention Programs," *Canadian Journal of Education* 35, no. 1 (2012); Julian Cohen, "Drug Education or Drug Propaganda?."
- ³⁰ Zili Sloboda, "Background Paper: Substance Abuse Prevention"; Gilleen McCluskey, "'Youth Is Present Only When Its Presence Is a Problem': Voices of Young People on Discipline in School," *Children & Society* (2012), doi:10.1111/J.1099-0860.2012.00450.X.
- ³¹ Joel H. Brown, "Youth, Drugs and Resilience Education," *Journal of Drug Education* 31, no. 1 (2001): 83-122; Joel H. Brown and Amy M. Clarey, "The Social Psychology of Disintegrative Shaming in Education."
- ³² American Psychological Association, "Are Zero Tolerance Policies Effective in the Schools?: An Evidentiary Review and Recommendations," *The American Psychologist* 63, no. 9 (2008).
- ³³ Steven C. Teske, "A Study of Zero Tolerance Policies in Schools: A Multi-Integrated Systems Approach to Improve Outcomes for Adolescents," *Journal of Child and Adolescent Psychiatric Nursing* 24, no. 2 (2011).
- ³⁴ Joel H. Brown, Gaetane Jean-Marie, and Jerome Beck, "Resilience and Risk Competence in Schools: Theory/ Knowledge and International Application in Project Rebound," *Journal of Drug Education* 40, no. 4 (2010); Sheryl A. Hemphill et al., "The Impact of School Suspension on Student Tobacco Use: A Longitudinal Study in Victoria, Australia, and Washington State, United States."
- ³⁵ American Psychological Association, "Are Zero Tolerance Policies Effective in the Schools?."
- ³⁶ Tracy J. Evans-Whipp et al., "The Impact of School Alcohol Policy on Student Drinking," *Health Education Research* 28, no. 4 (2013).
- ³⁷ Joel H. Brown, Gaetane Jean-Marie, and Jerome Beck, "Resilience and Risk Competence in Schools: Theory/ Knowledge and International Application in Project Rebound."

- ³⁸ American Psychological Association, "Are Zero Tolerance Policies Effective in the Schools?"; Halime Unal and Cem Safak Cukur, "The Effects of School Bonds, Discipline Techniques in School and Victimization on Delinquency of High School Students," *Educational Sciences: Theory and Practice* 11, no. 2 (2011).
- ³⁹ Adam Fletcher, Chris Bonell, and James Hargreaves, "School Effects on Young People's Drug Use: A Systematic Review of Intervention and Observational Studies," *Journal of Adolescent Health* 42, no. 3 (2008); Lyndal Bond et al., "Social and School Connectedness in Early Secondary School as Predictors of Late Teenage Substance Use, Mental Health, and Academic Outcomes," *The Journal of Adolescent Health* 40, no. 4 (2007); Kimberly L. Henry, Kelly E. Knight, and Terence P. Thornberry, "School Disengagement as a Predictor of Dropout, Delinquency, and Problem Substance Use During Adolescence and Early Adulthood," *Journal of Youth and Adolescence* 41, no. 2 (2012); Lise M. Youngblade et al., "Risk and Promotive Factors in Families, Schools, and Communities: A Contextual Model of Positive Youth Development in Adolescence," *Pediatrics* 119, no. Supplement 1 (2007); Clea A. McNeely, James M. Nonnemaker, and Robert W. Blum, "Promoting School Connectedness: Evidence from the National Longitudinal Study of Adolescent Health," *Journal of School Health* 72, no. 4 (2002): 138-46.
- ⁴⁰ Joel H. Brown, Gaetane Jean-Marie, and Jerome Beck, "Resilience and Risk Competence in Schools: Theory/ Knowledge and International Application in Project Rebound"; Joel H. Brown and Amy M. Clarey, "The Social Psychology of Disintegrative Shaming in Education."
- ⁴¹ Gregory Austin and Rodney Skager, *California Student Survey 2009-10*, Table 2.17.
- ⁴² C. J. Mears and J. R. Knight, "The Role of Schools in Combating Illicit Substance Abuse," *Pediatrics* 120, no. 6 (2007); Sharon R. Sznitman et al., "Student Drug Testing in the Context of Positive and Negative School Climates: Results from a National Survey," *Journal of Youth and Adolescence* 41, no. 2 (2012).
- ⁴³ American Academy of Pediatrics, "Testing for Drugs of Abuse in Children and Adolescents: Addendum – Testing in Schools and at Home," *Pediatrics* 119, no. 3 (2007).
- ⁴⁴ Chris Ringwalt et al., "Responses to Positive Results from Suspicionless Random Drug Tests in U.S. Public School Districts," *Journal of School Health* 79, no. 4 (2009); American Academy of Pediatrics, "Testing in Schools and at Home."
- ⁴⁵ Yvonne M. Terry-McElrath, Patrick M. O'Malley, and Lloyd D. Johnston, "Middle and High School Drug Testing and Student Illicit Drug Use: A National Study 1998-2011," *The Journal of Adolescent Health* 52, no. 6 (2013).
- ⁴⁶ American Academy of Pediatrics, "Testing in Schools and at Home."
- ⁴⁷ *Ibid.*
- ⁴⁸ Ann M. Roche et al., "Drug Testing in Australian Schools: Policy Implications and Considerations of Punitive, Deterrence and/or Prevention Measures," *International Journal of Drug Policy* 20, no. 6 (2009).
- ⁴⁹ R. Midford et al., "Drug Education in Victorian Schools (DEVS): The Study Protocol for a Harm Reduction Focused School Drug Education Trial," *BMC Public Health* 12 (2012); R. Midford, "Drug Prevention Programmes for Young People: Where Have We Been and Where Should We Be Going?"; Robin Room, "Preventing

Endnotes (cont.)

- Youthful Substance Use and Harm – Between Effectiveness and Political Wishfulness”; Emily J. Ozer, Maggie G. Wanis, and Nickie Bazell, “Diffusion of School-Based Prevention Programs in Two Urban Districts: Adaptations, Rationales, and Suggestions for Change”; Julian Cohen, “Drug Education or Drug Propaganda?.”
- ⁵⁰ R. Midford, “Drug Prevention Programmes for Young People: Where Have We Been and Where Should We Be Going?”; Nicola C. Newton et al., “Internet-Based Prevention for Alcohol and Cannabis Use: Final Results of the Climate Schools Course,” *Addiction* 105, no. 4 (2010); Tracy J. Evans-Whipp et al., “The Impact of School Alcohol Policy on Student Drinking.”
- ⁵¹ Norman Earl Zinberg, *Drug Set and Setting: The Basis for Controlled Intoxicant Use* (New Haven, CT: Yale University Press, 1984).
- ⁵² Steven Giles et al., “The Role of Teacher Communicator Style in the Delivery of a Middle School Substance Use Prevention Program,” *Journal of Drug Education* 42, no. 4 (2012); Julian Cohen, “Drug Education or Drug Propaganda?”; Nancy S. Tobler and Howard J. Stratton, “Effectiveness of School-Based Prevention Programs: A Meta-Analysis of the Research,” *Journal of Primary Prevention* 18, no. 1 (1997): 71-128.
- ⁵³ Christopher Ringwalt et al., “The Effects of Students’ Curriculum Engagement, Attitudes Toward Their Teachers, and Perception of Their Teachers’ Skills on School-Based Prevention Curriculum Outcomes,” *Journal of Drug Education* 39, no. 3 (2009); Marcella Ogenchuk, “High School Students’ Perceptions of Alcohol Prevention Programs”; Julian Cohen, “Drug Education or Drug Propaganda?.”
- ⁵⁴ Gregory Austin and Rodney Skager, *California Student Survey 2009-10*, Table 5.2, and “Highlights”, 19.
- ⁵⁵ Dan I. Lubman et al., “Intervening Early to Reduce Developmentally Harmful Substance Use among Youth Populations,” *The Medical Journal of Australia* 187, no. 7 Suppl (2007); Amy M. Yule and Jefferson B. Prince, “Adolescent Substance Use Disorders in the School Setting”; Rodney Skager, “Replacing Ineffective Early Alcohol/ Drug Education in the United States with Age-Appropriate Adolescent Programmes and Assistance to Problematic Users,” *Drug and Alcohol Review* 26, no. 6 (2007); Susan Harrington Godley, “Substance Use, Academic Performance and the Village School,” *Addiction* 101, no. 12 (2006); Carl I. Fertman, Susan L. Tarasevich, and Nancy A. Hepler, *Retrospective Analysis of the Pennsylvania Student Assistance Programs Outcome Data: Implications for Practice and Research* (Washington, DC: U.S. Department of Health and Human Services, 2003); Carl I. Fertman, “Student Assistance Program Practitioners Talk about How to Link Students to Behavioral Health Care,” *Report on Emotional and Behavioral Disorders in Youth* 4 (2004): 87-92.
- ⁵⁶ Ann L. Rappoport, “Restorative Practices: Delaware Valley Schools Adopt New Discipline Approach,” *MetroKids*, January 2005.
- ⁵⁷ Ted Wachtel, “Restoring Community in a Disconnected World” (paper presented at the “Reshaping Australian Institutions Conference: Restorative Justice and Civil Society,” the Australian National University, Canberra, February 16-18, 1999).
- ⁵⁸ Carol Chmelynski, “Schools Find ‘Restorative Justice’ More Effective than Expulsion,” *School Board News*, May 17, 2005.

Acknowledgements

In developing the approach presented in this booklet, I benefited immensely from suggestions of the California Statewide Task Force for Effective Drug Education, a study group of dedicated research and development administrators, practitioners, and drug education professionals that included Greg Austin, Bonnie Benard, Ralph Cantor, Catherine Condon, Colin de Miranda, John de Miranda, Mitch Earleywine, Camilla Norman Field, Jackie Goldberg, Mark Leno, Carla Niño, Joel Phillips, Ann Quirk, Josefina Ramirez, Craig Reinerman, Chuck Ries, Marsha Rosenbaum, Jim Rothblatt, Jan Ryan, Ira Sachnoff, Simbwala Schultz, Sean Slade, Sara Truebridge, and John Vasconcellos.

It is a special honor to acknowledge California State Senator (now retired) John Vasconcellos, Emeritus Dean of the California Legislature and former Chair of the Education Committee, for his strong moral support, his encouragement of the work of the study group, and his successful effort to link our work to the legislative process.

California State Assemblymember Jackie Goldberg (now retired), former Chair of the Education Committee, provided essential support for the project.

I am grateful to the students who participated in my UCLA course on adolescent development. Their enthusiastic contributions in class discussions and dedicated work on the interview project taught me a great deal about drug use among high school students as well as the social climate supporting it.
(Continues next page)

Acknowledgements (cont.)

I am deeply indebted to two close colleagues. First, Marsha Rosenbaum, founder of the Safety First project of the Drug Policy Alliance (www.drugpolicy.org), saw the need for this booklet and has done a great deal to shape its development. She is a steadfast fighter for truth, justice, and rationality in our treatment of youth.

Chuck Ries, founder of the UpFront Project, has been an invaluable guide in the development of this booklet. The opportunity to observe Chuck at work with high school students was a landmark experience in the making of our reality-based model.

It was a pleasure to work with Meghan Still and Lauren McClelland at Beveridge Seay, Inc. who provided exceptional publication design.

Finally, I thank Camilla Norman Field, Jennifer Kern, Sue Eldredge, Leah Rorvig, Annie Chen, Daniel Robelo and especially Jag Davies at the Drug Policy Alliance for their input, as well as Executive Director Ethan Nadelmann for his strong support. This booklet would not have been possible without DPA's commitment to improving drug education, school discipline, and the general well-being of young people.

About the Author

Rodney Skager, PhD is Professor Emeritus in the UCLA Graduate School of Education and Information Studies; co-director of the Attorney General's California Student Survey, authoring its reports since 1986; and chair of the California Statewide Task Force for Effective Drug Education from 2003 through 2005.

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.

Praise for *Beyond Zero Tolerance: A Reality-Based Approach to Drug Education and School Discipline*

“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.”

– *Jackie Goldberg*, Former California State
Assemblymember