

PERSPECTIVE: DRUG EDUCATION/PREVENTION

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Introduction:

Teenagers have used marijuana (along with alcohol, pharmaceuticals, and a host of other intoxicants) for decades. Parents and educators have consistently advocated abstinence, but despite our admonitions and advice, significant numbers of teenagers have continued to “experiment.” Even with federal drug prevention expenditures topping \$1.3 billion per year coupled with its illegal status, the annual Monitoring the Future Survey of high school students’ drug use shows that nearly half of all high school students will have tried marijuana by the time they graduate.

In the fall of 2014, Oregon, Alaska, and the District of Columbia joined Colorado and Washington as voters approved initiatives to legally regulate and tax marijuana. Other states, including California, are likely to follow in 2016.

While *none* of these new laws allow sales to minors, there is widespread concern about the potential impact of these reforms on teenagers. Many worry that legalization will send the wrong message and increase accessibility, leading to an escalation in teenage use and concern about *what can be done* about teen marijuana use in this new context of legalization.

Such concern is nothing new. Americans have been trying to prevent teenage drug use for more than a century—from the nineteenth-century temperance campaigns against alcohol to Nancy Reagan’s “Just Say No” campaign. A variety of school based programs characterized by scare tactics, resistance techniques, zero-tolerance policies and random drug testing, have been used to try to persuade, coax and force students to abstain from the use of marijuana and other drugs.

Legalization presents a new challenge, as marijuana gradually becomes a normal part of the adult world, akin to alcohol. The movement toward legalization *for adults* provides an opportunity to re-think our approach to *teen* drug education/prevention. This is the moment to examine current approaches, and devise innovative, pragmatic strategies for dealing with teens and marijuana (and other drug use).

As we examine the issue of drug education/prevention in the context of legalization, it is important to clarify our intentions, efforts that have been tried, what is realistically possible to accomplish, and how to get there.

Intentions:

There is little dispute that *abstinence* is the best choice for teenagers, for a myriad of sociological, psychological, and physiological reasons. However, given the persistence of marijuana use among young people, and despite our best efforts to date, a more comprehensive strategy (similar to that of comprehensive sexuality education) is required. Supporting “abstinence-plus” education does *not* mean teachers, parents and other concerned adults condone marijuana use. Instead, the focus on comprehensive education acknowledges the persistence of marijuana use, combined with its changing legal status, and stresses on health and safety.

Problems with Current Prevention Strategies:

Failure to distinguish between use and abuse

In the effort to stop teenage experimentation, prevention messages often pretend there is no difference between use of and abuse. Some use the terms interchangeably; others emphasize an exaggerated definition that categorizes any illegal use of drugs as abuse.

Teens too often dismiss this assertion because they see adults routinely making distinctions; that their own parents may have used marijuana or another drug at some point in their lives without abusing it or even continuing to use it. Of course, any substance, including marijuana, involves the risk of developing abusive patterns of use. But if teachers and parents fail to discuss marijuana in a sophisticated and nuanced manner, and distinguishing between use and abuse, they lose credibility with students.

Utilizing misinformation

Information about marijuana has consistently been mischaracterized in an effort to frighten young people into abstinence. Today, in light of the growing movement to legalize marijuana, opponents’ claims of marijuana’s severe dangers are especially exaggerated. Although the old “Reefer Madness”-style messages have been replaced with assertions of scientific evidence, many of the most serious allegations, such as inevitable addiction, dangerousness due to increased potency, progression to “hard” drug use, and causing lung cancer, are questionable.

No drug, including marijuana, is completely safe, *especially for teenagers*. Yet the mischaracterization of marijuana may be the Achilles’ heel of current prevention approaches because such messages too often contradict young people’s own observations and experience. As a result, many have become cynical and lose confidence in what teachers and parents tell them.

Failure to provide “harm reduction” education

Most drug education programs are aimed solely at *preventing* marijuana and other drug use. After instructions to abstain, the lessons end. No information is provided about how to avoid problems or prevent abuse for those who do experiment. Abstinence is treated as the sole measure of success, and the only acceptable teaching option.

The abstinence-only mandate puts adults in the unenviable position of having nothing to say to the young people we most need to reach—those who refuse to “just say no” to marijuana use, thereby foregoing the opportunity for having real conversations about how to reduce risk and stay safe.

A Reality-Based Approach:

General recommendations

Despite its legal status for adults, the reality is that adolescents ultimately make their own decisions about whether or not to use marijuana. Despite admonitions and advice to abstain, large numbers of teenagers will occasionally experiment, and some will use more regularly. Central to providing honest, comprehensive education, teachers must acknowledge teenagers' intelligence and ability to draw independent conclusions from their own experiences.

Effective drug education should utilize a truly interactive learning process. Students want and respond to open dialogue, integration of personal experience, and respect from their teachers.

Keeping teenagers *safe* must be the highest priority. To protect them, a reality-based approach enables students to make responsible decisions by:

1. Providing honest, science-based information;
2. Encouraging *moderation* if experimentation persists;
3. Promoting an understanding of the *legal and social consequences* of drug use;
4. Understanding the social context of use, that the setting, and one's own mindset may have as much a role in a drug's effect as the drug itself;
5. Prioritizing *safety* through personal responsibility and knowledge

Student Assistance Programs

Intervention and assistance for students who need help should be coordinated with drug education programs. Student Assistance Programs (SAPs), which emerged in the 1980s as school based analogs of Employee Assistance Programs (EAPs), are designed to provide such help—not only for substance abuse, but also for other kinds of personal problems that create barriers to learning.

SAPs can provide a range of preventive services, such as drug education for students, school staff, and parents; how to identify students in need; intervention counseling; and support groups for students in various stages of substance use. The core foci of SAPs are school retention and improved learning performance. In a separate briefing on Student Assistance Programs, we have outlined the essential components of such designs:

1. School district-level organization
2. Drug education and prevention services
3. Focused educator trainings
4. Cognitive learning assessments
5. Clinical screenings
6. Confidentiality and privacy
7. Confidential toxicology testing
8. No zero-tolerance suspension/expulsion policies
9. Criminal justice diversion
10. Relapse not defined as treatment failure
11. Outcomes evaluations