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Why Youth Ignore Drug Education and Sanctions against Use:
Individual Differences, Mismatched Strategies and Youth Friendly Alternatives

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AUTHOR NOTE

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Abstract

Current approaches to “universal” prevention curricula for the general youth population as well as punitive consequences for use appear to be ineffective. Substantial levels of alcohol and other drug use persist. Repeated technical criticisms reveal that data analyses supporting most “evidence-based” prevention programs were flawed. That most adolescents feel immune to health risks has been cited as a contributing factor. Individual differences may be more significant determiners of resistance to prevention messages. These include variations in sensation-seeking (including risk-taking), perception of social risk associated with use, oppositional reaction to restrictions on personal choice (“boomerang effect”), deliberate defiance of disrespected authority, and temporary alliances in early adolescence with “life persistent offending” peers. Promising alternative strategies for prevention education and non-punitive, restorative response to offenders are proposed.

Continuing High Prevalence Rates and Flawed Prevention Strategies

The recent Editor of the *Journal of Substance Abuse Treatment* reminds us that that science usually progresses by disconfirming prior ideology and beliefs (McLellan 2009). No aspect of youth policy and practice is more deserving of reexamination than the standards applied to drug education curricula by the National Registry of Evidence Based Programs and Practices (2008). Gorman (2002), Gorman, Conde, and Huber (2007), Gorman and Huber (in press), and Gandhi, Murphy-Graham, and Petrosino (2007), among others, have identified faulty techniques of data analysis, rather than the prevention curricula themselves, as the basis for qualifying most programs as “evidence-based.” Outcome data were analyzed in ways that identify positive program effects where there were none. It is thus not surprising that youth alcohol and other drug use remain at significant levels.

The *California Student Survey* (CSS) has been administered biennially since 1985-86 to 7th, 9th and 11th grade students in randomly selected public high schools. It is sponsored by the Office of the Attorney General of California and the California Departments of Education and Alcohol and Drug Programs. Over 13,000 students participated in the 2007-08 survey. Table 1 summarizes findings of the 2007-2008 CSS. Seventy four percent of 11th and 60% of 9th grade public school students had, at least once in their lives, consumed enough alcohol, illicit drugs, diverted prescription drugs, or over-the-counter cough/cold medications to feel a psycho/physical effect (Austin & Skager, 2009). Only approximately two fifths of 14 and one fourth of 16 year olds had maintained lifetime abstinence.

While the summary percentages in Table 1, especially those in the last row, could be interpreted as alarming, the majority of respondents were one-time or at most occasional drinkers or users. Youth who meet clinical criteria for drug dependency have always been a relatively small, though significant, minority. Still, the totals in the last three rows in the table argue that experimenting with alcohol and other drugs is acceptable, if not taken for granted, by a significant majority of young people. Youth culture parallels that of adults in its wide spread acceptance, and experience with, psychoactive substances, whether alcohol, illicit drugs or psychoactive pharmaceutical prescription drugs.

Table 1

Percentages of California 9th and 11th Grade Public School Students Drinking/Using Using at Least Once to Get High

Substances	Grade 9	Grade 11
Alcohol	47	66
Marijuana	25	42
Prescription Drugs	18	23
Over-the-Counter (OTC)	26	25
Total Drugs (except OTC)	37	50
Total Drugs + OTC	45	57
Total Drugs + Alcohol	54	70
Total Drugs + OTC + Alcohol	60	74

As a university undergraduate put it, “In high school my friends and I would go to parties and most everyone would be smoking bowls. A few of us wouldn’t be, but it wasn’t really an issue. It was OK that they were doing it.” The quotation is from one of many anonymous interviews conducted by students as a project in an upper division university class on adolescent development. There were many similar comments from interviewees.

A question on why peers of their same age drink or use appeared on several earlier CSS surveys. The results from this “check all that apply” item were so consistent over time that the question was eventually dropped. Well over half of the 16 year old respondents typically endorsed “because they want to know what it is like” and “to have fun.” “Because their friends do it” was usually in third place, but still selected by over 50%. Other reasons describing negative personal motives, including boredom and feeling

depressed, were consistently endorsed by considerably less than half of the respondents. However, other potentially influential variables are not assessed in the survey. These may be equally or more important in explaining why prevalence figures remain unacceptably high.

Current drug prevention education in schools and the media are the humane side of the prevention picture. Turn that picture over and zero tolerance, the “bad cop” side, emerges. Schools and law enforcement often apply potentially damaging consequences to young people caught drinking or using. Out of school suspension interferes with learning and may alienate the offender. Expulsion from school can severely restrict later opportunity. Severe punishments of individuals may be especially alienating in the case of behaviors that are engaged in by a majority of peers. Advising abstinence while addressing safety for those who nevertheless choose to experiment seems more appropriate to the reality of the situation. While advocates of zero tolerance charge that addressing safety-of-use gives young people permission to drink or use, no evidence has been cited that teenagers actually ask adults for permission.

Why have current, abstinence-only, alcohol and drug education plus other strategies, including (a) media messages, (b) forced random drug testing of students recently promoted by the Office of National Drug Control Policy (ONDCP) and (c) fear of punishment for breaking the rules, been largely ineffective, if not counterproductive? Answers to this question go far beyond “common-sense” notions that have long dominated prevention education and school disciplinary policies (Skager, 2006). While there are more effective alternatives, none are likely to meet the goal of a drug free youth population.

Individual Differences and Substance Use

Significant individual differences in attitudes, experience and personality lead many young people to ignore both abstinence messages and threats of punishment should they choose to drink or use. Some of these variables relate to intensity of use once initiated. Young people react to abstinence messages in various ways. For example, a significant segment is prone to risk-taking. The thought of doing something dangerous can be exciting. For others, substance use is an expression of defiance. Younger teens hear older peers talk about having fun and other positive experiences associated with

drinking or using that contradict adult warnings about dangers. Finally, among those who do experiment, later use extends along a continuum of abstinence to frequent use and even early dependency. In this alcohol and virtually all psychoactive drugs are the same.

Comparing Drinkers/Users vs. Abstainers

Shedler and Block (1990) compared psychological characteristics of abstainers, experimenters, and frequent users in a group of 18 year old adolescents studied since preschool. Surprisingly, on *all* measures of psychological health the group that had experimented with drugs or used only occasionally (usually marijuana) was the “best-adjusted”. Youth who used drugs frequently showed a personality syndrome marked by interpersonal alienation, poor impulse control, and emotional distress. Their characterization of lifelong abstainers as anxious emotionally constricted, and lacking in social skills was ideologically challenging, both then and now.

In a more reflective social climate these findings might have engendered serious questions about policy, especially abstinence as the single acceptable goal of drug education. Rational and pragmatic alternatives would have included (a) identifying an educational process appropriate to the developmental level of teenagers, (b) information on safety for those who choose to experiment, and (c) identifying and assisting (rather than punishing) problematic users. These objectives do not exclude advising abstinence as the safest choice.

The second study was conducted more recently in Australia (Clark, Scott & Cook, 2003). Despite its distance, Australia is an English speaking country similar to the USA in many respects, including its educational, economic and democratic political culture. There is every reason to suggest that the findings apply to majority youth culture in the USA as well. The Australian national sample included over 2,300 15-24 year olds stratified by region and gender. The research incorporated qualitative and quantitative measures. Standardized interviews covered personal characteristics, personal drug use and attitudes about drugs and people who use them.

Respondents were classified into three levels based on frequency of use: *abstainers or near abstainers, moderate users, and heavy users*. Cluster analysis identified two distinct groups or *archetypes* at each level of frequency and/or intensity of

use. Members of the six resulting archetypes varied in their attitudes about drugs as well. The archetypes also varied significantly on personality characteristics. Brief summaries of each archetype are quoted in Table 2.

Table 2

Australian National Formative Research Youth Typology in Relation to Illicit Drug Use

<p>Abstainers or Infrequent Users</p>	<p><u>Considered Drug Rejecters (13%)</u>...believe that drugs are “bad” and are a major problem in all circumstances. They are self-motivated people, with little or no need to add excitement to their lives. They are happy with their lives and feel in control of things. Their peers feel much the same way about life and drugs as they do, and so they have little exposure to drug-taking situations.</p>	<p><u>Cocooned Rejecters (16%)</u>...also think drugs are bad, although not as strongly as the Considered Rejecters. They also have little or no need to add excitement to their lives. They differ from the Considered Rejecters in that they are not particularly happy or secure in their lives, and they do not feel in control of things.</p>
<p>Occasional or Moderate Users</p>	<p><u>Ambivalent Neutrals (16%)</u>...recognize that drugs are a problem. Their peers are drug users, and so they are exposed to drug use situations. While they use some drugs, they are not particularly interested in them. They live for today, and don’t worry about the future.</p>	<p><u>Risk Controllers (20%)</u>...are (in contrast) concerned about the future, and are also concerned about how others see them. To the extent they are exposed to drugs, they are happy to use them, believing they are in control of the situation and will not let it get out of hand.</p>
<p>Frequent or Dependent Users</p>	<p><u>Thrill Seekers (20%)</u>...are the most likely to be looking for additional excitement, and strongly feel they are in control of their lives. They are happy, secure and self-motivated. They live for today and don’t worry about the future...They had the highest incidence of trial of all drugs except heroin.</p>	<p><u>Reality Swappers (16%)</u>...were the heaviest drug users. In contrast with the Thrill Seekers, they are unhappy and insecure, and have a less positive attitude to drugs. They do not feel in control of their lives...The incidence of trial of most drugs was lower than for the Thrill Seekers, but they tended to use them more heavily.</p>

In the first two archetypes only 18% and 7%, respectively, had used alcohol in the previous 4 weeks. There was no use of other drugs among Considered Rejecters and

virtually none for Cocooned Rejecters (1% reported marijuana and 2% ecstasy). At the high end of the continuum, 94% of Reality Swappers had used heroin and 77% cocaine. Substantial percentages had used most of the other drugs (lowest for alcohol at 24%). The profile for Thrill Seekers was different. None had used heroin and only 23% cocaine. However, significant numbers had used alcohol (30%), marijuana (45%), ecstasy (40%), and methamphetamines (43%).

The archetypes confirm that frequency and intensity of drug use relates to personality and life style. The findings enlarge on Shedler and Block's (1990) study of American adolescents in that there is differentiation in behavior and personality factors at each level of involvement. The abstainers included a psychologically healthy group in the Considered Rejecters, while the slightly more numerous Cocooned Rejecters parallel the profile of psychological dysfunction in the earlier US study. The two archetypes for experimental and occasional users also appeared to be psychologically healthy, also consistent with the conclusions by Shedler and Block (1990).

The two archetypes for heavy or frequent users identify contrasting examples of dysfunction. The Reality Swappers appear to be like the heavy user group described by Shedler and Block (1990). Thrill Seekers are quite different, however. If an illicit drug is characterized as "risky", they are more likely to try it. Thrill seeking can be dangerous, but it differs from clinical dependency and addiction. Above all, the two studies reveal that the general youth population addressed by prevention is differentiated and not likely to respond in the same ways to messages about potential harm or being trained to resist "peer pressure", another common sense prevention strategy of questionable relevance.

Individual Characteristics Promoting Experimentation

Why do young people choose to use psychoactive drugs? There is no single answer, but there are relevant concepts and theories, all of which have empirical support. The first is a psychological characteristic promoting experimentation.

Sensation Seeking. Zuckerman (1979) proposed one of the first testable theories on individual differences relating to propensity to experiment with drugs. While ignored in mainly information-oriented school prevention programs, the theory has influenced anti-drug messages in the media. The latter is illustrated in the title of one of many

relevant studies in communication journals: *Program Context, Sensation Seeking, and Attention to Televised Anti-Drug Public Service Announcements* (Lorch, et al., 2006). High sensation seekers among 18-22 year old viewers paid greater attention to high sensation programming, while low sensation-seeking viewers were more attentive to low sensation programming. Paying attention to the message may not correlate with later behavior, but it is a necessary pre-condition.

The Australian typology locates sensation seeking in the Thrill-Seeker archetype. Warnings about dangers of substances or mode of ingestion enhance interest among this group. Reality-Swappers become heavily involved with drugs for other reasons. Risk-Controllers, concerned about what friends think, but also confident in their ability to control, may take risks depending on what peers do. Teenage friendship groups are likely to include one or more Thrill-Seekers who would provide an example for Risk-Controllers. Together, these two groups represented 40% of the Australian sample.

Social risk vs. the “forbidden fruit” reaction. The effects of media messages and longer televised vignettes on tobacco use have been extensively studied. For example, Pechmann, Zhao, Goldberg, and Reibling (2003) varied message content in relation to enhancing vs. reducing motivation for self protection (protection motivation theory). While the study focused on viewer evaluations of anti-smoking messages (rather than actual use), the findings should apply to alcohol and drug messages as well.

The study used multiple examples of 8 different types of tobacco advertisements. The subjects were randomly assigned groups of adolescents.

- Disease and death warnings
- Endangering others warnings
- Cosmetic messages (bad side effects like bad breath, smelly clothes, etc.)
- Negative life circumstances of smokers (portrayals of typical “losers”)
- Attractive role models demonstrating refusal skills
- Exposing tobacco company marketing tactics
- Selling disease and death messages (tobacco ads manipulate and deceive)
- Substantive variation message combining the other 7 categories

Only three of the above increased respondents' intention not to smoke (endangers others; attractive refusal skills role model; smokers as "losers"). These messages portrayed serious social rejection risks threatening smokers. While perception of severity of health risk was higher for subjects viewing disease/death warnings, there was no corresponding effect on intention to smoke. By way of explanation these authors hypothesized that the majority of adolescents feel relatively immune to health risks. This may reflect lack of experience. Adults are likely to be more cautious because they have made experienced negative consequences or observed them in others. Paradoxically, negative health information actually reduced non-smoking intentions in this study, apparently due to a "forbidden fruit" reaction. This interpretation was consistent with an earlier study by Pechmann and Shih (1999) identifying a similar attitude in adolescent reactions to films of actors smoking cigarettes.

If most youth feel immune to health risks, and information on such risks weakens intentions to abstain for significant numbers, AOD prevention programs emphasizing dangers to health would have a similar effect. While the "forbidden fruit" reaction would be especially motivating for youth in the "Thrill-Seeker" archetype, the sense of personal invulnerability probably extends to youth in some of the other archetypes.

Psychological Reactance (The boomerang effect). The theory of *reactance* characterizes "boomerang" effects as oppositional attitudes and behaviors stemming from perceived threats to personal choice. This principle helps explain why information expected to promote public health objectives is often ignored (Ringold, 2002). Anti-use messages about alcohol and other drugs may only enhance intention to drink or use among the significant numbers of youth believing that they have the *right* to experiment. Ringold identifies four psychological traits correlating with propensity to disobey rules and laws affecting personal choice: internal locus of control, Type A behavior (competitive/aggressive), unconventional mores, and high self esteem, the latter long assumed to be a protective factor in conventional approaches to prevention. Gordon and Minor (1992) applied reactance theory in explaining why, after passage of a North Carolina law increasing minimum age for buying alcohol, college students under 21 year of age developed negative attitudes toward the law, downplayed its effectiveness and increased their alcohol consumption. That two thirds of 16 year old California public

school students (Table 1) reported feeling the effects of alcohol at least once is consistent with the hypothesis that drinking is a normal feature of many youth social functions and that most young people view it as a personal right.

Young people believe they have the right to drink to demonstrate independence to themselves and others, and have been shown to react against school-based educational programs, warnings, and alcohol control....Oppositional response have often been strongest in the very cohorts these interventions have been designed to protect: heavy drinkers and young men.. (Ringold, 2002, p. 53)

Ringold's research identifies negative effects of educational and media campaigns expected to discourage use of alcohol and other drugs among youth. She points out that research has often revealed unintended consequences in the form of "oppositional choices" and that both youth and adult Americans are well aware of the risks of alcohol abuse.

Theories of Delinquency and Criminality

In most schools use or possession of drugs is analogous to criminality. Offenders usually face severe consequences if caught. These deterrent or "retributive" punishments are the harsh side of prevention in schools. Students who use drugs before or during school risk the same punishments, including suspensions and expulsions routinely applied to peers who damage school property, engage in seriously disruptive behavior, or threaten teachers and other students. Like criminal justice itself, the assumption is that punishment of a few will deter others. This assumption seems overly optimistic given the widespread prevalence of drinking and using in the youth population.

There are both ethical and pragmatic questions about this assumption. First, is it "right" to punish in ways that may alienate and otherwise disadvantage a young person? Second, does it "work" in the sense of promoting reform in the offender and deter others from the same actions? There is reason to doubt that either is the case. While noting that the evidence is not sufficient to make "strong statements", The American Psychological Association Zero Tolerance Task Force (2008) found that zero tolerance policies are virtually unsupported by research and, that the limited data available contradict assumptions about effectiveness. The research and theory summarized below suggests

that such policies can promote youth alienation from adults (including school authorities) and even enhance the behaviors that are subject to sanctions.

Defiance vs. Deterrence. Sherman's (1993) analysis of criminal sanctions and the conditions under which they deter vs. promote further defiance is especially pertinent. The theory predicts three possible outcomes depending on how an offender perceives both the sanction and the authority that administers it. Sanctions promote future *defiance* (including frequent or more serious violations) to the extent that offenders (a) see the sanctioning agent (legal system, school, family, etc) as illegitimate, (b) have weak bonds to the sanctioning agent, and (c) deny shame and become proud of their isolation from the sanctioning community.

In contrast, sanctions promote future *deterrence* from repeating the behavior (desistance or less frequent or serious violations) to the extent that (d) offenders see a sanction as legitimate, (e) have strong bonds to the sanctioning agent and community, and (f) accept responsibility while remaining proud of their solidarity with the sanctioning community. Finally, sanctions are irrelevant to future law or rule breaking (have no effect) to the extent that factors encouraging defiance and deterrence are counterbalanced fairly evenly.

The first two principles assert that people defy or conform to sanctions depending on their relationship to the sanctioning agent. Negative relationships promote repetition of the offence as well as identification with an alternative community---other substance users in the case at hand. Positive bonds to the sanctioning agent promote respect for the sanction and consequent deterrence. Sherman's theory provides a plausible basis for *defiant* behavior among students who are alienated from the school and the adults who run it. This applies to parental authority as well.

Defiance theory parallels Ringold's (2002) concept of *psychological reactance*. It offers a second motivational basis for deliberate violations of school rules. In a relevant study, McNeely, Nonnemaker, and Blum (2002) reported that *positive* connections to adults and the school predicted better health-related behaviors among youth, including lower levels of AOD use. Taken together, findings are a message to school authorities

and parents confident that deterrent punishments will prevent forbidden behaviors, especially those that can be done covertly.

Adolescence-Limited vs. Life-Course-Persistent Misbehavior. Moffitt (2004) summarized research revealing that the great majority of male teenagers in the USA and other developed societies commit one or more illegal acts. She suggests that illegal behavior among youth is so common that delinquency could reasonably be viewed a normal part of teenage life. Fortunately, delinquent behavior is usually temporary for the majority who desist by late adolescence. Moffitt labeled this group *Adolescence Limited (AL)* youth offenders.

In contrast, *lifetime* antisocial behavior begins very early in life among a much smaller group of children. Moffitt labels this group as *Life-Course Persistent (LCP)* offenders. They display disobedient and aggressive behavior beginning before age 5. They were vulnerable and difficult infants in negative family contexts and typically showed neurological deficits including high activity-level, poor self-control, irritability, and low cognitive ability (Moffitt, 1997). Finally, LCP youth are likely to be arrested in their early teen years. These children could be identified and, if possible, assisted early in life.

Moffitt also observed that contemporary youth graduate to adult responsibilities and privileges, including drinking, but also regular work and even parenthood, much later than was the experience for ordinary young people in the past. This process has gone on concurrently with earlier biological maturity. Epstein (2007) chronicles the cascade of new laws intended to protect teenagers, but, in doing so, limits their freedom and opportunity to assume responsibility. Modern society is over-protective on the one hand, but on the other it criminalizes many activities that youth believe they have a right to engage in. Clumsy attempts to *protect* combined with sanctions that youth view as unfair and cruel further provoke the negative reactance and outright defiance Ringold's (2002) and Sherman's (1993) theories predict. Moffitt explains how this process is facilitated by early relationships between AL and LCP youth.

The much smaller population of LCP youth ignores rules. They are among the first to use alcohol and other drugs, have sexual experiences and break away from family

controls. They commit petty crimes such as shoplifting or drug dealing. Moffitt suggests that most AL males envy the lifestyle of LCP youth as which, to them, resembles adulthood more than childhood. This perception leads to a process of “social mimicry” through affiliation with LCP peers and resulting involvement in activities society defines as antisocial. By initiating alcohol and drug use earlier than their AL counterparts, LCP’s function as role models in this choice. LCP behavior is the analog of a “disease” vector in public health, one that is ignored in naive approaches to prevention education that assume initiation of such use is the result of direct social pressure rather than attraction to a lifestyle displayed by LCP peers.

AL affiliations with LCP peers are temporary, in part because they are exploitative. Moffitt notes that LCPs fail to offer supportive friendships based on intimacy, trust and loyalty. Though temporary, such affiliations result in some unfortunate AL’s being suspended, expelled or branded by a police record that can restrict later life opportunities. Finally, Moffitt draws a conclusion fully consistent with earlier Shedler and Block findings about abstainers. She suggests that the minority of youth who do *not* mimic LCP behaviors are not able to affiliate with either LCPs or ALs because of personal characteristics that exclude them from acceptance into such delinquent peer groups. She notes a New Zealand longitudinal study in which youth who had not engaged in delinquent acts described themselves in virtually the same negative terms that Shedler and Block applied to their abstainers (Krueger, et al., 1994). Moffitt concluded that these personal and social disabilities have the paradoxical effect of “protecting” youth from engaging in delinquent acts common to the majority of their same age peers.

That *all* abstainers are psychosocially challenged may be an over-generalization. In the more recent archetype analysis the “Considered Drug Rejecters”, comprising almost half of the virtually abstinent respondents (at 13% of the total group of respondents), were quite healthy psychosocially, but none had ever used an illicit drug (Clark, Smith, & Cook, 2003). It may be that the two earlier studies combined all abstainers in a single analysis in which negative personal characteristics of Cocooned Rejecters would have shown up as statistically significant for the near-abstaining group

as a whole. Or it may have been due to sample bias. Surely it is possible to be “drug-free” and still healthy psychosocially!

Extending Childhood into Adolescence

Development of effective drug education strategies has been frustrated by what Epstein (2007) has described as the “infantilization” of youth. This process began during the depression of the 1930s as “real” jobs were increasingly reserved for adult males. Since then family farms have been replaced by a system of factory agriculture employing adults only. High school graduation became a minimum educational requirement for the general population. These social processes led to viewing adolescence as a distinct phase of development lacking a clear point of termination. Arbitrary and inconsistent definitions of when adolescence ends are the result. These include being old enough to join the military, get a driver’s license, have an abortion without informing parents, marry, buy alcohol, vote, and sign legal contracts. These definitions define an age range rather than a set of objective psycho-physical criteria. They block a realistic understanding of the abilities and potential of young people. Adult level cognitive abilities actually emerge soon after puberty:

Scientific research shows unequivocally that the cognitive abilities of teens are, on average, superior to the cognitive abilities of adults. Reasoning ability peaks in the early or mid teens, for example, and so does intelligence. Most of these abilities peak in our early teens, and these abilities decline through adulthood, some quite dramatically. (Epstein, 2007, p.163)

The significant difference between adults and adolescents of any age may be *experience*, but certainly not mental acuity. Given the latter, adolescents are more effectively addressed as *inexperienced adults*. Moshman (1999) suggests that, unlike their elders, young people have not had opportunities to learn from common mistakes associated with deficits in life experience. This deficit may explain the Skiba, et al. (2008) findings that before age 15 there are signs of immaturity in four psycho/emotional areas: poor resistance to peer influence, attitudes about, and perceptions of, risk, future orientation, and impulse control. These deficits probably are related, at least in part, to the

extension of childhood status into the early teen years. It also does not necessarily follow that all teens under 15 share these deficits. History suggests otherwise. Until about 100 years ago the great majority of ordinary youth moved into responsible life roles 5 to 7 years earlier than is the case today.

There are many examples of early intellectual and social achievement by teenagers. Clausewitz, author of the long dominant (but now discredited) theory that warfare is an extension of politics, joined the 34th Prussian Infantry Regiment as an officer at age 11 and commanded soldiers in action against Napoleon's army the next year (Keegan, 2003). Epstein (2007), in a list of 45 early-age achievers, included Louis Braille, who invented the first version of his system of reading at age 12 and completed it at age 16; Bizet who composed his Symphony in C Minor at age 17; Stevie Wonder with his first "hit" at age 14; and Samuel Colt inventing the revolver at age 16. These were exceptional individuals, to be sure, but history shows that ordinary youth are more capable than currently recognized.

Viewing adolescents as children has fostered a teenage subculture characterized by values, norms and behaviors that, paradoxically, confirm adult value judgments that helped create it. Today's teens face restrictions unimaginable even a century ago. As abhorrent as it may be now, in the eighteenth and early nineteenth century most youth could drink alcohol as early as 11 or 12 (Hine, 2000). Is it surprising that most teens feel they have a right to drink? Their widespread drinking and bingeing is predictable in the light of the theories just discussed. It is, at least in part, a reactive, defiant response to limitations on perceived personal rights by an adult authority they do not respect.

Age Appropriate Alternatives to Current Policy and Practice

This paper has endeavored to show how individual differences and norms of youth culture lead the majority of teenagers to ignore negative information about consequences of alcohol, tobacco and other drug use as well as punitive sanctions against use imposed by school and communities. "Social influence" approaches to prevention have also been ineffective. Peterson, Mann, and Marek (2000) and Midford (in press) acknowledge that, while seemingly more sophisticated than simplistic warnings about dangers, social influence approaches have weak, restraining effects at best. Zero

tolerance sanctions against substance use (as well as other common disciplinary offences) have spawned punitive measures harmful to the children and youth who experience them. Given this situation, what can society do about alcohol and other drug use among young people?

The first option would be to continue current educational and disciplinary policies in the assumption that use would increase under alternative policies. A second would be heightened surveillance and control of young people. Significant elements of this alternative operate already in deterrent school punishments and intrusive surveillance tactics including compulsory drug testing supported (under the previous administration) by the Office of National Drug Control Policy. Fully implemented surveillance policies are the “1984” option. Finally, the more humane and realistic option is to implement more effective approaches to drug education, while at the same time assisting problematic drinkers and users through intervention and treatment. Drug education must be age appropriate in process and content (Skager, 2007), but also promote greater safety among those who do not choose abstinence. Help for students troubled by substance use would be available in all secondary schools in student assistance programs linked to community treatment resources.

Examining Values in Facilitated Peer Groups

Traditional teaching is top-down, even when done skillfully. Conventional, politically correct, prevention education conforms to the same model. While most young people accept didactic teaching in math and history classes, they resist when it comes to choices about personal lifestyle. For the latter, a different relationship between adults and young people is needed. How we *treat* them more than what we *tell* them is the key to effective communication about alcohol and drugs as well as other personal lifestyle choices.

Most young people are willing to deal with these topics in a responsible way when adults treat them with *respect*. This requires a *facilitative, interactive* learning process, not formal, top-down instruction. An adult teacher/facilitator structures the discussion by posing questions, listening, and where appropriate, asking offering information or suggestions. The facilitator avoids preaching abstinence and, especially,

responding judgmentally to revelations about personal values and behavior. There is a topical structure for each session, but the process is flexible in dealing immediately with issues as they emerge in the discussion. Young people willingly share relevant personal experience when assured that “what’s said here stays here.” They typically react positively and thoughtfully. Substance use and its consequences, good and bad, become serious topics instead of something to hide or joke about.

A facilitated group process mirrors the widely accepted motivational interviewing approach advocated by for individual clients (Miller & Rollnick, 1991). This approach avoids negative client reactance (the “boomerang effect”) stemming from perceived threats to personal choice (Ringold, 2002). This approach to drug education encourages young people to evaluate their own and their friends’ attitudes and experiences relating to alcohol or other drugs. Realistic objectives include (a) promoting serious (instead of defiant or whimsical) examination of personal experience with substances or with others who use them, (b) identifying harms and associated with problematic drinking and using and (c) reducing overall prevalence of use. These goals are not set by the facilitator, but rather developed, and thus “owned”, by the learners.

Once trust in the facilitator and group is established, problematic drinkers or users often identify themselves directly or through the experiences they report. The facilitator can then suggest a private conversation. Such students may be referred to a student assistance program if their school has one. Facilitators also may offer a support group for students worried about their own involvement with substances or that of family members. Intervention and referral counseling is part of the facilitator’s job. Clinical treatment is not, nor is it a function of a school-based student assistance program.

The facilitative model has been ignored in federally sponsored, “evidence-based”, program evaluations. Its theoretical basis and realistic harm reduction objectives are ideologically alien in a zero tolerance atmosphere. Evaluative research, an expensive process usually dependent on public or foundation funding, has not as yet addressed facilitative learning approaches that encourage young people to participate as equals. Nevertheless, promising interactive programs have been developed without federal

support or recognition by practitioners accustomed to highly structured drug education curricula.¹

Alternatives to Zero Tolerance Punishment

Arrest and conviction stigmatize youthful offenders with lifetime criminal records. Later employment or public service opportunities may be compromised. School punishments often have the same result. Harsh treatments, including banishment from athletics and other positive extra curricular activities, suspension, or expulsion, alienate offenders, usually without promoting reform. Carlsmith (2008) has shown that firm supporters of laws supposed to deter often find the sanctions imposed under those laws to be unfair and damaging. There is a disconnection between intention (deterrence) and result (harm and reactive, oppositional behavior).

Schools must create and maintain a social context that promotes learning. This requires rules and enforcement of rules. Still, school authorities exceed this responsibility when they react punitively to behaviors that occur outside of the school. This is an inevitable outcome of forced drug testing. School punishments in such cases will be deeply resented. Mandating participation in treatment (an ostensibly humane tactic) assumes that the student needs help. Requiring well-functioning young people to enter drug counseling without convincing evidence that academic performance or other behavior has been affected is unnecessary and alienating.

Students arriving at school under the influence of alcohol or drugs, use at school, or sell drugs to other students, pose significant problems for school authorities. A student high at school is not in a condition to learn and often disruptive in the classroom. These infractions are not uncommon in high schools today. The California Student Survey asks, “How many times have you been drunk on alcohol or “high” on school property?” On successive surveys about one fourth of 16 year olds report having been so at least once. In most schools only a few students repeat this behavior, however. For most, underlying motives probably include just the experience itself, impressing peers or

¹ Examples of this approach include UpFront (www.UpFrontPrograms.org) and Health Initiative for Youth (www.hify.org)

defying authority. The few who are high in school more frequently are usually candidates for intervention and treatment.

If zero tolerance or “retributive” punishment is ineffective as prevention, promotes further oppositional behavior, and often alienates youth who experience it, are there alternatives that promise better results? This question applies not only to drug or alcohol offences, but also to conflict, property damage, violations of school rules and disrespectful acts against teachers. There are strategies that significantly reduce negative behavioral incidents and promote reform and rehabilitation of offenders. Promising alternatives include Positive Behavioral Support (Rosenberg & Jackman, 2003) as well as restorative practices (Stinchcomb, Brazemore & Ristenberg, 2006).

Positive Behavioral Support (PBS). This cognitive behavioral approach involves all school staff in teaching, acknowledging, and rewarding appropriate behavior among students (Skiba & Sprague, 2008). Minor violations are addressed by respectfully reminding students of the relevant school rule. Instead of automatic punishments for serious violations, PBS refers students to a staff member who “develops an appropriate, individualized consequence and reteaching plan” (p. 41). PBS includes systematic compilation and monitoring of relevant student behaviors. The result is typically significant and lasting reduction of disciplinary problems.

Restorative Practices. Another promising approach for schools has evolved from the concept of restorative justice. The goal of restoration instead of banishment or other punishment is an ancient practice. Restorative principles were (or are) incorporated many tribal cultures (Native American tribes and the Maori in New Zealand for example) as well as in contemporary Japan. Some criminologists credit restorative interventions for that nation’s remarkably low crime rates (Braithwaite, 1989).

School-based restorative practices are grounded in a concept of authority opposite to that inherent in zero tolerance. Proponents of this approach report that people are happier, more cooperative, more productive and more likely to make positive changes when those in authority do things *with* them rather than *to* them or *for* them (Wachtel & Mirsky, 2008). Restorative practice in schools includes a continuum of strategies that promote cooperation, diminish conflict, and restore offenders to the school community

(Costello, Wachtel & Wachtel, 2009). “Circle” sessions early in elementary school teach children to air problems that affect learning, including conflict with others in the class, in a supportive group session, usually at the beginning of the school day. Children learn to talk through problems rather than act out through withdrawal or conflict. Later on disruptive and other behaviors that affect peers or adults are addressed in *restorative conferences*. The latter involve the wrong-doer (or wrong-doers) and those who were harmed. Restorative conferences are supportive and non-demeaning, but also emotionally impacting both to offenders and those affected by the transgression. The process involves finding ways to resolve whatever harm was caused and at the same time repair relationships. A final meeting of all who have been affected focuses on “what happened, who was affected, and what needs to be done to make things right” (Costello, et al., p.33). Most offenders experience empathy when they realize that their actions impacted others, peers or school personnel, negatively. Restorative conferencing is a powerful experience for participants. It can be painful, especially for the wrong-doer, but at the same time healing for both sides. The result is dramatic reduction in disciplinary incidents, suspensions and expulsions. Recent data shows that this process works even in violence prone inner city high schools (Lewis, 2009).

Conclusion

This paper endeavors to show that idealistic attempts to promote universal abstinence among young people have floundered on the complexities of human personality and youth culture. Educational and disciplinary strategies expected to virtually eliminate alcohol and other drug use among young people developed in the context of a “war” on drugs. Warfare is a perilous metaphor for public policy. It leads inevitably to the goal of winning—of victory. In the resulting ideological climate zero tolerance has been the template. It appears that the resulting praxis, both educational and disciplinary, has been ineffective, even damaging in the sense of harming individuals and generating oppositional behavior by others. The pragmatic educational and disciplinary strategies proposed above are likely to be criticized as the equivalent of defeatism. Nevertheless, it is time to test these strategies in scientific evaluations that are both rigorous and appropriate to the strategies being assessed.

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