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ABSTRACT

This set of papers is one part of the United States Department of Education's effort to establish a research agenda for drug use. It consists of a foreword and 10 papers that examine issues of drug abuse, students, and schools. It presents different views on the drug abuse problem in order to affect research on schools, drugs, and drug education. The foreword, "Rethinking Drug Abuse, Students, and Schools" (Leslie J. Silverman), discusses the timing and rationale of the Department of Education's project on new research perspectives on preventing student drug abuse, and highlights seven themes that emerge from the 10 papers. Although the papers are presented in their entirety, each is individually abstracted in a separate section to illustrate the basic researchable ideas of the authors. The papers are: (1) "Drug Abuse and Adolescence" (Joseph Adelson); (2) "Families, Adolescents, and Drugs: A Review and Interpretation of the Research Literature" (Allan C. Carlson); (3) "Drugs, Peer Groups, and School Communities" (Nathan Glazer); (4) "Reducing Drug Use in America: A Perspective, a Strategy, and Some Promising Approaches" (Lloyd D. Johnston); (5) "Historical Perspectives on Youth and Drugs" (Joseph F. Kett); (6) "The Legal System and School Efforts to Combat Drug Abuse" (Henry Lufner, Jr.); (7) "What We Can Learn From the First Opiate-Cocaine Epidemic" (David F. Musto); (8) "Schools and Drugs: Educational Partnership as a Remedy for the School Drug Problem" (David S. Seeley); (9) "Drugs and Children" (Benjamin J. Stein); and (10) "Competing with the Drug Curriculum in American Schools" (Jackson Toby). Biographical summaries of the authors are appended. (NB)

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PERSPECTIVES ON PREVENTING STUDENT DRUG ABUSE

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PERSPECTIVES ON PREVENTING STUDENT DRUG ABUSE

PREFACE

Drug abuse among American youth is the dominant problem today. Most recently (August 1989) the *Gallup Poll* found that for the first time in 54 years of polling, adult respondents identified drug abuse as the number one problem confronting the nation. This concern has more than doubled within the space of recent months. Also, an August 1989 *Washington Post/ABC News* poll found that four out of ten Americans now view drugs as the nation's most important problem. In a word, concern, frustration, and fear about drugs and drug abuse are at record levels with no immediate signs of abatement.

Drug abuse increasingly confronts Americans in their own communities and schools, and rising public concern is fanned by the media's attention to the problem. Every major city newspaper reports daily on some aspect of the problem and its repercussions. Reports also highlight programs designed to remediate the problem, yet the impact of these programs falls short of our need. At best, such programs can boast only a partial rate of success.

As an agency entrusted with developing the potential of American youth--and by extension, the future of the Nation--The Department of Education has an enormous stake in the war against drug abuse. Schools are major battlegrounds in this war, and the Department devotes considerable resources to study the problem and identify, develop, and evaluate drug-prevention programs and curriculums. In light of the limited success of existing programs, however, the Department is seeking new strategies based on more focused research.

This set of papers is one part of the Department's effort to establish a research agenda for drug abuse. The authors, for the most part, are not research specialists in the field of substance abuse prevention; they represent a variety of scholarly and professional disciplines. The diversity of their interests brings a similar diversity of insight to bear upon the problem of drug abuse and suggests new avenues of research that may lead us to more innovative and effective solutions.

The papers pinpoint many important aspects of the problem of student drug abuse. Some include the following:

- Increased drug use over the last two decades parallels the breakdown of the family. Since 1960, the divorce rate and the number of single parents have increased 140 percent. We need to learn more about the relationship between drug use and family structure. Is the drug epidemic destroying homes, or is the change in family structure creating an environment that promotes drug abuse?
- Parents need to be empowered more in their parental roles so that they are better equipped to deal with the problems of drug abuse. Faced with the enormity of the drug abuse problem, some parents give up, thinking the problem is beyond their influence or control.

- **New models for cooperative parent groups should be developed, refined, and evaluated. Although schools cannot insist that parents form such groups, they might be able to provide creative mechanisms to get parents to organize themselves and can certainly play an active role in supporting these groups.**
- **Government at all levels directly and indirectly influences family life--for example, through taxation, welfare policy, child support and child custody laws, and promotion of certain lifestyles. We need a better understanding of how these influences impact the family so that family stress and/or instability do not become causes of or contribute to drug abuse.**
- **A universal approach to fighting substance abuse is probably inappropriate; efforts that effectively combat alcohol abuse or cigarette smoking may not work against illicit drug abuse. We need to understand better the prevention and intervention strategies for different illegal or unhealthy substances and search for solutions that target particular forms of abuse.**
- **Youth often cite peer pressure as the reason they start to use drugs. Understanding how peer groups function as initiators and nurturers of drug abuse is essential if we are to make productive use of peer group influences.**
- **Students must be involved in the fight against drug abuse. We need to study peer-based and peer-run drug prevention programs to learn what works.**
- **Teachers and school administrators are not clear about how schools can intervene in drug problems or what legal rights schools and students have vis a vis school drug policies. We should disseminate materials to educate school officials about their legal latitude to address the drug problem.**
- **School personnel could benefit from knowing how the courts have dealt with school drug abuse cases. For example, what precedents have been set and what are the limits to school authority around this issue? Are there trends in school drug litigation?**
- **Structural change within the school system could influence efforts to reduce drug abuse. We need to investigate alternative models and evaluate the effect of such efforts as school volunteer programs, peer tutoring, and school-business partnerships on the drug problem.**
- **More than one Federal agency is concerned with the problems of drug abuse. Even within the Department of Education, the diverse prevention efforts are only loosely coordinated. We must pool our resources and work in concert to solve the drug problem. It will be particularly important to share the results of research and demonstration programs when they reach their dissemination phases.**

- **Drug abuse is not exclusively an educational issue, and the problems that schools face can benefit from complementary approaches in the community. The Alcohol, Drug, and Mental Health Administration and The Department of Education should work together to jointly fund demonstration programs in the schools and community.**

Not all these concerns are new. The authors suggest, however, that our approach to examining them has sometimes been incorrect. We must seek innovative solutions, not traditional ones. We must be aggressive, not tolerant. We need to take an experimental approach to building a knowledge base; this approach must be supported by research that generates new ideas, develops new programs, and systematically evaluates new approaches. The authors ask The Department of Education to be bold in setting their research agenda and supporting research that will result in programs that really work.

**R. P.
M. K. G.**

ACKNOWLEDGEMENTS

This volume would not exist without the efforts of the following researchers and writers: Joseph Adelson, Allan C. Carlson, Nathan Glazer, Lloyd D. Johnston, Joseph F. Kett, Henry Lufier, Jr., David F. Musto, David S. Seeley, Benjamin J. Stein, and Jackson Toby. Theirs will not be the last words on the subject of preventing student drug abuse, but we hope that this publication can be a catalyst in the nation's search for methods of drug abuse prevention, especially among our young people.

Leslie J. Silverman contributed significantly to this project's initial design and provided indispensable help and advice throughout the study. His Foreword summarizes the major themes of the authors' papers and helps the reader to focus on the program and policy directions that might be undertaken.

We would also like to thank Mary Sand of the Training Management Assistance Branch, U. S. Office of Personnel Management, for her involvement in this project. We gratefully acknowledge the valuable assistance of Emily Aitken, Sue D. Duncan, Paula White, Brenda Souto, and other members of University Research Corporation for their time, services, and patience during the book's production.

Finally, but not incidentally, we would like to thank the many individuals who provided special assistance with the initial drafts of the papers. Their reviews and substantive comments in the course of preparing the manuscripts, as well as their helpful suggestions during the design stage, contributed greatly to this volume.

R. P.
M. K. G.

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FOREWORD: RETHINKING DRUG ABUSE, STUDENTS, AND SCHOOLS

**By
Leslie J. Silverman**

This volume presents ten papers that examine issues about drug abuse, students, and schools. The Department of Education commissioned these papers as part of a project on new research perspectives on preventing student drug abuse. The goals of this project were to generate and acquire some creative, new ideas on preventing drug abuse. The authors of these papers are, for the most part, not drug researchers, and their charge was deliberately broad to encourage them to explore areas which might be overlooked by the drug abuse research community. The aim of this volume is to present different views on the drug abuse problem in order to affect research on schools and drugs and drug education.

Timing of the Project

This project responds to the current epidemic of substance abuse among young people and adolescents in the United States. The situation is clearly described in the paper submitted by Lloyd Johnston, one of the participants in this project, whose field of scholarship is directly concerned with drug use:

Illicit drug use in North America reached epidemic proportions in the late 1960's; in the 1970's this epidemic expanded considerably. In the first half of the eighties we have seen the overall epidemic recede considerably, with the notable exception of cocaine use. Cocaine use climbed further among adolescents, remained at peak levels among young adults in their early twenties, and climbed some among older adults. Only in 1987 did cocaine begin to show any decline.

(For high school) seniors lifetime prevalence rates for marijuana have reached over 50 percent for some years now. (Lifetime prevalence refers to the proportion having used once or more in their lifetime, while annual prevalence refers to the proportion using once or more in the prior 12 months.) As many as 40 percent of students have tried illicit drugs other than marijuana during high school.

While the drug epidemic left the confines of America's shores early in this 20-year period to become a global pandemic, other industrialized nations never exhibited the large proportions of involved youth which is present in the United States. Neither do their current levels of illicit drug use--in particular, cannabis and cocaine use--even begin to approach the levels found in North America today.

At the time the project began, research concerned with the development of "products" that schools could use to combat student drug use was not rated highly by many authorities. The 1987 Report to Congress and the White House on the Nature and Effectiveness of Federal, State, and Local Drug Prevention/Education Programs, prepared

by the U. S. Department of Education in conjunction with the U. S. Department of Health and Human Services, assessed the state of the art of such research as follows:

Available evaluation research suggests weak, inconsistent, and short-term effects or, more commonly, no effects at all. In some cases, evaluations have even suggested reverse effects (i.e., increased use). At the same time, a number of approaches either appear promising based on preliminary data or are theoretically appealing but have not yet been adequately evaluated. And most evaluations have examined curriculum or other single-strategy programs, leaving unknown the effects of factors in the broader social climate that have an important, if indirect, influence on drug use.

Copies of this report were distributed to all the authors along with the results of an independent research literature search of the National Clearinghouse for Alcohol and Drug Information files. The search identified 281 abstracts filed over the last five years on studies concerned with the following topics: school prevention and substance abuse, family prevention and substance abuse, peers and prevention, academic achievement, and prevention barriers. Abstracts of the abstracts and an interpretive summary were prepared and sent to the authors.

The literature search and review corroborated the evaluation report's overall conclusion of "...weak, inconsistent, and short-term effects, or, more commonly, no effects at all." The need for some new research perspectives to identify new strategies for schools to prevent drug use became even more emphatic because the literature search covered "research" as well as "evaluations."

Few of the abstracts were recommended to the authors by the abstractor as promising or interesting because the vast majority of the abstracted studies employed inadequate methodologies. For example, a large number of the studies involved a similar design: two groups of subjects—one characterized as drug takers in some sense and the other not so characterized—were administered a test, often the Minnesota Multiphasic Personality Inventory (MMPI). These studies sought differences in scores to parallel the differences in classification. Further, most of the abstracts were about alcohol—a substance whose use and abuse by adolescents has not been much reduced by school programs—and the applicability of findings for alcohol use to use of other illicit substances is problematic.

There were only a few studies in the files which had strong research designs that included techniques such as probability sampling and identification of alternative and competing hypotheses before the fact. All of these were brought to the authors' attention. One other study, an evaluation that investigated alternative explanations for a "successful" school program, was exceptional. This study attributed the success of one well-known anti-drug program less to the presence of a "strong" principal than to the "turnover" of the school's enrollment from predominantly black and poor to predominantly black and "middle-class."

The authors were also supplied with the Department of Education's 1986 report, *What Works: Schools Without Drugs*, in addition to the report to the Congress on the effectiveness of drug education programs and the literature review and abstracts.

The Project Rationale

With two major exceptions, the authors are scholars whose backgrounds, experience, and expertise are not related to the study of drug use by school age people.

What can the Department expect from these scholars who, for the most part, are not experts in any of the fields directly concerned with drug use or drug education? Without firsthand knowledge of the research or the research literature on drug education, how could they contribute to strengthening schools' resistance to or effectiveness with students or staff who use drugs? How could they suggest new and more effective ways for the schools to combat drug use?

One answer is provided by Lloyd Johnston, who directs the Monitoring the Future Project supplying the Nation with its periodic statistics on drug use among youth:

Three key stages ...to building a knowledge base can be distinguished: idea generation, program development, and systematic evaluation.

* * * * *

Regarding the first stage -- that of idea development -- an overall examination of the literature suggests that (a) the range of ideas which have been put forth and tried for preventing drug use has been very limited in contrast to the range of interventions that might be developed and found promising.

* * * * *

How might the production of new and promising approaches be increased? The commissioning of papers is one approach; but one-shot strategies are not enough. There needs to be a well-thought-out, ongoing process of idea generation and development.

Johnston and his fellow authors offer contexts for (hypothetically) explaining or remediating drug use by youth that differ from the contexts that seem to dominate the mainstream of drug education research.

The Themes

A number of significant themes or issues were raised in the papers. (It should be noted that the themes were analyzed based upon the versions of the papers received by October, 1989. Subsequently, some of the authors modified their papers which may reflect at times different views than currently expressed.)

First, it is necessary to describe the method for identifying a theme because no author wrote a theme. None was asked to do so. This writer is solely responsible for identifying themes, and he did so selectively and impressionistically. He was looking for useful and important ways to think about the facts of youthful drug use in the United States and which might also relate to the eventual reduction of drug use and sharpen future research efforts. This point of view was imposed upon the papers as a group. There was no interest in critical appraisal of the papers. That was not part of the group rules of this project and would not have furthered its purpose.

The attributed themes are offered as worthy of further consideration for systematic research on reducing drug use. Regardless of their reasonableness or other virtue, they are not offered as panaceas to inoculate youth against using drugs. It would be unfortunate once again to reduce drastically youthful drug abuse in the United States without a documented record of what may have proven effective in the 1980's and 1990's in affecting the reduction.

The authors ranged widely, and there are many ways to describe the range of their ideas. Within the wide range of perspectives and disciplinary orientations, there is a marked "central tendency." Many of the contributions address drug use, youth, and schools with terms, concepts, and perspectives which call to mind concepts traditional in sociology: social control, social disorganization, social order, primary groups, anomie, and bureaucratization. The recurrent theme in many of the papers is that there is a condition of instability in the United States resulting from a breakdown of standards and values or from a lack of purpose or ideals. Revitalizing social institutions to provide social order was called for in many ways in many papers. The first four themes relate to the revitalization of social institutions. Also, they recall the reference to the "factors in the broader social climate that have an important, if indirect, influence on drug use" in the two departments' report to Congress on drug prevention programs.

Theme I: Drug use by young people may be lessened when the schools reform or restructure themselves as educational institutions.

The papers present several versions of this theme, which are not equivalent. Nathan Glazer expects that some of the characteristics of more effective schools are likely to increase the "social capital." These characteristics include: "free choice of schools by parents, students, and teachers; the ability of schools to create a distinctive culture and atmosphere; greater freedom for principals and teachers to guide the school, and a greater role for parents in assisting them; and freedom from uniform bureaucratic requirements concerning hiring and dismissal." For Glazer, these characteristics should make it "possible to implement the kind of discipline, teaching programs, and rewards and sanctions that would result in a drug-free school environment."

David Seeley's variant of this theme emphasizes schools as highly alienating institutions. For Seeley, only a "restructured educational system, with much more productive relationships among those working inside the schools and a much more powerful partnership between the school, home, and community" can teach youngsters to "develop the competence and self-confidence they need to survive in today's world."

(Joseph Kett's history of the rise of the universal high school complements Seeley's presentation of the bureaucratization of education in public schools.)

Theme II: Drug use by young people may be reduced when communities, including schools, are rebuilt or re-created.

Johnston's remarks seem to favor parallel rather than concerted action among those sectors of society that need to mobilize themselves, so that they can have a mutually reinforcing effect upon young people's perceptions of the standards of the community.

In contrast, Seeley clearly wants the community and school groups to work in concert. Schools would give up some of their autonomy as a political institution in favor of entering into a relation of shared interests with community groups and parents.

Theme III: Drug use by young people may be reduced when parents are empowered in their parental roles.

Allan Carlson wants governments to intrude much less upon all families. Johnston reflects upon "ways to empower parents more in their parental roles and to train them to deal with this new class of problems," and he concludes that "parents need guidance, social support, and collaboration with other parents to help them deal with the threat of alcohol and illicit drug use among their children." Glazer, by asserting that "the school has a better chance of being effective in drug-eradication than we can be in transforming the family" raises the question of the potential limits of working with parents to make them effective.

Theme IV: Drug use by youth may be lessened when the schools commit themselves to a policy of no drugs.

Several authors assert the schools could do a lot more to make their premises drug free. One key to the anticipated effectiveness of more demanding schools is to bring youth (and staff) to choices on the matter of drug use in the schools. Toby puts the matter succinctly: "Insisting that education is the paramount activity of the school helps to define substance abuse as a collective problem -- that is, a threat to the educational process -- rather than as a personal problem. When that is done, the abuser may recognize that the choice he makes in abusing drugs or alcohol at school is not a choice for himself alone." Glazer argues that "...the first essential is a no-drug policy in the school -- announced, implemented, and enforced through discipline and punishment... [Consider] the large majority of schools, where drug use is still sufficiently widespread, whether experimentally or in the form of regular use, to be troublesome. In those schools, the key need is to strengthen legitimate authority so that what principals and teachers say is backed up not only by deterrence, but by a student attitude that accepts their right to make demands, set standards, and exercise authority." Henry Lufler argues that school officials are not sufficiently informed about their legal latitude to address drug abuse; school officials prevail in the large majority of the cases that challenge drug abuse programs.

See Theme V below which speaks to the authors' appreciation of the consequences of schools toughening their academic standards and becoming intolerant of drug use.

Theme V: Reducing drug use by youth may involve social "costs" which ought to be paid.

Glazer and Toby, among others, who ask the schools to commit themselves to removing drugs from their premises, recognize that there may be social costs. Students intractable on the drug issue may be "pushed" out of school; dropout rates may increase, an outcome not considered fatal in a life span; and litigation could increase.

Nonetheless, several authors recommend that the schools take the initiative. There are several different justifications for the recommendation. Glazer offers at least two. "The central theme of this paper is that school efforts to eradicate drugs have a better change of being effective than almost any alternative -- more effective than policing borders; more effective than transforming families so that an effective two-parent team is recreated, with one devoted in large measure to child care and child discipline; more effective than eradicating drug dealing from city streets." Glazer also suggests that "[o]ne of the cheapest, and perhaps most effective ways to create an environment that supports drug-opposing peer groups is to set norms and standards."

Finally, Seeley sees no necessary contradiction between the schools taking concerted actions against drugs and being a stand for academic achievement.

Theme VI: Drug use by young people may be reduced when drug use is perceived as part of some more holistic concept that, for want of a better term, may be called "health."

Jackson Toby hypothesizes that "alcohol and drugs exert most attraction on students who lack constructive life goals. Consequently, the best strategy for preventing drug abuse is ... to attempt to help youngsters find an appropriate escalator leading toward adulthood." David Musto advocates "having a goal and knowing that drugs will hinder its achievement....having something to work for [being] a powerful reason to stop using drugs." Johnston proposes that school-based prevention curriculums "should emphasize the health risks of the various drugs [including] the risks to psychological and social health as well as to physical health)." Seeley speaks of building "success-oriented schools capable of helping all our youngsters develop the competence and self-confidence they need to survive in today's world."

Theme VII: Drug eradication efforts may only be successful among the middle classes, leaving drug use rampant among those who are disaffected or alienated and hidden from view.

Musto considers this one of the lessons to be learned from America's first great drug epidemic. Adelson cautions:

The gradual ebbing of demand and use we can expect in the adolescent population as a whole will not necessarily be seen throughout the cohort. To the contrary, we may be seeing a downward circulation of drug use (and other pathologies). As the hazards become evident, and as disincentives (loss of jobs, loans, licenses, etc.) are more widely employed, drug use may become more concentrated in those groups

less responsive to health information, and to most disincentives. We have already seen this pattern in such different domains as cigarette smoking and the spread of AIDS, where the social classes which initiate hazardous recreations abandon them when the costs become apparent, while other strata will not or cannot. There is an ironic dialectic to be seen here: the social trickling down of these habits makes them declassé, hence even less attractive to the middle class--this has been evident for some time in tobacco use among high school students in the future.

These perspectives question the ability of our statistical surveys to detect--if and when this day arrives--low-level drug use in the total population and high-level drug use concentrated in disaffected groups who may not even be reached by our surveys.

A Concluding Comment ... Or Two ...

It is assumed that rates of drug use would be reduced by introducing one or more of the interventions proposed. The comparative reduction of rates to be attained from looking at competitive interventions (instead of merely the null hypothesis or a weak "control group") is likely to tell us more about the lives of youth in the United States than we have known heretofore. Nevertheless, the track record for research on planned interventions has not been promising based on the record of some prominent interventions in job training and in education. Often the intervention was not well implemented.

Against the cost and uncertainty of planned intervention research, what should be weighed is the possibility of learning about drug use and non-use, but also about conditions for youth to have satisfactory family, school, and community experiences. No author said that adolescence had to be grim and unsatisfying for either the youth or the institutions which serve them.

THE IDEAS OF THE SCHOLARS

The following pages outline the basic researchable ideas of the authors. To correct any possible misinterpretations, however, the readers are asked to read the original papers in their entirety. Many were revised since being abstracted here.

Joseph Adelson, University of Michigan
"Drug Abuse and Adolescence"

The paper has three parts. The first part is an analysis of the literature on adolescent psychology, concentrating on its weaknesses as a body of empirical knowledge and on the illusions that have developed as a result. This analysis questions whether adolescence is the tumultuous period it is taken to be, especially whether it is marked by other degrees of rebelliousness taken for granted by many commentators on the period. The analysis goes on to question whether the adolescent years ought to be seen as discontinuous or separate from the life cycle as a whole, citing the many evidences for stability in personality over the life history and discussing how impoverished the literature is empirically, especially on the basic issues--family issues, friendship, cognitive growth, and so on. Adelson notes that much more is known about pathology than about normal adjustment and that we have not kept in touch with social and other changes as they affect adolescent behavior collectively.

The second part of the paper reviews the literature on adolescent drug use and argues that although a great deal is known about the ecology of use, we have only begun to develop an adequate taxonomy, necessary for establishing a precise understanding of the different forms of substance abuse and devising focused efforts at prevention, education, and treatment. Adelson points to some significant movement in developing a taxonomy of alcoholism and also discusses some current findings.

The third part of the paper analyzes the antinomian temptation (posited by sociologist Edward Shils) and argues that it rationalized the early stages of drug use in the early 1960's. The author suggests that this doctrine is now in retreat, though not yet moribund, and that its waning provides some reason to hope that adolescent drug use will continue to diminish. On the other hand, Adelson also suggests that we may soon arrive at a bifurcation of drug use, on a social class basis, very much akin to what we have seen in cigarette smoking.

Allan Carlson, The Rockford Institute

"Families, Adolescents, and Drugs: A Review and Interpretation of the Research Literature"

Carlson begins with the coincidence of "the explosive increase in drug use among [the mostly white, middle-class] teenagers and young adults" and "an unprecedented collapse of normative social arrangements" governing family life. He summarizes the work of researchers in sociology and psychology during the 1950-1969 period, who found that "family life, properly structured, could and did insulate children from drug experimentation and use; and the more traditional the family, the greater the degree of protection." He concludes that:

[T]he incidence of future drug use will be significantly related to the proportion of traditional (once conventional) families within the population. The sum of the research data is unambiguous: children are insulated from the use of illicit drugs within intact families that are father-led, where mothers give their first priority to home-centered activities, where religion is an active and vital force, and where one finds numerous siblings and meaningful linkages to other relatives. Conversely, drug use by children and adolescents will thrive in a society characterized by divorce, cohabitation, out-of-wedlock births, and men and women who give highest priority to activities and interests outside the home.

Carlson believes that Government at all levels--local, State, and Federal--has had too great an effect upon the family. He asserts (as his context, so to speak) a social agenda that "assumes that while Government's capacity to harm the family is vast, its ability to help is limited" and proposes:

- (1) **Tax relief focused on children.** [A] series of tax relief measures [that] would reduce the State-imposed financial pressures on young families.
- (2) **Restricted State intervention into families.** Reforms, primarily at the State level, might include improved screening techniques on child-abuse "hotlines" (the source of many false accusations); more normative and precise legal definitions of neglect and abuse; guaranteed legal representation, rules of evidence, and due-process in child removal proceedings; holding State therapists liable to civil action by parents; and ensuring respect for pluralistic patterns of childrearing.
- (3) **Welfare reform that gives priority to reconstructing viable families, in areas where the so-called "underclass" of mother-State-child families now predominate.** The central goal should be employment opportunities for young men, particularly minorities.
- (4) **An end to Governmental campaigns that promote certain lifestyles over others.** The coercive promotion of employment patterns, childcare choices, and gender roles is not an appropriate State activity.

Beyond his policy prescriptions, Carlson speaks directly to the need for additional research:

[Additional] research is needed on the social etiology of drug use.... There has been scant attention to the influence of churches, religious belief, and the media on youthful drug use. Concerning family patterns, there is also a need for long-term research on questions of the influence of early daycare on later drug use (among very deprived populations, there are indications that it may help; among middle class families, no one knows); the impact of the two-career family form on drug abuse (a few existing studies suggest a relationship); the relative influence of joint custody awards in divorce proceedings on children's drug behavior; the impact of "workfare" programs on the drug patterns of children with welfare mothers; and the benefits relative to drug use derived from early marriage.

Nathan Glazer, Harvard University
"Drugs, Peer Groups, and School Communities"

Glazer would like to see programs that can be "effective in fighting peer-group pressures toward experimentation, emulation, and daring, and successfully turn them around to operate against drugs"--no simple matter.

According to Glazer, the first requirement is:

[T]o create an environment in which the attitude of administrators, teachers, ancillary school workers, is unambiguous: no drugs.... One of the cheapest and perhaps most effective ways to create an environment that supports drug-opposing peer groups is to set norms and standards.

Substantial problems exist in implementing even minimal antidrug policies in schools. Such policies would have to involve some degree of deterrence, surveillance, and sanction--for students, school personnel in contact with students, teachers, and others. And all of these raise difficult questions of judgment as well as difficult problems of interpreting the constitutional rights of those who may resist inquiries as to drug use, searches for drugs, testing for the use of drugs, or punishments for drug use--such as suspension and expulsion for students and fines, suspensions, and dismissal for teachers and school personnel. No one should underestimate the difficulties of implementing even the first requirement of effective drug education: The unambiguous enlistment of the school and all school authorities on the side of no drugs, and the ability to institute actions that demonstrate this.

This is not the place to argue what schools should do and may do. The former is a matter of detail that should be to my mind, in the hands of local school authorities who know what kind of problem they have.

Glazer offers a more restricted view the drug use phenomenon:

I concentrate in this paper on drug use, not on "substance abuse." Despite the tendency in research to conflate all forms of "substance abuse," I believe that there is an important difference between the use of what we commonly understand as drugs and the use and abuse of alcohol and tobacco, and that if we ignore this difference our efforts are likely to be confused and less effective than they might be....But key differences in the history and social meaning of the three "substances" make a generalized attack likely to sow confusion in the minds of youth. The use of drugs and addiction to drugs are not part of our culture, not integrated into our customs and lives and family and religious celebrations--drug use comes to us as purely external sensual gratification, with no redeeming virtue. By contrast, the use of alcohol is sanctioned by millennia of use, incorporated into the religious practices of both Christians and Jews, part of the substance of daily life for millions of Americans, and an accepted element in celebration. Whatever the consequences of alcohol abuse, which affects only a fraction of alcohol users, I do not believe alcohol can be rooted out of a culture in which it has played an organic and central part for centuries and millennia. Tobacco has a shorter history in our culture, but it too is integrated into legitimate customs and used in a way illegal drugs are not.

Glazer also asserts, as the central theme of his paper, "that the school has a better chance of being effective in drug-eradication than almost any alternative ...[e.g., policing of borders, transforming the family, eradicating drug dealing from city streets] [The] school is, to some extent, already a protected enclave and can be an even better protected enclave. Not all schools currently function as protected enclaves, but many schools could. Beyond that, schools can support peer groups that resist drugs to counterpoint those, now so common, that spread drug use. The school is potentially a more effective locus than the family, from which the adolescent often tries to escape into a group of friends, the peer group."

In addition to establishing an environment for an antidrug peer group, Glazer places the "norm and standard-setting" school in a larger context. He contrasts two "ideal types" of schools:

We can place schools along a spectrum in which, at one end, the school personnel are isolated from the parents, community, and students and left--like an army of occupation in hostile territory--to deal with students whose parents they do not know (and many of whom may be absent), in an area where they would not allow their children to go. Contact between teachers and students occurs only in class, and the corridors and other parts of the school may be left to the domination of various kinds of peer cultures that lack adult supervision. The picture is extreme, but it describes the least effective schools in big city, poor, and minority areas.

At the opposite end of the spectrum, we have schools in which teachers, students, and parents are bound together not only by common values and experience, but by interpersonal relations.

In the first kind of school, the exercise of authority and discipline, the imposition and enforcement of rules, and the setting of norms are difficult; in the second, they are easy.... What makes for the second kind of school, and what can be done to create more of them?

In addition, Glazer lists the "arrangements that give us a better chance to create such schools":

...free choice of schools by parents, students, and teachers; the ability of schools to create a distinctive culture and atmosphere; greater freedom for principals and teachers to guide the school, and a greater role for parents in assisting them; and freedom from uniform bureaucratic requirements concerning hiring and dismissal, that make it difficult for principals and teachers to shape the atmosphere of a school and a school community.

Such schools should be able to implement the kind of discipline, teaching programs, and rewards and sanctions that would result in a drug-free school environment....

Finally, Glazer summarizes the recent research of James Coleman and Thomas Hoffer on public and private schools, based upon data from the National Center for Education Statistics' High School and Beyond survey:

We are all aware that family background--parents' education, occupation, ethnic and racial group--has some bearing on the academic achievement of children as well as other outcomes, such as their probability of dropping out of school. Among these outcomes, we must include drug use. Coleman and Hoffer call the resources embodied in the individual characteristics of parents "human capital." But in addition to human capital, Coleman and Hoffer argue for the importance of "social capital," which is embodied in the relationships between people--among parents, administrators, and teachers--that link them together in a common network, a community.

[Social capital is considered to be capital because only] when parents are in touch with each other socially, in addition to children being in touch with each other and with their individual parents, can norms be established that constrain the behavior of the children....[T]he lack of social contact among parents "constitutes the missing social capital that we have identified earlier as resulting in tangible losses for young persons: lower achievement growth, greater likelihood of dropping out of school.

Lloyd Johnston

"Reducing Drug Use in America: A Perspective, A Strategy, and Some Promising Approaches"

Johnston first addresses the question of instituting a more effective way to acquire knowledge than that currently used. He calls for Prevention Development Centers (PDC's), perhaps to be Federally funded, that "would have idea development as their primary mission." The rationale for these Centers is to increase the range of ideas for preventing drug abuse. The PDC's could have resident and visiting scholars and could commission papers. Johnston wants them to draw on the "knowledge and insights" of youngsters who used and didn't use drugs, parents of both types of youngsters, drug abuse counselors, teachers, school counselors, youth workers, and so on," perhaps in the form of focus groups." The sole purpose of the PDC's is to generate "new approaches to prevention."

Johnston envisions the PDC's producing ideas that would reform adolescents and adolescence:

Some of the most valuable ideas to be generated might relate to ways in which adolescents themselves structure their activities, social groupings, and reward structures so that (1) there is less pressure to use drugs and alcohol, (2) there are attractive social alternatives to "partying," (3) there is less reward associated with it, and (4) there are some social penalties.

He also urges that adequate time and money be made available to develop, pretest, and further refine a general idea for a program intervention. Finally, he calls for enough time, money, and technical expertise to properly evaluate social interventions, "given the seriousness of the drug abuse problem in the country." He asserts that, to date, Federal resources have been inadequate to the task.

With regard to prevention programming, Johnston makes a series of recommendations about school-based prevention curriculums, based upon his reading of the voluminous database he oversees:

[On] average drug prevention curriculums are of some value, that there is still an important segment of the population not reached by such curriculums, that there is plenty of room for improvement in the ratings, and that there has occurred relatively little improvement in the ratings during the past 10 or 12 years.

[S]chool curriculums should emphasize the health risks of the various drugs (and I would include here the risks to psychological and social health as well as to physical health). They must however, do so in a way that protects the credibility of both the message and the message-giver.

[T]o avoid drug use by emphasizing the risks, such a program must attempt to teach [students] the social skills that will enable them to act consistently with that motivation. In essence, they must be taught how to manipulate the salient

contingencies--many of which are social--so that they derive more reward than punishment from avoiding drug use.

Some promising peer-based social skills programs already exist, but so far, unfortunately, none geared to how students collectively, in addition to individually, might act to change contingencies.

The drug-prevention components of school curriculums should also be introduced very early if they are to reach youngsters before many, or worse yet, some "critical mass" of them, have already begun to use drugs. Some components should probably be built into the curriculums at every grade thereafter, as well, to ensure that reinforcement or "booster" effects keep occurring and cumulating.

Finally school curriculum programs should encompass the dangerous licit drugs as well--at a minimum, cigarettes, alcohol, and chewing tobacco--because (1) these substances also pose very significant health risks for the population; (2) prevention arguments based on health concerns can only be consistent if all unhealthy substances are covered; and (3) use of these substances is highly correlated with subsequent use of the illicit drugs, suggesting a probable causal connection.

Regarding media-based prevention efforts, Johnston has much to say about the media's ability to do good and bad. On the good side, he acknowledges the media's collective and recent public service advertising effort to deglamorize drug use. He wants the current national program, most of which is occurring under the auspices of The Media-Advertising Partnership for a Drug-Free America, to keep going. He also advocates complementary campaigns that could be developed in local communities with the help of local advertising professionals, perhaps using local figures.

On the negative side, Johnston states:

The media, have by default, taken over a very significant part of this society's education and socialization of its children. With regard to both licit and illicit drug use, this development has been in general, a highly unfavorable. For the last year or two, however, the media have collectively undertaken a considerable public service advertising effort to deglamorize illicit drug use. Given the clear power of the media with young people, this undertaking is both constructive and promising. In 1987, for the first time, the Monitoring the Future study contained questions about antidrug commercials.... Significantly, few think that the commercials exaggerate the risks.

Johnston proposes two contexts for reducing drug use by young people. One he calls "parental involvement":

If the erosion of family and neighborhood control has, as hypothesized, contributed significantly to the drug problem (as well as to other problems), one remedy is to seek ways to empower parents more in their parental roles and to train them to deal with this new class of problems.... Consequently, parents need guidance, social

support, and collaboration with other parents to help them deal with the threat of alcohol and illicit drug use among their children.

New models for establishing and developing cooperative parent groups should be developed, refined, and evaluated. Schools could play a central role in creating such groups when the child is entering the first year of junior high or middle school, a time when primary school friendship groupings are often redefined and a period of heavy initiation into drug use. If parents begin to play an active and cooperative role in setting rules at this point, the child will expect them to continue in this role throughout secondary school; later attempts, to set rules, however, will be viewed as a removal of rights.

Obviously school leaders cannot push parents into such groups. Some creative mechanisms must be designed to motivate parents to assist in organizing groups and to maintain the groups' momentum themselves. The Federal role could be to help develop and evaluate some model mechanisms and, perhaps, to develop a set of high quality videotapes that would assist parent groups.

Johnston's other context is changing norms among teenagers. He says that a particularly important goal is "enlisting the active involvement of young people themselves in helping" ultimately to change the norms:

A final point in this discussion of peer norms concerns young people's expectations and alternatives for having a good time socially, outside of school. At present, "partying" organized around substance use is a major form of recreation for American teenagers, and "to have a good time with my friends" is one of the most common reasons put forth to explain most types of alcohol and illicit drug use. Teenagers need alternative activities that meet the same basic needs and are acceptable and attractive to youngsters, but do not involve drinking and drug use. The Prevention Development Centers referred to earlier might pursue this problemsolving task with groups of young people. Surely some promising models could be developed and/or some procedures by which young people themselves could grapple with the problem in their own schools and peer groups.

Finally, in his concluding remarks, Johnston introduces additional contextual considerations:

The prevention ideas put forward here relate to a number of institutions and segments in the society--parents, schools, the media, advertisers, those in professions that serve as role models, community leaders, and young people themselves. This broad array, and still others not on the list, play a role--whether they like it or not--in either exacerbating or helping to solve the Nation's drug abuse problems. Many on the list can mobilize to help reduce drug use, and the activities of these various public sectors and individuals will have a mutually reinforcing effect, because they will convey the impression of a widespread intolerance for, and disapproval of, drug use. The problems, of course, are not going to go away completely, but their substantial reduction seems well within practical expectations. Yet even if

considerable success is attained, only a long-term, sustained prevention effort will successfully keep these problems from re-emerging.

Joseph Kett, University of Virginia
"Historical Perspectives on Youth and Drugs"

Kett presents a history of youth in the United States that could alter researchers' beliefs about the intrinsic characteristics of teenagers. He points to "long-term changes in both the place of youth in our society and in the public's perception of young people" and argues that "understanding these changes will help us to understand both the popular response to our problems and the reasons why middle-class youth have become infected by behavior long associated with the lower class." Kett considers the rise of the universal high school a significant factor in this process.

Speaking to historians and sociologists, among others, Kett draws a fundamental distinction between "the misbehavior of youth and the emergence of a self-sustaining youth culture. Young people may break laws and flout conventional norms without forming a youth culture--that is, a configuration of attitudes and customs that distinguishes them from other age groups."

With respect to the emergence of adolescence in United States history, Kett presents the following argument:

[I]t would be misleading to apply phrases like "adolescent society" to 19th-century youth. In the 20th century, adolescence has come to connote the separation of youth from adults in many spheres of life. In addition, adolescence is usually equated with the early teens. In the 19th century, by way of contrast, the category "youth" ranged from children of 10 or 11 years to adults of 25 or even 30, reflecting the broad age spectrum of most institutions of youth, including colleges. Indeed, one reason for the disruptions of college order so common in the 19th century was that the students were older than they had been in the 18th century. Teenagers routinely mixed with those in their twenties, both on the job and in social activities. To a significant extent, older youth socialized younger ones into economic roles.

The political and social divisions of the era, reinforced by the lack of any single 19th century institution to unify 19th-century youth (few attended high school), made it difficult to conceive of biological maturation as a drive toward similarity that bonded young people. Youth all seemed different.

Toward the end of the 19th century and during the first decade of the 20th century, a new movement of ideas about youth began to institutionalize dependency. Church youth societies reflected a trend and organizations like the Boy Scouts and the Girl Scouts. New ideas about adolescence both reinforced and evolved from that trend.

Psychologist G. Stanley Hall contended that sexual maturation threw teenagers, particularly urban youth, into psychological turmoil and recommended a slower socialization of youth that would remove adult responsibilities from shoulders.

Kett further remarks, concerning the advent of the universal high school:

During the first half of the 20th century, the public high school became the primary institution for transforming teenagers into adolescents. This transformation involved more than just a delay of entry into the labor market; by the 1920's, high schools had become adolescent societies with their own government, sports, and extracurricular activities of every sort. The depiction of 1950's high school life in the motion picture *Hoosiers* differs little from the picture of high school life in Middletown painted by the Lynds. The major difference is statistical proportion of youth represented in each. In 1900, only 6.4 percent of all 17-year-olds were high school graduates. This proportion grew with the century: 16.3 percent in 1920, 49.0 percent in 1940, 63.4 percent in 1959, and 75.6 percent in 1970.

By the 1930's and through the 1940's, high school and college cultures were essentially different, although students shared many of the same musical interests. In contrast, the various youth cultures that one can identify in the 19th century not only possessed a keener orientation to adult activities, but also lacked significant age specialization. This segmentation of age groups is best understood as a development of the 20th century and especially of the post-1920 period. And this age segmentation reflects more than the social and educational changes that narrowed the high school population to the 14-to-18-year-old age group. The root of the segmentation was a broad-based desire to separate and insulate teenagers below the age of 19 from the illicit pleasures awaiting them at higher levels of education or on the streets.

Although the rise of high school enrollments anticipated that of college enrollments, high school and college cultures diverged sharply in the 1920's. College students were not only older and richer than their high school counterparts, but the culture of college students was securely buttressed by the ever-present fraternities and sororities. At a time when fraternities were growing at an unprecedented pace in the colleges, they were being suppressed in the high schools.

[N]orms of behavior for high school students changed little between 1920 and 1950, the behavior of students did begin to change in the 1950's. Changes in youth culture took several forms. The postwar trend toward earlier marriages prompted growing fear about premarital sexual experimentation among teenagers. Postwar prosperity also gave young people unprecedented access to automobiles and sparked fears that youth was creating its own world of premature adulthood. In addition, high schools increasingly attracted a diverse student body. Whereas middle-class youth had dominated high school populations in the early 1900's, public high schools of the 1950's contained many working-class youngsters, including blacks. Inevitably, middle-class parents and educators feared that the mores of working-class youth would infect their own children. Many of these fears focused on rock music, which

seemed the very antithesis of all that was chaste and orderly. Rock music was not the only component of mass culture to stir anxiety; the mass media appeared equally menacing.

Kett's paper is particularly useful for its descriptions of the various sociological theories advanced to describe and encompass adolescence coincident with changes in the larger society.

Henry S. Lufler, Jr., University of Wisconsin-Madison
"The Legal System and School Efforts to Combat Drug Abuse"

The premise for Lufler's paper is best stated in his own words:

[S]chool teachers and administrators need to know that courts have looked favorably on the efforts of school districts to rid schools of drugs. Teachers need to know this, because their enthusiasm for school drug-reduction programs, and their willingness to engage in school discipline generally, is related to their feelings about how the courts might view their activities. They need to know that court decisions have affirmed the tough measures undertaken by school districts to address drug problems.

The courts of our Nation have sent a clear message to school personnel that reasonable steps to curb drug abuse will be sustained in the face of legal challenges, but teachers and administrators must become informed about relevant court rulings. Too often, school personnel worry about lawsuits and, consequently, fail to act on school problems, because they have a poor understanding of how courts address education issues. What they know derives from legal intermediaries--those who write about school law issues in journals and education magazines or others who disseminate information directly to school personnel, such as State education departments or Federal agencies. The dissemination efforts of these intermediaries must be reinforced by a comprehensive plan to educate school officials about the legal latitude they have to address drug abuse.

This paper examines the legal precedents affecting school drug-prevention programs, evaluates the current interplay of school law and education, and outlines a plan for disseminating litigation information to educators. The first section reviews cases that involve such issues as the general authority of school officials to implement programs that protect the health and safety of students, specific challenges to the content of school rules in this area, attacks on searches or other methods employed to enforce the rules, and due process challenges to ways schools deal with students accused of rule violations. The second section introduces aggregate data on how school systems have fared in legal challenges of drug abuse programs, as compared to other case areas related to school discipline. This section

also discusses school personnel: their need to know that they prevail in a large majority of the cases that challenge drug abuse programs, how they learn about emerging areas of school law, and the impact of their perceptions about the legal environment. The final section of the paper presents a plan for the dissemination of information about school drug program litigation and argues in favor of implementing the plan now based on the present clarity of legal issues in this area and the pressing need to inform school personnel about the legal system and its decisions so that there is no delay in establishing needed programs to reduce drug abuse.

David F. Musto, Yale University, School of Medicine
"What We Can Learn from the First Opiate-Cocaine Epidemic"

Musto bases his paper upon the expanded 1987 edition of a book he wrote 20 years ago on the history of American drug policies, attitudes, and trends: *The American Disease: Origins of Narcotic Control*.

Musto asserts that the history of the first opiate-cocaine epidemic in the United States, from about 1890 to 1910, "has enormous implications":

[S]tudying the gap between the two epidemics--a period of minimal drug use--might be instructive. After all, the public drug policies adopted during that gap, from the 1930's through the 1950's, preceded a resurgence of drug use in the 1960's. Could the educational strategies thoughtfully adopted for adolescents and younger children during these decades have been better designed? What can be said about the drug education efforts of the decades before the 1960's revival of drug use? What eroded our public memory of that first epidemic? Why did the drug explosion of the 1960's appear unique to so many Americans, especially young Americans? Why did hard-won knowledge about the false claims for drug benefits and safety fade from our collective memories?

With regard to the lessons of history, Musto concludes that:

[H]istory's value is not in producing "answers" to enduring social problems, but in putting into a larger perspective problems we would otherwise see as unique to our times. A prime example of repeating history, forgetting the mistakes made, is the cocaine epidemic in the late 19th century followed the epidemic we currently experience. Yet the value of this knowledge is not that we could have easily prevented the cocaine explosion of recent years if we had been reminded about our history earlier. Rather, study of history points to those earlier decades when education faded away and warnings about drugs became hackneyed and boring or were omitted altogether.

According to Musto, two lessons in perspective can be learned from the history of the earlier drug epidemic:

Underlying all the lessons from history are two factors we must consider in our efforts to combat drug use. First, the trends for and against drug use are lengthy--decades long on both sides of the watershed of peak use and frustrating as we impatiently attempt to stop drug abuse quickly. Second, the generation addressed by our efforts lack the experience on which our knowledge is based.

Previously, according to Musto, severe penalties--often instituted after the peak use of drugs--silence and exaggeration were some of the major ways to deal with youthful ignorance of drugs. He also notes:

Education is another way to convey the information to youth, but as drug use declines, the energy directed to this effort may be diverted to other, more pressing problems. Indeed, the success of drug education may lead to a fading away of that part of the curriculum. Now, unlike in the 1950's, we know that a deep decline in drug use does not mean that our society is acquiring an immunity against drug use. Our physiology does not change, only our knowledge or ignorance about the effects of drugs.

As an antidote to drug use, Musto advocates "having a goal and knowing that drugs will hinder its achievement..., having something to work for [being] a powerful reason to stop using drugs." He speculates that "success in creating parental and community involvement and academic attainment in inner city schools ... should be promoted also for its effect of creating personal goals, the best deterrent for not beginning drug use."

Musto believes that a program to bring together teachers, pupils and parents, led for 5 years in the New Haven School District by Dr. James P. Comer, which brought "an inner-city elementary school with one of the lowest ranks for attendance and reading scores to among the top in the district," creates the kind of "hard-won, gradual change that makes drug use irrelevant for positive and healthy reasons." Such programs in the inner city, according to Musto, "may not appear to hit drug abuse head on...", but are the ones to be encouraged. "Unless we solve the problem of drug use by inner-city underprivileged," he writes, "a core of drug use will remain even as the more fortunate, middle-class uses drugs less and less."

Musto's paper is recommended for its review of the history of the first American drug epidemic and the Government's response to it.

David S. Seeley, The College of Staten Island, City University of New York
"Schools and Drugs: Educational Partnership as a Remedy for the School Drug Problem"

Seeley lays out an argument for the relation of schools and drugs, provides an analysis of the relationship, and indicates what can be done about it. As presented in his paper, Seeley's argument does not rest upon "facts", experiments, or statistics. It is not the summary of research but an argument for research.

When Seeley associates schools and drugs, he does not limit himself to drug education, which he says, when properly done and strengthened and improved, is at best too "feeble" a weapon for the enemy before us--"We must reduce the demand for drugs or the war will surely be lost."

Among all of the causes for so many youngsters still using drugs--"family problems, poverty, unemployment, community influences, neighborhood gangs, rampant drug pushing, the adult drug culture, the anxieties of modern life, to name a few," Seeley sees two that are "school-related":

- (1) Large number of students are developing in school a sense of alienation and loss of self-esteem and, therefore, ripeness for drugs.
- (2) Large numbers of students are finding in school a student drug culture ready and eager to embrace them when they feel beset with problems, including school-related alienation or loss of self-esteem.

"Each of these factors" states Seeley, "would be enough by itself to draw many children into drugs. In combination they are lethal." Seeley requests his readers to accept that he is not blaming school authorities:

[My] purpose is not to blame school authorities.... [I]f we want to be serious about schools helping to prevent drug abuse, we must look to see whether schools are doing unintended harm that could be stopped or reduced.

My overall conclusion is that there are, indeed, powerful ways in which schools contribute to childhood alienation and the drug culture--not through any evil intention of school personnel, but in spite of their good intentions; not through incompetence or sloth, but in spite of considerable skill and diligence. Schools cause this unintended harm because of the structure of public education.

Seeley claims that school-related factors are clearly our responsibility: "we have created these forces through public action, by the way we have structured public education, and we are responsible for the results, whether we intend them or not."

To support his point, Seeley cites three actions over the past 100 years in the United States: (1) "we delegated the function of education to a Government agency for many of the same reasons we have delegated other functions, such as police, fire, sanitation, and defense"; (2) "we have bureaucratized [education] because that seemed the most efficient

way to organize such large systems"; and (3) "we have defined education as professional service delivery because that seemed the way to improve the services delivered."

The big problem is that, in the process, we have created highly alienating institutions. Schools, of course, do not alienate all children; for many children they function as intended, helping them gain the competence and confidence they need to speed along life's way. However, as schools have become ever larger, more bureaucratic, and more dehumanized; as increasing numbers of children have become dependent on school success for success in life; and as family and community conditions have caused more children to need a caring environment, the alienating nature of many public schools confronts us with a dangerous situation. Many children, instead, of being helped by schools are actually being hurt.

Seeley's answer to the problem develops as follows:

[B]uild success-oriented schools capable of helping all our youngsters develop the competence and self-confidence they need to survive in today's world. This can only be done through a restructured educational system, with much more productive relationships among those working inside the schools and a much more powerful partnership between the school, home and community than is now possible in our present model of public schooling.

[W]e currently have an opportunity to gain powerful allies for making these changes in public education because these same changes are needed for another war our society now needs to fight the war against ignorance.

If the school needed to produce the levels of educational achievement now needed were contradictory to, or even different from, the changes needed to fight drugs, we would have much less chance of winning. Both "wars" are of great urgency and must be fought simultaneously, and if the two campaigns were in conflict or in competition for the same scarce resources and public attention, both campaigns would suffer. But they happily coincide and can reinforce each other. We must take advantage of that coincidence and potential for reinforcement.

The reinforcement can be of two kinds. The first is political. If those interested in creating success-oriented, partnership education could join forces with those interested in the war against drugs, they would make a formidable coalition. There is some overlap between these two groups in any case, but organizations tend to focus on one or the other cause, and their conscious political alliance to fight a common campaign for a new kind of educational system would be a formidable force in legislative halls and boards of education.

Second, these campaigns can reinforce each other at the school level. Everything in a school that helps make school more successful and less alienating for all students will help reduce the demand for drugs and the power of the school drug culture. And everything that can be done to reduce drug use and the school drug culture will help make schools more successful and less alienating.

Because of bureaucracy-bred specialization, the staffs working on these two causes are often separate--and sometimes even competing--and all too often, neither of them works enough with parents, peers and community. But, looked at from the perspective of this analysis, all these forces should be working together for a common cause--success for every child, and a collaborative, supportive human "community" to achieve that success--a new recognition of "childhood" that says that adults cannot abdicate their responsibilities for helping children grow up safe, competent, and self-confident, even while they recognize that, in a free society, children have to learn to become responsible adults by assuming increasing responsibility for their own conduct."

Benjamin J. Stein, Los Angeles, California
"Drugs and Children"

Stein intuits that young Americans are extremely stressed or subject to high anxiety. "A combination," he says, "of social, demographic, economic, family, and cultural changes have conspired to make life for young Americans more anxious than it was 30 years ago or even 20 years ago." As a consequence, he says, they imitate older Americans and take drugs, a "highly understandable, although mistaken, 'maladaptation' to a real world problem" Youth turn to drugs "because they at least seem to alleviate anxiety, feelings of hopelessness and loneliness, and overwhelming feelings of loss."

Stein finds the sources of anxiety affecting children in both single parent or two parent families and in the ghetto as well as the affluent suburb. He makes it abundantly clear that the anxiety does not stem from family composition per se or from poverty: "money is a necessary, but not a sufficient, condition for some peace of mind in many households." Instead, he remarks that children now live in "a society that is positively twitching with a spastic, structureless, valueless stroke of materialism and absence of values.... Children are growing up in an America that has lost much of its moral compass, much of its value system at every age level, with devastating effects."

Stein has hopes that we can "take some of the anxiety out of young America's life" and points to the experience of other countries that have suffered crises:

British industrial society was in a state of chaos for much of the early and middle 19th century. The movement from farm to city brought a collapse of standards, epidemic drug use--primarily in the form of alcoholism--and vice on a scale that England could never have foreseen. Yet England recovered and put itself into a posture of relative calm and prosperity for a hundred years. Similarly, postwar Europe and Japan also recovered from massive dislocation and moral jeopardy.

How do countries get out of moral quagmires? The subject requires further study, but evidence does suggest that England was saved by the introduction of

fundamentalist morality through non-conforming churches, the evidence of new compassion on the part of the government and a decision to make certain that the society as a whole cared for its own through the "welfare state."

The "moral awakening ... must begin with a moral awakening of the mass culture," that is TV, movies, and books. Stein refers to "something far broader" than a media antidrug campaign--"The media must make an effort to show young Americans that moral certainty does exist and that their actions have moral consequences."

Beyond this beginning, Stein cautions that parents will need to communicate to their children that the children are a "value" that ranks before any other value in otherwise self-oriented parents, including careers, two paychecks to pay off the mobile home, exercise classes, gourmet cooking seminars, keeping trim and fit at the spa, keeping up with the Joneses, making it into the right neighborhood, and "spending time on me."

In addition, our society or Nation must make a commitment to take actions to reassure poor children or those growing up in ghettos that they are cared for and cared about.

Finally, Stein recommends public education to inform "young Americans that drugs do not provide long-term or even medium-term solutions to anxiety," that the solution to feeling ill at ease, "to social discomfort[,] is learning social skills, not taking marijuana; if [young people] feel as if no one understands them, the solution is finding people who understand them rather than taking cocaine. They need education."

Jackson Toby, Rutgers University
"Competing with the Drug Curriculum in American Schools"

Toby's own synopsis gives the most eloquent expression to his perspective:

This paper began with a discussion of alcohol and drugs at school and ended up talking about homework, regular attendance, and the possible removal of students who fail to use the high school as an educational opportunity. The reason for this seeming change of subject proceeds from my hypothesis that alcohol and drugs exert the most attraction on students who lack constructive life goals. Consequently, the best strategy for preventing drug abuse is not to combat drug abuse directly, but to attempt to help youngsters find an appropriate escalator adulthood. For some--indeed, for many enrolled in high school--that escalator is the academic curriculum. For others, it may be a work-study program. For still others, it may be a temporary withdrawal from school until the youngster comes to feel that school has something to offer. Dropping out of school is not necessarily a tragedy; it may only be an episode.

A crowding-out strategy to prevent drug abuse takes aim at the bulk of students. Such a strategy will not be able to reach all students, no matter how hard the schools try to attract students to a variety of constructive academic and nonacademic alternatives to drugs. But when schools act as though it does not matter what students do in school, they make the drug curriculum more seductive.

Insisting that education is the paramount activity of the school helps to define substance abuse as a collective problem—that is, a threat to the educational process—rather than as a personal problem. When that is done, the abuser may recognize that the choice he makes in abusing drugs or alcohol at school is not a choice for himself alone. Such an identity transformation may sound fanciful, yet a similar identity transformation seems to have happened to smokers. The general public is increasingly defining smokers as a menace to public health, rather than as people engaged in a risky personal habit, and many smokers think of themselves that way, too.

In his discussion of alcohol and drugs at schools, Toby identifies a number of crucial research areas concerning drug use and its circumstances:

- Research is needed to establish not only how much of various illicit substances students use, but whether their patterns of drug use reflect the drug problem of the community or whether they reflect conditions intrinsic to the school.
- Research is needed to establish whether students began using drugs on the streets and then transferred their activities to schools or whether they developed receptive attitudes toward drugs in school—and, perhaps, began to experiment with them there.
- The question is whether increasing requirements for homework in a school will decrease the likelihood of drug use for the average student.

DRUG USE AND ADOLESCENCE

By

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Drugs and youth--separately, each is the occasion of illusion; together, they multiply our illusions. Drugs are illusory in two ways. They are vehicles of self-mystification and self-deception, providing false but gratifying visions of the self and its prospects--visions of peace, excitement, grandeur, and transcendence--to the user. They also induce myth-making among those who observe drugs and their users--among researchers, pundits, moralists, those of us occupied providing information, giving meaning to what we see around us. We will argue that the drug crisis of today has its origins in yesterday's "meanings," in the many errors generated in and by the Sixties:

Back in the Sixties! What a time it was! When everyone wanted everything, and thought they could have it, and what's more had a *right* to it. Marriage, and freedom within it. Sex without babies. Revolution without poverty. Careers without selfishness. Art without effort. Knowledge without learning by rote. A dinner, in other words, and no dishes to clean up afterwards. "Why don't we do it in the road?" they cried. Why not?¹

To which one can add, drugs without consequences: alcohol without hangovers, accidents, or cirrhosis; LSD without bad trips or flashbacks; cocaine without addiction or depression or coronary death; marijuana without anything but deepened spiritual insight.

Illusions about the young are even more widespread than those about drugs, so much so that false beliefs are more common than not and, in fact, seem to be held more frequently by experts in mental health than by the public at large. These beliefs are of long standing and hold on stubbornly, resisting all efforts at correction. For this reason alone, we need to give some considerable attention to what seems (at this moment) to be true about the young. It will be an extended discussion, with the argument that many of the problems we have had in understanding adolescent drug use have their source in these persistent, seemingly willful patterns of misunderstanding.

The most common error is to be found in the casual use of such terms as "youth," "the young," "adolescents," and the like. Strictly speaking, there are no such entities; the young vary in age, gender, class, religion, ethnicity, intelligence, accomplishment, ambition, social and political attitudes, and so on. This may seem obvious a point, but so much current discourse treats the young as though they were nearly uniform in outlook, feeling, and condition. This tendency achieved its peak during the Vietnam years, when much was made of a putative, fictive generation gap, in values and politics, and the young were seen to stand for a higher level of moral sensibility. The tendency persists: a current example is the antinuclear movement, which speaks of "the young" globally and pictures them as

anxious and demoralized in contemplating a nuclear Armageddon, presumably unlike the rest of us.

In these cases we discover that, if pressed, the writer or speaker will admit to using "the young" as a synecdochic term--that is, the part standing for the whole. He or she has talked to, done therapy with, or carried out a small survey on 3 or 30 youngsters whose testimony was so *compelling* that, though few, must speak for the many--though perhaps not for all. In these cases, the term is also used rhetorically, the "young" representing one part of an imagined division in the polity. For the antinuclear movement, the young are ennobled victims, counterpointed to the Doctor Strangeloves of the military-industrial complex. We have here, in short, an ideological depiction of youth, wherein they either represent or reflect elements of a larger social drama. These global, tacit depictions fall into three major categories:

(1) Youth *enrage*. Probably the most common image of the young, stressing rebelliousness, violence, opposition, and criminality. Adolescence is seen as a regressive, desocializing period; the aim of the social system is to contain the (male) adolescent impulse to disorder. In another variation, the adolescent aggression is not inherent, but provoked by the injustices imposed on the child by the system--such as, poverty, restricted opportunity, and so on.

(2) Youth *degage*. The stresses of adolescence, from within or without, lead the child to decathesis, or another mode of detachment. The youngster may be indifferent, cynical, isolated, narcissistic, reclusive, anhedonic, moody, perhaps depressed. The youngster is seen as rejecting or rejected by the social system, which often seeks to recapture his interest and affection. He turns away from this bonding, which he views as bondage.

(3) Youth *engage*. The most sanguine image of the young, this emphasizes the child's turning toward a closer and more gratifying tie to others and to the larger social system. Interests and affections expand beyond the family, and ultimately to social institutions. In this development, the youngster does not flee the family nor turn against it and its values; on the contrary, benevolent and internalized "others" survive, guiding the youngster's relationship to the world.

These last are the "health-minded," to use William James's memorable descriptor for the various modes of religious affiliation. The latter depiction is most common to adolescence (just as it is and was the most common type of religious engagement) but would not think so to read much of the learned commentary on the young. To understand why this is so we must take note of the persistent, though mistaken, belief that adolescence is normally a period marked by psychic storms. That view probably has its origins in G. Stanley Hall's emphasis on upheaval as the normative reaction to adolescence. Its prevalence and popularity derived from Anna Freud's writings on adolescents, and those of her heirs, above all Peter Blos. Their argument--their assumption, really--is that the adolescent years are normally marked by a regressive movement, a return of the repressed ghosts of the past, an effort to resolve the issues of early childhood once and for all. The drives that lie dormant during the latency period reappear, the defenses are under strain,

and archaic forms of relations to others--primitive dependencies, incestuous temptations--are evoked and must be fought off. Adjustments are fragile, equilibrium hard to achieve. It is an extraordinarily trying period for the child, as well as for those who must deal with him or her. Adolescents will keep themselves afloat by taking extreme measures, such as, profound withdrawals, defiant acts of independence, and the like. Little wonder, then, that the adolescent period is marked by an unusual degree of emotional disturbance.²

So runs the view of adolescence commonly held by professional experts on the young and their difficulties. A clever study by Daniel Offer and his associates has suggested how conventional this view is.³ They asked mental health professionals to complete a personality test designed for adolescents as they imagined normal teenagers would respond. Their simulated scores were higher (more pathological) than those of genuinely disturbed teens. In short, the typical adolescent is seen as more deviant in all respects--self-esteem, trust in others, belief in one's future, and so on--than we find even in the dysphoric self-appraisals of clinically disturbed youngsters.

This view of adolescent deviance was held universally for many years, but although still dominant, it has begun to give way recently, as empirical findings on the issue have become available and have begun, ever so slowly, to penetrate professional awareness. Interestingly enough, the most effective critique of that view came not from academic psychology, which was indifferent to the question for many years, but from researchers in psychodynamic psychology and psychiatry. Indeed, in many cases, the investigator's original intention was to support and extend the Freud-Blos view of adolescence. In most cases, the research methods were designed and arrayed to capture pathology when present. Yet in every study, whatever the instruments--questionnaires, projective methods, interviews--the same picture emerges: genuinely disturbed youngsters make up a minority, about 20 percent of the total. The "normals" are not, of course, paragons of mental health, but they are able to make their way through the stresses of adolescence without snowing serious clinical symptoms.

Equally important is that these studies find that most adolescents maintain amiable and even admiring feelings toward their families, that the period is not completely marked by the fear and loathing of the parents so often depicted as normative. For example, on important issues, youngsters value their parents' advice above that of their peers. They tend to choose the education, training, and vocations that their parents suggest or approve--not that American parents are normally coercive in these matters. The generation gap is not, and has never been, real--not for most youngsters and not for most important issues; to the contrary, we find a significant degree of continuity in values, politics, religious sentiments, and so on.

There is another continuity worthy of note. Newer research has a longitudinal bias that, whenever possible, attempts to capture the evolution of behavior from adolescence onward, and these findings quite clearly indicate that, in general, early tendencies persist into young adulthood. Disturbed teens evolve into disturbed adults--not invariably, but on the whole; the placid adolescent will most likely become a placid adult. Studies that examine trends from childhood to adolescence also show a strong degree of continuity. For example, adolescent delinquency is prefigured by disruptive school behavior earlier in

childhood. As these findings accumulate, they are eroding the earlier, tacit assumption of adolescent exceptionalism, the tendency to see the teen years as set off in important ways from the rest of the life cycle--as more brittle, sensitive, intense, idealistic, or explosive. The new perspective stresses the continuity throughout the lifespan, in temperament, emotional stability, intellectual talents and habits, traits of character. But this new perspective is, in fact, a revival of an older perspective that fell prey to a collective amnesia. We have known for some years that there are high correlations between traits of personality and temperament measured in adolescence and in late middle age. Most studies that track samples over time report roughly similar trends, some of them of startling import, such as the recent discovery by Peterson and his colleagues that "depressiveness," measured by content analyses of statements made in young adulthood, is a predictor of illness and mortality in later life.

Thus, we have had a "normalizing" of the theory of adolescence. Adolescents are not, as a group, significantly more disturbed; they are not in revolt against the family, nor against conventional values and social institutions. The adolescent period involves an evolution of given dispositions, most of which will persist into adulthood and old age. Yet, having debunked the now-fading view of the young as, let us say, normally abnormal, we ought not to exchange one error for another. Some forms of pathology are, in fact, more common among the young and many are quite grave. The acting-out disorders--crime and delinquency, in particular--are associated with age (and gender) to a marked degree, in all societies for which we have reliable records. There is a very strong relationship between antisocial behavior and high levels of illegal drug use, and though the causal directions are not entirely clear, there is little question that they intensify each other. Disturbed behavior among the young is, perhaps, more troublesome than among adults since it so often interferes with learning and the acquisition of skills in general. Even if it does not come to a halt, the youngster's development is held back or disabled. We hear more often about those who have overcome a severe crisis in adolescence than about the many more who are permanently damaged. The antisocial youngster consumes a disproportionate share of the community's resources--in policing, special education, and the like--and has a disproportionate effect on such institutions as the high school. Also, bear in mind that the 20 percent figure--assuming it is essentially correct--translates into an enormous number of individuals, literally millions, most of whom have a significant impact on others, such as their families, friends, and teachers. For these and other reasons, it makes good sense to give so much of our attention to adolescent disorder, its effects, and its remediation. However, there are also good reasons to keep in mind that this disorder is atypical and not a problem characterizing "the age." To mold an effective public policy, we must have a more exact view than we now have of adolescence in its many varieties.

Let me offer a cautionary example, which I choose because it occurs in an excellent article on drug policy--one of the best I have ever seen. In his essay, "Taking Drugs Seriously," which appears in a recent issue of the journal *The Public Interest*, John Kaplan writes skeptically about whether education will do much to reduce illegal drug usage among the young, then offers these observations:

Young people are notoriously resistant to their elders' efforts to get them to live less risky, more forward-looking lives. Well into adolescence they tend to retain what

psychiatrists refer to as "remnants of infantile optimism." Moreover, entirely apart from the question of risk, young people often take pleasure in things that adults tell them are bad. They are constantly told that they should avoid things (like sex or junk food) that they enjoy. At best they tend to disregard such advice--when they do not actually seek out occasions to disobey their elders' counsel. Indeed, the real mystery is how we have managed to convince significant numbers of youths in inner-city school systems...to avoid taking drugs, since at least in the beginning, they would find drug use so enjoyable.⁴

Every one of these statements is open to serious question. There is little reason to believe that the young are quite that resistant to their elders' importuning; if they were, we would not see so few of them now smoking cigarettes, nor would so many of them follow traditional paths in education, social life, and the like. There is even less reason to believe that they choose risky or self-destructive options for the sheer joy of disobedience. That is a commonly believed idea for which there is absolutely no evidence, aside from horseback psychiatric opinions. It is no mystery that significant numbers of inner-city youths do not commit to the drug world; most of them are straight arrows or are trying to be. Unfortunately, they are just about invisible as far as public opinion is concerned.

Most readers would probably read through Professor Kaplan's impressive article without pausing to question the above paragraph because it is probably the most common view of adolescence, (a variant of "youth *enrage*"). To hear a contrary opinion, one would need to review small-circulation research journals, seldom read by social scientists. If one accepts this arguable notion of the young, one is led toward certain policy choices and away from others. If we believe in an opposition between adolescents and their parents, we will avoid drug prevention efforts that involve parents. Indeed, if we consider youngsters as defiant to authorities almost as a matter of principle, we will eschew most efforts at education. In short, our implicit notion of adolescents has a great many practical consequences for policy.

So, why do these illusions continue to maintain their grip? The short, banal answer is that we need far more knowledge of adolescence than we now have. These illusions persist in the absence of better knowledge; at the same time, these illusions work against acquiring that knowledge. Those in the profession, including developmental psychologists, generally do not recognize how little we actually know about fairly fundamental matters. Every so often, we come upon information that so contradicts our assumptions that we begin to wonder what other misinformation we carry around in our conceptual baggage. A well-known researcher of adolescence recently reported that adolescent girls are more autonomous than boys, a finding based on a large normal sample, in which three separate measures of autonomy were employed. One sits back amazed. How can that be? It confutes everything we have always taken for granted about the sexes during adolescence--that girls are concerned about closeness to others and being approved by them, boys intent on the cultivation of achievement and independence. So what does the finding tell us? Perhaps that "autonomy" is one of those umbrella concepts under which we will find many differences and, perhaps, contradictory traits and behaviors. Perhaps that we are seeing a change in gender behavior and outlook, a result of the secular trends said to have taken place in recent years. After all, if there are, as there seem to be, changes in the cognitive

realm--girls and boys moving closer to each other in achievement testing--changes and even reversals in such traits as independence should not be surprising.

One or both, or neither of these explanations may be correct. The point is that the basic empirical data are so meager that "knowledge" consists of some scattered information, some theory, some clinical observations, some tacit assumptions, some wishful thinking, and no doubt, some old wives' tales as well. Curiously enough, the scarcity of data is especially evident in our grasp of the basics--for example, the psychological processes in the ordinary middle-class family. On the other hand, we are flooded with information--a great deal of it dubious, to be sure--about topics that capture the collective imagination, eating disorders being the great recent example. It would not be at all difficult to compile a bibliography of several hundred items on the family dynamics of bulimia, all published within the last decade; yet one could gather only a handful on the ordinary family. That disproportion has its effects. Among other things, we generalize from the known to the unknown, tending to see anorexic or bulimic family dynamics as a more extreme instance of the norm. There is now an entire genre of ideological writings on eating disorders, using them in the synecdochic fashion noted earlier. Consider one book's subtitle, *The Anorexic's Struggle as a Metaphor for Our Age*.⁵ Such intoxicating illusions flourish in the absence of genuine knowledge.

Another important problem is that the phenomena we want to study may change their nature or frequency without our being aware of the change. That lag in recognition has been especially evident in the area of adolescent pathologies, which increased sharply from the early 1960's to about 1980. During that time, there were phenomenal increases among adolescents and young adults in almost every index of disturbance for which we keep records--increases of two to four times in the rates for suicide, homicide, out-of-wedlock pregnancy, and various measures of delinquency. And we can probably assume an equivalent rise over the same period of time among those conditions for which we do not have reliable statistics--e.g., substance use and abuse, eating disorders, and borderline and other severe disorders. Yet in no case--except perhaps for drug use, which received media attention early on, much of it glamorizing--was that rise apparent to professional observers or to the public at large. Adolescent suicide did not become a matter of urgent concern until a few years ago, after the rate had stabilized. Among the clinicians I know--and I include myself--the resurgence of anorexia and bulimia, now common knowledge, was simply not evident until it had reached epidemic proportions among students in well-known women's colleges. The steep decline in SAT scores did not come to public attention until the numbers had nearly reached bottom. Indeed, those working for education reform in the mid- to late 1970's will recall the incredulity that met their efforts when the prevailing wisdom held that the American young were the brightest in the Nation's history, perhaps in the history of the planet.

Quite possibly, these steep increases and decreases are a historical anomaly, a result of generational crowding, as the economic demographers (Easterlin, Fuchs, and others) have argued.⁶ Or it may be that we have been in a historical era inducing rapid change throughout the social system, and thus, psychological changes in vulnerable populations. Time will tell; at least, time may tell. What we have to keep in mind is that writing in adolescent psychology and sociology has been, on the whole, insensitive to the effects of

recent historical change. We do not like moving targets and prefer to pretend that they are not moving, or that their movement is of little moment. That is an optimistic assumption. To mention one datum among many, 5 years ago no one expected a rapid democratization of cocaine, nor its extraordinary attendant effects.

To review the argument to this point, our understanding of adolescent psychology is weaker than it should be for several reasons:

(1) Until very recently, we have taken for granted that distress is the normal mood of adolescence and that disturbed behavior is typical and appropriate. Rebellion is seen as a natural disposition, particularly among boys, that shows itself in various ways--such as political opposition, generational grievances, and outright antisocial behavior.

(2) A related tendency is to view the adolescent years as discontinuous, standing apart from the rest of the life cycle. Adolescence is sometimes held to be a period of stasis and incubation, with much more happening beneath the surface than is apparent to the naive observer, or of passionate sentiments provoked by internal or external stresses. In these and other cases, the period is understood to be disjunctive--at its conclusion, the dormant self reappears or a new synthesis of personality takes place. The individual's stability is ignored or understated; too little is made of consistencies over the entire life cycle.

(3) To a degree not yet recognized within or without the profession, the adolescent era is grievously underresearched. Much more is known about narrow topics in developmental psychology than about key areas of adolescence. For example, there is a two-volume handbook reviewing research in infant perception, yet next to nothing is known about social patterns in adolescence or about typical modes of cognitive growth. Increasingly, adolescent deviance attracts research interest and support, tacitly reinforcing the idea of the teen years as normally pathological.

(4) Our unsteady grasp of the adolescent period makes it especially difficult to recognize important changes in collective behavior or to appraise them accurately. Among other things, the ominous pathologies that surfaced in the 1960's were not recognized until much later and were then misunderstood, as they continue to be. Our view of the adolescent cohort is not sufficiently differentiated. Many of our assumptions reflect prior ideological beliefs.

Adolescent Drug Use

This topic can be used to confirm one part of the argument above, that we know a great deal more about deviant than about normal behavior in adolescence. When sampling the large body of literature on this subject, one is impressed by how focused most of it is, in contrast to the amorphousness and irrelevance so common in more general studies of adolescence. Yet that is an outsider's perspective; the view from within is far less sanguine.

Here is a presumptuously concise overview of what we know: The Institute for Social Research (University of Michigan) studies of substance use among the young--

Monitoring the Future--provide what is still uncommon in the social sciences, prevalence rates over time with equivalent age cohorts. Their most striking findings are that there has been a slow, steady decline in the use of most illegal drugs during the 1980's--the exception being cocaine--but that the rates, as a whole, are extremely high on an international basis; that males are heavier users than females, though the differences are diminishing; and that the differences between the college and noncollege populations are modest or nonexistent, with one exception--the far lower rate of cigarette smoking among those in college, a datum of some importance.⁷

The study further noted the following: use starts early and stays late; alcohol use begins before high school, as does a substantial amount of marijuana use; once begun, use of marijuana, alcohol, and cigarettes tends to persist, though there is more noncontinuation of the harder drugs; the long-term persistence of cocaine use remains unclear, given its recency in the mass market. These latter findings make it unclear whether drug abuse ought to be seen as an adolescent problem or a problem of adolescent onset. Schizophrenia, for example, usually begins in the teen years, but is not deemed "adolescent." On the other hand, both eating disorders and delinquent behavior are strongly age-related and are usually understood as responses to the stresses of adolescent development. How and when to place drug use and abuse is not at all clear, yet it is a question of some importance.

We have learned a great deal about parent and peer influence, though what we have learned is--on the surface--a bit banal: both play a role. When we look more closely, we find some interesting patterns. Sometime in the late 1970's, a change occurred; adolescents began to report a rise in their sense of peer disapproval. Furthermore, adolescents report that both parents and peers see substance use as potentially harmful. Indeed, they disapprove of it themselves and consider it harmful. These findings seem to suggest that drug use is not carried on with an air of carefree defiance. At one time, the drug user may have rationalized, "I don't care what the straights say; it won't hurt me. It's probably good for me, and in any case, no one's gonna tell me what to do." The prevailing attitude now seems to be, "I shouldn't be doing this, but I enjoy it. It probably won't kill me if I don't overdo it, and I'll be able to stop one of these days."

Youngsters' perception of parental attitudes is only part of the story. They are also influenced by what their parents do. Substance use by parents is a significant predictor of use by their children, and an even more powerful predictor for those children who identify with them. The youngster--male or female--who is emotionally disengaged from a drinking parent is much less likely to take over the habit than children who identify with such parents. It is a case of like to like. Yet even that tendency does not tell us the whole story; it tells us only what takes place in the aggregate. Another picture emerges when we differentiate the total population of adolescents and look at studies that concentrate on those deeply involved in drug use.

Here we are struck immediately by the strong degree of association among several dimensions--early and heavy substance abuse, a malevolent or inadequate family, and a pattern of antisocial behavior--an association of the type mentioned earlier, which demonstrates the continuity of personality. Disruptive or destructive behavior is often

visible before a youngster reaches adolescence and intensifies thereafter, usually accompanied by an immersion in drug use and its culture. Zucker and Gomberg have carefully analyzed longitudinal studies of those who ultimately became alcoholic.⁸ Their analysis tells us, a great deal about the structure and dynamics of most forms of substance abuse, given that the data on illegal drug use parallel, in general, the findings for alcoholism. Here are their conclusions:

(1) "Childhood antisocial behavior is consistently related to later alcoholic outcome." There is more aggressive and sadistic behavior, more antisocial activity, more rebelliousness. When the data are available, the pattern can be traced back quite early, in one case to the kindergarten years.

(2) There are typically problems in academic and vocational achievement.

(3) There are reports of hyperactivity in childhood, and other examples of a heightened activity level. These are jumpy youngsters, unable to control themselves and hard to control.

(4) Among the males, there are signs of a low degree of attachment to others. Relationships seem to be shallow and are given up easily.

(5) There is a high degree of marital conflict in the families of origin.

(6) Parental guidance is deficient. The child is unattended to emotionally, and discipline is absent or erratic or needlessly severe.

(7) Parents are often alcoholics or antisocial or sexually deviant behavior.

These findings are supported by parallel information about other modes of drug abuse; indeed, the studies exhibit impressive consistency in their findings. The parent-child connection is particularly striking, as are the many ways in which it seems to be implicated in drug abuse: via identifications, as indicated by the Mount Sinai studies carried out by Brook and her associates;⁹ by a similarity of values; by a similarity of ecologies and stresses; by modeling and imitation; by the parents' effects on the child's personality; and in the case of alcoholism, by a genetic contribution.

Nevertheless, controversies abound. What jumps out of the technical literature is not a sense of satisfaction at discoveries made, but rather an ubiquitous tone of frustration because fundamental understanding still seems so far away. Here is a long excerpt from the introduction, by James Butcher, to an excellent series of review papers issued a few months ago on personality factors in addiction:

The search for causal factors in addictive disorders has been long and has not been without its disappointments. At present, there is no single set of causal factors that enjoys a majority following among researchers and clinicians. In the alcohol/drug abuse area, one finds a variety of causal views, ranging from strict biological determinations to sociocultural considerations to quasi-religious beliefs. Some possible causal influences that have been receiving renewed attention in recent

years are premorbid personality structure and early behavior problems. Personality factors have long been suspected of being influential in the development of addictive disorders. However, attempts to define a unitary addictive personality have not been productive. No single set of personality characteristics has been isolated to explain the development of addictive disorders. The failure to establish a unified personality theory of addictive behavior has produced some disenchantment with efforts to identify personality factors in the causal chain of addictive disorders. Yet, the common personality features among individuals with addictive disorders are often striking and compelling. Even though no single, unitary, alcoholic personality has gained unanimous acceptance, personality factors nevertheless appear to be instrumental in the development of some, if not most, addictive disorders.¹⁰

That cautious, at moments dolorous statement is rather more optimistic than most of the reports that follow. These reports concentrate on the technical limitations of the canon treating such matters as different samples, different measures of independent variables, different times of sampling those variables, different methods used to measure personality, different patterning of abuse, different time of sampling in the life cycle, and so on.

The overriding problem is the absence of an adequate taxonomy of substance use, abuse, and--for that matter--nonuse. The technical deficiencies mentioned above, serious enough in their own right, are both caused and compounded by that absence. The making of taxonomies, alas, is likely to strike us as dull work indeed (Linnaean rather than Darwinian) yet the absence of such frameworks is a sure prescription for confusion and error in research, theory, and practice. For example, the borderline personality disorder, now a standard syndrome with its own vast literature, was not recognized as such for many decades. It existed, but was not named--so it did not exist. Instead we forced it into the categories then available--sometimes into the psychoses, more often into the neuroses. It has been argued, I think correctly, that some of the women Freud described in *Studies in Hysteria* were not, in fact, hysterics, but borderline personalities. To read the literature on hysteria chronologically (and carefully) is to realize that, especially in the 1950's, efforts were being made to expand the category of "hysteria" to accommodate borderline types. The usual strategy was to divide hysteria by degree of severity, designating borderline types (as we would now term them) as "regressed" or "pre-Oedipal."

We are in a somewhat similar position regarding the taxonomy of drug use. Quite understandably, we concentrate upon the frequency and severity of use as the essential key to a taxonomy. Hence, we try to sort out and account for such categories as the nonusers; the nonusers who were once users; the users who do not develop habits; the users who have not developed habits, but who may do so in the future; the habitual users who are addicted, in varying degrees; and the habitual users who are involved in criminal behavior, either as cause or as effect of drug use. An adequate taxonomy would take account of these variations, but they are probably too superficial--phenotypic--to provide the basis for an adequate diagnostic scheme.

Quite obviously, we are far from achieving a taxonomy; yet, on the whole, I am moderately optimistic--in part because the problem of taxonomy is now widely recognized, and in part because there are some impressive early efforts, particularly with regard to alcoholism. One review by Graham and Stringer derives from studies using the Minnesota Multiphasic Personality Inventory, a 550-term, true-false test of personality, an instrument that has enjoyed remarkable diagnostic success and is the most widely used in the field. Their review encompasses over a hundred studies of the diagnostic patterns associated with diagnosed alcoholism and separates six major types: (1) A profile suggesting impulsiveness and excitability, a low achievement level, poor relations to others, a sensitivity to rejection, and poor control of aggression (Note the similarities to the trends described in the longitudinal studies surveyed above); (2) a profile that shows a more depressive constellation--the patients feeling themselves inadequate, inferior, isolated from others, and guilt-ridden; (3) a profile deemed "primary," in which alcohol abuse of an extreme and intractable degree is foremost and other personality features are secondary. (There is some reason to believe that this type may be genetic in origin.); (4) a profile that is essentially antisocial, resembling the sociopathic personality syndrome; (5) a "psychoneurotic" profile with prominent hypochondriacal features; and (6) a profile of extremely severe clinical disorders, essentially psychotic in nature.

Another taxonomy, by Zucker, is based on an exhaustive analysis of developmental histories reported in a variety of studies. This taxonomy posits four developmental patterns: (1) Antisocial alcoholism, which is more frequently male and more frequently lower class; arises early and has an early history of antisocial activity, and alcoholic or antisocial parents; demonstrates a continuing pattern of difficulties in adulthood; has an apparently strong genetic component; and receives early treatment but poor prognosis; (2) developmentally cumulative alcoholism, which is more often male than female but seen in both; not specific to social class; marked by adolescent problem drinking and delinquency; influenced by deviant parents who are, however, less aggressive than those who exhibit antisocial alcoholism; marked by poor career adaptation and marriage; traceable to genetic influences though these are environmentally mediated; and recognized and treated late; (3) developmentally limited alcoholism, which is seen more often in males, not specific to social class, seems to involve an extension of adolescent problem drinking, is associated with separation from the family of origin, and tends to recede in the middle twenties with successful assumption of career and family roles; and (4) negative affect alcoholism, which is largely female; usually middle class; a coping response to stressful relationships, a family history of unipolar depression, or unhappy relationships in job and marriage; marked by a genetic component that has to do with the regulation of mood; and recognized and treated late.¹²

Although these two systems are based on entirely different data, they overlap enough to suggest that they are capturing similar genotypic patterns. We do not yet have similar taxonomic evidence for the illegal drugs, nor should we expect to have them in the foreseeable future, given the changing nature of drug use and the amount of time and effort it requires to accumulate sufficient evidence. But they are nevertheless necessary. A great many of the arguments about the treatment of substance abuse derive from a failure to break the category of "abuser" into more specific subcategories; the variety of etiologies goes unnoticed. There is no reason to believe that a 14-year-old, underclass, delinquent

alcoholic and crack user represents the same syndrome we find in a depressed, middle-aged woman who did not begin drinking until she felt her husband losing interest in her. Yet there continue to be nearly identical approaches to substance abuse, adolescent and otherwise, that refuse to take these differences seriously or insist that, whatever the origins, only certain treatments can be effective.

The Future of Adolescent Drug Use

Before we look ahead, we may want to look back--if only to remember that not too long ago we lived in an America essentially free of illegal drugs. David Musto provides an absorbing account of some of that history, of a roller coaster ride from drug-using to (more or less) drug-free to a more recent condition, drug-drenched.¹³ One would like to see other histories as well, histories that capture not only the medical, legal, and political events that Musto describes so well, but also the surrealisms, and above all, the recrudescence of utopian belief that overcame so many presumably educated minds.

Edward Shils, writing on the appeal of radical politics, has noted the growth of "the antinomian temptation" during the 1960's.

The highest ideal of antinomianism is a life of complete self-determination, free of the burden of tradition and conventions, free of the constraints imposed by institutional rules and laws and of the stipulations of authority operating within the setting of institutions....All human beings...are entitled to whatever any individual is entitled to. All human beings are entitled to be gratified as the promptings of the self require it.¹⁴

Though Shils is addressing politics and its ideologies, his observations can be applied to the lifestyle beliefs of the time, particularly to those surrounding psychoactive drugs, which were to be both the exemplar and instrument of total entitlement.

No one will want to argue that the antinomian outlook "caused" the drug epidemic, but there is little question that it rationalized the early stages and, beyond that, helped undo the immune system that had kept drugs--and much else--at bay. Antinomianism did not limit itself to politics or drugs; it affected almost all realms of public life. Consider this quotation from a paper written 10 years ago:

Among the values of traditionalism are merit, accomplishment, competition, and success; self-restraint, self-discipline, and the postponement of gratification; the stability of the family; and a belief in certain moral universals. The modernist ethos scorns the pursuit of success; is egalitarian and redistributionist in emphasis; tolerates or encourages sensual gratification; values self-expression as against self-restraint; accepts alternative or deviant forms of the family; and emphasizes ethical relativism.¹⁵

That paragraph (my own) was written in an effort to explain the deterioration of American schooling. The new progressivism in American education began at about the same time as the change in sensibility—antinomian, modernist—that helped usher in the early phases of "enlightened" drug use. And the two were coincident not merely in time, but philosophically as well. The doctrines justifying some modes of drug use were precisely those justifying the liberation of the schools from coercive authority. These doctrines held that the "true self" was imprisoned by the strictures, schedulings, dress codes, homework, and other elements of focused schooling or (more diffusely) by whatever it was that chained, corrupted, degraded, and destroyed the human spirit and kept all of us from being what we were meant to be—someone very much like, let us say (with little, if any, exaggeration), Wolfgang Amadeus Mozart. Those who led the psychedelic movement (some of whom I knew well) believed that hallucinogens, used properly, would liberate not merely goodness and spiritual wisdom, but also that epiphanic creativity previously seen only among the greats.

Obviously, drug tolerance did not succeed fully, and enlightened thought did not accept the antinomian credo in its entirety. Nevertheless, its essentials became a part of elite opinion, both with respect to the schools and in relation to drugs. Those views are now in retreat, as their ill effects become evident: in the case of education, in the mounting evidence of failure, such as the dreadful international comparisons in school achievement; and in the case of drug tolerance, in the crack crisis and the devastation of the ghetto. Yet the modernist doctrine so thoroughly captured elite opinion that its influence did not yield easily, not until failure was painfully evident, and even then, grudgingly. The educational excellence movement was derided at its start—characterized as reactionary, simple-minded, and so on—even after the publication and unexpected success of *A Nation at Risk*. As late as 1984, our best university presidents were sniffing scornfully at the notion of a genuinely serious problem in the schools, and that attitude has changed little since.

Opinion concerning drugs was similarly captive to an attenuated version of the antinomian doctrine, to a belief that though some drugs may be harmful, others are tolerable—they do no harm, but rather good, in relieving the onerous pressures besetting the young (and others). To oppose their use was to yield to the forces of "hysteria." Until a few years ago, that position was not only commonplace, but probably dominant among those of advanced opinion. A book like Norman Zinberg's *Drug, Set, and Setting* (1984) provides a learned and subtle exposition of that viewpoint.¹⁶ The drug epidemic is viewed as a "vast social experiment" against which we interfere at some risk to ourselves collectively. Opposition is termed "prohibitionist"; support is called "anti-hysterical." While Zinberg writes as though his position is beleaguered, it has been favored by most academics specializing in adolescence, mental health, and associated areas. Discussions of drug use in recent adolescent psychology textbooks usually say very little, most texts giving little space to the topic, and use a tacit editorial voice that carefully avoids opposition, especially to the use of such soft drugs as marijuana. In a recent text, Linda Nielsen makes the following points: neither premarital sex nor drug experimentation can be eliminated; adults must not aim at "scaring the young away from experimenting with either"; such efforts are hopeless anyway, since experimentation cannot be monitored or policed. In addition, "given the inherent pleasure and the immediate gratification that sex and drugs offer, it is unlikely that any amount of information and proselytizing from adults will curtail

these activities completely...In sum, the best tactics appear to be an honest sharing of information with adolescents in which the pros and cons of drugs are presented."¹⁷

One wonders what Nielsen is talking about. What are the pros of heroin use? What are the pros of the cigarette habit? Why does she believe that parents are powerless to influence their children or that adolescents are so indifferent to their parents' concern? What we have here is a residue of the modernist doctrine, applied to sensuality and the sumptuary ideals, which are seen to be nearly inviolate. This view, usually unspoken, held sway in our ideologies of public life until recently.

But why belabor the issue? Is it not history, and beyond that, is it not "history"—as our youngsters use the term, meaning done for, finished, kaput? Have we not turned the corner? We have indeed entered a period of good intentions and high resolve, but we cannot be at all certain that these will persist. What will persist is the modernist temper, though it lies low at the moment. This temper will sustain itself by calling attention to the certain failures of "prohibitionism," and will then explain—patiently, a bit condescendingly—that we have interfered with a natural process, perhaps a vast social experiment. It will, in any case, mock most efforts to inhibit drug use. This is clear even at this peak moment for antidrug sentiment. Many of the academics I talk to about the drug problem make sure to remind me, a bit patronizingly, that "Just Say No" won't work because it is too simplistic, that the problems are too deep, too complex, too rooted in an unjust social system. Some echo the views discussed above—that the drug-seeking drives are not far from inherent, being rooted in the pleasure principle and hence, in human nature, and cannot be stamped out. It is a curious view, since one hears it from the very people who believe fervently that other evils, some with a far longer history—such as ethnocentrism and religious zealotry—can be stamped out fairly easily. It is an especially curious view to hear from cosmopolitans, who should know that other industrialized countries have been able to keep themselves drug-free, without imposing tyranny on their citizens, and that this Nation was able to do so for many years (and not so long ago). Curious or not, myopic or not, the view survives—in suspended animation, perhaps, but easily revived.

Conclusions

Finally, I would like to offer some observations on the near future of adolescent drug use, mixed with some suggestions on policy:

(1) This paper has argued against the idea of adolescence as an enclave cut off from and resistant to adult opinion. The drug crisis that began in the 1960's had many sources, but an important one was the example, encouragement, and indoctrination provided by influential adult elites.

(2) Adolescent drug use has been decreasing since about 1980 and will likely continue to do so. One reason for this decrease is the easing of demographic stresses mentioned above. Almost all measures of adolescent pathology have declined since the beginning of the decade and the trend, which includes drug abuse, should persist.

(3) A second reason for decreasing drug use is the hardening of public sentiment against drugs. The struggle between modernist and traditionalist opinion on the issue over the past two decades, now seems settled in favor of the latter.

(4) Antidrug sentiment is increasingly internalized, and as that happens, drugs lose their attractiveness. This process is most obvious in the case of cigarettes, which are no longer considered tempting by most adolescents.

(5) Another hopeful sign is that the chic elites--portions of them, at any rate--have turned against drugs. Whereas the use of cocaine was acceptable and even de rigeur in show business and the fashion world at the beginning of the decade, it is now generally disapproved, due to mounting evidence that heavy users are unreliable employees and colleagues. As this trend becomes more widely known, drugs will be deglamorized and lose their appeal for some adolescent audiences.

(6) The expected gradual ebbing of demand and use we see in the adolescent population as a whole will not necessarily be seen throughout the cohort. On the contrary, we may be seeing a downward circulation of drug use and other pathologies. As the hazards become evident and disincentives, such as loss of jobs, loans, licenses, are more widely employed, drug use may become more concentrated in the groups that are less responsive to health information and to most disincentives. We have already seen this pattern in such different domains as cigarette smoking and AIDS, where the social classes that initiate hazardous recreations abandon them when the costs become apparent, while other strata will not or cannot. This is an ironic dialectic: the social trickling down of these habits makes them declassé, hence even less attractive to the middle class--this has been evident for some time in tobacco use among high school students and will be apparent for drug use in the future.

(7) We must disaggregate the category "substance abuser" as a necessary first step toward differentiated approaches to prevention and treatment.

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**FAMILIES, ADOLESCENTS, AND DRUGS:
A REVIEW AND INTERPRETATION OF THE RESEARCH LITERATURE**

By

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The sociology of drug abuse in America has changed dramatically in this century. The use of addictive drugs in the United States, for example, reached a peak in the period from 1900 to 1914, with an estimated 200,000 adult citizens addicted to or regularly using opiates. Passage of the Harrison Act (1914) and the Narcotic Drugs Import and Export Act (1922) and organization of the Federal Narcotics Division (1920) opened a highly successful war on drugs. Under the flamboyant leadership of Harry J. Anslinger, named Commissioner of Narcotics in 1930, a modest-sized team of highly dedicated Federal agents successfully reduced the number of opiate addicts (often, it is true, with scant regard for civil liberties). This resulted in a steady increase in the average age of those still affected. By 1940, the Division also had international drug traffic basically under control, and there was a growing sense "of dwindling importance around the drug question." In addition, psychologists and sociologists reported progress in analyzing the causes of addictive behavior and identified a "basic personality defect" that seemed linked to family disorders. Treatment for that disorder seemed a real possibility.¹

It is important to note that, throughout this period, American youth were relatively unaffected by the use of illegal drugs and addiction. There were reports during the 1930's that marijuana use was extending beyond the then-marginal realms of sailors, drifters, West Indians, and Mexican field hands, and finding a market among young whites, who had heard of the substance's reputation for "thrills" and "kicks." A few experts even fretted that marijuana was "a drug with a future," particularly given its ease of cultivation. But these developments remained minor sour notes in an otherwise successful campaign.²

It was not until the 1950's that illegal drug use among children and youth became a source of considerable worry. In 1949, Anslinger estimated that there were 65,000 heroin addicts in the country, half of them in New York, and that the number seemed to be stable or shrinking. In 1950-51, though, *Newsweek* magazine ran a series of increasingly worrisome reports on the use of heroin among the young, particularly Puerto Ricans and blacks. Teenagers were "turning their arms and legs into pin cushions," the news weekly claimed.³ Other journals, including *Life*, helped to sound a new alarm about drugs.

Indeed, studies began to document a changing addict population. The typical addict early in the century was an adult, linked for years or decades in a symbiotic relationship to the criminal justice systems. The new addicts, though, were primarily young minority males, in Northeast urban ghettos, who reportedly stole to finance their habit and totally rejected mainstream society. Experts also began to detect a rising sense of rebellion among the urban young, which threatened to extend beyond the slums. In a 1951 series on drug

use, *The New York Times* reported, "the most terrifying thing about this bewitching of the youthful...is that it happens to 'normal' and average children."⁴ A 1952 article in *Science Digest* noted, "hard pressed to create a market, peddlers have left the slums and invaded middle-class schools and neighborhoods."⁵

Despite this waxing concern over youthful heroin use, the use of narcotics and hallucinogens by teenagers remained a marginal phenomenon into the early 1960's. The Boggs Act of 1951 and the Narcotics Control Act of 1956 strengthened drug law enforcement by setting mandatory sentences for drug traffickers, including the death penalty in some cases. President Kennedy's 1962 White House Conference on Drug Abuse concluded that the drug problem was under control and scathingly criticized the Federal Bureau of Narcotics for overstating the addiction problem. New studies of the sociology of heroin addiction were underway, work that promised to identify linkages to family and community failures. The experts called for a diminished role by law enforcement agencies in the field, and increased attention to medical and psychological treatments. There were few hints of what was about to come.⁶

The 1960's became a decade almost defined by the explosive increase in drug use among teenagers and young adults. Statistics give some sense of the change. In 1963, the Uniform Crime Reports compiled by the Federal Bureau of Investigation counted 30,000 drug arrests throughout the Nation, a rate of 29 per 100,000 persons. By 1969, there were 233,000 arrests, a rate of 162 per 100,000. Moreover, the composition of arrestees changed: the proportion of those arrested who were under age 18 increased from 6 percent in 1963 to 25 percent in 1969; the percentage of blacks fell by half (from 26 to 13 percent), while the proportion of whites soared. Drug arrests continued to increase dramatically into the early 1970's, reaching 642,000 nationwide, and the arrest rate for urban areas peaked at 393 per 100,000. For cities, this figure then held steady for a period, but the increase continued in suburban and rural areas through the remainder of the decade.

The most startling aspects of this new incidence of youthful drug use were its concentration among the white middle class and the array of substances being used. For the first time in American history, there were pro-drug advocates who enthusiastically embraced marijuana, LSD, and amphetamines as "good" for the mind and the soul. Drug use became part of a burgeoning counterculture filled with the children of suburbia, a symbol of rebellion against long cherished values, a sign of decay in and confusion about "the American way of life."⁷

The unraveling of American life, reflected in the drug arrest statistics, could also be witnessed in trends in family life. Here, too, statistical evidence pointed to an unprecedented collapse of normative social arrangements. The number of divorces climbed from 393,000 in 1960 to 1,213,000 in 1981; the divorce rate rose 140 percent. The number of children involved in divorce each year climbed from 463,000 to 1.2 million in the same period. The rate of first marriage (new brides per 1,000 single women) declined 30 percent; among women ages 20 to 24, the fall was a dramatic 59 percent. Meanwhile, the birth rate tumbled from 118 births per 1000 women, ages 15 to 44, to 65.6 in 1978. The Nation's total fertility rate, which measures a society's success in reproducing itself, slipped into the negative column in 1973. Even this low figure was sustained only through a

dramatic increase in the number of illegitimate births, from 224,000 in 1960 to 715,000 in 1982.

Some commentators, along with popular wisdom, suggested that these trends were related. But how? The commonsense truism that "bad homes produce drug users" had seemed valid in the 1950's. But in subsequent decades, pundits suggested that the relationship may have reversed, that the drug epidemic was destroying homes. It was clear that as drug use patterns had changed, so had styles of family life and child rearing. What relationship did these patterns of family living have to addiction and drug abuse?

This question first drew systematic research attention in the late 1950's and early 1960's, with a focus on youthful heroin users. Attention later turned to a consideration of drug use by children of the middle class. Yet, through a curious form of self-censorship, the promising leads from this early work were shunted aside during the 1970's, and the "family-drug" question left languishing. In our decade, however, the issue has again sparked new research, with results reinforcing the themes first uncovered 25 years ago. In addition, the policy implications of this work have come more clearly into focus.

Protection By Families

During the 1950-69 period, researchers in sociology and psychology who looked at the family-drug equation moved toward a common conclusion: Family life, properly structured, could and did insulate children from drug experimentation and use; and the more traditional the family, the greater the degree of protection.

Early work focused on the family of the heroin addict. Eva Rosenfeld reported that the families of addicts were characterized by parental death, divorce, or desertion. In the typical family, she said, the mother was an immature parent who vacillated between rejection and possessiveness. The father, if present at all, was a remote, detached figure.⁸ In his review of the literature on the subject, Nathan E. Seldin of the National Institutes on Mental Health Clinical Research Center emphasized the family's crucial role in the formation of the addict's personality: "The father is detached and uninvolved, while the mother, who dominates the family, is viewed as emotionally immature, conflicted, and ambivalent about her family role." Marriage brought "a replication of the original family dynamics," with a dominant, "psychosexually ambivalent" wife who perpetuated the addict's behavioral patterns.⁹

Isidor Chein and coauthors, in *The Road To H: Narcotics, Delinquency, and Social Policy*, offered the most comprehensive look at the family patterns of the addict. Hypothesizing that a particular personality pattern preceded addiction, Chein identified the characteristics of a boyhood environment likely to produce such a pattern: maternal hostility coupled to occasional indulgence; overanxious parental reactions and concern with illness; marked social and cultural disparities among parental models; lack of warmth between parents; inadequate gender identifications; and a distrust of prevailing social institutions. In a comparison of their addict and control groups, the team found all of their major hypotheses "strongly supported by the data." Indeed, some of their results were startling. For example, a full 97 percent of "addict families" showed a "disturbed

relationship" between the parents, compared to 41 percent in the control group. Mother dominance was a common feature of addict families. The strongest finding, though, was a close relationship of youthful addiction to "the absence of a warm relationship with a father figure with whom the boy could identify." Cnein's team found the same results among the families of female addicts: insecure mothers "concealing their conflicts and insecurities behind a facade of efficiency, responsibility, and excessive mothering," and fathers that "could be described as weak, immature, quiet, and passive in family roles." Overall, for male and female addicts--whether white, Hispanic, or black--the results showed that psychopathology leading to heroin addiction was born in "a malignant familial environment."¹⁰

Other studies from the period found similar results for different addict/control groups and substances. In his study of the abuse of methylamphetamine, David Hawks reported that 41 percent of the users had "some definite or tentative evidence of neurotic disturbance in childhood"; 49 percent had suffered through parental divorce, separation, or death before they were age 16.¹¹ Walter Cuskey and his research associates reported clear associations between family structure and addiction. Poverty, they found, did not cause addiction. Rather, it derived "from unstable homes, and from emotional thwarting and deprivation."¹² In a study of drug use at the University of Vermont, R.A. Steffenhagen found that Protestant and Catholic youth from "cohesive families" were "less prone to drug use" (although the relationship did not hold for Jews).¹³ A study of 100 female narcotic patients reported that nearly two-thirds came from broken homes.¹⁴ An analysis of the social characteristics of schools with serious drug problems found a significant correlation with "broken families."¹⁵ A.A. Alkire showed that disturbed children had powerful mothers, whereas normal, outgoing children had powerful fathers. Moreover, this linkage of gender role reversal to psychological trouble and drug use held across several categories of families and disturbances.¹⁶ Using a British sample from 1966 to 1968, Peter Noble and his team found that the presence of a stepparent in a home doubled the likelihood of narcotic use by girls, when compared to the control group.¹⁷

A more comprehensive, 9-year (1955-64) study by William Westbey and Nathan Epstein sought to measure the linkage between family organization and emotional health. They reported "a direct relationship" between the emotional well-being of children and the bonding between the parents. The "most positive" emotional climates were those in which the wife demonstrated the "adoration pattern," where "she literally felt that her husband was the perfect man for her and had been responsible for most of the good things that had happened to her in life." This model woman "remained deeply satisfied" with her role as mother and housewife, an attitude linked "with her capacity to provide a form of organization in which the members of the family achieve considerable autonomy." There was, in particular, a strong positive relationship between upwardly mobile mothers (those who "married up") and the emotional health of sons. Complementing this view of maternal influences, Westley and Epstein reported that "father-led" families produced "predominantly emotionally healthy children," while "mother-dominant" families spawned serious pathologies in children. "Sharing families," where fathers and mothers participated equally in home-based tasks, also produced trouble: "In general, the family had little family life; the parents and children were not close, and the family seldom functioned as a group, and when it did, not happily." In general, the researchers concluded that "the emotional

health of the children is strongly affected by the mother's adequacy in her mother role. This [is] why the acceptance of spouse roles correlates with the emotional health of the children."¹⁸

Richard Blum and associates, in *Horatio Alger's Children*, offered the most complete early assessment of the relationship of family life to drug use. Drawing his sample from San Mateo, CA, in the late 1960's, Blum sought to identify the family factors that correlated with "low risk" and "high risk" of teenage drug use, within a period of growing general substance abuse. Among white middle-class families, Blum found that certain qualities were significantly related to low risk of drug use: unquestioned belief in God; regular church attendance (only 7 percent of children in low-risk families had no religious affiliation, compared to 49 percent of the high-risk cohort); political conservatism; a father-led, authoritative structure; fathers with white-collar jobs in private business; acceptance of hierarchy; subordination of personal autonomy to self-identification with the family group; family size (the more children in the family, the less risk of the use of drugs); Catholic or Mormon affiliation; a tendency among the women to vote [in 1968] for Republican candidates or George Wallace; lower relative family income; mothers more interested in home life; high levels of youthful obedience, respect, and self-control; fathers who quickly moved to protect a family member who was in some way threatened; and a deep bond to family tradition, where "the strength, love, and sometimes, glory of father is presented as a reflection of the father before him."¹⁹

In contrast, families with children involved with drugs in some form or another (labeled "high risk") were characterized by: mothers with hobbies such as shop, mechanics, and competitive athletics; a higher average level of education and income; fathers with professional or artistic occupations and a poor opinion of the "suburbanite mentality"; a low level of religious affiliation; skepticism about God; "high levels of activities that take the mother outside the home (aspiring mothers)"; and fathers who were "overly intellectual, [and] took on mothers' functions."²⁰

Among blue-collar white families, Blum reported similar findings: "low-risk mothers gave priority to belief in God, love of one's country, and having a high regard for law and order. Low-risk mothers gave low priority to maximizing one's own human potential." Meanwhile, high-risk mothers gave high priority to "understanding oneself" and meeting "one's own human potential." They were diversified, less family centered, and "likely to rule the household." Low-risk fathers, like the mothers, gave the highest priority to belief in God and loving one's parents. These fathers were family-centered and authoritative, "and occasionally are rigid disciplinarians." Overall, "the low-risk family is more conventional, less permissive, more religious, more community-oriented, and apparently happier than is the high-risk family."²¹

Indeed, Blum concluded that the traditional, tight-knit, protective family does succeed in protecting its children from drugs. Good families "institute protective measures to ensure that external influences will not affect family unity." Low-risk families succeed by giving approval and love to their children "so that the child has enough confidence to develop 'intestinal fortitude'...to remain steadfastly on his chosen course." Blum did point to the "problems" of this family form, particularly its "opposition to fitting children for

change" and a curious affection for George Wallace-styled populism. Yet he affirmed that a certain, very traditional family structure would--on the average--successfully immunize children against illegal drug use.²²

A Curious Silence

For some time, though, few researchers followed Blum's lead. The influence of family structure or style as a research problem almost disappeared from the literature during the 1970's. There were a handful of studies, such as that of Tolone and Dermott, which found that drug use among high school students was significantly related to membership in "less intact families" and lack of closeness to parents.²³ Yet more common were conclusions that a mother's marital status or employment had "little or no influence on teenage drug use,"²⁴ or that parents' example and values were of less importance than the influence of peers.²⁵

Part of the difficulty, it seems, lay in a generic problem of assessing social causality. In a brilliant 1965 article for *Social Problems*, Travis Hirschi and Hanan C. Selvin outlined the logical difficulties that plagued research on juvenile delinquency, where six "false criteria of noncausality" were commonly used to deny any relationship between delinquent acts, including drug use, and factors such as broken homes, poverty, and working mothers. If these false criteria were applied systematically to any field of research, the authors showed, no statistical relationship would survive the test, and policy makers would be crippled.²⁶ While by no means unique to the 1970's, the tendency to dismiss "broken homes" and "working mothers" as meaningless variables in the understanding of youthful behavior continued.²⁷

More telling, if less directly demonstrable, was the influence of ideology during the 1970's, which may have discouraged--directly and indirectly--the publication of material that implicitly affirmed to traditional family life. In a decade culturally dominated by self-actualizers, population-control enthusiasts, sexual liberationists, and vocal feminists, the Blum book was an embarrassment. More characteristic of the culturally correct message was the family-life curriculum for high school students proposed by Eleanor Macklin. It was necessary, she said, to abandon lingering attachment to the traditional family (adults marry someone of the opposite sex, have children, remain faithful, and live together until death) in favor of "education for choice." This would include an affirmation of childlessness, presentation of the "single parent family" as a "viable lifestyle," training of high schoolers in androgyny and skills for handling adultery, and support for the gay-rights agenda. Each child should learn to write his or her own "lifestyle script." A single child, for example, might "choose to stay single, have children, coparent, make a permanent commitment, be sexually nonexclusive, have a same-sex partner, and live communally."²⁸

Family sociology textbooks from the 1970's more clearly revealed the sociological profession's desertion of prevailing American norms. Those published before 1972 continued to view the middle-class nuclear family--essentially Blum's low-risk unit--as the actual and desirable American norm. Those appearing after 1972 abandoned this model, turning instead to new, experimental modes of behavior.

Ira Reiss's 1971 text, *The Family System in America*, for example, stressed the continuity and stability of the middle-class family model. The traditional family unit formed the book's ordering principle and was used to identify deviant behavior such as premarital pregnancy and homosexuality. Reiss then saw the rest of the world as moving toward the American model. However, in his 1976 edition (revealingly pluralized as *Family Systems in America*), Reiss emphasized that "choices in all stages of the family are now legitimate far beyond what they were just 5 or 10 years ago." The traditional family no longer served as the ordering principle of his text. Indeed, there were no longer any family norms: "We are now involved in a society with a variety of lifestyles that necessitates that people be able to feel that their lifestyle is proper to them, even though it may not be a proper lifestyle for other people."

Bert Adams, in his 1971 text, *The American Family: A Sociological Interpretation*, described a traditional American family norm that, "[b]arring a major historical upheaval...is likely to persist over the next generation." Such an upheaval apparently occurred, for his 1976 edition, *The Family: A Sociological Interpretation*, stressed alternatives to the nuclear family and the need for personal choice of an appropriate family lifestyle.

Gerald Leslie, in his 1967 edition of *The Family in Social Context*, declared that the "white, Anglo-Saxon, Protestant, middle-class family is a kind of prototype for the larger society...Its patterns are 'ideal' patterns for much of the nonwhite, non-Anglo, non-Protestant, nonmiddle-class segment of the population....In 20th-century America, however, an increasing proportion of the population is achieving the ideal." The values found in this ideal family included marriage as the dominant life goal for men and women; marriage based on love and free choice; the expectation that marriage should produce happiness for both partners; the belief that life has much to offer the young; the idea that childhood should be protected and prolonged; the confinement of sexual relations to marriage; the belief that husbands and wives have traditional roles to play; and the idea that individual fulfillment should be sought in family living.

Leslie's 1976 edition, though, not only discarded the middle-class family as a cultural model, but also attributed new values to the middle class family that were radically different from those in his 1967 list. These included equality of the sexes, involving the egalitarian division of tasks between men and women; democracy in all status and power roles among and between parents and children; permissive mate selection, including free sexual experimentation for youth and the right of men and women to enjoy sex; a strong emphasis on conjugal companionship; and a turn to divorce if counseling failed.²⁹

By the end of the decade, though, the tide of this orthodoxy had passed. A new round of research and analysis focused on the family and drug use made its appearance, studies that reinforced the themes in earlier work.

Denise Kandel, for example, reported on recent studies that linked marijuana initiation to maternal unconventionality, passivity, and lack of involvement in their children's activities. Adolescents from "conventional" families, it appeared, did internalize negative attitudes toward deviant activities such as illegal drug use that gave them real

protection.³⁰ A study of high school students in rural Ohio found that youth from homes destabilized by separation and divorce were significantly more likely to use marijuana and alcohol.³¹ Maternal power over children, as perceived by adolescents, another study showed, was significantly related to family religious belief, but not to the mother's employment status.³² Judith Brook and her coauthors found that, among adolescents from intact homes, drug users had fathers who were "nonengaged," weak, and dominated by their wives. In contrast, nonusers of marijuana (the control group) had fathers who centered their attention on children, who were warm in their relationships, and who complemented the love shown by mothers.³³

A research team from the University of Michigan assessed the relationship of drugs to alternative living arrangements among recent high school graduates. They found that a close, ongoing tie to adults inhibited drug use, that marriage of young persons directly out of high school had a similar effect while cohabitation increased illegal drug use, and that homemakers were the occupational group showing the sharpest decline in drug usage.³⁴

A subsequent study by Brook, Whiteman, and Gordon found that adolescents who had "affectionate maternal relations," who were "conventional," and who had strict traditional fathers were significantly less likely to use illicit drugs.³⁵ Psychologists at the University of California causally tied family failure to young persons' sense of "loss of control" and "meaninglessness," which led to illicit drug use.³⁶ Meanwhile, a series of new reports linked parental attachment to and nurturance of children with a diminished propensity for substance abuse.³⁷

Looking specifically at family structure, a research team headed by Alfred Friedman studied the drug-use patterns of 2,750 adolescents admitted into drug treatment programs, seeking to find variations in the intensity or severity of the use of illegal drugs. Among their provocative discoveries were a significant negative relationship between drug usage and family size (the more siblings and extended family members in the home, the lower the degree of use) and a strong indication that any inconsistency between parents (such as a religiously mixed marriage or a wide gap between parents' educational levels) is associated with higher drug use among children. Turning specifically to the question of the broken home, Friedman's group distinguished homes broken by separation and divorce from those disrupted by the death of a parent. They found a highly significant relationship between degree of drug use and separation of parents ("F" value = 13.1, $p < .001$) and divorce ("F" value = 23.9, $p < .001$). However, there was no significant linkage between illegal drug use and the death of a father or mother, which put into sharp focus the unusual level of trauma produced by the former acts.³⁸

Several recent articles by Kazuo Yamaguchi and Denise Kandel have carried the family-drug question forward, showing that individual steps toward construction of a traditional family unit will actually and causally reduce drug use. In an important 1985 article for *The American Journal of Sociology*, they suggest that "conventional family roles" and marijuana use are incompatible. Looking at cross-sectional samples, they note that the turn to marijuana is consistently inversely related to marriage, while positively related to divorce and cohabitation. Assuming that individuals will work to minimize role conflict, they ask whether the acts of marriage and conception of a child might reduce marijuana

use. Using a sample of 1,325 young adults, they found that the use of marijuana delayed marriage ($p < .01$) and strongly deterred childbearing ($p < .001$). Indeed, Yamaguchi and Kandel discovered that continued marijuana use had the highest predictive effect for divorce and avoidance of parenthood of any of the variables they studied. However, their hypothesis that prior steps toward conventional family status might reduce drug use also held. They found that men were likely to stop marijuana use in the year preceding marriage and in the year after becoming a parent within marriage. Women, meanwhile, were likely to stop marijuana use in the years both before and after marriage, "with further intensification of this trend during the year preceding the birth of their first child." The data also indicated that marriage led "to a strong reduction in the propensity to initiate marijuana use" among women. In short, their work suggested that the acts of marriage and parenthood reduced drug use, even within the young age cohort used in their sample.³⁹

The implication of this work, like that of earlier decades, is that the incidence of future drug use will be significantly related to the proportion of traditional (once, conventional) families within the population. The sum of the research data is unambiguous: children are insulated from the use of illicit drugs within intact families that are father-led, where mothers give their first priority to home-centered activities, where religion is an active and vital force, and where one finds numerous siblings and meaningful linkages to other relatives. Conversely, drug use by children and adolescents will thrive in a society characterized by divorce, cohabitation, out-of-wedlock births, and men and women who give highest priority to activities and interests outside the home. These implied linkages help explain the apparent stabilization, or decline, in youthful drug use that has been seen in this decade. After the startling changes in family structure and life seen in the 1960-80 period, several key indicators have since stabilized, or turned in a more healthy direction, including the divorce and birth rates. Whether this modest reversal is a harbinger of the future, or merely a pause in the progressive unraveling of American social life, remains to be seen. The implication of the research reviewed in this paper, though, is that the answer to that question will largely determine the parameters of the youth drug problem in the 1990's and beyond.

Government As Cause and Cure

A possible response by policy makers to this research, though, is "so what?" The disintegration of family life in this country, they might say, is a development independent of Government, caused by long-term forces such as urbanization, secularization, and adults' free choice of individual autonomy over the restrictive bonds of traditional family life; even if it wanted to, there is little that Government could do to support the traditional family in the face of these trends. This answer assumes that actions of Federal and State Governments both can be and are unrelated to recent family trends. However, neither assumption holds. First, it is folly to assume that an institution the size of our trillion-dollar Federal Government does not exert a myriad of direct and indirect influences on family life. These impacts certainly vary from family to family, but they are--with equal certainty--undeniable. The same generalization would hold for the States, particularly when looking at agencies devoted to public education and child protection. Second, it is possible to identify a wide variety of actions by Federal and State Governments that have impinged on the freedom and autonomy of the traditional family. While there have always been

justifications for these actions, frequently including "family failure," the net impact has been to diminish the very qualities that insulate children from drug abuse. For example, there exists a new consensus, spanning conservative and liberal sentiments, that the Nation's existing welfare system disrupts or prevents traditional family life. As one recent document summarized, "some observers have come to see existing welfare policy as toxic; they believe that it is damaging the very poor it intends to help."⁴⁰

In this line, Randal Day of Washington State University has identified an emerging conflict between three family forms: (1) traditional families, with a father as primary breadwinner and secondary child caretaker, and a mother as primary child caretaker and ad hoc member of the labor force; (2) egalitarian families, where men and women are co-equal breadwinners and child caretakers; and (3) the mother-State-child family, where unmarried women raise children with the support of the State, through Aid to Families with Dependent Children, food stamps, housing supplements, and related benefits. While the evidence suggests that the first (traditional) family form protects children from illegal drug usage and the latter two forms do not, recent State encouragement has been directed in favor of egalitarian and mother-State-child families. Day worries, in particular, over the dilemma of the married father with a low-paying job: "It is he who underwrites his own children directly plus children of other men indirectly via taxation. His plight has been eased neither by sympathetic publicity nor by Government policies designed to relax the economic vise in which he has been placed."⁴¹

Other Federal income redistribution policies have also had a negative impact on traditional families. The payroll tax has climbed from a maximum of \$348 in 1965 to 14.3 percent of income (up to \$6,400) in 1988. Meanwhile, the 1960-84 period also witnessed a dramatic shift in the burden of the Federal income tax. Single persons and working couples without children saw no change in their average Federal income tax rate. However, a married couple with two children saw its average tax rate climb 43 percent. For a family with four children, the increase was a staggering 223 percent. These shifts in tax burden, falling disproportionately on young traditional families, combined to reduce real disposable family income in this period. Between 1967 and 1984, the total Federal tax burden rose from 6 to 13 percent of income for low-income families, from 10 to 17 percent for middle income families, and from 13 to 20 percent for families of modest wealth. Over the same period, the average pretax real incomes of families with children increased by only 4 percent. After taxes, therefore, families with children were, on the average, worse off than before. In a recent paper, John Weicher and Susan Wachter offered a snapshot of the net effect of these Government-induced income transfers between generations. They found startling changes in the distribution of wealth between 1977 and 1983. Persons over age 65 recorded a startling 58 percent increase in their net worth during that relatively short 6-year span. Among persons aged 55 to 64, the increase was 33 percent. These gains contrast with a 12 percent decrease in net worth for persons aged 25 to 34, and a remarkable 34 percent decrease among young adults aged 17 to 24. Simply put, Government-induced income transfers have made the creation and maintenance of a traditional family more difficult.⁴²

Federal labor policy has had a similar bias against traditional family life. Since the mid-1950's, Federal policy has increasingly viewed full-time mothers as a "waste of human resources" and a rich potential source for new labor. In the 1955-57 period, the National Manpower Council, funded by the Ford Foundation and based at Columbia University, undertook an indepth study of "Womanpower." The Eisenhower Administration offered its support, including personnel from the Army and the Department of Labor. While the resulting report was carefully written and nuanced, basic themes were clear: "the weight of tradition" cramped the life choices and career opportunities of women; "the attitudes of the society" toward the role of women in family life "are deeply rooted and resist change, but they are far from immutable"; vocational educators and school officials must impart "the revolution in women's employment to their students"; girls must be encouraged to enter technical and scientific occupations; the trend toward early marriage must be reversed.⁴³ Federal statutes during the 1960's and early 1970's worked to implement this vision: The Equal Pay Act of 1963; Title VII of the Civil Rights Act of 1964; The Equal Opportunity Act of 1972; and Title IX of the Education Amendments of 1972. Care was usually taken to emphasize that women choosing to devote part of their lives to childrearing and homemaking were not being discouraged; free choice was the stated goal. Yet, in 1981, the U.S. Commission on Civil Rights declared, "women's traditional family role--and in particular their responsibility for childcare--constitutes a significant barrier to equal opportunity." The panel's report used the fact that many women still chose to be full-time mothers as prima facie evidence that women were discriminated against. The report noted, for example, that "mothers are the group of women least likely to be in the labor force," which it viewed as proof of discrimination. The report also stated that the subsidy provided to the middle class by the childcare tax credit was so low "that some women may still choose to remain at home rather than to seek employment." The very existence of traditional mothers now seemed an affront to basic civil rights.⁴⁴

Even the exercise of the State's police power over families could be seen as undermining the very family form best able to protect children from the use of illicit drugs. There has been growing attention, in recent years, to evidence of "abuse of the child abuse laws." According to some recent estimates, there are 600,000 to 1 million cases of false abuse charges brought each year, unfounded allegations that drag thousands of new American families through the indignities and subtle terrors of a Government investigation into their character.⁴⁵ There is growing evidence, moreover, that the very act of intervention into families may actually increase levels of family disruption and child abuse. In one study, the incidence of "re battering" among families supervised by State authorities was 60 percent; among families in a control group without supervision, the "re battering" rate was only 30 percent. State interveners, it seemed, disrupted parental authority patterns and increased parent-child tensions.⁴⁶ Such results have led psychiatrists Joseph Goldstein, Anna Freud, and Albert Solnet to conclude that the State policing of families through the courts and child welfare agencies is a net force for harm: "The law does not have the capacity to supervise the fragile, complex interpersonal bonds between child and parent....The State is too crude an instrument to become an adequate substitute for flesh and blood parents."⁴⁷

In the face of these arguments, a rational response is that certain societal goals are superior: income redistribution aimed at social justice; old-age security; lifestyle and gender-role engineering; and the priority of the State over parents in the control of children. The central conclusion of this paper, though, is that according these goals superior status will predictably result in a much higher level of illegal drug use among American youth. Traditional families, the research shows, do insulate their children from drug use. Nontraditional, innovative, or nonfamily forms of child rearing apparently do not. But if the superior goals are reducing the use of illegal drugs and giving Americans maximum freedom to order their own lives, there is an alternative social agenda. This agenda recognizes the wisdom of an observation made by Urie Bronfenbreuner in 1970: "The battle today is not between children and parents; the battle is between society on one side and families on the other." This agenda assumes that while Government's capacity to harm the family is vast, its ability to help is limited. It involves:

- (1) **Tax relief focused on children.** As partial compensation for the massive shift of the Federal tax burden onto families since 1960, and with the general goal of reducing the Governmental presence in the household economy, a series of tax relief measures would reduce State-imposed financial pressures on young families. The personal exemption from income tax, for dependent children only, could be doubled to \$4,000. The existing childcare tax credit, currently available only to families using nonparental care, could be transformed into a universal, refundable credit set at a fixed amount--say \$500--and granted for each preschool child. A universal Dependent Child Credit of \$600 per child could be created, refundable up to the total value of the parents' payroll tax.
- (2) **Restricted State intervention into families.** Reforms, primarily at the State level, might include improved screening techniques on child-abuse "hotlines" (the source of many false accusations); more normative and precise legal definitions of neglect and abuse; guaranteed legal representation, rules of evidence, and due-process in child removal proceedings; holding State therapists liable to civil action by parents; and ensuring respect for pluralistic patterns of childrearing.
- (3) **Welfare reform that gives priority to reconstructing viable families, in areas where the so-called "underclass" of mother-State-child families now predominate.** The central goal should be employment opportunities for young men, particularly minorities.
- (4) **An end to Governmental campaigns that promote certain lifestyles over others.** The coercive promotion of employment patterns, childcare choices, and gender roles is not an appropriate State activity. Such matters should be left to the free choice of Americans. Where Federal or State policy does (or, rarely, must) impinge on private family life, it should do so in as neutral a manner as possible. On a more carefully targeted note, additional research is needed on the social etiology of drug use. I would affirm what has been noted by other students of the subject: There has been scant attention to the influence of churches, religious belief, and the media on youthful drug use.⁴⁶ Concerning family patterns, there is also a need for long-term research on questions of the influence of early daycare on later drug use (among very deprived populations, there are indications that it may help; among middle-class families, no one knows); the impact of the two-career family form on drug abuse (a few existing studies suggest a relationship); the relative

influence of joint custody awards in divorce proceedings on children's drug behavior; the impact of "workfare" programs on the drug patterns of children with welfare mothers; and the benefits relative to drug use derived from early marriage. These are hard questions, for the results may run counter to prevailing currents of ideas. The ultimate question may be whether we consciously want to hold our children hostage to these constraints of ideology.

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DRUGS, PEER GROUPS, AND SCHOOL COMMUNITIES

By

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I concentrate in this paper on drug use, not on "substance abuse." Despite the tendency in research to conflate all forms of "substance abuse," I believe that there is an important difference between the use of what we commonly understand as drugs and the use and abuse of alcohol and tobacco, and that if we ignore this difference our efforts are likely to be confused and less effective than they might be. "Substance abuse" is an odd term that equates alcohol, tobacco, illegal drugs, and drugs available by prescription or over the counter. There are reasons why one may be tempted to make such an *ominum gathenum*. Arguably, the abuse of alcohol leading to drunken driving and alcoholism affects more Americans adversely than the use of legally banned drugs, and with greater overall costs to the society. One may be able to make the same argument about tobacco. In terms of damage to individuals and society, there may be no great difference between alcohol, tobacco, and illegal drugs.

But key differences in the history and social meaning of the three "substances" make a generalized attack likely to sow confusion in the minds of youth. The use of drugs and addiction to drugs are not part of our culture, not integrated into our customs and lives and family and religious celebrations—drug use comes to us as purely external sensual gratification, with no redeeming virtue. By contrast, the use of alcohol is sanctioned by millennia of use, incorporated into the religious practices of both Christians and Jews, part of the substance of daily life for millions of Americans, and an accepted element in celebration. Whatever the consequences of alcohol abuse, which affects only a fraction of alcohol users, I do not believe alcohol can be rooted out of a culture in which it has played an organic and central part for centuries and millennia. Tobacco has a shorter history in our culture, but it too is integrated into legitimate customs and used in a way that illegal drugs are not.

Because of the longstanding legitimacy of alcohol and tobacco, parents and other adult authority role models may well be users of alcohol and smokers of cigarettes, pipes, and cigars. In doing so, they do not break the law, in contrast to drug use. We depend on parents and other adult figures—policemen, probation officers, therapists, youth workers—to play a key role in the eradication of drug use. For them to be effective, there should be as little ambiguity and confusion in student attitudes to them as possible. To conflate drug, alcohol, and tobacco use is to undermine student confidence in authority figures and reduce the effectiveness of their efforts to combat drug use, enabling young people to counter antidrug messages by arguing, "you're another" or "physician, cure thyself."

To distinguish in our educational and regulatory efforts between illegal drugs and alcohol and tobacco is not to propose exempting alcohol and tobacco use from criticism and regulation in schools. It is perfectly legitimate to impose a minimum age limit for use (as our States do with alcohol) and to further limit use in schools on the basis of educational function. Many educators ban knitting and eating in class for reasons that have nothing to do with the legitimacy of these activities elsewhere. Nevertheless, even while we advise against drinking and smoking, and ban it in the controlled environment of the school, we must accept that their use is legitimate under certain circumstances of age and place.

Our stance must be very different in the case of illegal drugs. With drugs, our educational, preventive, and behavior-change efforts must aim at total eradication. It is not possible in an educational environment, where one teaches what is right and lawful, for teachers and administrators to make adjustments and modifications that depend upon circumstances--to tolerate some use, or modest use, or balanced use. It would be as if one were to tolerate some stealing, some beating of fellow students or teachers, based on judgment and circumstances.

Inevitably, our teachings on alcohol and tobacco must be more modulated than our teaching on drugs. It would be quite legitimate, for example, to argue for a doctrine of "responsible" alcohol and tobacco use, related to age, place, circumstance, and the like. This would combine respect for, or at least tolerance of, moderate use by adult role models with teachings that use by children and young adults requires greater limitations and with legal sanctions such as the ban on the sale of alcohol to those under 18 or 21.

One reason why administrative agencies that research "substance abuse" combine their findings on alcohol, tobacco and drug use often in the same reports, is that physicians and health specialists see common dangers in all forms of substance abuse. But another reason is less innocent: Those who would like to see drugs of one kind or another legalized, who feel that the dangers of drug use are exaggerated and that "responsible use" is possible, strengthen their position by arguing a similarity in motivation in the use of alcohol, tobacco, and drugs. If alcohol and tobacco are used, and have bad health consequences only when used to excess, why not "responsible" use for drugs? Much of the drug education literature of the 1970's, and perhaps today, takes this position. For example--this is, perhaps, an extreme case, since the authors are connected with the Ectopia Clinical Training and Research Institute of Winter Park, Colorado--consider some quotations from *Drug Education: Content and Methods*, by Daniel Girdano and Dorothy Dusck:

Recreational drug use may be normative in youth as it is normative to adult American society. Accordingly, an HEW drug education research project concluded, "Drug education should jettison the goal of prevention...rather than embark upon a failure-ridden quest for a youthful society free from drug use--a proposed idyllic island awash in a sea of alcohol, nicotine, and legally prescribed drug-taking." The same report noted that 50 percent of youth and 75 percent of the teachers in their study population reported personal drug use as recreational in nature. In accordance, the average American household has 30 drugs in its cupboards and cabinets. Defining an occasional

nip or toké by a curious or pleasure-seeking teenager as a drug problem and setting a goal of total eradication of all drug use is foolhardy and defies attainment. If drug use were totally wiped out, it would be for the first time in history, for drugs are very much an accepted part of the American lifestyle. Drugs are, after all, manufactured in large numbers, advertised, and used by most of us daily. To single out one segment of the drug-using population or one particular class of drugs as socially unacceptable and educate for eradication is a difficult, if not unethical, position for drug education programs to take.

* * * * *

Drug education can (a) supply information as to what a particular drug can do and what it is unable to do, (b) analyze motivations, separating underlying need fulfillment from socially acceptable excuses, and (c) provide stimulus for students to clarify their values concerning health, risk-taking behavior, and drugs, so that rational decision making processes can be developed.¹

The authors urge a "values-clarification" approach to drug use: "This approach respects individual beliefs, attitudes, and values and asks each person to clarify in his or her own mind (a) what is important, (b) how one has decided what is of importance, and (c) whether he or she acts to affirm that importance."² A somewhat more mainline approach to drug education similarly places illegal drugs in the spectrum of acceptable normal behavior:

The search for comfort in something external is often rooted in early childhood. Many of us remember times when we were in tears because we couldn't stay outside and play longer with our friends or Mommy was too busy to hold and love us. We may have been given a lollipop or some other sweet as a pacifier....The sugary treat meant security, love, freedom from anxiety....As we grew, our need for the drug stayed with us....We Americans consume 40 or 50 tablespoons of it daily....Sugar is not the only great American pick-me-up. How many of us can get by without our morning dose of "speed" (better known as coffee)?...Caffeine can even produce withdrawal symptoms...[that indicate] physical addiction....There is another legal drug...nicotine....Aspirin is a drug canonized [sic] by media and the family doctor....Young people today are up against an adult society which gives its stamp of [approval to] its own list of drugs. Those substances are labeled legal....Many kids today who are drug users (not necessarily *abusers* as yet) have called attention to the hypocrisy...."I do my drugs, you guys do yours. Why do you put *us* down just because you don't like what we use?" There is some truth in that statement. Where do we draw the line between intelligent drug use and abuse?³

Certainly, the point of positing these equivalences is not to turn children against coffee, sugar, and aspirin, but to argue that drugs are not so bad.

Nevertheless, while I would insist that there must be major differences in how we should teach about or control use of alcohol and tobacco and how we teach about or control use of illegal drugs, the results of attempts to change public behavior in the use of

any one of these substances may tell us something about what might be effective for another.

The long-term decline in smoking, and the long-term shift from high to low alcohol content drinks (wine, "light" whiskeys, "light" beer), is somewhat encouraging. Undoubtedly, all forms of education--including school education--that teach the dangers of alcohol and smoking have contributed to this decline, and some techniques, according to research studies, seem to have directly observable effects. For example, Michael D. Klitzner tells us, "Programs employing models in person or on film have demonstrated some success in reducing cigarette smoking [here he refers to work by Moskowitz and Bukoski], and Piper and Moberg [a further reference] report preliminary studies that suggest short-term reduction in alcohol and marijuana use."⁴ The steady exposure to information on the health dangers of tobacco use, and the reduction of promotional advertising that presents attractive figures using tobacco, has had some effect. One expects and hopes that the current, overwhelming flood of negative publicity and information on drugs will have a similar effect in time.

More significant than the changing images in media messages, particularly in the case of tobacco, is that we have begun to institutionalize--after an antismoking campaign now 20 years old--the feeling that smoking is not only unhealthy for the smoker and those around him, but also bad form and a sign of lack of self-control in the user. In contrast to the messages on cigarette packages and on the news, we now have the more potent messages of individuals showing distaste for smoking and groups insisting on a smoke-free environment, and doing so with a sense of righteousness and self-confidence. They are imposing norms, in face-to-face behavior. In a section of his research summary titled "Strategies focused on the peer group," Klitzner reports the significant effects of peer pressure on smoking behavior:

This certainly alerts us, as would any general consideration of drug use, to the significance of changes in attitudes, and consequent effects in controlling behavior, in groups linked by acquaintanceship and friendship, a peer-group, as one of the key areas for possible effective antidrug programs. And if it is, one sees a possible distinctive role for schools in antidrug education and the inculcation of antidrug behavior.

Many discussions of school programs against drugs emphasize the importance of a comprehensive attack on drugs, which is, of course, true: schools cannot do it all. One needs no special insight to realize that effective antidrug education in the schools can only function as part of a larger environment in which antidrug messages are common and uniform in teaching the dangers and negative consequences of drug use, in which law enforcement agencies operate effectively to enforce the laws against drug-dealing and drug use, in which parents are uniform in their opposition to drug use and in monitoring children's behavior, and in which the school--on which all these influences play to create an antidrug culture--teaches and disciplines to prevent, lead children away from, and indeed, punish drug use. Still, in themselves, schools offer a peculiarly focused environment for the antidrug enterprise.

Consider, for example, the fact that even though we must count crucially on parents to be effective preventers of drug use, they are increasingly hampered in this effort by well known changes in the family. In large cities, half the children in public schools may come from single-parent families. The overburdened single parent has less opportunity to teach and exert discipline over the child. This simple reduction in the number of parent role models damages the transfer of norms of behavior from one generation to the next. Worse, many parents, including single parents, use drugs themselves. On the heels of whatever plague that has created a majority of single-parent families among blacks in central cities, the new epidemic of crack has led to rampant addiction among mothers in minority communities, resulting in reduced care or even abandonment of children by the single parents forced into complete responsibility for teaching and control by the widespread refusal of fathers to maintain a steady presence and influence with their children.⁵

In the majority of cases where two parents are found, mothers now work, which reduces the time and energy they have to supervise and control children. Whether we have one parent or two parents, and whether both work or not, we must continue efforts to urge parents—as all drug control programs do—to watch their children, argue against any drug use, and call in social rehabilitation agencies to help with their children's drug problems.

Unfortunately, the family is all too easily evaded by the child today. Other teachers are available, and their teaching often fosters drug use. Some elements of popular culture, largely underground now, still project a picture of drug use as widespread, understandable, and glamorous. And the culture of the street, with its armies of drug dealers, surrounds inner-city youth, particularly minority youth. An antidrug education program cannot concentrate on everything. The pro-drug messages in popular culture should be extirpated, as should the steady offer of drugs from the pervasive drug-dealing enterprise. But the former are protected by the First Amendment, and the latter by the Fifth. The police of every great city insist that the total removal of drug dealers is impossible.⁶ Even individual city blocks and small areas cannot, it seems, be made drug-free. Why they cannot is no mystery: Whatever the formal punishments for drug-dealing passed by State and Federal legislators, the law is hampered by the civil-rights protection available to all, including drug-dealers; by the protection offered to juveniles, who, we are now informed, play an important role in drug-dealing enterprises as lookouts and direct dealers;⁷ by the inability of overwhelmed police departments to maintain a constant vigil; by the laws restricting what kind of evidence, obtained in what way, may be constitutionally used against suspects; and by the limited number of police, prosecutors, judges, and jail cells.

We are assured on every hand that tightening the screws of legal enforcement is impossible, because it requires too many police officers, too many prosecutors, too many judges, too many jail cells, too many probation officers, too many changes in a complex web of criminal law that now leans heavily toward the protection of the accused and is sustained by a large body of Legal Aid lawyers paid for by the public, who consider their task not to punish law breakers but to use the panoply of available protection to keep their clients free and to protect them, to the limit of their ability, from whatever charge the police and prosecutors bring.

Thus, there are limits to what we can expect from families--though we should not give up, for they are crucial; to what we can do in restricting messages that glamorize drugs in the popular culture--since they are protected by the First Amendment; and to in what we can expect from the criminal justice system--though we should not give up there, either.

But the school, and its peer group of students, stands out as a particularly attractive and effective locus for drug-control efforts. The central theme of this paper is that school efforts to eradicate drugs have a better chance of being effective than almost any alternative--more effective than policing borders;⁸ more effective than transforming the family so that an effective two-parent team is recreated, with one devoted in large measure to child care and child discipline; more effective than eradicating drug dealing from city streets. In these three alternatives (of course, there are others), our helplessness is manifest. We cannot or will not, as a democratic society, devote the necessary resources to stop drug traffic; we cannot be optimistic about reversing the trends that have transformed the family--the increase in divorce, in working mothers, in single-parent families; we cannot be optimistic that we will or can invest enough in police and prosecutors and detention resources to maintain drug-free streets.

By contrast, the school is, to some extent, already a protected enclave and can be an even better protected enclave. Not all schools currently function as protected enclaves, but many schools could. Beyond that, schools can support peer groups that resist drugs to counterpoint those, now so common, that spread drug use. The school is potentially a more effective locus than the family, from which the adolescent often tries to escape into a group of friends, the peer group. It is potentially more effective than the street, where there are few controlling agents--due to the breakdown of the community and the decline of a spirit of public observance and monitoring of private behavior--and where only an overburdened police force is now available. Within the school, we have an enormous force of teachers and administrators, more than 1 for every 20 children; we have walls and boundaries that are more easily policed than frontiers; we have, most important of all, a culture still vested with authority and the power of punishment, despite all the legal changes that have reduced this authority (as they have reduced the authority of the police) in the last 20 years. Educators are in the best position (better than that of lone parents or ordinary police) to influence the peer group in which drug experimentation begins and is established.

It is hardly necessary to argue that the peer group is the place where drug use begins. The desire to be part of the group--to show that one is daring or grown up, to conform to group norms--makes the peer group a powerful instigator of drug use and, potentially, a powerful inhibitor of drug use. Drug use among adults may be a matter of lone experiment and addiction, but among school children this is rare. One needs to be part of a network to obtain drugs, to find pleasure in ingesting them, to find support for what is still, in most school environments, aberrant behavior rather than the norm. Where drug use is the norm, and there are such environments, matters are certainly more difficult; one must not only penetrate the peer-group, but do so in an environment that offers little support. (See my comments on this situation, not uncommon in the inner city and in minority areas, below.)

We have had programs and evaluations and research summaries galore. And, as is generally the case with social research, no well-defined course of action emerges clearly and without ambiguity. What does emerge is the great difficulty in demonstrating significant measurable effects on drug use from any program. Knowledge and even attitudes are apparently more easily changed. Yet, the research clearly suggests the significance of the peer group as the initiator and nurturer of drug use. Two studies stand out as particularly persuasive. Both emphasize, in different ways, the importance of the peer group in initiating and maintaining drug use and as a key locus for prevention programs.

One well-designed study tested three theories that might account for adolescent substance use: *differential association*, which in effect argues that adolescents engage in deviance (use of alcohol, marijuana, and other drugs) "because the values of their reference group reinforce such behavior"; *control theory*, which argues that adolescents engage in such behavior "because of their lack of ties to conventional social groups" (such as church and school); and *strain*, which explains deviance "as a mechanism to cope with stress" and expects those who show the greatest deviance to also show a large "number of psychological distress items," to have experienced a greater number of "stressful events," and to be more bothered by "typical adolescent worries." The subjects in the study were a representative sample of 12-, 15-, and 18-year-old New Jersey youth. Researchers came to the following conclusions:

The results strongly support the major tenets of differential association theory. By far the best predictors of adolescents' substance use are the proportion of their friends who use [sic] and their friends' tolerance of use. These findings suggest that adolescent alcohol and drug use conforms to the behavioral and value structure of the peer influence group. The associative and learning processes involved in substance use have little to do with the family context, but are mostly limited to the adolescent culture. The fact that adolescent alcohol and [drug use] is a social activity, engaged in by the peer group, may further suggest why friend variables would [that is, responses to such questions as whether friends use or tolerate use of drugs] have such a strong influence on adolescent use.⁹

Another major study researched the personality attributes of adolescents involved in alcohol and drug use and found:

(1) higher levels of personal instigations for problem behavior (higher values on independence than on academic achievement, lower expectations for academic achievement); (2) lower levels of personal controls against problem behavior (higher tolerance of socially disapproved behavior, lower religiosity); (3) a greater orientation to friends than to parents; and (4) greater levels of perceived social support for problem behavior (more friend models for drinking and for marijuana use, greater parental approval of teenage drinking). It was found that more adolescent drinkers than abstainers had used marijuana and other illicit drugs. Problem drinking youth reported more frequent involvement in nondrug-related, socially disapproved behaviors, including delinquent behavior. The relationship of the personality and perceived environment

variables to adolescent alcohol and drug use also held for adolescents differ in sex and ethnic background.¹⁰

The first two elements in this personality profile are not surprising, but (3) and (4) point to the significance of the peer group. The connection with religiosity (which means involvement in a drug-resisting peer group, as in (2)), is also common in the research. But if the peer group is important in instigating and supporting drug use, and if it may be important in combating it, just how do we make use of peer group influences?

When one considers ways to guide and influence peer groups, one thinks of youth activities (sports, clubs) supervised by adults with a particular empathy for youth, such as teachers and those who specialize in the extracurricular activities of youth. But choosing the kind of programs that might be effective in fighting peer-group pressures toward experimentation, emulation, and daring, and successfully turn them around to operate against drugs, is no simple matter. The first requirement, however, must be to create an environment in which the attitude of administrators, teachers, and ancillary school workers is unambiguous: no drugs. One crucial consequence of an unambiguous antidrug position is that individual students who resist peer pressure to use drugs, and formal and informal school groups in which drug use is not considered hip, will be assured of support from school authorities.

One of the cheapest, and perhaps most effective, ways to create an environment that supports drug-opposing peer groups is to set norms and standards. The setting of norms and standards of behavior seems too naive and unsophisticated to be effective in dealing with the powerful attractions of drugs. And, indeed, it contradicts one of the major approaches used to combat deviance--the approach that insists on the independence of youth to make choices, sets before them information on the consequences of choices, and encourages the development of their capacity to make autonomous choices. This approach has its attractions. It opposes authoritative and, if you will, authoritarian rules and constraints that are presented without full explication and defense, simply set down as the rules of civilized behavior. It introduces the adolescent to the fundamental problems of moral philosophy: what is right, how do we know it is, how do we defend it, and on what ultimate ground? Not so long ago, this approach dominated discussions of moral education in schooling and it is still significant (see, for example, the quotations from Girdano and Dusek above). Perhaps it was not dominant in actual teaching--it would have been a rare educator who could manage to teach such a complex approach to moral behavior; nevertheless, it played a role. As Klitzner tells us:

Throughout much of the 1970's, the objectives of prevention were often stated in terms of "responsible use"....The doctrine of responsible use held that certain substances--marijuana, in particular--were not harmful to youth so long as they were used in ways that did not interfere with social or emotional functioning. Thus, the goal of prevention was to encourage youth to make responsible decisions about using substances.

It was all the easier for this doctrine to become popular because in the 1970's, so many individuals who were placed in a position of authority in relation to drug use--teachers, probation officers, social workers--had themselves used or did use marijuana.

Marijuana use peaked in the late 1970's, and its decline may well have been part of the general shift to more conservative values among youth.¹²

By the 1980's, the doctrine of "responsible use" had largely disappeared from prevention literature, a possible exception being discussions of alcohol--"responsible drinking" as a goal for youth continues to appear in some program materials. However, the demise of the doctrine of "responsible use" does not seem to have brought a concurrent demise of the programmatic strategies based upon it--those that teach youth to make "responsible" decisions about using substances or encourage the development of "responsible" values. Many programs continue to imply that students must decide for themselves whether to use drugs and alcohol; at the same time, these programs attempt to communicate a strong stance against drug and alcohol use. This emphasis on personal choice on the one hand and a "no-use" message on the other has often led to conflicting or ill-defined program objectives.¹³

Clearly, this approach of inculcating values and dealing with deviant behavior has gone into decline in the 1980's. Other approaches that simply accept society's judgment of what is right and lawful--and insist on its observance, independent of any elaborate justification and analysis of society's grounds for holding this view--are now in the ascendant. Again and again, one hears that crime should not be tolerated, neither mugging nor assault nor robbery nor burglary, regardless of what kind of justificatory and mitigating circumstances one may bring forth to explain it. Since neither tolerance of autonomous decision-making on issues of law and right nor rehabilitative programs have done much to reduce crime, deterrence seems like the better choice. As Klitzner tells us:

In the 1970's, legal deterrence as a method for preventing substance use and abuse fell into disrepute, as some States liberalized their drug laws and many localities de-emphasized drug enforcement. Recently, however, there has been a resurgence of interest in deterrence, and some community-based prevention groups have lobbied for new laws and ordinances, stricter enforcements, and harsh penalties for dealers.¹⁴

Some elements of a deterrent approach are particularly popular because, as Klitzner points out, they are so cheap:

Some of these [school] strategies (e.g., implementation of school drug and alcohol policies) are among the least expensive to implement of any discussed in this report. Although current research results must be considered preliminary, these relatively simple strategies may be as effective as more complex interventions.¹⁵

There are substantial problems in implementing even minimal antidrug policies in schools. Such policies would have to involve some degree of deterrence, surveillance, and sanction--for students, school personnel in contact with students, teachers, and others. And all of these raise difficult questions of judgment as well as difficult problems of interpreting the constitutional rights of those who may resist inquiries as to drug use, searches for drugs, testing for the use of drugs, or punishments for drug use--such as suspension and expulsion for students and fines, suspensions, and dismissal for teachers and school personnel. No one should underestimate the difficulties of implementing even the first requirement of

effective drug education: The unambiguous enlistment of the school and all school authorities on the side of no drugs, and the ability to institute actions that demonstrate this.

Education Week and other publications give a running account of the difficulties that daily afflict schools and school districts in their efforts to implement a no-drugs policy. For example, the question of whether a school system can test for drug use among its employees is unclear. The District of Columbia, concerned "that a 'drug culture' pervaded the District's transportation branch," had required its employees to take urine tests for the presence of drugs. A Federal Court ruled it could not do so without "probable cause" for believing a particular employee to be a drug abuser. The decision of the U.S. Court of Appeals for the District of Columbia allowed the testing, but only under narrow limitations: The District must use a test that determines whether a drug has been used while the employee is on duty. As I read the report, the District apparently cannot act against a "drug culture" in its transportation branch, for its tests would not be able to identify whether a drug was currently being used or had been used days or weeks before.¹⁶

Similarly, a State judge in California barred the National Collegiate Athletic Association from requiring the testing of Stanford athletes for drugs: The program tested for too many drugs, and in sports where there was no evidence of drug-using.¹⁷ *Education Week* also reports that a Federal judge in Arkansas and a State judge in New Jersey have already struck down district-level policies requiring all of a school's students to submit to urinalysis, while a Federal judge in Indiana has upheld a district's testing requirement, instituted primarily for athletes. The American Civil Liberties Union has opposed a Tennessee State initiative that permits school districts to require tests and generally opposes school drug-testing of employees and students.¹⁸

This is not the place to argue what schools should do and may do. The former is a matter of detail that should be, to my mind, in the hands of local school authorities who know what kind of problem they have; the latter puts us into the swamp of civil liberties and civil rights litigation. We will undoubtedly have as many refinements in this area as we have in the application of *Miranda* ("you may search a pocketbook, but not a pocket," and so on). Undoubtedly, as schools try to act more decisively against drugs, more and more fine lines will be drawn as to what can and cannot be done. One suspects that the question of whether students can be searched and tested for drugs will be much more controversial than whether they must pass through metal detectors that check for weapons--violence provokes no ambiguity in the minds of those who mold opinion and law; drugs do. But we already know that schools run into problems at every stage in the first and simplest step of trying to create an environment that is clearly hostile to drug-dealing, drug use, and the approval of either. Edwin Wynne, who has thought harder about what schools could do for character education than anyone else, tells a story that may reflect an earlier period, though I am not sure: "A student came to a high school (where, as in most big high schools, there was a 'drug problem') with the word 'Marijuana' conspicuously stenciled on his T-shirt. The principal told him to go home and change... Later, the principal consulted with the school district lawyer and was advised not to impose such a restriction in the future, since the student might arguably have had the right to engage in 'free speech.'"¹⁹

One can see that such a case could, indeed, be made. After all, there is a substantial movement for the legalization of marijuana. Should a high school student be barred from expressing support for such a movement, or penalized for doing so? And what is the harm? These arguments are not without force, but they, in effect, support actions that surround the legality and legitimacy of drug use with uncertainty and ambiguity. The schools cannot escape the toils of litigation. As in and again in the Department of Education's pamphlet, *What Works: Schools without Drugs*, school authorities are advised to first check the constitutionality of a proposed action with school lawyers. If the problem is, as I believe it is, the strengthening of community and of authority within community, then there is a substantial contradiction between many of the measures that create communities do's and don't's--and the principles that defend individual rights, including the rights of children. After its warnings about the limits set by the protection of individual rights, *What Works: Schools Without Drugs* tells us:

Most private schools, particularly those that receive little or no financial assistance from public sources and are not associated with a public entity, enjoy a greater degree of legal flexibility with respect to combating the sale and use of illegal drugs. Depending on the terms of their contracts with enrolled students, such schools may be largely free of the restrictions that normally apply to drug searches and to the suspension or expulsion of student drug users. Private school officials should consult legal counsel to determine what enforcement measures may be available to them. ²⁰

Public schools will not have the freedom of action of private schools, but in the present climate of alarm over drug use, they may have more than they had a few years ago and they should exercise it. It would be naive to think that banning T-shirts bearing the label "Marijuana" will do anything to reduce drug use--as naive as to think that banning T-shirts bearing swastikas or anti-black sentiments would do much for group and race relations. What it will do, however, is assert that some things are beyond the pale. Similarly, one will never eliminate the desire of adolescents to find and consume erotic and pornographic literature, but there is a good argument that it should not be available in schools (and even a good argument that its availability elsewhere should be restricted). What the school is telling students is that they have better and more important things to do than read pornographic literature, engage in racial hatred, or use drugs, and that all these things are not to be countenanced.

But clearly all this is only a first step, important as it may be. One can well imagine situations in which school authorities, by taking this step, place themselves in opposition to prodrug school groups that will simply resist and go deeper underground or, in the worst situation, a community that tolerates drugs due to widespread use, easy availability, and the power and prestige of drug dealers. Clearly, more is necessary. Those most deeply engaged in this kind of work believe peer programs will be most effective, but just what these are remains murky.

For example, Tobler, in an interesting "meta-analysis" of a large number of evaluations of school drug-prevention programs, concluded that peer programs were the most effective. To make sense of this finding, we have to know what these effective programs do and what other types of programs they were compared to in this analysis.

Peer programs, based on the reasonable assumption that "peer pressure can impact attitudes and behaviors," seem to do two kinds of things: One type assumes that "peer pressure at the interpersonal level induces drug-using behaviors" and tries to counter this with "interpersonal enhancement resistance skills, 'Saying No' technique, surveys showing 'everybody isn't doing it,' [and] peer role models." A second type assumes that "both lack of interpersonal skills and intrapersonal sense of competence interplay to cause drug abuse" and emphasizes "communication skills, modeling, feedback with social reinforcement, assertiveness," as well as "self-esteem building, feelings, self-awareness, values clarification, anxiety reduction, coping skills,...[and] personal competence." The distinguishing features of these "peer programs" range so broadly that one wonders what the programs they are contrasted to can possibly involve. Yet, they seem to be "single modality" programs, programs that try to do one thing—provide increased knowledge, work only on the effective side, combine knowledge with effective types of education, and provide alternatives in the way of activities. The boundary lines between the different "modalities" of drug prevention are not very clear, but peer programs nevertheless showed "a definite superiority for the magnitude of the effect size obtained on all outcome measures. On the ultimate criteria of drug use, Peer Programs were significantly different than [sic] the combined results of all the remaining programs. Peer Programs maintained high effect for alcohol, soft drugs, and hard drugs, as well as for cigarette size use."²¹ Whatever the difficulties with this meta-analysis, peer groups in school clearly accomplish more than other approaches that have been tried.

And yet, in struggling with this problem, one suspects that to concentrate attention on discrete antidrug educational programs is to miss the larger picture. We have suggested a part of the larger picture in arguing that the first essential is a no-drug policy in the school—announced, implemented, and enforced through discipline and punishment. That sounds harsh and it is harsh, but we make no concessions in a school to students who steal from other students, rob them, assault them, or engage in disruptive activities that make teaching impossible. Such students are not only punished, but suspended, expelled (within legal limits), and sent to special schools. Drugs apparently enjoy a different status in our minds. The reason they hold a special status, I believe, is that we see drug use as a response to understandable pressures, strains, the storms of adolescence, and conflict with parents and adult authorities. This may be true, but we could argue the same for the student who steals, robs, or assaults. Except in the case of the most troubled students, deterrence should have some effect.

School and school system deterrents are, however, ineffective with the large numbers of students who would leave school if they could and only tolerate it while they are there. What deterrents would work, for example, with the drug-using subculture of the group described in a recent ethnographic study of high school boys, *Ain't No Making It: Leveled Aspirations in a Low Income Neighborhood*, by Jay McLeod? The "Hallway Rangers," who live in a housing project, "are tough, streetwise individuals who form a distinctive subculture. [They are principally] white, of Italian or Irish descent. The eight members...range in age from 16 to 19. Five have dropped out of school, two graduated last year, and one continues to attend high school."²² As McLeod describes these boys, one is hard put to see what a clear school policy on drugs could have done to affect their behavior. Would such boys hesitate to jeopardize their opportunities to get a high school

diploma or enter community college? Yet McLeod's account does suggest that some of these boys could have been marginally affected by school-imposed sanctions.

Penetrating such a group with an antidrug message seems enormously difficult. Fortunately, the drug-using subgroups in most high schools today are relatively small and of no great prestige. Where the situation is different and such subgroups dominate the school, matters are different. The weakness of the family, the strength of the street culture, and the messages from mass media and entertainments that appeal to such youth are likely to overwhelm messages from the school. But to focus on extreme cases is to miss what can be done in the larger arena where things have not progressed to such an extreme. In addition, as *What Works: Schools Without Drugs* reports, even in schools dominated by drug-using subgroups, strong principals and strong measures can at least drive drugs out of the school, if not out of the neighborhood.

But consider the large majority of schools, where drug use is still sufficiently widespread, whether experimentally or in the form of regular use, to be troublesome. In those schools, the key need is to strengthen legitimate authority so that what principals and teachers say is backed up not only by deterrence, but by a student attitude that accepts their right to make demands, set standards, and exercise authority.

We can place schools along a spectrum in which, at one end, the school personnel are isolated from the parents, community, and students and left--like an army of occupation in hostile territory--to deal with students whose parents they do not know (and many of whom may be absent), in an area where they would not allow their children to go. Contact between teachers and students occurs only in class, and the corridors and other parts of the school may be left to the domination of various kinds of peer cultures that lack adult supervision. The picture is extreme, but it describes the least effective schools in big city, poor, and minority areas. At the opposite end of the spectrum, we have schools in which teachers, students, and parents are bound together not only by common values and experience, but by interpersonal relations. Our spectrum, therefore, ranges from schools in which school authorities and teachers have the most minimal effect on the school culture to schools in which teachers, administrators, students, and parents are bound together by a common culture.

In the first kind of school, the exercise of authority and discipline, the imposition and enforcement of rules, and the setting of norms are difficult; in the second, they are easy. In the first, administrators and teachers find it difficult to create and support the kind of peer environments that will resist drugs--clubs and activities oriented around some kind of student interest; in the second, they find it easy. What contributes to the second kind of school, and what can we do to create more of them? There is no question that very powerful social forces have reduced the number of the latter kind of school and increased the number of the former. The list of social changes responsible for such a result includes family breakup, illegitimacy, migration from rural to urban areas, greater mobility within urban areas, increasing ethnic and racial differences, consolidation of smaller schools into large schools, and many others.

Despite these social changes, we know that parents can take action to find a school with homogeneous values--and, often, homogeneous class and racial character--in which effective authority is more likely to be exercised and children can be protected from a normless and anomic surrounding culture. Parents can move from large school districts to small ones in which they can play a larger role. They can move from areas in which there are many single-parent families and a drug culture to those where there are stable families and a strong antidrug front. If they prefer not to move, they can choose private schools or religious schools. But these are clearly options available to the more prosperous and those who have the family and employment stability to make effective choices. Not surprisingly, the schools that parents choose actively, and in which they are involved actively, by that token alone will show a stronger resistance to drugs. This is, however, a counsel of *saave qui peut*. Can we do better?

James Coleman and Thomas Hoffer have spent 30 years studying the social structure of high schools and, in one of most recent books, go as far as anyone in laying a framework for the way we must think about affecting and changing behavior in schools--both the behavior that leads to higher academic achievement, which is the main object of their recent research, and the ordinary social behavior manifested at the school. We are all aware that family background--parents' education, occupation, ethnic and racial group--has some bearing on the academic achievement of children as well as other outcomes, such as their probability of dropping out of school. Among these outcomes, we must include drug use. Coleman and Hoffer call the resources embodied in the individual characteristics of parents "human capital." But in addition to human capital, Coleman and Hoffer argue the importance of "social capital," which is embodied in the relationships between people--among parents, administrators, and teachers--that link them together in a common network, a community.

The social capital that has value for a young person's development does not reside merely in the set of common values held by parents who choose to send their children to the same private school. It resides in the functional community, the actual social relationships that exist among parents, in the closure exhibited by this structure of relations, and in the parents' relations with the institutions of the community. Part of the social capital is the norms that develop in communities with a high degree of closure.

By "closure," Coleman and Hoffer refer to a situation in which not only are children in contact with each other in school, and in contact with their individual parent or parents, but parents are also in contact with each other. This is the classic community, embodied in the small town, where Johnny not only knows Jimmy, but Johnny's parents know Jimmy's parents, and both know the principal and the teachers in Johnny's and Jimmy's school. To paraphrase Coleman and Hoffer, only when parents are in touch with each other socially, in addition to children being in touch with each other and with their individual parents, can norms be established that constrain the behavior of the children. Where this is not the case, parents "are not in a position to discuss their children's activities, to develop common evolutions of these activities, and to exercise sanctions that guide and constrain these activities." Coleman and Hoffer assert, based on their examination of the huge data base collected for the High School and Beyond project, that the lack of social contact among parents "constitutes the missing social capital that we have identified earlier as resulting in

tangible losses for young persons: lower achievement growth, greater likelihood of dropping out of school. The social capital does exist in some isolated small towns and rural areas where adults' social relations are restricted by geographic distance....It exists in schools based on a religious community, such as the Catholic schools and the few other religious schools in our sample, though the social relations that make up the community are more narrowly focused around a single dimension of social life, a religious institution. In rare circumstances, it may exist for private schools without a religious base."²³

Whatever the conclusion of the methodological disputes over the validity of Coleman's research and findings, his conclusions so conform to common experience that they are not likely to be disturbed. The school in which common values bind teachers, students and parents is likely to be more effective in teaching those values than one in which teachers, students, and parents are divided. The school in which there also exist common interpersonal links among all the elements of the school community--teachers, students, parents--will be even more effective in communicating values, for the adult participants will be better able to combine forces as overseers and to agree on how rewards and sanctions should be used to encourage desired behavior.

The elements that conjoin to create such schools are now increasingly accepted as desirable: free choice of schools by parents, students, and teachers; the ability of schools to create a distinctive culture and atmosphere; greater freedom for principals and teachers to guide the school, and a greater role for parents in assisting them; and freedom from uniform bureaucratic requirements concerning hiring and dismissal that make it difficult for principals and teachers to shape the atmosphere of a school and a school community. These elements have always been identified with private schools; increasingly, people ask why public school systems cannot exhibit the same characteristics.

Such schools should be able to implement the kind of discipline, teaching programs, and rewards and sanctions that would result in a drug-free school environment. But the other side of the coin, of creating the kinds of schools that benefit from substantial "social capital," is that schools in which choice has not been exercised are left behind. These are the schools in which parents are too disorganized or too unknowing to make choices; in which choices, even with the spread of magnet schools and special programs, are unavailable; in which the ability to withdraw from an environment that encourages and sustains drug use is simply not exercised; and in which the distance between administrators, teachers, students, and parents is great, and a common culture with common norms is difficult to establish, short of harsh deterrence and discipline. This dilemma confronts us in other areas too. We know--for example, when we consider school integration--that magnet schools (schools of choice) will produce less disruption and better school communities than simple student assignment by central authority on the basis of race to approximate target percentages. But we know, too, that the former policy leaves large numbers of black children unaffected by the benefits of school integration.

This is our dilemma: Achieving school integration and drug-free environments for some through the active and concerned involvement of parents working with independent administrators and teachers to make an effective common school culture--but leaving large numbers of schools and children untouched--depriving students and parents of choice

within the public school system and confining them to the environment of the typical large urban school. That we have such a dilemma should not be surprising. Drug use is only one part of the destructive culture of what we now call the "underclass." Efforts to deal with discrete problems of the underclass--whether teenage pregnancy, dropping out of school, or the inability to seek employment or hold jobs--are always thwarted because each problem is only one part of a complex of problems. But our inability to "solve" the problems of the underclass does not mean that we cannot offer opportunities to those who wish to and can escape. One of those opportunities, one that offers the greatest promise of creating environments that resist drugs, is to increase the number and varieties of schools of choice.

Notes

¹D. A. Girdano & D. Dusek. (1980). *Drug education: Content and methods*. (Third Edition). Addison-Wesley.

²*Ibid.* 1, 2, 6.

³D. J. Tessler. (1980). *Drugs, kids, and school: Practical strategies for educators and concerned adults*. Santa Monica, Goodyear Publishing. p. 5, 6, 15.

The two books referenced in the text are the only ones on school programs on drugs I could find in the Graduate School of Education Library at Harvard, but they may not be typical. Of course there were also alternative positions expressed, even with the cultural revolution of the late 1960's and early 1970's. Thus, M. S. Rosenthal and I. Mothner in *Drugs, parents, and children*, a book addressed to parents (1972. Boston, Houghton Mifflin), urged a hard, no-use position on parents, writing: "You cannot wait for your youngster to wise up, any more than you can wait for a three-year-old to learn about traffic. Your attitude about drugs is no attitude at all if it permits children to decide about drugs for themselves; it will not be responsible if it allows adolescents to use psychoactive drugs regularly or even occasionally. To many modern parents, a blanket drug prohibition sounds hard-nosed and autocratic. It is. But there are sound reasons for it...." p. 7. So much for values clarification.

⁴M. D. Klitzner. (1987). *Report to the Congress on the nature and effectiveness of Federal, State, and local drug prevention/education programs, Part 2: An assessment of the research on school-based prevention programs*. A report prepared for the U.S. Department of Education, 15.

⁵See P. Kerr. (1988, June 23). Addiction's hidden toll: Poor families in turmoil. *New York Times*.

⁶See M. Wines. (1988, June 24). Against drug tide, police holding action. *New York Times*.

⁷See *Time*. (1988, May 9). Kids who sell crack.

⁸P. Reuter. (1985, Spring). Eternal hope: America's quest for narcotics control. *The Public Interest*, 79-95.

⁹H. R. White, V. Johnson, & A. Horwitz. (1986). An application of three deviance theories to adolescent substance use. *International Journal of the Addictions*, 21, 3, 347-366.

¹⁰R. Jessor & J. E. Donovan. (1978). *Drinking, problem drinking, and illicit drug use among a psychosocial study of a nationwide sample*.

¹¹Klitzner, *op. cit.*, 5-6.

- ¹²K. E. John. (1988, January/February). *Report to the Congress*. Marijuana revisited. *Public opinion*, 16-17. See also N. Glazer. (1986). The social agenda. In J. L. Palmer. (Ed.). *Perspectives on the Reagan years*. Washington, DC: The Urban Institute Press, 5-30.
- ¹³Klitzner. *Report to the Congress*. 20.
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- ²¹N. S. Tobler. (1986). Meta-analysis of 143 adolescent drug prevention programs: Quantitative outcome results of program participants compared to a control or comparison group. *Journal of Drug Issues*, 16, 4, 527-567.
- ²²J. McLeod. (1987). *Ain't no making it: Leveled aspirations in a low income neighborhood*. Boulder, CO: Westview Press.
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REDUCING DRUG USE IN AMERICA: A PERSPECTIVE, A STRATEGY, AND SOME PROMISING APPROACHES

By

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A meaningful discussion of how to develop more and better techniques for preventing illicit drug use best follows some review of the nature of the problem, how it came about, and how the strategies and programs that we have adopted for controlling it seem to be working. Following brief sections on these background considerations, this paper offers some recommendations for improving the process by which new ideas for prevention are put forward, refined, and evaluated, since in the end, the process is probably more important than any given proposal. Finally, the paper concludes by suggesting several specific prevention approaches.

The American Epidemic of Illicit Drug Use

Although more detailed epidemiological descriptions are available elsewhere,¹ a broad outline of the contours of the drug epidemic will set the stage for a discussion of prevention policy. Illicit drug use in North America reached epidemic proportions in the late 1960's; in the 1970's, this epidemic expanded considerably. In the first half of the 1980's we have seen the overall epidemic recede considerably, with the notable exception of cocaine use. Cocaine use increased further among adolescents, remained at peak levels among young adults in their early twenties, and increased somewhat among older adults.² Only in 1987, did cocaine begin to show any decline.

Figures 1 through 5 illustrate a number of these points. Figures 1 and 2 show the national trends in the use of marijuana and other illicit drugs, taken collectively, for high school seniors and lower grade levels. Figures 3 and 4 show the recent trends for the same drugs among college students and their age-mates 1 to 4 years beyond high school, all high school graduates. Figure 5 shows recent trends in cocaine use for high school seniors and young adults in their twenties who are high school graduates. What Figure 5 does not show is that, while usage rates remained fairly stable between 1980 and 1986, a particularly dangerous form of ingestion--smoking cocaine--rose appreciably from 1983 to 1986 due to the rapid rise in crack use.

These data, like most of the other data to be presented in this paper, derive from the ongoing series of surveys entitled Monitoring the Future. This series, begun in 1975, is conducted by the University of Michigan's Institute for Social Research (ISR) under research grants from the National Institute on Drug Abuse.³ Each year ISR conducts in-class surveys on a nationally representative sample of roughly 16,000 high school seniors in

about 135 high schools, using self-administered questionnaires. These students report on their use of a wide array of licit and illicit drugs, as well as on a host of related factors. Figures 1 and 2 are based on seniors' retrospective reports of their educational level when they first used each drug. Figures 3 and 4 derive from follow-up surveys conducted annually by mail, of a subsample of the participating seniors in each graduating class--about 1,000 per year per class. (All samples thus omit high school dropouts, whom we know to have higher than average rates of substance use.) The follow-up surveys, an excellent national sample of about 1,100 college students, have high retention rates (still over 70 percent of the original panel after 10 years), and the data from these are reweighted to correct for the effects of attrition.⁴

The extent to which the drug epidemic penetrated the adolescent population in America is illustrated by Figures 1 and 2, which show that, for seniors, lifetime prevalence rates for marijuana have reached over 50 percent for some years now. (Lifetime prevalence refers to the proportion having used a drug once or more in their lifetime, while annual prevalence refers to the proportion using a drug once or more in the prior 12 months.) As many as 40 percent of students have tried illicit drugs other than marijuana during high school. Figure 6 shows the degree of penetration among the young adult population in 1987, illustrating that roughly 80 percent of high school graduates in their late twenties have tried an illicit drug. (Note that these data are not cross-time trends but age group comparisons for a single year.) The lifetime prevalence for cocaine reaches 40 percent for this age group (data not shown).

While the drug epidemic left the confines of America's shores early in this 20-year period to become a global pandemic, other industrialized nations never exhibited the large proportions of involved youth present in the United States. Neither do their current levels of illicit drug use--in particular, cannabis and cocaine use--even begin to approach the levels found in North America today.⁵

Within two decades, decades that spanned a very turbulent period in American history, illicit drug use evolved from a rare and deviant behavior among young Americans to a statistically normative one. The epidemic spread from the Nation's campuses to others in the same age groups and then down the age spectrum to high school students and eventually to junior high school students.

The spread of the epidemic up the age spectrum was much less dramatic, as older generations held onto their earlier norms. The changes that did occur in older age bands are largely due to generational replacement,⁶ which clearly suggests that adolescence is a critical period for the establishment of these drug-using behaviors, much as is true for cigarettes and, to a somewhat lesser extent, alcohol. At the present time, the age groups having maximum illicit drug use are those in their late teens and early twenties. Cocaine is the only illicit drug to show a much higher rate of use among those in their twenties versus those in their late teens.⁷ (See also Figure 5.)

Cigarette smoking has been shown to be strongly associated with all forms of illicit drug use, particularly the use of marijuana,⁸ which suggests that successful reduction of smoking may have the serendipitous secondary effect of reducing illicit drug use. While it

is doubtful that all, or even most, of that association is due to a direct causal connection between them, we can generate very plausible hypotheses concerning why the connection is likely to reflect a partial causal link.⁹ Cigarette smoking among high school seniors dropped by roughly one-third between 1977 and 1981, followed by a much slower decline through 1984. Little further decrease has occurred since 1984.

While there have been some long-term consistencies in the drug epidemic, such as the widespread popularity of marijuana and the tendency of young people to go through a certain predictable sequence of drugs (namely the use of cigarettes, alcohol, and then marijuana) before moving into the "harder drugs," the epidemic is also characterized by wide fluctuations in the popularity of particular substances. For example, both PCP and methaqualone showed a rapid increase and a subsequent and equally rapid decrease in popularity during the past 10 years. Daily marijuana use followed a similar pattern, but over a longer period: daily use among high school seniors stood at 6 percent in 1975, 11 percent in 1978, and 3 percent in 1987. Cocaine showed a dramatic increase in popularity late in the epidemic and is about the only class of illicit drug to resist the decline in the first half of the eighties. Regardless of which combination of different illicit drugs has been in vogue at a particular time, however, the individual correlates of use have tended to remain quite the same.¹⁰

The specific risk factors for drug use are too numerous to detail here but clearly include poor adjustment in school, a general pattern of deviant behavior, a low level of religious involvement, and a pattern of spending a disproportionate amount of time out of the parental home. However, shifts in these individual risk factors can hardly account for the wide fluctuations in drug use observed in recent years. Results from the Monitoring the Future studies indicate that these factors have not fluctuated significantly and that most of them probably cannot be socially manipulated to any great degree in any case.¹¹ These facts have considerable importance for our approach to prevention since they suggest that gaining a better understanding of individual differences in susceptibility (whether genetic, constitutional, or personality-related) is not likely to lead to major solutions to the Nation's drug problem. Clearly, the epidemic is rooted in broad cultural and societal factors that will, therefore, critically influence efforts to achieve any major reductions in the epidemic.

The causes of the onset and partial retreat of the drug epidemic are multiple and complex. While some are hard to prove empirically, the following interpretations are offered. In the sixties, the messages of Dr. Timothy Leary and other proponents of mind expansion, inner-directedness, and "dropping out," converge with the breakdown of the achievement bonds of "the silent fifties." A generation stood ready to embrace their message. Further, the family's social control of children and adolescents was being eroded as divorce rates increased and a much larger proportion of mothers entered the labor force. The surrogate socializing agents that filled the parental breach, especially the television media, were much less motivated by concern for the values and attitudes they imparted to the next generation. Their primary motives, after all, were (and are) to sell programs and products, regardless of the means. The effects of these structural changes in the social control and socialization systems were also compounded by a major demographic change: the baby boom generation was reaching adolescence and, by its sheer size, straining the ability of society's educational and social control mechanisms to function effectively.

- **New models for cooperative parent groups should be developed, refined, and evaluated. Although schools cannot insist that parents form such groups, they might be able to provide creative mechanisms to get parents to organize themselves and can certainly play an active role in supporting these groups.**
- **Government at all levels directly and indirectly influences family life--for example, through taxation, welfare policy, child support and child custody laws, and promotion of certain lifestyles. We need a better understanding of how these influences impact the family so that family stress and/or instability do not become causes of or contribute to drug abuse.**
- **A universal approach to fighting substance abuse is probably inappropriate; efforts that effectively combat alcohol abuse or cigarette smoking may not work against illicit drug abuse. We need to understand better the prevention and intervention strategies for different illegal or unhealthy substances and search for solutions that target particular forms of abuse.**
- **Youth often cite peer pressure as the reason they start to use drugs. Understanding how peer groups function as initiators and nurturers of drug abuse is essential if we are to make productive use of peer group influences.**
- **Students must be involved in the fight against drug abuse. We need to study peer-based and peer-run drug prevention programs to learn what works.**
- **Teachers and school administrators are not clear about how schools can intervene in drug problems or what legal rights schools and students have vis a vis school drug policies. We should disseminate materials to educate school officials about their legal latitude to address the drug problem.**
- **School personnel could benefit from knowing how the courts have dealt with school drug abuse cases. For example, what precedents have been set and what are the limits to school authority around this issue? Are there trends in school drug litigation?**
- **Structural change within the school system could influence efforts to reduce drug abuse. We need to investigate alternative models and evaluate the effect of such efforts as school volunteer programs, peer tutoring, and school-business partnerships on the drug problem.**
- **More than one Federal agency is concerned with the problems of drug abuse. Even within the Department of Education, the diverse prevention efforts are only loosely coordinated. We must pool our resources and work in concert to solve the drug problem. It will be particularly important to share the results of research and demonstration programs when they reach their dissemination phases.**

Several major historical events coincided in time with these structural and demographic changes, and their cumulative effect was appreciable. Specifically, the Vietnam War and subsequent politically and socially alienating events, like Watergate, had a tremendous catalytic effect on the popularity of drugs. The use of certain illicit drugs became a symbol of defiance toward "the system" and the older generation as well as a symbol of solidarity with those of like mind.¹²

As the somewhat naive, earlier views of the dangers of drugs were challenged by scientific, clinical, and experiential evidence of the adverse effects of many drugs, young people began to back off selectively. Methamphetamine use diminished as the word got out that "speed kills." LSD lost some popularity in the early seventies as reports of its effects on the brain and on chromosomes, whether well founded or not, spread. Daily marijuana use fell by more than half, accompanied by a dramatic rise in the proportion of young people who perceived such use as carrying appreciable risks for the user.¹³ PCP use fell very quickly in the late seventies as its reputation on the street as a dangerous drug grew.

Other plausible contributing factors include: the passing of the Vietnam era, the wearing off of the "fad" quality of drug use, the recession of the early 1980's, the movement toward a healthier lifestyle, and the shortage of entry-level jobs for the baby boom generation, which led to more sober concern with job attainment and, thus, with school performance.¹⁴

Yet while these, and perhaps other factors, may cause the epidemic to recede even further, two major changes make it highly unlikely that this country will ever be able to attain the very low levels of illicit drug use seen in the 1950's. First, the vast production and supply network that now exists will make drugs accessible to American young people for the indefinite future. Second, there is now a widespread awareness among American youngsters of a whole range of chemical options for altering mood and consciousness. This awareness surely did not exist in the 1950's. In addition, the process of natural correction in use, which occurs as the dangers of a drug become established and widely known, is overcome in the aggregate by the continual introduction of new, allegedly "safe" drugs. Cocaine is a fairly recent example from the 1970's, "ecstasy" a more recent one.

In recent years, changes in the purity of some of the more important drugs as well as in the methods by which they are ingested have made drug use generally more dangerous. The availability of "black tar" heroin from Mexico, whose purity greatly exceeds that of normal street heroin (often only 5 percent pure in the American market) has resulted in a greater number of overdose deaths. Cocaine is now available in an inexpensive "crack" form that is purer than the normal powdered form of cocaine hydrochloride and results in more rapid addiction as well as more frequent overdose. According to the Drug Enforcement Administration, marijuana is also considerably stronger than it was 10 years ago, although the importance of this for the user is yet to be determined, since users may modulate their intake to get a desired level of effect. (In fact, national data from high school seniors suggest some decline in both degree and duration of the high usually obtained with marijuana.)¹⁵

In 1985, the decline in the use of most drugs appeared to have stalled among high school students and young adults (in fact, the active use of cocaine was rising), a reminder that continued improvement cannot be taken for granted. Fortunately, in 1986, the downturn resumed, and in 1987, even cocaine showed the first signs of a turnaround--again, as a result of changed beliefs among young people about the dangers of the drug. However, usage rates in this country are still very high by long-term historical standards as well as by comparison to nearly all other countries in the world (with the exception of neighboring Canada). Thus, continuing our attempts to reduce the use and abuse of drugs seems likely to remain a pressing item on the national agenda for the foreseeable future.

Supply Reduction Strategies vs. Demand Reduction Strategies

Virtually all approaches to the drug abuse problem may be categorized as attempts to reduce either the supply of drugs or the demand for drugs. Supply reduction strategies range from foreign policy efforts that involve other governments (e.g., the recent crop eradication efforts in Bolivia and crop substitution efforts in Southeast Asia) to interdiction and border control to techniques for the apprehension of suppliers and dealers as well as prosecution and punishment policies for them (e.g., seizure of assets laws). Demand reduction strategies, on the other hand, attempt to alter factors in the individual or the environment that predispose, stimulate, reinforce, or enable drug-using behavior. These strategies range from deterrence efforts based on law enforcement to attempts to change individual knowledge, skills, and beliefs to attempts to alter conditions in the social or cultural environment that support or contradict drug use.

Only limited attention is given here to the specifics of supply reduction strategies, partly because these approaches have received a disproportionate amount of attention in comparison with demand reduction approaches. Indeed, the most serious and overarching policy issue in the drug abuse field seems to involve the balance of resources and emphasis allocated between the two. What follows is an overview and critique of current supply and demand reduction approaches.

Supply Reduction

The policy issues that surround the drug abuse problem are quite different from those related to the use of other consumable and abusable products, primarily because most illicit drugs are not legally manufactured nor sold or distributed through legal channels to their ultimate consumers. Therefore, many of the points of policy intervention that deal with quality control and manufacture, labeling, advertising, point of purchase controls, taxing and pricing, are beyond the normal scope of Government influence. This situation contrasts vividly, for example, with well-established Government control of legal consumer products such as cigarettes or alcohol. On the other hand, illegal drugs do involve some qualitatively different policy issues that are raised by attempts to eliminate the illicit production and the illicit supply systems.

The attempt to solve the drug problem with supply-reduction, law-enforcement approach seems an almost universal governmental reflex. (Even demand reduction

strategies tend to rely on law enforcement, emphasizing the apprehension and punishment of users.) In most Western democracies, this reflexive approach has been relatively ineffective, for reasons that seem clear after some thoughtful economic analysis.

After all, drugs constitute a consumer market, albeit an illicit one, influenced by the same forces of supply and demand found in most markets. Basic economic theory posits that prices will rise when demand for a product expands and that the supply will expand to meet it (assuming that there is not a controlling monopoly or oligopoly), as a result of current producers increasing production and/or new producers entering the market.

When the market is extremely profitable, there will be a rush of new producers entering. They will tend to flood the market with the product, and prices will tend to decline as suppliers compete with one another to increase their market share and optimize their individual profits. That is exactly what has happened with cocaine in this country, for example.

It is common knowledge that the profit level in the illicit drug market is utterly enormous--in the tens of billions of dollars. Therefore, basic economic theory would predict a continuous flow of new producers, wholesalers, and retailers who will scramble to attain those enormous profits, until the profits get so low that they are not worth the costs (including the legal risks) of entering the market. It seems highly unlikely that profits ever will get that low in a Western democracy, where the most draconian measures are shunned, as long as an appreciable demand remains; thus, there is likely to be an endless supply of suppliers. Indeed, many otherwise law-abiding citizens have found their price and have decided to enter this highly profitable illegal trade.

International production can always move beyond our reach because a fair proportion of the world's countries--for example, Afghanistan, Iran, Lebanon, and the Eastern bloc countries--are not under international control. Further, even countries with a genuine commitment to international cooperation--such as Thailand, Burma, Colombia, Peru, and Bolivia--may not be able to eradicate production within their own borders, due to a lack of control over certain remote regions. Thus, although attempts to eliminate the supply through international efforts may yield some short-term successes (as in Turkey and Mexico), in the longterm, replacement supplier countries will continue to enter the market. Even in the highly unlikely event that we manage to attain a kind of global control on the production of drugs such as cannabis, opium, and cocaine, these natural drugs would surely be replaced by synthetics; and the control of synthetic drugs can be even more difficult, since the means of production are so much less visible.

In sum, despite dramatic efforts and very large-scale investments of energy and resources by governments, we are likely not to succeed in significantly reducing the production of drugs at the world level as long as the demand and, thus, vast profits remain. Indeed, we have escalated our own expenditures on supply reduction dramatically in recent years, while at the very same time, availability has increased in the United States.¹⁶ (See Figure 7 for the relevant data for high school seniors.)

This does not mean that supply reduction is a strategy that we should abandon. Certainly, we must continue our attempts to suppress the production and distribution of drugs. The major point is that our almost exclusive focus on winning the unwinnable battle of supply reduction has caused us, as a society, to seriously neglect the battle that we could win--demand reduction.

Demand Reduction

Society has traditionally attempted to reduce the demand for drugs through policy strategies based on legal deterrence and other social control mechanisms. Such policy initiatives have included changing the legal status of certain drugs and recent efforts to identify drug users through urine testing.

Deterrence through legal sanctions has been the most widely used approach to discouraging the use of illicit drugs: The State labels drug-using behaviors "illegal" and prescribes appreciable punishments for infractions. The degree of the enforcement effort, and the ability of authorities to successfully apprehend and punish those who break the law, are obviously critical variables affecting the deterrent potential of the legal approach, as are the visibility of the behaviors in question and the willingness of the general public to report infractions of the law and to cooperate in prosecution.

In general, local law enforcement agencies have not placed a very high priority on the apprehension of drug users (as opposed to dealers), in part because users are often seen more as victims than victimizers, but also because of the extremely high numbers of users in recent years, many of whom are otherwise law-abiding citizens. Add to these the additional factors that (1) drug use is easily concealed and (2) within certain age groups the norms have been sufficiently tolerant of drug use to preclude much cooperation with law enforcement, and it should come as no surprise that legal sanctions have not been spectacularly successful.

In the 1970's, in contrast to the present, a far more active controversy surrounded the proper legal status of drug use. Specifically, there was a strong demand for decriminalization of marijuana, which was the drug that received the most attention by public officials and the media during that decade. The arguments in favor of decriminalization were numerous, but most central was the conviction that apprehending, arresting, and giving criminal records to large numbers of American young people, who were otherwise law-abiding citizens, was not in the public interest. (In the peak years, arrests for marijuana possession averaged around 400,000 per year.) The major counterargument was that the arrest and conviction of drug offenders would help to deter the drug use among young people in particular.

Because drug laws are determined primarily at the State level, a natural experiment resulted. Some States decriminalized marijuana use, while the majority did not. The Monitoring the Future study, which was already in process, provided the basis for a prospective study that compared the before, during, and after usage trends States that decriminalized marijuana to those of other States. The results indicated that decriminalization during that period had virtually no effect on the levels of drug use among

young people or their attitudes and beliefs about drugs. This failure of the change in the law to affect even attitudes and beliefs strongly suggested that there would be no longer-term effects on use, either. Other retrospective studies of decriminalization in particular States have come to much the same conclusion. There are questions, of course, about whether the rates of enforcement and prosecution, even in those States where use remained illegal, provided much contrast to those of the decriminalized States; but it can be stated with near certainty that, within the range of State policies that then existed, there was no evidence of a differential result coming from active decriminalization of marijuana.

Only limited generalizations can be made from such a conclusion, however. Marijuana was, after all, a widely used drug among young people, and one that was widely accepted and consistent with the existing social norms of their age group. Thus, the symbolic impact of decriminalization would be expected to be very limited in that historical period.

It also should be noted that decriminalization and legalization are quite distinct things. The production, distribution, and sale of marijuana remained illegal even in decriminalized States--no advertising was possible, and so on. The legalization of drugs recently espoused by some social commentators would involve a qualitatively different social action. Complete legalization would likely have a considerably greater impact on use than decriminalization, partly because the use of most other drugs remains highly illicit in the society and contrary to social norms (even among youth) and partly because legalization constitutes a far greater liberalization of the law. Under legalization, all of the policy issues having to do with production, labeling, advertising, purchase restrictions, and taxation would suddenly become germane.

Demand Reduction Based on Changing Attitudes, Beliefs, and Norms

So far, the demand reduction techniques we have discussed are those that rely entirely on the use of negative incentives or reinforcements, including techniques for apprehension and punishment. These approaches are not aimed at changing the person, but rather at changing some of the contingencies presented by the environment as a result of drug use, and the probability that the consequences will be incurred. Their success relies largely on the extent to which drug using behaviors in the population can be monitored, since the desire for compliance is not internalized by the individual. There is, however, an important additional class of interventions that do aim to change the person, and they are often classified under the rubric of prevention. The so-called prevention approaches have been at times classified into three levels: primary prevention (which means reaching people before they ever start using drugs or a drug); secondary prevention (which means intervening early in the drug involvement process, before the users become dependent or chronic users of the drug); and tertiary prevention (which means dealing with people who already have an established drug abuse problem, i.e., treatment). Primary prevention, early intervention, and treatment are the terms now more in vogue for these three levels.

To deal with the last first, the treatment of drug abusers has been the dominant focus of demand reduction approaches to date. However, treatment may be seen as the result of a society's failure to succeed at, or even to attempt to implement, the first two

stages of prevention. Treatment is dealing with the casualties, a very expensive approach with rather limited success. While treatment of most drug abusers seems well worth society's investment in terms of payback in productivity, reduced crime, and, now AIDS prevention, it is nevertheless very expensive per case and even more expensive per successful case. Recidivism rates tend to run high, often exceeding 50 percent.

So-called secondary prevention, or early intervention, would seem to hold promise in that those most at risk for drug abuse have begun to identify themselves by their early involvement, and thus scarce resources can be focused on those most "at risk" of developing a serious problem. The drawbacks in this approach, of course, are that early users are not easily identified and engaged in the intervention process and, further, many are already well on their way to serious involvement with drugs and/or with dysfunctional social groups, making successful intervention more difficult. Nevertheless, this appears to be an area in which some creative and positive approaches could be developed for early identification and intervention.

Primary prevention might be thought of in two subclasses that I will call selective and global. Selective primary prevention occurs when individuals or groups, judged to be at high risk for reasons other than their actually using drugs, are identified and resources are focused on them. The second category, which might be called global primary prevention, exists when all people in a population group are provided an intervention, whether or not they show indications of being prone toward drug abuse.

Given the extremely widespread nature of drug use among contemporary American youth, global drug abuse prevention efforts appear highly justified at the current time and perhaps for the foreseeable future. Further, given the age at which illicit drug use begins (see Figures 1 and 2), they need to start at an early age. More focused or selective drug abuse prevention efforts may also make sense, as an adjunct to global efforts. In general, it would seem that we should be exploring demand reduction using all of these types of approaches. As discussed below, new mechanisms to increase the generation and refinement of additional approaches to primary and secondary prevention would be extremely valuable. Indeed, mechanisms that would realign Federal strategy to allocate higher levels of resources to the development of a knowledge base for primary and secondary prevention are essential.

A Knowledge Base for Prevention

Intervening successfully to prevent or ameliorate social problems is a high-risk venture. If one takes Donald Campbell's notion of "an experimenting society," one comes to see most knowledge on social engineering, or social intervention, as developing through a process of trial and error with evaluation.¹⁷ Of all the seemingly good ideas for preventing drug abuse (or for intervening in most other nonadaptive behaviors) 70 to 90 percent will probably prove either ineffective or actually result in adverse consequences, for reasons that are simply beyond a theoretician's or social planner's ability to forecast. (This seems now to be the verdict on most of the "good ideas" for drug abuse prevention that were popular into the seventies, like the "information approach" and the "alternatives

approach.¹⁸) If one accepts this assumption, it means that it is critical to implement as many of the most promising ideas as possible in experimental designs, to evaluate them as rapidly as possible, and to identify the minority of programs that do work. Those programs can then be disseminated widely. Most important, the majority of programmatic intervention funds, which would otherwise have been wasted on ineffective programs, can be used on the effective ones.

Three key stages to such an experimental approach to building a knowledge base can be distinguished: idea generation, program development, and systematic evaluation. The papers that comprise this volume, for example, all fit into the idea generation stage. My position is that all three stages are critical to the development of a knowledge base, and that the process we use to develop that knowledge base should be a high priority subject. In particular, the issues of resources and strategy need to receive focused attention.

As an overall strategy, I recommend that we greatly increase our rate of developing, building, and refining new prevention approaches into programs that can be implemented and evaluated in (often large-scale) systematic research designs. This will require allocating a different scale of resources to knowledge development in this field, additional institutional mechanisms to expand and improve the process, and sustained attention and support.

Idea Generation

Regarding the first stage--that of idea development--an overall examination of the literature suggests that (a) the range of ideas that have been put forward and tried for preventing drug use has been limited in contrast to the range of intervention approaches that might be developed and judged promising, and (b) most of the approaches that have received serious, systematic evaluation so far have not shown evidence of a great deal of effect. I do not conclude from the latter assertion, by the way, that nothing effective can be done--only that we have not made an adequate effort to find the "right" answers.

How might the production of new and promising approaches be increased? The commissioning of papers is one approach, but one-shot strategies are not enough. There needs to be a well-thought-out, ongoing process of idea generation and development. One structural mechanism that would help to assure such a process would be the creation of several Prevention Development Centers, which would have idea development as their primary mission. They could have resident and visiting scholars, like most think tanks, and could commission papers; but they should also make use of the practical knowledge and insights of people who are (or have been) in many of the social roles that touch on the drug abuse problem--youngsters who have (had) drug abuse problems, youngsters who have managed to avoid drug use, parents of both types of youngsters, drug abuse counselors, teachers, school counselors, youth workers, and so on. The purpose is to draw upon their knowledge and insights, using groups of various permutations of such roles to develop new perspectives such as advertising agencies use focus groups to develop an understanding of how people feel about a product, why they might buy it, what forces influence their decisions, and how they would react to various advertising interventions. People from such roles could be brought together for short sessions of a day or less, or for longer ones of a

weekend, week, or more. Further, groups drawn from differing types of social environments--rural, suburban, and innercity--might be separately constituted, since some of the most appropriate and effective interventions may differ across such settings. Whatever heuristic devices (e.g., the Delphi technique) judged promising by the Center staff should be tried. The main point is that an organization, and a set of professionals (as well as nonprofessionals), be given the sole task of generating new approaches to prevention.

Some of the most valuable ideas to be generated might relate to ways in which adolescents themselves structure their activities, social groupings, and reward structures so that (1) there is less pressure to use drugs and alcohol, (2) there are attractive social alternatives to "partying," (3) there is less reward associated with it, and (4) there are some social penalties. Developing effective ways to involve young people in solving their own problems should be a primary goal.

Some models might also emerge for intervening in parental and family systems--for example, how to use the influence of older siblings constructively and how and when to motivate parents to organize among themselves. Despite all the work of the existing parent group movement, parents are organizing too little and too late--a point further discussed below.

Effective ways to record and communicate the most promising of these ideas would need to be developed. The reports generated by the Centers would need to be placed in the public domain, so that anyone moved to develop and implement one of the ideas would be immediately free to do so.

Program Development

Klitzner and others have argued convincingly that, often, not enough time is devoted to the intermediate stage of program development, before summative evaluation of an approach is undertaken.¹⁹ I would agree with this observation. Developing, pretesting, and further refining a program built on a general idea for a prevention intervention is an important and sometimes difficult stage in the process--and adequate time and resources need to be made available for these activities. The recently created Office of Substance Abuse Prevention (OSAP) within The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) now has significant funding available for demonstration projects in prevention, though more might be usefully allocated for this purpose from within the Department of Education (ED) as well. One would hope that a number of the new ideas to emerge from the Prevention Development Centers would be put forward for the funding of program development. Since this is not an area in which I have a great deal of first hand experience, I am not sure whether any special institutional mechanisms, such as Program Development Centers, would be useful. It is, of course, possible that the Prevention Development Centers discussed above could undertake this stage of work.

Program Evaluation

Proper evaluation of social interventions often requires appreciable time, resources, and technical expertise. As a matter of general policy, I think that we must make these available, given the seriousness of the drug abuse problem in the country. To date, the Federal resources available have been inadequate to the task. OSAP is prohibited by its enabling legislation from sponsoring summative evaluation research. The National Institute for Drug Abuse (NIDA) has had relatively limited funds for such purposes. The net result is that the area has been relatively moribund, and some significant scholars have become disaffected. Clearly, a vigorous Federal effort is needed in this area--which logically might be shared between NIDA and ED.

Sustained Attention and Support

A pervasive flaw in American thinking is the tendency to act for the short term and let the long term be damned. Significantly increasing the knowledge base is a long-term process, and we need to think of it that way. To make matters even more difficult, the development of knowledge for effective social interventions requires an experimental perspective in which it is realistic to suppose that perhaps a majority of what look like "good" ideas will ultimately fail to bear the desired fruit. That means that policy makers, administrators, and scientists need to be tolerant of the unfruitful efforts and also remain optimistic that others will prove fruitful. The field, and the effort, should not be judged barren just because many, or even most, of the approaches are failures. Failure needs to be seen as a necessary part of the experimental process by which we identify the most successful approaches.

Another caution concerns the danger of dismissing a general approach too quickly just because a particular incarnation of that approach proves unworkable or ineffective. One example of such a process was the premature conclusion reached by prevention professionals in the 1970's that the risks of drugs fail to deter children from using them. Early prevention programs emphasizing the dangers of drugs were not successful, the approach was labeled "scare tactics," and in general, the approach was then dismissed by the field. This now appears to be a case of throwing out the baby with the bath water, and certainly there was a lot of bath water in the early seventies in the messages being given to youngsters about drugs. The problem was that the messages were not credible: in general younger people knew more about drugs than adults, and they began to dismiss all communications from adults about drugs as propaganda. Since then, "the system" has gained back much of its credibility by sticking closer to the facts. Some of the evidence for this is that many more young people have come to see marijuana use as more dangerous than they used to, and that their actual use of marijuana has dropped appreciably. In fact, one of the most important findings from the national high school surveys has been that young people's tendency to use a drug, or to avoid using it, is on average substantially influenced by what they perceive as the dangers associated with using it. Figure 8 shows the dramatic change in the perceived risk for regular marijuana use over the period 1978 to 1987, during which daily use fell by more than two-thirds--from 10.8 percent to 3.3 percent.

Further evidence of the importance of perceived risk came in 1987, when we reported that the perceived risk for experimental cocaine use was up sharply for the first

time among adolescents and young adults (see Figure 9). This change was accompanied by the first appreciable drop in active cocaine use since the study began in 1975.²⁰ In 1988, perceived risk continued to rise and actual use continued to fall.²¹

So, although the approach of emphasizing risks was valid, its particular implementation during the early 1970's was not.

Some Potential Programs and Approaches to Prevention

By way of background to this section, I do not think there are any "silver bullets" available in our potential prevention armamentarium. The problems being presented are as varied and complex as are their causes. Further, techniques that may be effective with some groups in the population (defined in terms of age, sex, social class, urbanicity, ethnicity, and so on) may not be effective in others. Therefore, I believe that the best national strategy is to develop a host of different programs, preferably of demonstrated feasibility and effectiveness, that are to some degree tailored to various of the target populations.

Two global types of prevention programming, already in place and impacting large numbers of people, are school-based prevention curricula and prevention-oriented media campaigns. Therefore, I will begin this section by discussing the information available from the Monitoring the Future project concerning breadth of coverage and the judged effectiveness of those two massive programs.

School-Based Prevention Curricula

Table 1 at the end of this document shows the proportion of American high school seniors in recent graduating classes who report having received drug education courses or lectures in school. It shows that in recent years a significant portion of students report having had no such experiences --from 25 percent to 30 percent. Also on Table 1 are the proportions reporting each type of curricular element while in high school. Three-quarters of those having had any such experiences report having films, lectures, or courses in one of their regular classes. Only slightly over a fifth of them report taking a special class about drugs. Films or lectures outside of courses are now reported by over a third of those having any courses or lectures, and this is the only category of such experiences which appears to be rising over time in terms of the proportion of the school population reached.

Table 2 shows that, of those who received any of these curricular experiences, less than one in five (18 percent) thought they were of "no value" but, then, less than one in five found them of "great value." Over half (55 percent) thought these educational experiences had decreased their interest in trying drugs to some degree, while only 2 percent said it made them more interested; 43 percent felt it had no impact. So, in general, today's teens clearly are more positive about the drug education they are receiving, if we leave aside the ones who don't receive any. There can be no doubt, however, that there is still plenty of room for improvement.

None of these results, by the way, show much trending since the mid-1970's, including student ratings of the value or impact of what they have received. To the extent that there is any trending, it is in the direction of their giving slightly better ratings to their curricular experiences today than in the mid-1970's. If evidence of this sort is needed, it would seem to suggest that, on the average, drug prevention curricula are of some value, that there is still an important segment of the population not reached by such curricula, that there is plenty of room for improvement in the ratings, and that relatively little improvement in the ratings has occurred during the past 10 or 12 years.

For the reasons cited earlier, school curricula should emphasize the health risks of the various drugs (and I would include here the risks to psychological and social health as well as to physical health). They must, however, do so in a way that protects the credibility of both the message and the message-giver.

In addition to trying to increase students' motivation to avoid drug use by emphasizing the risks, such a program must attempt to teach them the social skills that will enable them to act consistently with that motivation. In essence, they must be taught how to manipulate the salient contingencies--many of which are social--so that derive more reward than punishment from avoiding drug use. Some promising peer-based social skills programs already exist, but so far, unfortunately, none geared to how students collectively, in addition to individually, might act to change contingencies.

The drug-prevention components of school curriculums should also be introduced very early if they are to reach youngsters before many, or worse yet, some "critical mass" of them, have already begun to use drugs (see Figures 1 and 2 for grade of onset estimates). Some components should probably be built into the curriculums at every grade thereafter, as well, to ensure that reinforcement or "booster" effects keep occurring and cumulating.

Finally school curriculum programs should encompass the dangerous licit drugs as well--at a minimum, cigarettes, alcohol, and chewing tobacco--because (1) these substances also pose very significant health risks for the population; (2) prevention arguments based on health concerns can only be consistent if all unhealthy substances are covered; and (3) use of these substances is highly correlated with subsequent use of the illicit drugs, suggesting a probable causal connection.

Media-Based Prevention Efforts

The media have, by default, taken over a very significant part of this society's education and socialization of its children. With regard to both licit and illicit drug use, this development has been, in general, highly unfavorable. For the last year or two, however, the media have collectively undertaken a considerable public service advertising effort to deglamorize illicit drug use. Given the clear power of the media with young people, this undertaking is both constructive and promising. In 1987, for the first time, the Monitoring the Future study contained questions about antidrug commercials. Tables 3 and 4 indicate that young people receive a high level of exposure to these prevention "spots" and favorably assess the impact of these commercials on their own propensity to use drugs. Significantly, few think that the commercials exaggerate the risks.

Because these results are derived from self-reports of impacts, rather than statistically demonstrated effects, interpretation must be cautious. Nevertheless, given the low propensity of most adolescents to admit that anything affects them, the results are certainly encouraging with regard to the potential of media campaigns.

One obvious suggestion is to keep alive the current national program, most of which is occurring under the auspices of The Media-Advertising Partnership for a Drug-Free America. Another might be to have local communities develop their own complementary campaigns with the help of local advertising professionals, perhaps using local figures. Changing young people's perceptions of community norms may be a very important part of the prevention process. If a successful model could be developed, communities in many major metropolitan areas might be able to replicate the model and its outcomes.

Perceptions of Drug Use and Related Attitudes Among Public Role Models

The perceptions of young people concerning the illicit drug use and drug-use attitudes of important role models in the mass culture have long been assumed to be important influences on their own behavior and attitudes. Yet little research has investigated the connection. In 1987, the Monitoring the Future studies added questions to measure young people's perceptions with respect to three important referent groups--professional athletes, rock musicians, and actors.

The results show that a substantial majority of young people believe that illicit drug use is widely practiced in all three professions. According to the median response, rock musicians have the highest proportion of occasional and regular users (70 percent); actors and actresses ranked second (55 percent), and professional athletes ranked third (50 percent) (see Table 5). While I am unaware of any systematic surveys of actual usage levels in these three populations, my own guess is that these are substantial overestimates of the prevailing rates.

Young people's perceptions of prevailing attitudes toward drugs in these three populations also appear to overestimate acceptance of illicit drug use. Table 6 shows that the great majority of young people do not think there is widespread disapproval of illicit drug use in any of these three influential role-model groups. The students were also asked to estimate the proportion of their age peers who strongly disapproved of "using illicit drugs (such as marijuana and cocaine) occasionally or regularly." The majority thought that less than 50 percent of their age peers disapproved of such drug use. Table 7, which gives the actual distributions of the attitudes of their age peers, suggests that most students underestimate the extent of peer disapproval.

In terms of prevention strategy, these data suggest a case of "collective ignorance" that could be attacked directly through both media spots and inschool curriculums. Certainly, many professionals in the three role-model groups would be appalled to think that young people see their profession in this way and would be willing to speak in public about their drug-use attitudes and practices. Their professional associations might be

willing to organize such a program, and the advertising industry might also assist by volunteering their professional communications skills, as they have so generously in the past. The data provided in Tables 5, 6, and 7 might provide the needed stimulus to motivate such professional action. (They might also be used to challenge students' beliefs about prevailing peer norms.)

Another approach to the same end would be to conduct representative sample surveys of professionals in the three role-model groups. Assuming that their attitudes and behaviors are quite different than young people think, the survey results could be used to develop persuasive messages that challenge existing misperceptions.

Alcohol and Cigarette Advertisements

Considering the young ages at which most eventual smokers begin smoking, and at which young people develop patterns of regular smoking and occasional heavy drinking,²² it is difficult to conclude that the massive advertising of both cigarettes and alcohol is not relevant to preventing substance abuse among our young people. In the course of childhood, each youngster is exposed to thousands upon thousands of commercials that associate these products with attributes that are attractive to young people. The annual advertising and promotion budget for cigarettes now exceeds 2 billion dollars, and for alcoholic beverages is just about 2 billion dollars. This author has made the point elsewhere that the advertising and promotion of cigarettes should be totally banned, given the known dangerous consequences of the product, even when used as intended--not to mention the probability that smoking contributes to illicit drug use.²³ Others have also argued that alcohol advertising should be severely curtailed for many of the same reasons.²⁴

The advertising of these products does the opposite of what existing antidrug advertising tries to do (glamorize drug use vs. deglamorize it) and the opposite of what the activities recommended in the preceding section would try to do. That is, product advertising gives the impression that more people, and more glamorous people, are consuming these drugs--and in the case of alcohol, in particular settings--than is really the case. The advertising budgets for these two drugs make all of the Nation's prevention activities in the areas of illicit drugs, cigarettes, and alcohol combined seem utterly insignificant by comparison. As long as self-serving institutions in our society are permitted to urge drug use--broadly defined--upon our children, we can expect to be much less successful in any organized prevention attempts.

Parental Involvement

The drug epidemic of the last 20 years has added a new dimension of difficulty to childrearing. At the same time that these new opportunities and pressures to use drugs were placed upon their children, families became, on the average, less well-equipped to exert constructive social control and influence over their children. As mentioned earlier, the greatly increased divorce rate and the simultaneous rise in the proportion of working mothers have reduced parental monitoring and awareness of their children's behavior. The increased mobility of the population is also a contributing factor; extended family are now

less likely to be around to help exert adult influence, and neighbors are now less likely to know neighbors, which results in the same lack. Finally, more youngsters now have cars and jobs that give them a large degree of physical and financial independence from their parents.

If the erosion of family and neighborhood control has, as hypothesized, contributed significantly to the drug problem (as well as to other problems), one remedy is to seek ways to empower parents more in their parental roles and to train them to deal with this new class of problems.

Of course, because the drug epidemic is now two decades old, the average parents today are probably more knowledgeable about drugs and the drug culture than parents of the sixties and seventies, if only because many of them passed through their own adolescence and young adulthood during the epidemic. But knowing what to do as a parent is different from having been there as an adolescent. Further, the nature of the drugs and the drug culture itself have changed considerably over the years. Consequently, parents need guidance, social support, and collaboration with other parents to help them deal with the threat of alcohol and illicit drug use among their children.

A grass roots movement of parent groups has begun in response to this need, but data indicate that it has reached a very small portion of the student population. Table 9 shows that only about 2.5 percent of seniors say their parents are actively involved in such a group; roughly another 5 percent say their parents have previously been involved in such groups. In other words only about 1 in 14 youngsters have had one or more of their parents so involved. In many of those cases, the parents probably only became involved after the horse was already out of the barn.

Interestingly, most students think that parental involvement in such an activity is a good idea, while very few (only about 13 percent) think it is a bad idea (see Table 8). The data in Table 10, which are based only on those few students whose parents have been involved in such groups, paint a less promising picture. Over half the students felt that the experience had no impact on their tendency to use drugs or that (in a very small proportion of cases) it made them more likely to use drugs. And only about a third thought it had improved their relationships with their parents. However, certain mitigating factors should also be considered along with these data: (1) many of these youngsters were probably already involved with drugs when their parents got organized; (2) the nature of what constituted a "parent group" undoubtedly varied in the extreme; and (3) because social control is involved many youngsters may be inclined to judge such parental activities more negatively now than they will later.

New models for establishing and developing cooperative parent groups should be developed, refined, and evaluated. Schools could play a central role in creating such groups when the child is entering the first year of junior high or middle school, a time when primary school friendship groupings are often redefined and the heaviest period of initiation into drug use begins. If parents begin to play an active and cooperative role in setting rules at this point, the child will expect them to continue in this role throughout secondary school; later attempts to set rules, however, will be viewed as a removal of rights.

Obviously school leaders cannot push parents into such groups. Some creative mechanisms must be designed to motivate parents to assist in organizing groups and to maintain the groups' momentum themselves. The Federal role could be to help develop and evaluate some model mechanisms and, perhaps, to develop a set of high-quality videotapes that would assist parent groups.

A final caution: Many parents seem to have shied away from involvement in the parent movement because of a perception that it was ideologically to one side of center. The notion of active parental involvement in their children's lives and in building consistent community norms is neither liberal nor conservative. And any effort to involve a broad segment of the parent population must be consciously designed to be acceptable to the many and to avoid any hint of ideological bias.

Alternatives for Teenagers

A number of the suggestions already discussed have dealt with the issue of ultimately changing norms among teenagers. The suggestion that cigarette advertising be banned and alcohol advertising restricted is partly motivated by this hope of changing norms. Antidrug commercials have the same aim, as do most school-based prevention curriculums. However, enlisting the active involvement of young people themselves in helping to "turn things around" is a particularly important goal.

One existing approach is to establish antidrug clubs for adolescents. Although the number of graduating seniors who report having belonged to such clubs has been growing gradually (see Table 11), in 1987 only about one in eight reported any past involvement. (Unfortunately, the survey did not leave space for the adolescents to report their evaluations of the idea or their own experiences. Such research would be valuable.)

However, the antidrug club approach does have potential pitfalls. The set of youngsters who get involved may be among the least likely to use drugs in the first place and/or may serve as negative reference points for the youngsters most likely to get involved, perhaps hardening the latter's defense of their own position. Although admittedly conjecture, these possibilities should be taken seriously and researched carefully.

Creating formal antidrug groups is but one method of trying to enlist young people in the search for solutions. Many other approaches can and should be tried within the general experimental framework discussed earlier. Certainly, the different peer groupings that emerge during high school--jocks, brains, burnouts and the like--need to be taken into account in developing different approaches. What works with one type of group may not work with another, and when peer leaders or facilitators or coordinators are chosen for various approaches, their position in the subgroup structure may be a key element in their potential for success.

A final point in this discussion of peer norms concerns young people's expectations and alternatives for having a good time socially, outside of school. At present, "partying" organized around substance use is a major form of recreation for American teenagers, and

"to have a good time with my friends" is one of the most common reasons put forth to explain most types of alcohol and illicit drug use.²⁵ Teenagers need alternative activities that meet the same basic needs and are acceptable and attractive to youngsters, but do not involve drinking and drug use. The Prevention Development Centers referred to earlier might pursue this problem-solving task with groups of young people to develop models and/or procedures by which young people themselves could grapple with the problem in their own schools and peer groups.

Conclusion

The prevention ideas put forward here relate to a number of institutions and segments in the society--parents, schools, the media, advertisers, those in professions that serve as role models, community leaders, and young people themselves. This broad array, and still others not on the list, play a role--whether they like it or not--in either exacerbating or helping to solve the Nation's drug abuse problems. Many on the list can mobilize to help reduce drug use, and the activities of these various public sectors and individuals will have a mutually reinforcing effect, because they will convey the impression of a widespread intolerance for, and disapproval of, drug use. The problems, of course, are not going to go away completely, but their substantial reduction seems well within practical expectations. Yet even if considerable success is attained, only a long-term, sustained prevention effort will successfully keep these problems from re-emerging.

Notes

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- ³ Johnston et al. *Illicit drug use*.
- ⁴ Johnston, et al. *Illicit drug use*.
- ⁵ L. D. Johnston & L. D. Harrison. (1984). *An international perspective on alcohol and drug use among youth*. Invited paper presented at the Swedish Academy of Medical Sciences' Third International Berzelius Symposium, Stockholm, Sweden. See also R. G. Smart & G. F. Murray. (1981). A review of trends in alcohol and cannabis use among young people. *Bulletin on Narcotics*, 33, 77-99.
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- ⁷ Johnston, et al. *Illicit drug use*. See also: P. M. O'Malley, J. G. Bachman, & L. D. Johnston. (July, 1984). Period, age, and cohort effects on substance use among American youth. *American Journal of Public Health*, 74, 682-688. See also K. Yamaguchi & D. B. Kandel. (1984). Patterns of drug use from adolescence to young adulthood—III. Predictors of progression. *American Journal of Public Health*, 74, 668-672.
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- ⁹ Johnston. *Adolescent smoking*.
- ¹⁰ J. G. Bachman, P. M. O'Malley, & L. D. Johnston. (1986). *Change and consistency in the correlates of drug use among high school seniors: 1976-1986 (Monitoring the future, Occasional Paper No. 21)*. Ann Arbor, MI: Institute for Social Research.
- ¹¹ J. G. Bachman, L. D. Johnston, P. M. O'Malley, & R. H. Humphrey. (1988). Explaining the recent decline in marijuana use: Differentiating the effects of

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Table 1

Exposure to Drug Use Prevention Elements in School Curricula
(entries are in percentages)

High school seniors in the class of:

	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>
2E15. Have you had any drug education courses or lectures in school?												
1. No	15.7	18.0	20.7	21.0	26.1	23.5	26.2	25.6	27.3	23.9	23.8	21.4
2. No, and I wish I had	5.1	3.8	4.5	4.7	5.6	4.2	6.0	4.3	3.4	4.3	3.9	4.0
3. Yes	79.2	78.3	74.8	74.4	68.3	72.4	67.8	70.1	69.2	71.7	72.3	74.6
N=	2494	2556	3000	2700	2710	2990	2975	2719	2688	2703	2568	2686

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Asked only of those having courses or lectures

2E17. How many of the following drug education experiences have you had in high school? (Mark all that apply.)

A. A special course about drugs	22.7	24.8	24.7	22.8	20.5	22.3	20.2	21.4	23.7	20.6	24.1	22.1
B. Films, lectures, or discussions in one of my regular courses	75.7	74.6	74.7	77.7	76.3	76.8	75.5	77.1	78.0	76.2	77.4	75.1
C. Films or lectures, outside of my regular courses	28.8	28.2	25.5	22.3	21.0	23.9	25.2	23.9	26.8	30.0	30.4	36.6
D. Special discussions ("rap" groups) about drugs	24.7	24.1	25.1	22.1	22.4	20.8	20.7	21.2	21.3	19.1	22.5	25.9

N= **1979** **1984** **2227** **1980** **1820** **2141** **1987** **1897** **1841** **1929** **1840** **1977**

Source: P **ing the Future**

Ratings of School Curricula in Drug Use Prevention
(entries are in percentages)

High school seniors in the class of:

Asked only of those having drug education courses or lectures

1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987

2E16. Would you say that the information about drugs that you received in school classes or programs has . . .

1. Made you less interested in trying drugs	50.5	54.0	51.5	52.4	55.3	58.8	56.9	54.7	54.1	55.6	57.2	54.9
2. Not changed your interest in trying drugs	45.6	43.0	45.2	44.0	41.9	38.5	40.3	42.5	43.3	41.6	40.0	42.8
3. Made you more interested in trying drugs	4.0	3.0	3.3	3.6	2.9	2.7	2.8	2.8	2.5	2.8	2.9	2.3

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N=

1973	2004	2245	2006	1853	2163	2022	1921	1865	1953	1868	2010
-------------	-------------	-------------	-------------	-------------	-------------	-------------	-------------	-------------	-------------	-------------	-------------

2E18. Overall, how valuable were the experiences to you?

1. Little or no value	18.1	19.1	18.0	18.3	16.2	15.4	15.9	18.5	17.8	17.3	17.1	17.9
2. Some value	45.7	42.6	45.7	44.9	45.2	43.7	44.3	43.0	43.5	43.8	43.8	40.8
3. Considerable value	24.7	24.6	21.6	22.9	23.6	25.0	23.9	23.7	23.3	24.8	25.5	23.5
4. Great value	11.4	13.7	14.7	13.9	15.0	15.9	15.9	14.9	15.4	14.0	13.5	17.8

N=

1985	1989	2237	1990	1829	2159	1999	1907	1857	1939	1854	1991
-------------	-------------	-------------	-------------	-------------	-------------	-------------	-------------	-------------	-------------	-------------	-------------

Source: Monitoring the Future

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Table 3

Exposure to Anti-Drug Commercials in the Media
(entries are in percentages)

High school seniors in the class of:

1987

The next question asks about anti-drug commercials or "spots" that are intended to discourage drug use.

4E11. In recent months, about how often have you seen such anti-drug commercials on TV, or heard them on the radio?

<i>1. Not at all</i>	5.7
<i>2. Less than once a month</i>	6.9
<i>3. 1-3 times per month</i>	22.1
<i>4. 1-3 times per week</i>	29.3
<i>5. Daily or almost daily</i>	25.8
<i>6. More than once a day</i>	10.2
	<i>N=</i> 2726

Source: Monitoring the Future

Table 4
Ratings of Anti-Drug Commercials in the Media
 (entries are in percentages)

High school seniors in the class of:

1987

4E12a. To what extent do you think such commercials have made people your age less favorable toward drugs?

<i>1. Not at all</i>	22.3
<i>2. To a little extent</i>	32.8
<i>3. To some extent</i>	34.3
<i>4. To a great extent</i>	6.6
<i>5. To a very great extent</i>	4.0

N= 2724

4E12b. To what extent do you think such commercials have made you less favorable toward drugs?

<i>1. Not at all</i>	25.5
<i>2. To a little extent</i>	19.9
<i>3. To some extent</i>	24.6
<i>4. To a great extent</i>	13.3
<i>5. To a very great extent</i>	16.5

N= 2689

Table 4 (cont'd)

High school seniors in the class of:

1987

4E12c. To what extent do you think such commercials have made you less likely to use drugs?

<i>1. Not at all</i>	27.5
<i>2. To a little extent</i>	17.8
<i>3. To some extent</i>	21.8
<i>4. To a great extent</i>	12.5
<i>5. To a very great extent</i>	20.4

N= 2681

4E12d. To what extent do you think such commercials have overstated the dangers or risks of drug use?

<i>1. Not at all</i>	48.8
<i>2. To a little extent</i>	16.4
<i>3. To some extent</i>	18.6
<i>4. To a great extent</i>	7.4
<i>5. To a very great extent</i>	8.8

N= 2693

Source: Monitoring the Future

Table 5

Perceived Levels of Drug Use Among Public Role Models in 1987
(entries are in percentages)

4E09. These days, how many people in the following groups would you guess use illicit drugs (like marijuana, cocaine, etc.) occasionally or regularly?

	<u>Professional Athletes</u>	<u>Rock music performers</u>	<u>Actors and actresses</u>
1. 0% to 10%	8.5	2.3	4.2
2. 11% to 30%	20.5	6.3	14.7
3. 31% to 50%	24.8	13.6	21.0
4. 51% to 70%	22.5	23.0	25.3
5. 71% to 90%	11.6	28.7	16.7
6. 91% to 100%	3.6	19.9	6.9
7. Have no idea	8.5	6.2	11.3
	<i>N</i> = 2797	2797	2795

Source: Monitoring the Future

Table 6

Perceived Disapproval of Drug Use Among Public Role Models in 1987
(entries are in percentages)

4E10. How many people in the following groups would you guess strongly disapprove of such illicit drug use?

	<u>Professional athletes</u>	<u>Rock music performers</u>	<u>Actors and actresses</u>	<u>People your age</u>
1. 0% to 10%	9.7	24.4	12.5	11.7
2. 11% to 30%	25.9	28.6	25.0	20.9
3. 31% to 50%	22.0	17.3	22.6	24.4
4. 51% to 70%	14.8	11.5	14.6	19.8
5. 71% to 90%	11.3	4.4	7.2	10.0
6. 91% to 100%	4.7	2.5	3.4	3.7
7. Have no idea	11.6	11.2	14.7	9.4
	<i>N</i> = 2784	2774	2746	2770

Source: Monitoring the Future

Table 7

**Proportion of Seniors in 1987 Who Disapprove Strongly
of Using Illicit Drugs Occasionally or Regularly
(entries are in percentages)**

	<u>Percent Who Strongly Disapprove</u>
<i>Smoking marijuana occasionally</i>	45
<i>Smoking marijuana regularly</i>	67
<i>Trying cocaine once or twice</i>	70
<i>Using cocaine regularly</i>	86
<i>Taking heroin occasionally</i>	89
<i>Taking heroin regularly</i>	92
<i>Taking barbiturates regularly</i>	78
<i>Taking amphetamines regularly</i>	77
<i>Taking LSD regularly</i>	88

Source: Monitoring the Future

Table 8

Receptiveness to Parent Groups Opposed to Drugs
(entries are in percentages)

High school seniors in the class of:

1983 1984 1985 1986 1987*

4E09. In some communities parents who are particularly concerned with drug or alcohol abuse among young people have formed groups of concerned parents to deal with these problems. In these groups parents try to become more informed and sometimes to set some common guidelines for young people's behavior.

In general, what do you think of the idea of having parents get together in groups such as these?

<i>1. A bad idea</i>	6.4	6.6	5.1	5.1	--
<i>2. More bad than good</i>	7.1	7.9	6.1	8.1	--
<i>3. Don't know or can't say</i>	30.7	27.5	25.7	27.5	--
<i>4. More good than bad</i>	23.3	23.0	22.6	23.8	--
<i>5. A good idea</i>	32.5	35.1	40.4	35.5	--
<i>N=</i>	2669	2659	2614	2600	--

*Series dropped in 1987.

Source: Monitoring the Future

Table 9
Exposure to Parent Groups Opposed to Drugs
 (entries are in percentages)

	High school seniors in the class of:				
	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987*</u>
<i>4E10. To the best of your knowledge, how many of your close friends have parents who are involved in such parent groups?</i>					
1. None	73.0	70.5	70.0	69.1	--
2. A few	18.8	20.3	20.1	22.1	--
3. Some	7.3	8.2	9.4	8.0	--
4. Most or all	0.9	1.0	0.5	0.8	--
N=	2656	2660	2599	2599	--
 <i>4E11. Has either (or both) of your own parents been involved in such a group?</i>					
1. No	92.8	91.4	91.7	92.2	--
2. Yes, in the past, but not now	4.9	5.3	5.7	5.1	--
3. Yes, now	2.3	3.4	2.6	2.6	--
N=	2595	2597	2558	2553	--

*Series dropped in 1987.

Source: Monitoring the Future

Table 10

Ratings of Parent Groups Opposed to Drugs
(entries are in percentages)

	High school seniors in the class of:				
	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987*</u>
Asked only of those whose parent(s) had been in such groups					
4E12. Has the involvement of your parent(s) in such a group had any impact on your own feelings about drug or alcohol use?					
1. Made me much less likely to use drugs or alcohol	25.2	23.0	26.7	27.9	--
2. Made me somewhat less likely to use drugs or alcohol	12.7	15.7	16.4	16.9	--
3. No impact either way	56.5	52.9	53.0	49.3	--
4. Made me somewhat more likely to use drugs or alcohol	3.1	5.9	2.7	3.5	--
5. Made me much more likely to use drugs or alcohol	2.5	2.4	1.2	2.4	--
N=	297	345	308	313	--
4E13. What about your relationship with your parents? Has their involvement in the parent group made your relationship better or worse?					
1. Much worse	8.9	8.6	6.5	6.9	--
2. Somewhat worse	9.6	14.5	11.0	12.2	--
3. No effect, don't know	50.4	50.0	49.2	45.5	--
4. Somewhat better	13.9	10.9	20.4	20.7	--
5. Much better	17.3	16.0	13.0	14.8	--
N=	287	340	314	306	--

*Series dropped in 1987.

Source: Monitoring the Future

Table 11
Involvement in Teen Groups Opposed to Drugs
 (entries are in percentages)

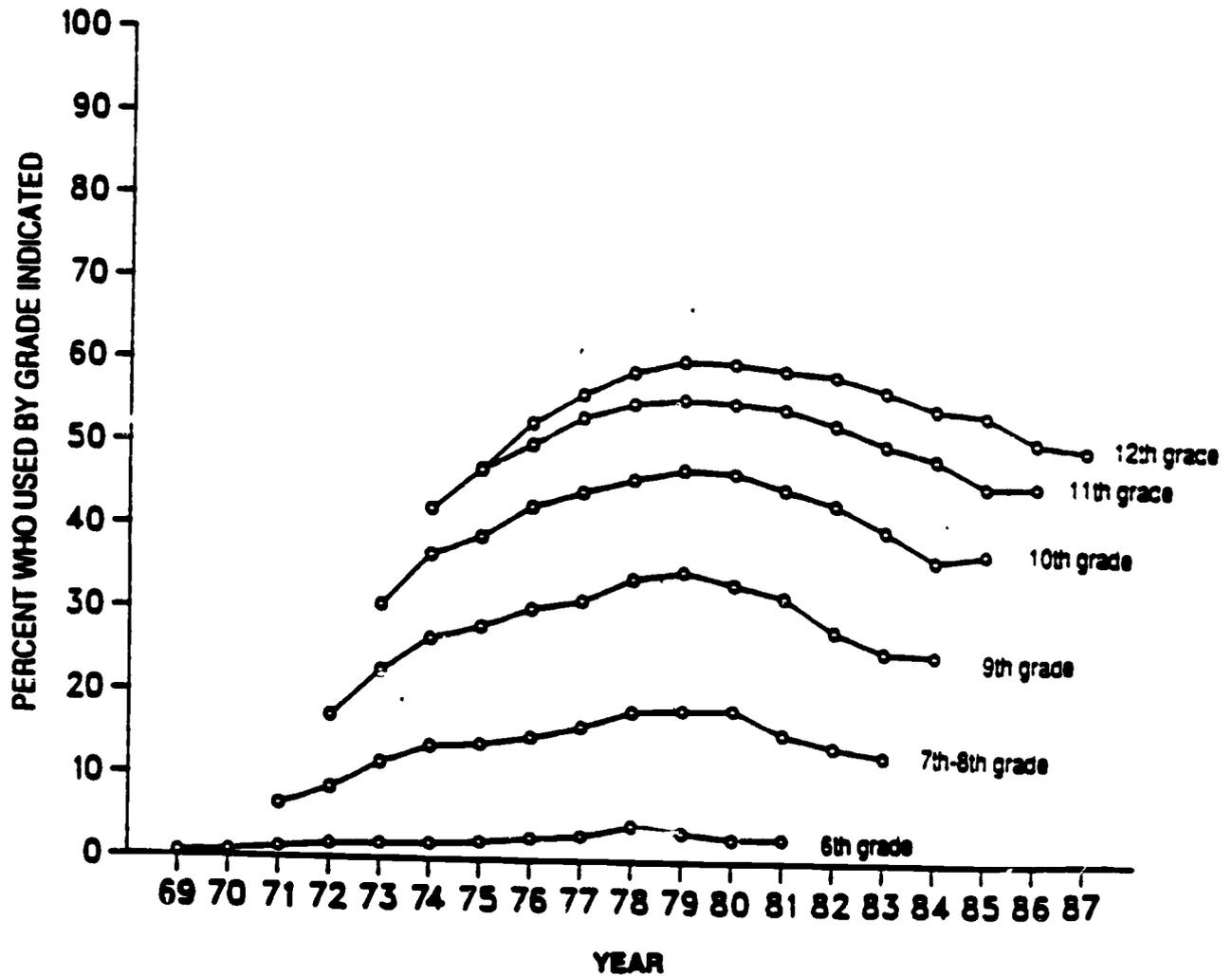
	High school seniors in the class of:				
	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987*</u>
<i>4E14. In some communities young people themselves have formed groups aimed at avoiding drug use, such as Youth for Drug-Free Alternatives. How many of your close friends have been members of such a group?</i>					
1. None	87.5	81.9	77.5	69.6	--
2. A few	8.6	13.2	14.9	19.8	--
3. Some	3.1	4.2	6.8	9.3	--
4. Most or all	0.8	0.8	0.9	1.3	--
<i>N=</i>	2651	2658	2605	2597	--
<i>4E15. Have you ever participated in such a group?</i>					
3. Yes, now	1.6	3.2	3.7	5.2	--
2. Yes, in the past, but not now	3.3	4.4	5.4	6.9	--
1. No	95.1	92.4	90.8	88.0	--
<i>N=</i>	2597	2616	2564	2540	--

*Series dropped in 1987.

Source: Monitoring the Future

FIGURE 1

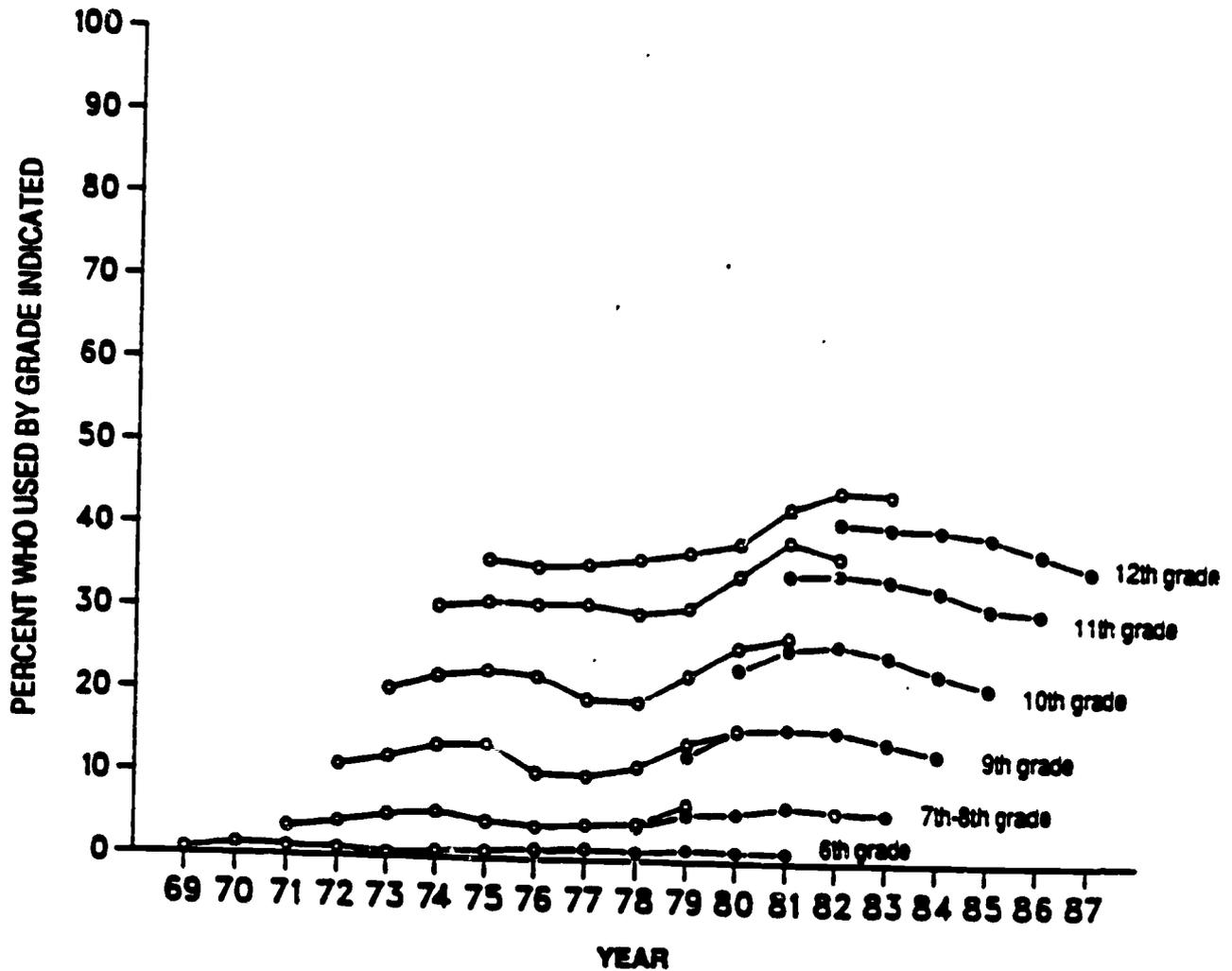
**Marijuana: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors**



SOURCE: Monitoring the Future Study (Johnston et al., 1988)

FIGURE 2

**Any Illicit Drug Other Than Marijuana:
Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors**

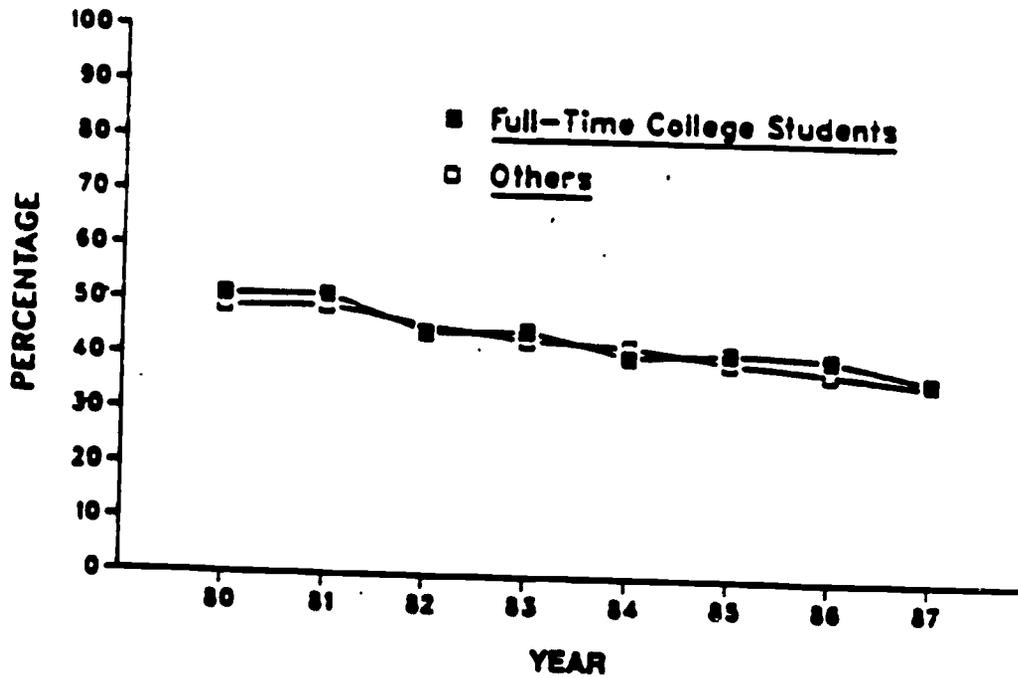


NOTE: The filled-in symbols represent percentages which result if non-prescription stimulants are excluded from the definition of "other illicit drugs."

SOURCE: Monitoring the Future Study (Johnston et al., 1988)

FIGURE 3

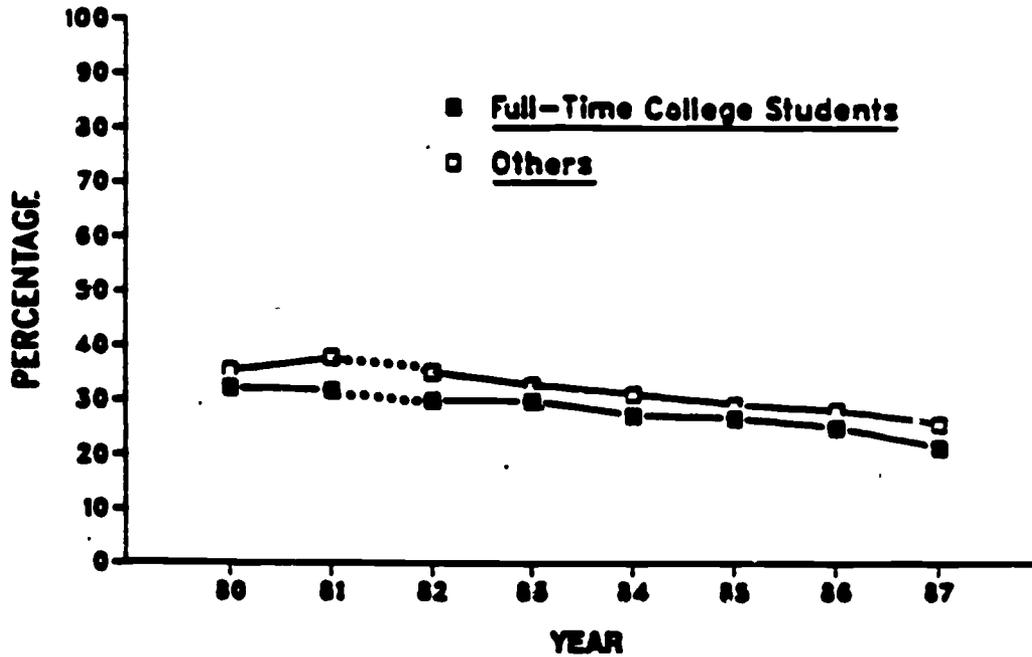
**Marijuana: Trends in Annual Prevalence
Among College Students Vs. Others
1-4 Years Beyond High School**



SOURCE: Monitoring the Future Study (Johnston et al., 1988)

FIGURE 4

**Any Illicit Drug Other than Marijuana:
Trends in Annual Prevalence Among College Students Vs. Others
1-4 Years Beyond High School**

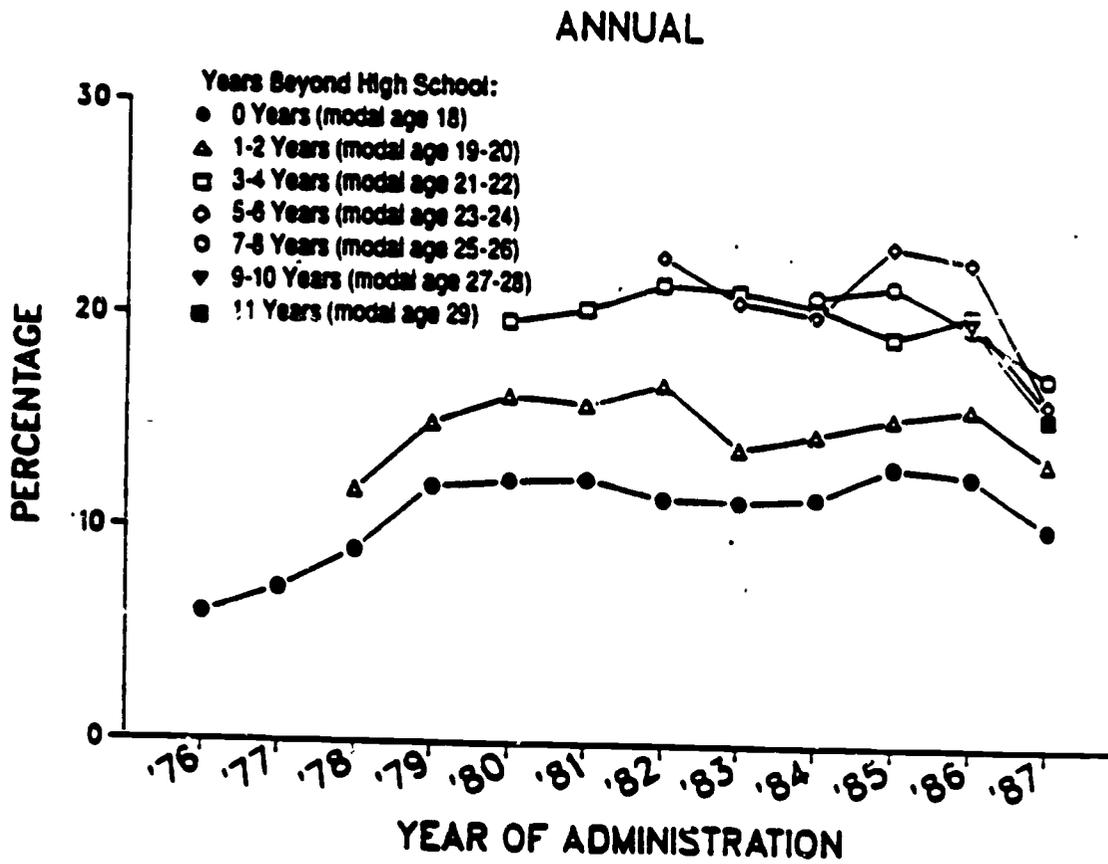


NOTE: The dotted lines between 1981 and 1982 denote a change in the amphetamines question.

SOURCE: Monitoring the Future Study (Johnston et al., 1988)

FIGURE 5

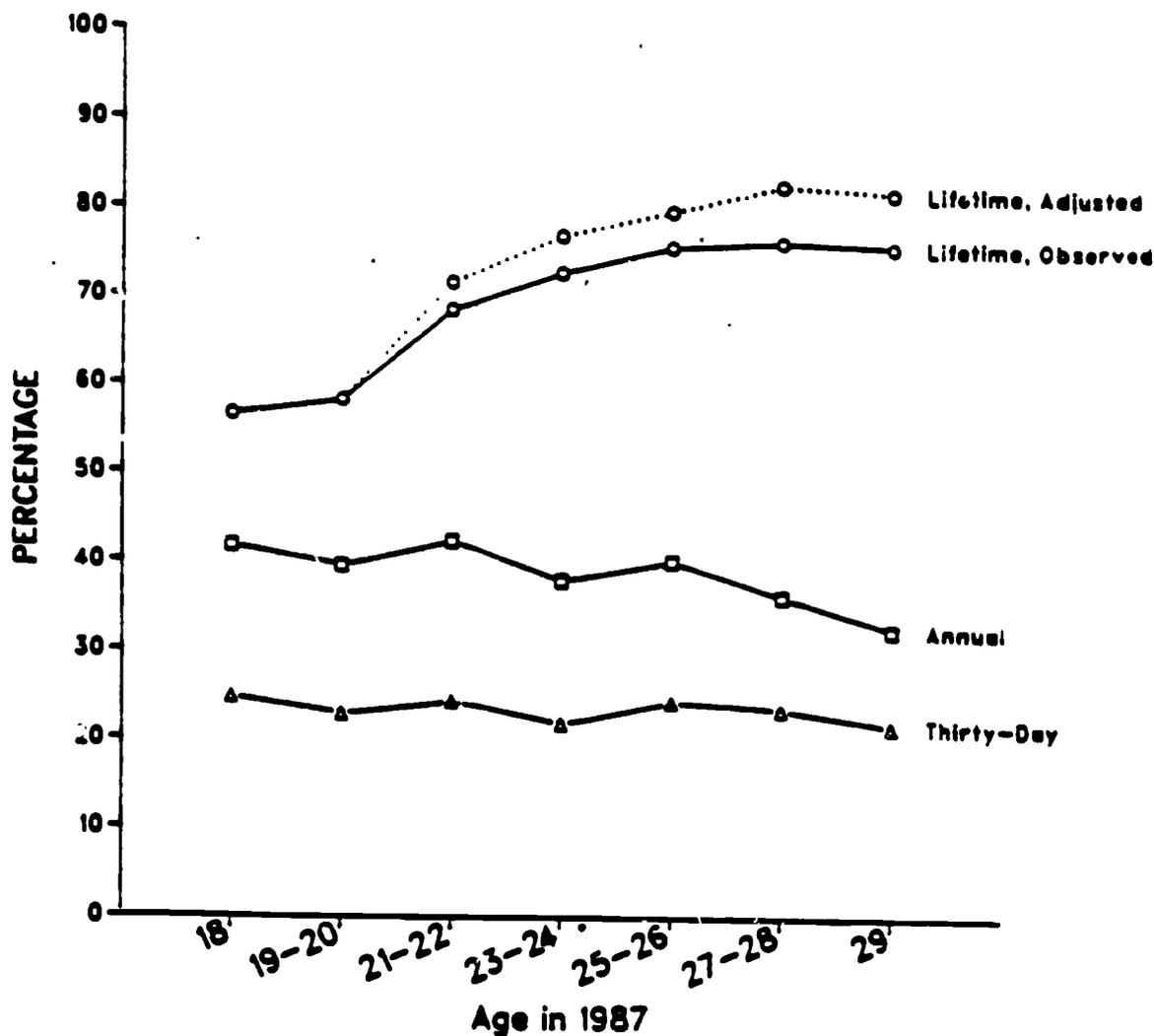
**Cocaine: Trends in Annual Prevalence Among Young Adults
by Age Group**



SOURCE: Monitoring the Future Study (Johnston et al., 1988)

FIGURE 6

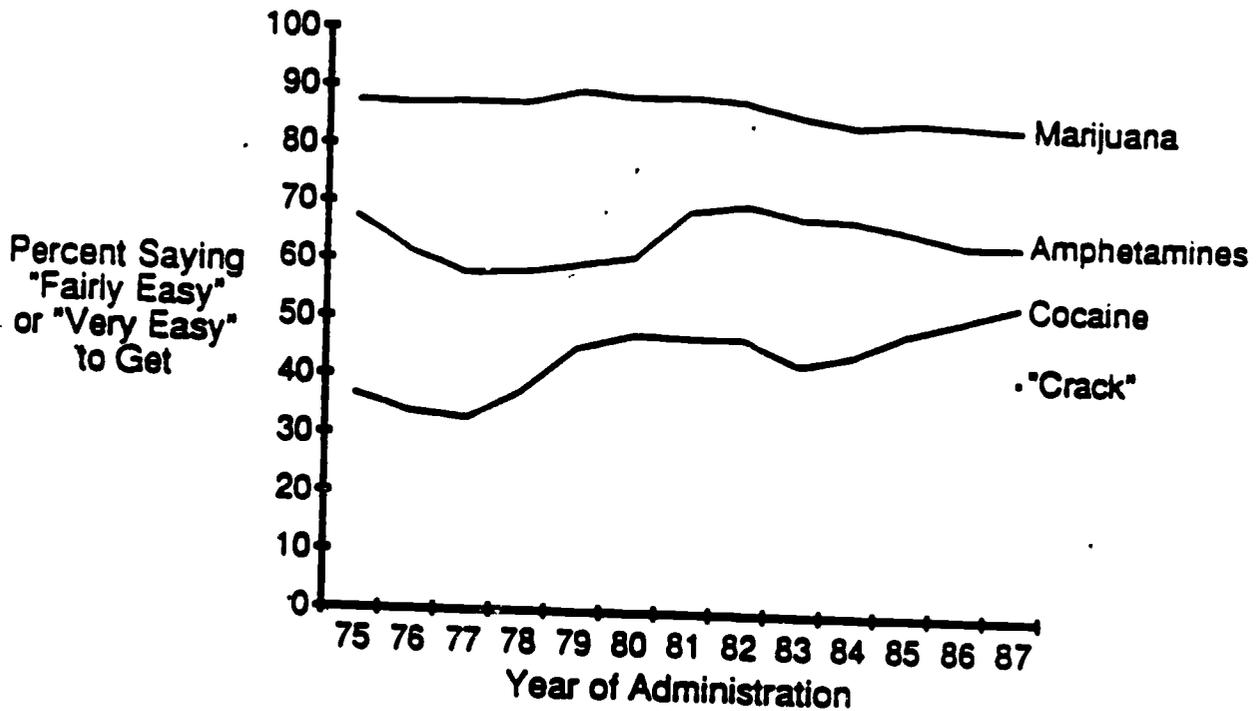
**Any Illicit Drug: Lifetime, Annual, and Thirty-Day
Prevalence Among Young Adults, 1987
by Age Group**



SOURCE: Monitoring the Future Study (Johnston et al., 1988)

FIGURE 7

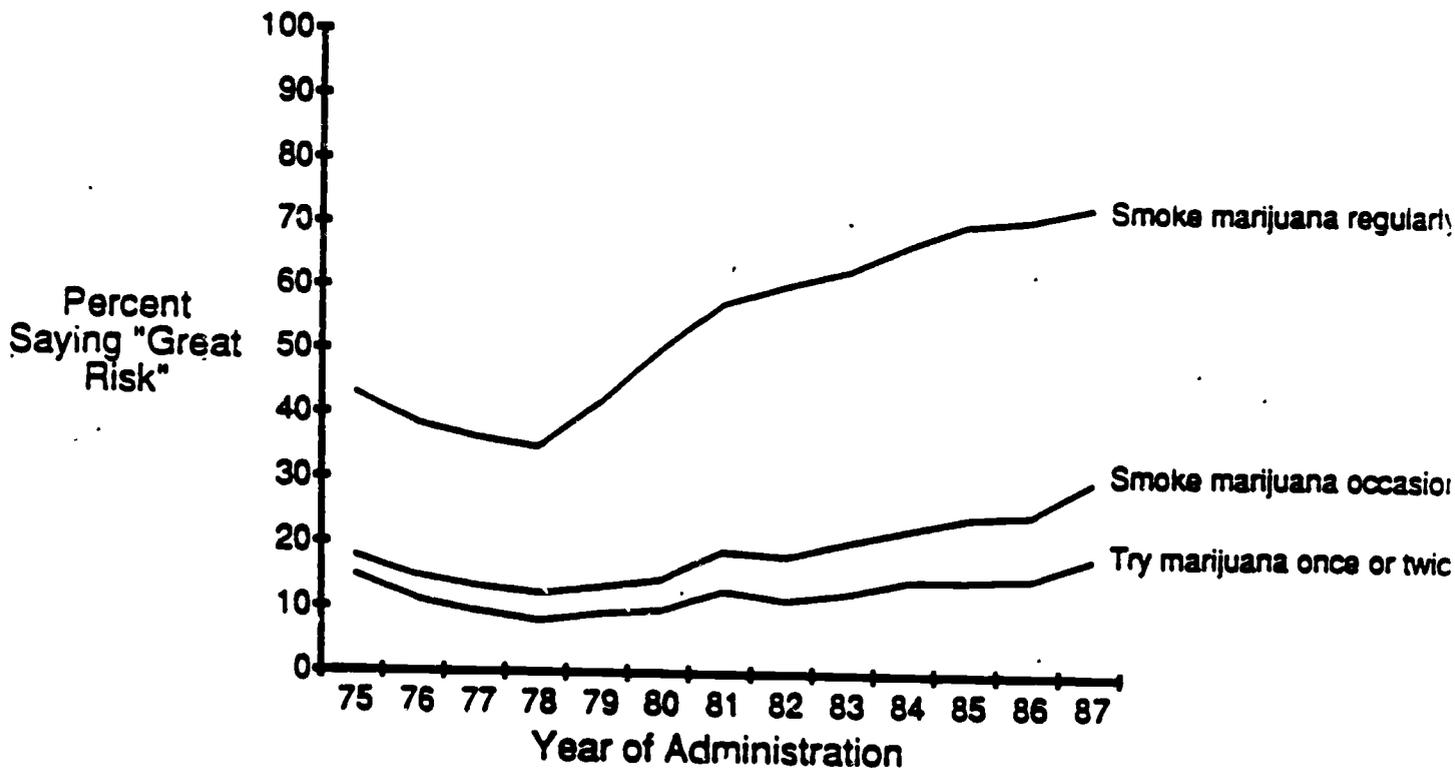
**Trends in Perceived Availability of
Marijuana, Amphetamines, and Cocaine
Reported by High School Seniors**



SOURCE: Monitoring the Future Study (Johnston et al., 1988)

FIGURE 8

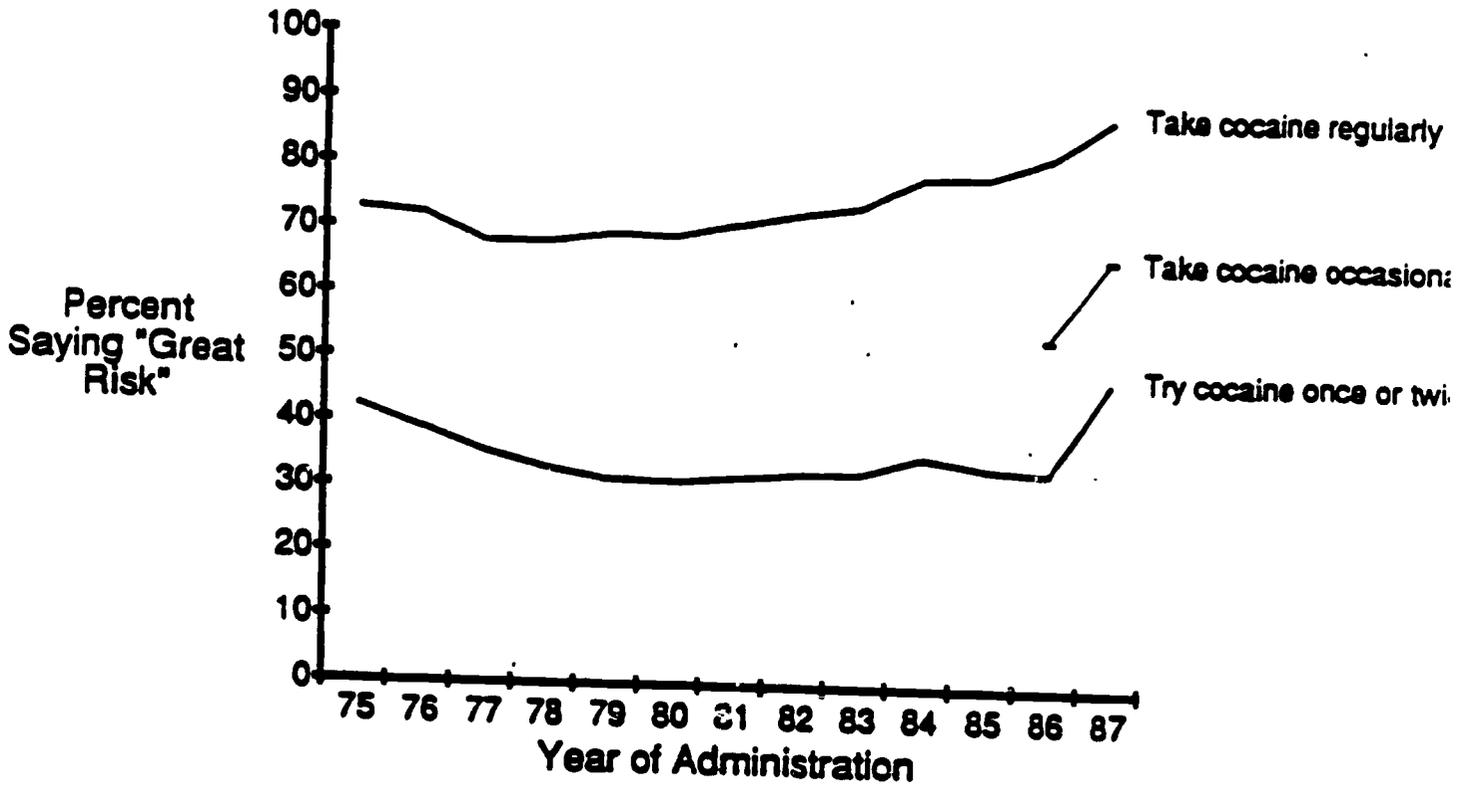
**Trends in Perceived Harmfulness of Marijuana
Among High School Seniors**



SOURCE: Monitoring the Future Study (Johnston et al., 1988)

FIGURE 9

Trends in Perceived Harmfulness of Cocaine
Among High School Seniors



SOURCE: Monitoring the Future Study (Johnston et al., 1988)

HISTORICAL PERSPECTIVES ON YOUTH AND DRUGS

By

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If nothing else, the rising use of drugs by middle-class teenagers in the late 1960's and 1970's has stimulated a great deal of research into the familial and social correlates of drug indulgence. Researchers quickly discarded stereotypical images of addicts as "friends" or psychopaths, because the addicts of the 1970's could well have been their own children. The problem of drug abuse by middle-class youth is a new one: During the 19th century, medical addiction affected middle-class adults rather than teenagers; during the first half of the 20th century, addiction was mainly a problem of lower-class users. As a new problem, drug abuse by middle-class youth has little history. Yet the public's response to drug abuse by teenagers has been shaped by long-term changes in both the place of youth in our society and the public's perception of young people. Understanding these changes will help us to understand both the popular response to our problems and the reasons why middle-class youth have become infected by behavior long associated with the lower class.

Historians have spent much of their time disagreeing with each other and with sociologists about the contours of the history of American youth. Depending on the source, youth has: (1) only recently become a stage of life marked by a quest for distinctive experience and illicit pleasures, (2) possessed these characteristics since the early 1800's, (3) always possessed these characteristics, or (4) never possessed these characteristics. For example, Roger Thompson surveyed the court records of 17th century Middlesex County, MA, and found many instances of public rowdiness among young people in their teens and early twenties, including drunkenness and the surreptitious reading of "indecent" (probably pornographic) books. Thompson concluded, "from the 1660's, there was a distinct youth culture in Middlesex County. The culture represented an alternative to the norms and values of the adult world, which through its spokesmen, the clergy and the magistrates, attacked its subversive and unpuritan tendencies."¹ Yet some scholars doubt that a genuine youth culture exists even in our own society. Bennett Berger has written, "no large scale study of high school youth, for example, has successfully demonstrated the existence of a really deviant system of norms that governs adolescent life."² Of course, these statements do not contradict each other; Thompson's is based on 17th-century evidence; Berger's on evidence drawn from the late 1950's and early 1960's. Still, the proposition that a youth culture existed in 1660, but had disappeared by 1960, strains belief.

Disagreements on this scale are relevant to efforts to interpret the deviance of youthful drug users today. Is such deviance new or part of a recurrent pattern of juvenile deviance that took different forms in the past? If the latter, why has alarm over juvenile deviance apparently intensified during the last few decades? Do we suffer from a kind of amnesia that leads us to forget what our ancestors took for granted--the insubordination of

youth? Or, are there reasons why our perception of a deviant youth population as a recent development may not be far off the mark? To attempt answers to these questions, it is useful to draw some distinctions. For example, we can distinguish between the misbehavior of youth and the emergence of a self-sustaining youth culture. Young people may break laws and flout conventional norms without forming a youth culture--that is, a configuration of attitudes and customs that distinguishes them from other age groups. We need not suppose, in other words, that a youth culture must be grounded in illicit activities. Youth may possess its own legitimate customs, which merely differ from those of adults. Similarly, one may speak of a youth culture whose members value the same objectives as adults, but to a notably lesser or greater extent. Adults may tolerate rock music and even enjoy it, but young people view it as an expression of their innermost feelings and a vehicle for communicating with other young people.

Distinguishing youth culture from the illicit activities in which young people engage provides a perspective on the behavior of Thompson's 17th-century Middlesex miscreants. Thompson notes that most court cases involving youth arose in the winter, when the weather drove young people indoors. Indoor clandestine meetings of youth were undoubtedly easier to detect than outdoor romps in the woods, a supposition that suggests that Thompson's few dozen court cases (over a 30-year period) formed merely the tip of an iceberg of juvenile misbehavior. Yet the seasonal distribution of court cases also reminds us of how difficult it was for young people to engage in illicit behavior through much of the year. In 17th century New England, young people bent on defying adult norms lacked institutional buttresses for their deviance. The small scale of Puritan towns made the ideal of surveillance a reality; few corners existed in which young people could hide for prolonged periods. Nor did Puritans display any special alarm about the behavior of youth. True, Puritans often lamented the impiety of the "rising generation," but this term had far broader connotations than adolescence or the teen years. In the eyes of Puritans, intergenerational struggle was not a matter of adolescents against adults, but of a broad range of youth and adults from one decade against their forebears from a decade or two earlier.

During the 19th century, however, young people began to assume a distinct and often menacing identity in American society. The cities were flooded by young men and women from the countryside who crowded into boardinghouses and patronized the theaters and gambling dens of the rapidly growing urban centers.³ Volunteer fire companies, composed of young men in their teens and twenties, proliferated in 19th-century cities and were widely, and not unreasonably, perceived as institutions for rowdy youth.⁴ (It was often said that the fire companies set more fires than they put out.) During the period from 1790 to 1850, college campuses witnessed violent rebellions against the authority of professors and presidents.⁵ At the University of North Carolina, students horsewhipped the president and stoned two professors; in 1840, at the University of Virginia, a student murdered a professor in broad daylight. College students were not only disorderly, but they increasingly segregated themselves from adult authority. During the second quarter of the 19th century, students formed fraternities to ensure mutual protection and privacy. Perhaps the most notable feature of fraternities was their secrecy, which contrasted sharply with the semipublic quality of traditional college literary societies.⁶

By 1860, young people had forged unprecedented ties to other young people, and public anxiety about youth intensified. Advice books aimed at youth poured from the presses.⁷ Refuges and reformatories were established to incarcerate deviant youth. The "dangerous classes of New York," Victorian reformer Charles Loring Brace observed in 1870, were its teenagers.⁸

Nevertheless, it would be misleading to apply phrases like "adolescent society" to 19th-century youth. In the 20th century, adolescence has come to connote the separation of youth from adults in many spheres of life. In addition, adolescence is usually equated with the early teens. In the 19th century, by way of contrast, the category "youth" ranged from children of 10 or 11 years to adults of 25 or even 30, reflecting the broad age spectrum of most institutions of youth, including colleges. Indeed, one reason for the disruptions of college order so common in the 19th century was that the students were older than they had been in the 18th century. Teenagers routinely mixed with those in their twenties, both on the job and in social activities. To a significant extent, older youth socialized younger ones into economic roles.⁹

An additional difference between 19th-century youth and 20th century adolescents is the sharp social divisions that marked the experience of coming of age in the 19th century. The frequent street fights between rival fire companies and rival street gangs pitted the young people of different neighborhoods, social classes, and ethnic groups against each other. Not infrequently, these divisions were political as well. By the 1850's, the great street gangs of New York had allied with one or another of the political parties; there were Republican gangs (or Know-Nothing gangs) and Democratic gangs.¹⁰ Young people received their political initiations at early ages—marching in party parades, attending party rallies, and in some cases, acting as strong-arm squads on election day.¹¹ The political and social divisions of the era, reinforced by the lack of any single 19th-century institution to unify youth (few attended high school), made it difficult to conceive of biological maturation as a drive toward similarity that bonded young people. Youth all seemed different.

Toward the end of the 19th century and during the first decade of the 20th century, a new movement of ideas about youth began. Church youth societies and organizations like the Boy Scouts and the Girl Scouts reflected a trend to institutionalize dependency.¹² New ideas about adolescence both reinforced and evolved from that trend. Psychologist G. Stanley Hall contended that sexual maturation threw teenagers, particularly urban youth, into psychological turmoil and recommended a slower socialization of youth that would remove adult responsibilities from their shoulders.¹³ He argued that youth was a time for the removal rather than the acceleration of pressures for adult behavior. For example, Hall assailed the common 19th century practice of encouraging religious conversion experiences in early youth. And not surprisingly, he was sympathetic to organizations like the Boy Scouts, which substituted strenuous, but essentially juvenile, activities for adult behavior.

Hall's ideas quickly gathered support from middle-class Protestants. During the early days of the Boy Scouts, most Scoutmasters were Protestants, often clergymen of moderate to liberal persuasion.¹⁴ Fundamentalist Protestants and many recent immigrants

either resisted or ignored the new conception of adolescence, but economic changes in the late 19th century stimulated a quantum leap in the population of public high schools and indirectly diffused the idea of adolescence. By 1900, middle-class parents were coming to doubt the economic value of sending their children to work at an early age. Children had long possessed less economic utility in cities than on farms, but during most of the 19th century, middle-class urban parents found it relatively easy to place their teenagers in jobs that offered possibilities of advancement. The growing scale of workplaces in the gigantic economic enterprises of the late 19th century made the task of identifying promising jobs for middle-class teenagers more formidable. Informal networks—such as kinship—that once eased the transition to work had become less effective, and many middle-class parents elected to postpone their children's entry into the work force by prolonging their education into high school.

During the first half of the 20th century, the public high school became the primary institution for transforming teenagers into adolescents. This transformation involved more than just a delay of entry into the labor market; by the 1920's, high schools had become adolescent societies with their own government, sports, and extracurricular activities of every sort. The depiction of 1950's high school life in the motion picture *Hoosiers* differs little from the 1929 depiction of high school life in Middletown recorded by the Lynds.¹⁵ The major difference is the statistical proportion of youth represented in each. In 1900, only 6.4 percent of all 17-year-olds were high school graduates. This proportion grew with the century: 16.3 percent in 1920, 49 percent in 1940, 63.4 percent in 1959, and 75.6 percent in 1970.¹⁶

In Middletown, the Lynds observed not only the increasing social segregation of youth in high schools, but also the growing adult preoccupation with the activities of youth. While adults continued to share activities with young people, those activities often revolved around the interests of youth. High school basketball games became virtual civic events in Middletown during the 1920's.¹⁷ Parenting manuals of the 1920's and 1930's instructed fathers to become "pals" with their sons by joining them in leisure-time pursuits. Fathers who could no longer guide their sons into occupations or manipulate their commercial careers sought to recapture their own youth by taking their sons to the ball park.¹⁸

In the 1920's, adult society also focused increased attention on colleges, but with a reversed emphasis. The mass media projected images of "flaming" college boys and girls, with their hip flasks, automobiles, undisguised necking, and exhibitions of conspicuous consumption. By virtue of their wealth and age, college youth were well positioned to take advantage of the prosperity and consumerism sweeping American society in the 1920's. Popular magazines responded with scores of articles on whims and fads of college youth, articles that mixed alarm, occasional censure, and an often prurient fascination. In the 1920's, the world of college youth became a kind of stage, while grownups in the audience gasped and gaped.¹⁹

Although the rise of high school enrollments anticipated that of college enrollments, high school and college cultures diverged sharply in the 1920's. College students were not only older and richer than their high school counterparts, but the culture of college students was securely buttressed by the ever-present fraternities and sororities. At a time

when fraternities were growing at an unprecedented pace in the colleges, they were being suppressed in the high schools. Between 1919 and 1922, most States and local school districts legislated against high school fraternities, largely on grounds that their secrecy invited illicit behavior.²⁰ The timing of these laws is revealing, for they coincided with growing sexual experimentation on the part of teenagers during and after World War I. In a sense, the high schools were turning themselves into fortresses of morality while a relaxed moral standard was penetrating other areas of American society.

High school administrators who campaigned against fraternities espoused a variant of "progressive education." In the most general sense, progressive education celebrated learning by doing, an idea often used to justify a range of activities--from experimental kindergartens to high school vocational courses. But the broader Progressive political movement that spawned progressive education also valued social consensus. Middle-class Progressive reformers sought to heal the wounds inflicted by 19th century class antagonisms by promoting community and civic consciousness. Well entrenched in the schools of education, which trained many of the high school administrators of the 1920's, progressive education encouraged participation in school activities. During the 1920's and well into the 1950's, public high school administrators considered the promotion of school spirit and loyalty as one of their main tasks.²¹ In practice, high schools came to attach immense importance to extracurricular activities. By the 1920's, Columbia University's Teachers' College boasted a professor of extracurricular activities.

Superficially, the high school extracurriculum resembled that of the college. In substance, however, the two differed sharply. College activities were voluntary and distanced from official regulation. In contrast, close supervision marked high school activities. Progressive educators even viewed high school dances as opportunities for "social engineering." As one educator noted, "The formal dances offer an exceptional opportunity for training."²² Similarly, high school dress codes, common from the 1920's through the 1950's, established a set of standard expectations for teenagers. Interestingly, these dress codes appear to have been aimed at "extravagant" rather than slovenly dress--lipstick, high heels, and silk hose rather than blue jeans and T-shirts.²³ Authorities told high school students not to savor prematurely the articles of consumption that distinguished college students.

By the 1930's and through the 1940's, high school and college cultures were essentially different, although students shared many of the same musical interests.²⁴ In contrast, the various youth cultures that one can identify in the 19th century not only possessed a keener orientation to adult activities, but also lacked significant age specialization. This segmentation of age groups is best understood as a development of the 20th century, especially the post-1920 period. And this age segmentation reflects more than the social and educational changes that narrowed the high school population to the 14-to-18-year-old age group. The root of the segmentation was a broad-based desire to separate and insulate teenagers below the age of 19 from the illicit pleasures awaiting them at higher levels of education or on the streets.

Although norms of behavior for high school students changed little between 1920 and 1960, the behavior of students did begin to change in the 1950's. Changes in youth culture took several forms. The postwar trend toward earlier marriages prompted growing fear about premarital sexual experimentation among teenagers. Postwar prosperity also gave young people unprecedented access to automobiles and sparked fears that youth was creating its own world of premature adulthood. In addition, high schools increasingly attracted a diverse student body. Whereas middle-class youth had dominated high school populations in the early 1900's, public high schools of the 1950's contained many working-class youngsters, including blacks. Inevitably, middle-class parents and educators feared that the mores of working-class youth would infect their own children. Many of these fears focused on rock music, which seemed the very antithesis of all that was chaste and orderly. Rock music was not the only component of mass culture to stir anxiety; the mass media appeared equally menacing. For example, Frederic Werthem's *Seduction of the Innocent* drew attention to the influence of comic books in providing youth with models of vice.²⁵

New interpretations of juvenile deviance gained prominence during the 1950's, as public alarm rose over the misbehavior of teenagers. The 1953 U. S. Senate hearings on juvenile delinquency, which were to last more than a decade were a response to popular outcry of unprecedented magnitude.²⁶ The upswing in interest in juvenile delinquency in the 1950's had a pronounced effect on sociological interpretations of juvenile deviance. Prior to 1940, two schools of interpretation dominated academic investigations of delinquent behavior in youth. The so-called Chicago School, led by Clifford Shaw and Henry McKay, traced the roots of delinquency to declining urban neighborhoods where immigrants, arriving from stable European societies, experienced social disorganization.²⁷ The second school of interpretation, which arose around the Judge Healy Clinic in Boston in the 1930's, invoked individual psychological factors to explain instances of delinquency.²⁸

In contrast the interpretation of delinquency that prevailed in the 1950's can be traced to William Whyte's influential *Street Corner Society*.²⁹ The poor Italian neighborhood that Whyte analyzed did not lack social organization; rather, the organization that it developed failed to mesh with that of the surrounding society. The new interpretation viewed delinquency as the product of a coherent culture in which young people constructed a set of values that conflicted with mainstream values. In *Delinquent Boys: The Culture of the Gang*, Albert Cohen contended that working-class youth were socialized into a mixture of middle-class and working-class values.³⁰ The long arm of the middle class made it difficult for lower-class youth to escape its norms, but some resisted the ideals preached by the middle class and constructed their own alternatives. Subsequent studies of the role of peer culture in sparking delinquency refined Cohen. For example, Cloward and Ohlin's *Delinquency and Opportunity* divided Cohen's youth culture into a series of discrete subcultures devoted to theft, violence, or retreat.³¹ Despite such differences, however, sociological interpretations harmonized with the public's growing worries about the role of the peer group in provoking illicit behavior in youth. Both academic sociologists and the public were reacting to the growing visibility of peer relations that resulted from the institutionalization of adolescence.

During the 1950's, most investigators of juvenile delinquency equated juvenile crime with lower-class youth. This association of deviance and lower-class status was not new; sociologists of the Chicago School had forged a similar association earlier in the century. Yet the subcultural interpretation of deviance favored by social scientists in the 1950's broke new ground in two ways. First, as noted, the notion of a culture (or subcultures) of delinquency attributed new importance to the role of peers. Second, the new hypothesis had subversively implied an equation of youthful deviance with immoral or vicious behavior. The idea of a culture of delinquency also implied that delinquency was a plausible type of behavior for some young people. For example, Robert Merton describes delinquency as the product of the gap between the American ideology of success and the failure of many young people to attain social expectations of success.³² In 1958, Walter Miller portrayed delinquency as a species of idealism. In Miller's view, delinquent behavior resulted from efforts of lower-class youth to live up to the values of their own communities, which were suffused by hostility to middle-class norms.³³ As Gilbert observed, delinquency increasingly seemed to depend as much on the actions of society as on those of young people.³⁴

Although Cohen and other pioneers of subcultural interpretations of delinquency did not embrace the moral relativism implicit in their position, sociological theories of delinquency were swinging toward the relativist pole by the early 1960's. Under the new banner of "labeling" theory, social scientists began to question the foundations of the public crusade mounted against delinquency in the 1950's. One of the early architects of the labeling theory, Edwin Lemert, doubted that the perceptible increase in cases of delinquency disposed of by the juvenile courts indicated a rise in juvenile crime.³⁵ Rather, Lemert and other advocates of labeling advanced the idea that efforts to extend social control over youth, such as the 1950's crusade against delinquency, actually shaped both the magnitude and forms of deviancy. According to Howard Becker, "social groups create deviance by making the rules whose infraction constitutes deviance."³⁶ Deviants, in other words, were simply those judged as outsiders by "social groups" or "moral entrepreneurs."

Labeling theory blasted the idea that social authority over youth benefited either young people or society. Indeed, the rise of labeling theory was part of the general attack on traditional authority, particularly the authority of experts, that marked the 1960's. During the 1960's, adults found themselves questioning many of their most basic values, particularly those pertaining to success and achievement. The 1967 appearance of the first issue of *Psychology Today* coincided with a growing redefinition of self-fulfillment to include happiness—or at least contentment—now, rather than in an unspecified future. Therapists told adults to express their inner feelings; "the sheer revelation of someone's inner impulses became exciting," an observer wrote.³⁷ Freudian analysts and literary critics had articulated similar approaches in the 1920's, but in the 1960's, political developments reinforced the focus on self-fulfillment. The Vietnam War seemed to epitomize the evils of what Theodore Roszak called "technocracy," the attitude that rational, bureaucratic planning could master any situation.³⁸ In this respect, opposition to the war tended to spill over into criticism of mainstream values of efficiency and rational planning. To antiwar activists, American intervention in Vietnam seemed the ugly product of deeply rooted social and economic forces, not the result of a mere miscalculation on the part of Government officials.

On college campuses, experiments with hallucinogenic drugs became part of the counterculture of the 1960's. Undoubtedly, many students merely played around with LSD out of curiosity. But psychologists and social critics of the 1960's, such as Kenneth Keniston and Theodore Roszak, stood ready to elevate these experiments into ideological statements of disillusion.³⁹ The traits that Keniston associated with student drug users--creativity, high intelligence, skepticism--were likely to enhance rather than detract from the appeal of hallucinogens. Similarly, while Roszak lamented the counterculture's penchant for drugs, his weighing of the respective merits of the counterculture and the technocracy left little doubt that his sympathies lay with the former.

The advent of the counterculture coincided with changes that exposed the insulated high school culture to the same influences that affected both collegiate and adult experiences. The percentage of 16- and 17-year-olds in the labor force rose substantially during the 1960's and 1970's--from 22.6 percent to 39.1 percent for girls, and from 34 percent to 45.6 percent for boys.⁴⁰ Rising divorce rates imposed new responsibilities on the young, who found themselves assuming new responsibilities at home as well as at work. The sexual revolution of the 1960's also revealed that teenagers were usurping traditional adult prerogatives, and the increased occurrence of premarital sex among teenagers in general was equally evident among high school students. The proportion of 16-year-old girls reporting sexual intercourse rose from a low 3 percent of the total in 1956 to one-sixth in 1976.⁴¹ Once associated with lower-class dropouts, premarital sex now appeared as a middle-class problem as well. In addition, arrests for alcohol-related offenses by teenagers rose 135 percent between 1960 and 1973, while the percentage of teenagers smoking marijuana surged in the late 1960's and early 1970's.⁴²

The kaleidoscope of change in the 1960's forced high school officials to jettison traditional methods of exerting their influence and to search for new ones. Throughout the 1950's, high school officials responded to the influx of lower-class teenagers--with their ducktail haircuts, pegged pants, and rock music--by renewing traditional appeals for school spirit and a paternalistically guided, participatory democracy embodied in extracurricular activities. During the 1960's, however, high school officials found themselves besieged by students unwilling to defer to traditional modes of authority. Further, and to an unprecedented degree, students who complained of maltreatment found vocal and powerful supporters outside of the schools. Civil rights activists, especially during the heyday of the Black Power movement, stood ready to grapple with principals and superintendents who seemed inattentive to the needs of minority students.⁴³ Supreme Court decisions in the 1960's and 1970's restricted the power of high school officials to bar political protests, overturned curfew ordinances, and introduced procedural safeguards into juvenile courts.⁴⁴ High school officials learned to tread warily. Instead of automatically expelling pregnant girls, they established parenting programs. By the end of the 1960's, dress codes began to collapse.⁴⁵ Reluctantly but steadily, high school authorities relaxed their oversight of student activities that could plausibly be construed as matters of private preference or racial pride.

The upsurge of teenagers' drug use in the late 1960's took place within the context of this erosion of traditional high school methods of governing students. Yet drug use challenged the relaxation of high school discipline to a greater extent than other forms of

unconventional behavior among the young. Although no Federal law against marijuana was passed until 1937 (long after the Harrison Act of 1914 had attacked the use of imported drugs, like opium, for nonmedical purposes), marijuana had already acquired a reputation as the "killer weed," a stimulant that drove users to violent behavior. The Federal Bureau of Narcotics campaign against marijuana in the 1930's and 1940's nicely illustrated the tendency of enforcement agencies to equate a drug with the characteristics imputed to its users. Marijuana, the argument ran, activated the violent propensities of Mexican-Americans in the Southwest.⁴⁶

As middle-class high school and college students turned to marijuana in the late 1960's, attitudes toward the drug changed. Few authorities viewed marijuana as harmless, but its use by individuals who did not conform to stereotypical images of violence-prone Hispanics induced a softening of attitudes. The Comprehensive Drug Abuse, Prevention, and Control Act of 1970 reclassified marijuana as a hallucinogen rather than a narcotic drug. The same law made simple possession and nonprofit distribution of marijuana a misdemeanor rather than a felony. By 1970, even the Bureau of Narcotics and Dangerous Drugs opposed the imposition of harsh penalties for marijuana use.⁴⁷

While attitudes toward marijuana softened, public alarm about the abuse of drugs (including marijuana) by teenagers mounted. A 1969 Harris poll revealed that 90 percent of respondents associated drug use with moral corruption and decay, while a *Boston Globe* poll in the same year found that 83 percent of respondents viewed the spread of drugs among teenagers as the greatest threat to the Nation's future.⁴⁸ The association between marijuana and the counterculture in the 1960's encouraged a negative public image of even middle-class marijuana users. In the 1940's, high school and college users of marijuana had been portrayed as innocent dupes of unscrupulous dealers, but it was difficult to apply the image of innocence to the counterculture. Hippies of the 1960's were neither innocent nor silent; rather, they vocally condemned the values of mainstream America. In addition, adults sympathetic to the counterculture elevated the discontent of youth to the level of a philosophical statement against the achievement-oriented, calculating, and manipulative values of "successful" Americans--Roszak's "technocracy." Whatever the motives of high school youth who smoked marijuana, the public concluded that to "turn on" was to drop out. In an interesting reversal that again illustrates the tendency to ascribe to drugs the putative characteristics of their users, marijuana was freed of its association with violence only to be locked into a new association with passivity and lack of ambition.

Perhaps the most significant factor in the continued opposition to marijuana was the fear that young people who used it would move on to harder drugs, especially heroin. First introduced into the United States as a cough suppressant in 1898, heroin became popular among young men as a euphoric agent, especially after the Harrison Act of 1914 drove up the price of opium. During the 1920's and 1930's, heroin spread into the nether world of small-time thieves and hustlers, who found that they could obtain highs from even greatly diluted doses.⁴⁹ At some point in the 1930's, heroin began to make major inroads among the minorities of urban ghettos. Robert Boggs and James De Long noted that, from the mid-1930's onward, poor minorities steadily accounted for higher and higher proportions of the total number of addicts in the United States.⁵⁰ As the association between the addict population and poor minorities strengthened, laws against heroin became progressively

harsher. For example, in 1956, Federal law made possession of heroin punishable by a minimum of 5 years in prison.⁵¹

Rising rates of heroin addiction among ghetto dwellers antedated the spread of drug use among middle-class high school and college youth in the late 1960's, but these twin developments have resulted in the "stepping stone theory," which contends that marijuana use increases the likelihood of subsequent addiction to heroin or other hard drugs. Interestingly, the Federal Bureau of Narcotics did not incorporate the stepping stone theory in its campaign against marijuana in the late 1930's. In committee hearings that led to passage of the Marijuana Tax Act of 1937, Harry Anslinger of the Federal Bureau of Narcotics dismissed the stepping stone theory as baseless, a stance grounded, perhaps, in the geographical separation between Hispanics in the Southwest and urban blacks in the late 1930's.⁵² But by the 1960's, the stepping stone theory had become an integral part of anti-marijuana publicity, partly because heroin addiction was on the rise and partly because the increasingly heterogeneous racial composition of high schools placed heroin users in close physical proximity to marijuana users.

By postulating a linear progression from soft to hard drugs, the stepping stone theory helped to keep public alarm over drug abuse by youth at a high pitch. Metaphors of avalanches and epidemics pervaded public responses to drug use by youth and tinged the responses of social scientists. The spread of drug abuse among the young, a pharmacologist wrote in 1971, resembles "a contagious disease," a "veritable epidemic," and "a roaring avalanche."⁵³

Although an effective publicity technique, the stepping stone theory was open to several objections. First, the likelihood of a marijuana user becoming a heroin addict was low. In 1982, the National Survey on Drug Abuse reported that over 30 million Americans used marijuana intermittently and that 57 million had tried it, figures that exceeded even liberal estimates of the number of individuals addicted to hard drugs.⁵⁴ Yet, such data did not adequately counter the stepping stone theory; sophisticated proponents of the theory had never contended that all marijuana users became addicts, only that nonusers of marijuana were extremely unlikely to become users of hard drugs. For example, in 1984, Kazuo Yanaguchi and Denise Kandel concluded, "the probability that individuals who never use marijuana will initiate the use of other illicit drugs is very low."⁵⁵

As a better-safe-than-sorry argument, the stepping stone theory retained considerable power, but remained impaired by two related shortcomings. First, for centuries, arguments that condemn the vices of youth more for their ultimate than for their immediate effects have had little impact on young people. During the 19th century, for example, moralists campaigned against masturbation as a youthful vice that would lead to physical debility, premature baldness, and insanity. Other moralists assailed novel-reading by teenagers on the grounds that fiction bred false ideas of life and an inability to face the harsh realities of maturity. In the 1880's and 1890's, public librarians created an enormous controversy by advocating that libraries not stock cheap fiction.⁵⁶ While no data are available on the number of young people who continued--despite the raging of clergymen and physicians--to enjoy the pleasures of the "secret vice," the skyrocketing sales of novels in the 19th century suggest that antifiction campaigns--and by extension, all similar

campaigns--had little impact. Teenagers have always had a limited awareness of their own vulnerability; impatient with advice, they see themselves as always in control of events. School educational campaigns against marijuana have used the stepping stone argument, but many view these programs as a disappointment, and some fear that they merely increase the sophistication of youth about drugs.

In addition to its weakness as a publicity tool, the stepping stone theory falls short as an explanatory device. Put simply, it lacks a psychology to explain why some young people play around with drugs. At the start of the 1970's the generation gap was usually invoked to explain youthful drug use. This explanation was itself a product of the counterculture and its sympathizers and investigators. The writings of analysts of the counterculture in the late 1960's and early 1970's popularized a composite picture of the youthful drug user as a creative precursor whose status, leisure, and products of abundance placed him on the cutting edge of change and led him to disdain his parents as stolid and old-fashioned.⁵⁷

Conceptualized to explain the behavior of marijuana and LSD users at elite universities and forged amidst the turmoil of the anti-Vietnam War movement, the generation-gap explanation oversimplified history (by imputing stability and stolidity to past generations of youth), said nothing about high school youth, and had little staying power in the 1970's. By the early 1970's, social scientists were struggling to develop more comprehensive explanations of, or at least correlatives to, youthful drug experimentation. In 1973, Bruce Johnson identified a post hoc fallacy in the stepping stone theory: To say that individuals who avoid marijuana will never get around to using dangerous drugs is akin to saying that girls who avoid premarital sex will never become prostitutes.⁵⁸ For Johnson, the key to teenage drug use in the initiation of young people into subcultures in which drugs were bought or sold. These illicit drug markets brought small-time drug dealers together and facilitated the introduction of heroin from the black culture into the white culture.⁵⁹ Black dealers with salable heroin depended on marijuana sales to whites for much of their profit. The drug trade, rather than marijuana or cannabis use as such, became the key factor in introducing teenagers to hard drugs. By implication, the legalization of marijuana would weaken the networks of markets that spread hard drugs.⁶⁰

Research during the 1970's and 1980's has underscored the importance of the peer group in initiating young people into drugs. Teenagers whose friends use drugs are at greater risk than those whose friends abstain. In addition, some researchers have either called for a liberalization of drug laws or dismissed legislation as an ineffective way to control peer-driven drug use. Norman Zinberg notes:

If parents tell their sons and daughters not to use drugs because they are harmful, the youngsters disregard that advice because their own experiences have told them otherwise. Their using group and the drug culture reinforce their own discovery that drug use in and of itself is not bad or evil and that the warnings coming from the adult world are unrealistic.⁶¹

Zinberg also argues that peer groups can regulate drug use with beneficial results. The most effective limits on drug use, he contends, spring from the drug subcultures themselves, which develop rituals and sanctions that limit frequency of usage and size of

dosage to nonaddictive and nontoxic levels.⁶² In contrast, prohibitionist policies merely widen the gap between abstinence and compulsive drug use by retarding the development of self-sufficient subcultures of drug use.

Zinberg's position, however, remains unconventional among social scientists; most are reluctant to apply the value-neutral subcultural theories developed in the late 1950's and 1960's to drug subcultures. Similarly, labeling theory no longer enjoys the same degree of acceptance among students of teenage drug use that it did among investigators of juvenile delinquency two decades ago. Rather, most social scientists continue to associate drug use with undesirable variables: poor parent-child relations (lack of "warmth"); low self-esteem among users; and initiation into a peer group tolerant of cigarettes and alcohol as well as drugs.⁶³ Although social scientists have disagreed over appropriate policies toward drug use, few seem to think that the "drug crisis" has resulted merely from definitions (or "labels") affixed to behavior by "moral entrepreneurs." In this respect, the response to drugs has differed from the response to delinquency in the 1950's. As Gilbert has shown, the public's response to delinquency during the 1950's went through a cycle in which alarm and outrage gradually gave way to confusion and indifference. By the early 1960's, social scientists and Government officials were even questioning whether the alleged agents of corruption (comic books, television, movies, rock music) possessed anything approaching the potential for evil attributed to them.⁶⁴ In contrast, a keen interest in the dangers of drug abuse by youth has aroused social scientists, Government officials, and the public for more than two decades.

Several factors help to explain the persisting concern with drug abuse and the reluctance of all parties to dismiss their concerns as imaginary or merely definitional. First, instruments for measuring drug use among teenagers (specifically, questionnaires) seem to provide better indications of real behavior than the instruments available in the 1950's, which consisted mainly of data on juvenile arrests. The latter are open to the obvious objection that they reveal at least as much about the vigor of law enforcement as about the behavior of youth. Indeed, in the late 1940's and 1950's, juvenile arrests often involved status crimes—such as curfew violations—rather than activities that would have been adjudged criminal if engaged in by adults.⁶⁵ Without dismissing the possibility that those who answer questionnaires indulge in wishful thinking, the evidence suggesting that many teenagers use drugs appears to be more substantive than data about juvenile delinquency in the 1950's.

Second, the subcultures identified by researchers of drug abuse seem to be less healthy than those studied by Whyte in the 1940's. Whyte's Italian-American "Cornerville" exhibited a culture of activities (especially gambling) that, although deemed illicit by the mainstream, actually united all age groups in shared enterprises. One can even describe Cornerville as the scene of the sort of old-fashioned subculture that historians quickly recognize as once widespread: young men socialized boys into semi-illicit activities, teaching them the "ropes," but also warning them away from truly destructive behavior. Zinberg's subcultures of users possess some similar elements, but the inhabitants of his subcultures are adults rather than high school students. There is little evidence that the peer groups of high school users identified by researchers possess the stabilizing elements that Zinberg has found in some adult subcultures.

A final factor that continues to rivet public attention on teenage drug use is the increasing puritanism of the 1980's, which manifests itself in campaigns against smoking tobacco as well as marijuana. While rates of drug use by high school students have declined during the 1980's,⁶⁶ public and professional opposition to drug use shows little sign of abating, in part because of the growing assault on smoking. Of course, many drugs can be injected or swallowed rather than smoked, but the driving impulse of the antismoking crusade has been inhospitable to substance abuse of any sort.

Notes

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- ⁵S. J. Novak. (1977). *Rights of youth: American colleges and student revolt, 1798-1815*. Cambridge, MA. See also H. L. Horowitz. (1987). *Campus life: Undergraduate cultures from the end of the eighteenth century to the present*. New York. p. 24-25.
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- ¹⁰*Ibid.* 93.
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- ²⁴*Ibid.* 212.
- ²⁵F. Wertham. *Seduction of the innocent*. (1972). Port Washington, New York. (Original work published 1953). See also Gilbert. *Cycle of outrage*. (Chap. 7.)
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THE LEGAL SYSTEM AND SCHOOL EFFORTS TO COMBAT DRUG ABUSE

By

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The courts of our Nation have sent a clear message to school personnel that reasonable steps to curb drug abuse will be sustained in the face of legal challenges, but teachers and administrators must become informed about relevant court rulings. Too often, school personnel worry about lawsuits and, consequently, fail to act on school problems, because they have a poor understanding of how courts address education issues. What they know derives from legal intermediaries--those who write about school law issues in journals and education magazines or others who disseminate information directly to school personnel, such as State education departments or Federal agencies. The dissemination efforts of these intermediaries must be reinforced by a comprehensive plan to educate school officials about their legal latitude to address drug abuse.

This paper examines the legal precedents affecting school drug-prevention programs, evaluates the current interplay of school law and education, and outlines a plan for disseminating litigation information to educators. The first section overviews cases that involve such issues as the general authority of school officials to implement programs that protect the health and safety of students, specific challenges to the content of school rules in this area, attacks on searches or other methods employed to enforce the rules, and due process challenges to ways schools deal with students accused of rule violations. The second section introduces aggregate data on how school systems have fared in legal challenges of drug abuse programs, as compared to other case areas related to school discipline. This section also discusses school personnel: their need to know that they prevail in a large majority of the cases that challenge drug abuse programs, how they learn about emerging areas of school law, and the impact of their perceptions about the legal environment. The final section of the paper presents a plan for the dissemination of information about school drug program litigation and argues in favor of implementing the plan now, based on the present clarity of legal issues in this area and the pressing need to inform school personnel about the legal system and its decisions so that there is no delay in establishing needed programs to reduce drug abuse.

Court Decisions and School Drug Abuse Programs

In recent years, a growing number of court decisions have addressed the actions taken by school systems to reduce drug use in schools. The growth of litigation in this area reflects the increased efforts of school boards and school personnel to rid schools of drugs. The court challenges fall into three general categories. The first category of cases challenge antidrug rules, with plaintiffs arguing that such penalties as automatic suspension or expulsion for drug possession or sales violate the substantive due process clause of the

14th amendment. Such challenges allege either that schools lack the authority to enact the rules or that the rules themselves too severe.

The second category of cases raise procedural challenges to the suspension or expulsion of students for drug-related activities. Most published school discipline cases from 1970 to 1975 took issue with the procedures that schools must follow before suspending or expelling a student. Few of these cases from the 1970's involved drug abuse, however; today, most of the procedural challenges to school suspension or expulsion arise in cases involving alcohol or other drug abuse.

The third category of cases address the methods that school personnel use to gather the evidence that is the basis for disciplining students. These cases have attracted the most public notice, because they involve controversial search and seizure issues, such as student urine testing and the use of sniff dogs to detect the presence of drugs.

Substantive Challenges to Drug Rules and Penalties

State statutes give elected or appointed school boards the authority to run school districts. These boards, in turn, have broad statutory powers to establish and enforce rules that maintain order in schools and protect the health and safety of students. Some States have specific statutes that permit local boards to delegate this rule-setting power to local school administrators.¹

Courts have shown substantial deference to school boards and administrators in the establishment of rules. A good enunciation of this judicial restraint is found in *Epperson v. Arkansas*:

Judicial interposition in the operation of the public school systems of the Nation raises problems requiring care and restraint.... [B]y and large, public education in our Nation is committed to the control of local and State authorities. Courts do not and cannot intervene in the resolution of conflicts which arise in the daily operation of school systems and which do not directly and sharply implicate basic constitutional values.²

No court has ever held that schools lack the authority to prohibit the possession or use of drugs in schools, to prohibit drug sales in schools, or to punish students who disrupt the school environment while under the influence of alcohol or other drugs. Published judicial decisions, in fact, generally praise school systems for establishing drug reduction efforts designed to rid schools of drug problems. Litigation has focused, however, on the penalty structures implemented by schools for drug violations.

Some school systems have implemented programs that call for the automatic suspension or expulsion of students who bring drugs to school or sell drugs on school premises. These penalties have been challenged on substantive due process grounds, with plaintiffs arguing that the penalties are overly severe. A typical plaintiff case, for example, begins with the observation that a lengthy school suspension or expulsion has substantial negative consequences for the student, including loss of future employment and income.

Therefore, in legal parlance, the student has a substantial property interest at stake. The plaintiff's attorney argues that the loss of this substantial property interest for the possession of a marijuana pipe, to pick a hypothetical offense, would be excessive. The school system responds with the argument that the school has a duty to protect the health and safety of all students through the use of such penalties, however harsh they might seem.

Courts have found little merit in student challenges in most of these cases. A case heard in 1985 by the Court of Appeals for the Fifth Circuit illustrates this point. The student plaintiff in the case argued that suspension for the rest of a semester was an overly severe penalty for marijuana possession in school.³ The student, who was out of school for 8 weeks, contended that the penalty represented a 14th amendment denial of substantive due process. In other words, the student argued that the penalty was so excessive that it should be set aside, even though schools traditionally have broad latitude to establish penalties for school rule violations. The court, however, concluded that this was not one of those "rare cases" warranting judicial intervention.

The circuit court used a "rational relationship" test to analyze the 14th amendment challenge raised by the plaintiff.⁴ Under this test, the defending school district needed to show that the penalty served a legitimate purpose, such as the deterrence of drug use. Because there was a clear relationship between the purpose for the rule and the severity of the penalty, the school district prevailed. The rational relationship test is much less of a burden on a defending school district than is a "compelling interest" standard, where the burden is on the State to show that the rule or penalty is reasonable. Almost all school rule challenges are reviewed using the rational relationship standard; only rules that apply explicitly to some protected class--such as minority group students--would require the more rigorous compelling interest standard.

While there are some limits to what a school administrator can do, such as not using in-school penalties for out-of-school offenses, schools have been prevailing against substantive challenges to penalty severity or rule content for in school offenses. Courts have consistently approved penalties that call for the automatic suspension or expulsion of students for drug possession. For example, an Indiana student was caught smoking marijuana on school grounds and was suspended for the rest of the school year. The penalty was upheld by a State court of appeals.⁵ Similarly, a Delaware court held that automatic expulsion for marijuana possession was "a commendable effort in dealing with a serious, destructive problem."⁶

Cases that involve alcohol use, as distinct from other drug use, have also resulted in court decisions that reject substantive due process challenges to automatic exclusionary penalties. In one case, a student admitted to consuming alcohol during a senior trip and received an automatic 3-day suspension for the violation, a penalty that caused the student to miss final examinations. As a result, he did not graduate. The Court of Appeals for the Seventh Circuit affirmed the automatic penalty, notwithstanding its dire consequences in the case at hand, holding that it was not the job of the court to question the "wisdom or compassion" of the school's application of the rule.⁷

A school administrator's ability to enforce school antidrug penalties is, however, geographically limited. The extent of a school administrator's power to enforce rules on student behavior away from school premises is not a new issue. In 1925, in the first major case discussing this issue, the Supreme Court of Connecticut held that a boy who pestered small girls on their way home from school could be punished for his offense.⁸ As a general rule in these cases, there must be a strong showing by the school that the conduct at issue has a substantial impact on the operation of the school and that the offense was school-related.

Several recent cases provide some guidance as to how courts look at this question. A Mississippi student was suspended when it was learned that she had consumed a few sips of beer before coming to school. There was no evidence that the consumption caused any disruption within the school. The school's rules did prohibit alcohol consumption within the school or on school trips, but said nothing about other places. The Supreme Court of Mississippi held that the student could not be suspended for drinking at home, absent a showing that this had an impact on the school's operation.⁹ Likewise, a Louisiana court of appeals held that a student could not be expelled for smoking marijuana in the company of an undercover police officer in a trailer located off the school grounds.¹⁰ The same school district, however, successfully defended its expulsion penalty in a second case where another student was found to have smoked marijuana with an undercover officer in a car parked in the school parking lot.¹¹

While it is clear that schools can prohibit drug use or sales, the issue is more murky when students are punished under drug rules for their involvement with substances that arguably are not "drugs." Courts have addressed this question in cases involving substances that turned out to be harmless "look-alike" pills or pills available in drugstores--such as diet pills--that are not illegal under State statutes. Courts are divided on the question of using school antidrug rules in such cases. The Supreme Court of Arkansas upheld a student's expulsion for possession of diet pills.¹² A Florida court, on the other hand, overturned a student expulsion where the pill in question was caffeine.¹³ In this area, the clarity of the rule becomes significant. Defending school districts are on higher ground if the rule about drug possession defines the substances it is intended to address.

Procedural Challenges

In a 1975 case, *Goss v. Lopez*,¹⁴ the Supreme Court of the United States held that suspension without a brief hearing would be a constitutional violation of a student's procedural due process rights. The Court held that a student must be given the opportunity to learn why a suspension is taking place and the chance to tell his or her version of the incident. In suspensions of over 10 days, the Court indicated that schools must provide additional due process. In cases of expulsion, students must receive substantially more due process and have the right to be represented by legal counsel. While they retain fewer rights than criminal defendants, courts have held that students facing expulsion generally have the right to call witnesses and to challenge those who testify against them at an expulsion hearing.

Since the *Goss* decision, few lower court decisions have expanded the procedural rights of students facing suspension.¹⁵ In a 1977 case, *Ingraham v. Wright*,¹⁶ the Supreme Court itself turned away from expanding the concept of hearings in school discipline cases, deciding not to require a hearing before the administration of corporal punishment in schools.

Both the *Goss* case and its companion, *Wood v. Strickland*,¹⁷ advanced the concept that students have both a liberty or "good name" reputational stake in the outcome of a suspension hearing and a property interest in attending school. In cases involving drug rule violations, the student's reputational interest is heightened. If suspension can harm a student's reputation and, perhaps, interfere with college admission or future employment, then suspension or expulsion for a drug violation can have an even greater impact on the student's future. For this reason, courts pay particular attention to the due process rights of students facing exclusionary discipline for alleged drug activities.

Schools can easily satisfy the substance of the suspension hearing requirement; the timing of the hearing, however, remains one of the issues that is litigated. A 1984 Federal court case argued this issue in a procedural challenge to a student suspension for smoking marijuana on school grounds.¹⁸ The student's attorney argued that the required suspension hearing had not occurred; the school district responded by noting that *Goss* explicitly permitted the hearing to occur later, but only if the student represented an immediate danger to the educational climate of the school. The student's counsel further argued that the hearing, which was held on the next day, was too late. The court rejected both claims, finding that the student had agreed to the next-day hearing.

As a general rule, however, school systems should hold hearings prior to suspension in order to avoid such challenges. Cases involving expulsion raise a greater number of procedural challenges, in part because a suspension hearing has only two known elements--a recitation of the charge and an opportunity for rebuttal--whereas an expulsion hearing has more components that can form the basis for legal challenge. Expulsion due process cases focus on such issues as the nature of the hearing notice, the cross-examination of witnesses, and the nature of legal representation. Expulsion cases are not, however, analogous to criminal trials; students do not have the right to counsel when they are being questioned by school authorities, nor must they be told that they have the right to remain silent during this period. A Federal district court in Maine rejected these claims in a case that involved expulsion for smoking marijuana on school grounds.¹⁹

Courts have generally agreed that students must receive adequate and timely notice of the charges against them, so that they can prepare a defense,²⁰ but most courts have not required that the student's representative be given a list of witnesses.²¹ The student's counsel is, however, usually granted the right to cross-examine witnesses, except in cases where the witness will be in danger as the result of the testimony. In such instances, courts have accepted written affidavits. For example, in 1985, the Fifth Circuit held that there was no right to cross-examine students who had signed a statement reporting that they had seen a student who faced a long suspension selling drugs in school.²²

The *Goss* hearing requirement has seldom been extended to cases in which a student is suspended or expelled from participation in extracurricular activities.²³ The courts consider participation in extracurricular activities in a different light than school attendance itself. Students have a liberty and property interest that is implicated by suspension or expulsion from school, but there is no similar protected interest in playing on sports teams or participating in extracurricular activities. State laws compel students to attend school, which is one reason the courts have ruled that schooling cannot be taken away without some due process. State constitutions also require that education be provided up to a certain age. No similar State laws or State constitutional provisions can be cited regarding nonacademic programs. This distinction will be important in the discussion of athlete drug testing below.

The number of legal challenges to expulsion for drug use is sharply reduced when school districts follow the State student expulsion statutes, where these exist.²⁴ Where they do not exist school districts should make a special effort to have clear, written policies that are followed when drug use or other discipline problems lead to expulsion. Most of the cases discussed in this section have come from smaller districts that lacked such policies.

School Searches

The efforts of school personnel to control drug abuse sometimes lead to situations in which an administrator wishes to search a student or the student's possessions, including lockers or cars, in order to detect whether drugs are present. Such a search may result from a student or teacher tip or from some other expectation that illegal substances will be found. School personnel must, however, exercise caution in all school searches, because students are protected by the 4th Amendment prohibition against unreasonable searches in schools. Courts have awarded substantial damages to students who were the victims of an unwarranted search, especially when their privacy was invaded by a strip search or some other intrusive procedure.

The Supreme Court established guidelines for school searches in its 1985 decision in *New Jersey v. T.L.O.*²⁵ The facts of the case suggest that it could have occurred in most high schools. Plaintiff *T.L.O.* was found in a smoke-filled restroom, but denied that she had been smoking when confronted in the principal's office. On request, she turned over her purse to a vice principal, who discovered cigarettes, plus a small quantity of marijuana and evidence that *T.L.O.* had been selling marijuana to her classmates. The Supreme Court of New Jersey ruled that the school official had no reason to search the purse, since the possession of cigarettes was not a violation of school rules. The court therefore held that the search was unreasonable.

In overruling the State court's decision, the Supreme Court set standards for school searches, confirming those that most lower courts had been following. "Reasonable suspicion," rather than the more rigorous "probable cause" standard used in criminal cases, was held to be the appropriate standard for school searches. A school search would be "justified at its inception" when there were reasonable grounds to assume that a law or school rule had been violated, and the methods used in the search would pass muster when

they were "reasonably related to the objectives of the search and are not excessively intrusive in light of the age and sex of the student and the nature of the infraction."²⁶

Thus, the Supreme Court established a judicial balancing test to determine the appropriateness of a school search and concluded that the search of *T.L.O.*'s purse was, in fact, reasonable, given that the evidence found was directly related to her defense that she had not been smoking. Having searched for the cigarettes in a reasonable manner, school officials could use the remaining products of the search to discipline the student.

The case of *T.L.O.* addressed the reasonableness of a pocketbook search. Many school search cases involve personal searches of a student or contain other fact elements that make direct comparison with the Court's decision difficult. Nevertheless, all post-*T.L.O.* cases must conform to the decision. Since the *T.L.O.* decision, cases have attempted to further define the balance between the school's interest in maintaining order and the student's expectation of privacy. The case discussions that follow highlight this balancing and review several issues that the *T.L.O.* case did not address.

Some States have a constitutional provision regarding search and seizure that is more restrictive than the Federal 4th Amendment, but how these more rigorous State standards apply to school searches is not clear. In a case from Washington State, a search of a student's locker uncovered hallucinogenic mushrooms. School officials had conducted the search in response to a tip from an informant, as well as three separate reports from the student's teachers that the locker's user appeared to be under the influence of drugs. This combination of facts was enough to cause a State court of appeals to conclude that the locker search was reasonable.²⁷ The court went on to conclude that the State's search and seizure provision was not more rigorous than the Federal standard when school searches were at issue.

The *T.L.O.* case only considered searches conducted by school officials. But in 1987, the Court of Appeals for the Eighth Circuit considered a case that further complicated the search issue by challenging the legality of a search conducted by a police liaison officer assigned to the school to help maintain order.²⁸ This case involved the theft of a student's belongings from a locker and the search of the suspected thief. When the stolen goods were uncovered, the student was suspended. The court of appeals concluded that the search was reasonable, based on the suspect's proximity to the scene of the theft. Since the evidence was used to suspend the student, rather than to initiate a criminal proceeding, the court concluded that the officer was acting as an agent of the school during the search.

An Arizona court reached the opposite conclusion in a case where the cocaine found in a student search led to a juvenile court proceeding and a finding that the student was delinquent.²⁹ The student had no previous record and was not behaving aberrantly when he was observed in an area of the school grounds frequented by school rule breakers; the court ruled that his mere presence in that area did not satisfy the requirement of reasonable suspicion that he was in possession of drugs. The outcome might have been different, however, if the case had focused on a school penalty rather than on a delinquency finding.

As a general rule, the amount of reasonable suspicion required to substantiate a school search increases in proportion to the degree to which the student's privacy is violated. Lockers and desks are the property of the school, on loan to the students--generally, with the reminder that they remain the property of the school. With few exceptions, the court uphold locker searches that are based on some expectation of finding evidence of a rule violation. Even in search cases where the use of sniff dogs to detect drugs on students was found impermissible, the use of sniff dogs to detect drugs in lockers was not found to be unconstitutional.³⁰

Searches of student cars in school parking lots present additional issues. Unlike incidents in which evidence is hidden on the student or in the school itself, car searches are less likely to be upheld, because students have less opportunity to remove evidence from a car during the school day. In other words, courts may find that a school had sufficient time to involve local police in the search and obtain a warrant. The situation is different, however, if the evidence is in "plain view." A Florida court of appeals held that a school monitor had reasonable suspicion to search a car after seeing a marijuana pipe in clear view within the automobile.³¹

The Supreme Court of Colorado held that a car search was valid, even though the student objected and the principal removed the car keys from the student's pocket. The principal was acting on a student tip, relayed by a police officer, that the defendant had brought a large quantity of marijuana to school to sell to other students. The court held that the search, which uncovered a duffel bag of marijuana in the trunk, was proper since it was based on reasonable suspicion and was not unnecessarily intrusive.³²

The case of *T.L.O.* also did not address the question of searches involving a student's clothing or person. Courts have, however, employed a reasonable suspicion standard for such searches, in cases that run back at least 20 years.³³ The amount of suspicion required for such searches increases in proportion to their intrusiveness. Courts generally require "individualized suspicion" in searches that involve a student's clothing or personal possessions. Acceptable examples of such suspicion can derive from the student (aberrant behavior, slurred speech, a staggering walk) or others ("tips").

In a case that illustrates how courts view individualized suspicion, students in a Virginia school were subjected to random searches on several occasions, one of which followed the discovery of marijuana smoke in a school hallway. When the principal detected the smell and was unable to isolate any suspects, students in classes were required to empty their purses, pockets, and bookbags onto desks. A Federal district court concluded that searches "at the whim" of the principal, without individualized suspicion, violated the 4th Amendment.³⁴

Pat-down searches of students are less intrusive than searches in which a student is asked to remove articles of clothing. In cases where students have been frisked, courts have found that "bulges" in clothing that were believed to be weapons created adequate suspicion to justify a search.³⁵ When students are asked to remove clothing, however, the search must meet extraordinarily high standards. In many strip-search cases, schools have

been unable to convince courts that these standards were met. To return to the language in the *T.L.O.* decision, searches should not be "unnecessarily intrusive."

In a case that illustrates this point, a school security guard observed a student behaving suspiciously in the school parking lot. The guard suspected that the student was transporting drugs from her car to the school. A search of the student's purse revealed a supply of the school's "readmittance slips," which would permit the student to be late for classes, but no evidence of drugs. The school's officials persisted, however, and female staff members conducted a strip search. No drugs were found. A district court held that the school lacked sufficient grounds for conducting the search and permitted a suit for damages against the principal to continue.³⁶ In this case, there was no evidence, beyond the guard's erroneous supposition, to justify the search.

Similarly, a strip search in an Indiana school resulted in a finding that the search was unreasonable. The case involved the use of sniff dogs, a practice on which courts have divided. In this instance, however, the use of dogs was not the only issue. A dog alerted in front of the plaintiff, suggesting the presence of drugs, but a strip search of the student revealed no drugs. The cause of the alert was later traced to the fact that the student had been playing with her dog, which was in heat, before coming to school. The Federal court of appeals that heard the case concluded, "It does not take a constitutional scholar to conclude that a nude search of a 13-year-old child is an invasion of constitutional rights of some magnitude. More than that, it is a violation of any known principle of human decency."³⁷ Damages were awarded to the student.

Drug Tests

School policies that require students to submit to urine tests designed to detect the presence of drugs have been instituted in some school districts. Although few printed court decisions on student urine tests are currently available, there is a strong indication the courts will not approve their general use in school. Student urine tests raise a number of serious constitutional issues: the liability of school districts when proceeding on test results that may not be reliable, the inability of tests to show that a student's ability to function in school was impaired or that drugs were used in school, the loss of privacy involved in sample collection, and the level of individualized suspicion required before administering such an invasive test.

A number of these issues were addressed in the first Federal court decision about school drug testing. This Arkansas case was decided in 1985, but the two companion decisions that resulted from it were not formally published until 1987. At issue in the case was an omnibus drug testing program started in Arkadelphia, AR.³⁸ Under the program, students could be asked to submit to one or several measures, including blood, urine, breath, and polygraph tests. A student showing a trace positive reading on one of the tests would have the choice of withdrawing for the rest of the semester or being expelled for the same period.

One of the plaintiffs in the case was present in a restroom where marijuana had been smoked. Several students were required to give urine samples in the presence of

school officials, and one of the tests resulted in a positive reading. That student withdrew from school. In considering the urine test, the district court concluded that the EMIT test used by the school results in such a high percentage of false positives that, used alone, it was unreliable. In addition, accepting for a moment the accuracy of the test, the court reasoned that a positive finding could be related to nonschool consumption. A positive score on the test, then, provided no reliable evidence regarding the restroom violation that started the case.

Absent any showing that the student had some impaired ability to function, then, a positive reading was not considered evidence that the drug was having any effect on the student at school.³⁹ The court, therefore, concluded that the test was not "reasonably related" to maintaining order in school. The court also ruled that such an invasive test could only be used in situations evidencing a "high probability" that the law or rules had been violated.⁴⁰ The court enjoined the school from using the test and awarded the student who brought the case one dollar for the due process violation and \$500 in compensatory damages. In a second opinion, the district court clarified its first opinion and held that no record of the testing could remain in the students' files.⁴¹

A New Jersey school district attempted to require all high school students to submit to a urine test as part of a yearly pre-school physical examination. The examination was administered by a doctor, avoiding at least some of the problems seen in the previous case. In addition, students were referred to drug counseling and treatment programs, and the test results were not used for school disciplinary action. Nevertheless, the test procedure was invalidated by a State court of appeals.⁴²

As described by the court, the linchpin of the district's argument was that the tests were medical in nature and, therefore, did not implicate the 4th amendment. The plaintiffs, in response, referred to the practice of testing as "general searches of student plaintiffs' bodies under the subterfuge of a forced medical examination."⁴³ The court concluded that the tests were "not reasonably related in scope" to the circumstances that justified the search. In other words, the court required individualized suspicion, observing that only in particular occupations and under certain circumstances could general testing be justified.⁴⁴

The one exception to the prohibition on student drug testing occurred in a case involving random tests for interscholastic athletes.⁴⁵ In this case, a district court relied on the fact that participation in team sports has never enjoyed the same constitutional status as general school attendance. Participation in extracurricular activities is voluntary, unlike school attendance itself, which is compelled by State statutes. Therefore, courts have traditionally considered school sports rules and regulations as different from the rules that govern the rest of the educational process.

An Indiana school district proposed a drug test that was to be administered as part of a sport participant's physical examination. Failing the examination meant that the student could not participate in team sports. In upholding the constitutionality of the testing, the court also focused on the school's legitimate interest in ensuring that injuries

were minimized, reasoning that students who practiced or competed under the influence of drugs risked injury to themselves as well as those they were competing against.

In late 1988, the Court of Appeals for the Seventh Circuit upheld the Indiana drug testing decision.⁴⁶ The court of appeals concluded that the testing constituted a search and that its use without individualized suspicion required a heightened standard of review by the court. In upholding the program, the court focused on the special nature of interscholastic athletics and found that the nature of the activity made it "quite distinguishable from almost any other [school] activity." The court observed that athletes already have a diminished expectation of privacy, that they participate in sports voluntarily, and that drugs enhanced the possibility of injuries to athletes.

Although the case law on school student drug testing is not large, the decisions that do exist, combined with cases that deal with the testing of private-sector and Government employees, suggest that the intrusive nature of the testing would preclude its use except where strong individualized suspicion is present. School administrators, of course, already have the latitude to take action against students who are disruptive or who break rules, regardless of the causal underlying factors, such as drug abuse. In many other instances, the underlying sources of misbehavior are beyond the school's control.

In one area, however, drug testing might prove to have a therapeutic effect. For disruptive students suspected of drug use, schools could require testing as a precondition to remaining in school, agreeing to waive disciplinary action if the tests are taken and passed. In other words, proof of "staying clean" could be used to forestall suspension or expulsion. This approach, however, has not been formally tested in litigation.

The Impact of the Legal System on School Personnel

The analysis of individual court cases, like that presented in the previous section, combined with some speculation about "trends" or a discussion of unresolved legal issues, is the usual content of education law review articles or school law classes. School personnel who study school law via the case study and issues approach ideally develop an understanding of basic legal principles and a sense of how the judicial system approaches school issues. They should also gain some sense of when it is necessary to call in a school-law specialist to provide advice on how to handle a particular problem. Knowing when legal issues are present and when to seek advice, before mistakes are made, may be the most important lesson that traditional school law courses impart.

Another way of looking at school legal issues, one which has not been incorporated into the curriculums of teacher or administrator preparation programs, involves the empirical study of legal outcomes: reviewing court decisions in a particular case area over time measuring the volume of litigation and the content of the decisions, and considering whether the plaintiffs or the defendants prevailed. This approach, to resort to a common analogy, gives a sense of the litigation "forest," as distinct from the individual case "trees."

A focus on individual cases precludes an understanding of whether the case at hand is located squarely in the midst of a developing trend or whether the case contains such unusual facts that it offers few opportunities for repetition in other jurisdictions. The case may also have been heard by a judge whose judicial perspective is not representative. In short, much more can be made of a single case than might be warranted.

But looking at groups of cases also involves a number of pitfalls. Clustering cases into a single category masks individual case differences. Clustering can also be problematic when several claims are advanced in a particular case and, although the case may be decided on a particular issue, the totality of the issues presented actually helped determine the outcome. Judges decide cases on the narrowest possible issue. They avoid broad constitutional questions when a case can be decided on a more narrow procedural issue. But the judge, to a certain extent, also has a perspective, influenced by the totality of a case, on what might be the "right" outcome, which is then expressed in the narrow terms of a decision.⁴⁷

Keeping these limitations in mind, the use of empirical data can be helpful in providing another perspective on cases that have addressed drug prevention efforts in schools. In the aggregate, for example, it is useful to see if there are differences in the ways courts have decided cases where drug use or abuse was an issue, as distinct from other school discipline cases where other types of rules were litigated. Many court cases that involve drug issues center around the use of severe penalties, such as mandatory suspension or expulsion, for the violation of school drug rules. It is useful to see how courts have looked at these penalties in ways that differ from the consideration they have given to school penalties for the violation of other rules.

The use of computerized data bases that contain all reported court cases, listed by subject headings, is a relatively new judicial research tool. Until recently, these data bases have been used more for traditional legal research by practicing attorneys or scholars who seek information about other cases that may be similar to the one they are arguing. Lately, these data bases have been used for other forms of analysis. They have been used, for example, to write about the social history of litigation⁴⁸ or to study the question of whether litigation volume is increasing or decreasing in certain case areas.⁴⁹

While we know that overall litigation rates in the United States have increased in recent decades, recent research using these case data bases has revealed that this increase occurred disproportionately and that some case areas have seen a decline in the number of cases decided. For example, one study of a 10-year period found that half the increase in all Federal court filings was attributable to two case areas--recovery of overpayments, such as veteran's benefits, and Social Security benefits.⁵⁰ Other areas showed a decline.

A Statistical Analysis of Drug Cases

The following discussion looks at drug abuse cases in the context of a larger sample of school discipline cases, using the WestLaw computer data base of all reported education cases. The WestLaw headnote for suspension and expulsion was used to identify the cases, which were then gathered and analyzed. All reported cases involving the suspension and

expulsion of students during the years 1965-87 were included. The cases involved a broad range of school discipline issues, ranging from the long hair and dress code cases of the 1960's and early 1970's to the drug and alcohol cases already discussed in this paper. Since any major discipline problem in the public schools becomes a suspension and expulsion issue, this category of cases provides the best perspective on how courts have considered school discipline through time and how drug cases might differ from other types of cases.

The cases were divided into substantive and procedural categories. Procedural cases addressed the adequacy of the hearing that the student received. Most of these cases involved school expulsion and the more elaborate hearing required in such situations. If the parties agreed that the school could legitimately discipline the student for the offense in question, but the plaintiff asserted that proper procedures had not been followed, the case was classified as procedural.

The substantive category included cases in which the student's representative argued that the school had no right to prohibit the behavior in question. Cases that contested the severity of the penalty, such as the automatic suspension for drug-use cases, were also categorized as substantive, as were school boundary cases, where a school attempted to discipline the student for an event that arguably was outside of the school's control or concern.

The data also are grouped according to which side prevailed, the school or the plaintiff. If the suspension or expulsion was allowed to stand, the school prevailed; if the student was ordered readmitted to school or the suspension was expunged from the student's record, the student prevailed.

Cases remanded without a final judgment on the issues presented were not counted at all. In the few cases that raised both serious procedural and substantive issues, the factor that was most important in the case outcome determined the appropriate category.

There is a danger in reviewing "win-loss" litigation records, because the figures could be distorted easily--for example, if a school system had a policy of contesting every case, rather than settling some. If likelihood of success is not taken into account, the "win" record would be "low" in such a district. Likewise, plaintiffs also presumably make judgments about probable outcomes, considering the judge who might hear the case and other variables. This paper, then, assumes that both parties are litigating relatively unsettled points of law or contesting cases with difficult fact situations, and that the number of "I'll fight you to the Supreme Court" parties pursuing a case without a strong legal foundation are evenly distributed on both sides. A reading of the cases suggests that few parties can be characterized as pursuing frivolous cases that can easily be dismissed by courts.⁵¹

Since this analysis uses published decisions, additional caution is required. Published decisions should be viewed as the tip of a litigation "iceberg," with few cases that are filed actually proceeding to a formal decision. Only Federal courts and State courts of appeal publish their decisions. Further, the 1985 Report of the Administrative Office of the United States Courts, for example, indicated that 95 percent of case terminations in

1985 occurred after filing but before the case reached trial.⁵² Other cases, of course, are settled without formal filings. Published decisions, then, are relatively scarce, as compared to the number of cases where trials have started.

Even fewer cases reach the trial stage. We know that other cases are settled or dropped once a plaintiff's lawyer has contacted the school system.⁵³ It is helpful, then, to think of attorneys as participants in "supervised bargaining," rather than as agents who always seek resolution of issues through formal adjudication.⁵⁴ To summarize these cautions, the analysis that follows looks at a subset of cases, published decisions, that represents only a small portion of the legal activity in the case areas we are considering.

The number of published suspension and expulsion cases has varied substantially over the 23-year period. In the years 1965-68, only one case was reported each year. Thereafter, the number of cases each year was as follows as follows:

1969--13	1974--11	1979--6	1984--10
1970--26	1975--10	1980--6	1985--9
1971--19	1976--7	1981--6	1986--15
1972--17	1977--6	1982--5	1987--10
1973--15	1978--7	1983--5	

Even without using a factor to consider population growth, such as the number of cases per 100,000 students in the United States, it is clear that the greatest number of suspension and expulsion cases occurred in the period before the *Goss* and *Wood* decisions of 1975.

The table below shows the distribution of the cases by 5-year period and case type, procedural or substantive.

Table 1
Suspension and Expulsion
Cases, by 5-Year Interval and Case Type

	1965-69	1970-74	1975-79	1980-84	1985-89 ⁵⁵
Procedural	10	49	27	17	20
Substantive	07	39	09	15	36
Total	17	88	36	32	56
% Substantive	41.2%	44.3%	25%	46.9%	64.3%

Of greatest interest is the increase in substantive cases that has been seen or is projected for the years 1985-89.

The second table presents data on the substantive cases. They have been divided into five case groups: hair and appearance, expression, drugs and alcohol, other rules, and other penalties. The first three groups contain all the cases related to appearance, expression, and drugs, including cases that challenge both the rules and the penalties in these areas.

The hair and appearance cases challenge school rules in this formerly more controversial area. Expression cases challenge school rules on the expression of unpopular opinions, through the distribution of materials, for example. The drug and alcohol rules have already been discussed in this paper. The "other rules" category contains cases about rules that did not fall into the first three groups, such as smoking or truancy. The "other penalties" category contains cases that challenge penalty severity or the boundary of the school's authority outside the areas of appearance, expression, and drugs. In all cases, the plaintiffs challenged the authority of the school to promulgate the rule or penalty in question.

Table 2 separates the substantive cases in the 1965-90 period into subject area, by 5-year intervals.

Table 2
Substantive Suspension and
Expulsion Cases, 1965-87, by
Case Area and 5-Year Interval

	<u>1965-69</u>	<u>1970-74</u>	<u>1975-79</u>	<u>1980-84</u>	<u>1985-90-56</u>
Hair/Appearance	4	21	1	0	0
Expression	3	5	0	1	2
Drugs/Alcohol	0	0	1	2	17
Other Rules	0	13	4	5	9
Other Penalties	0	0	3	7	10
Total	7	39	9	15	38

The substantive case data suggest a number of observations. First, assuming that the projections for 1988 and 1989 are accurate, there is a resurgence of substantive rights school discipline cases not witnessed since the 1970-74 period.

Second, some of the case issue areas have declined in importance over time. In fact, it will come as no surprise to school systems with major drug problems that the length of students' hair or their general appearance are no longer significant issues. While one might dismiss this finding by observing that hairstyles have grown noticeably shorter, it is worth noting that neither the wildly colored hair of the mid-1980's nor the sudden sporting of earrings by male students led to increases in the number of appearance cases. This finding could reflect the greater tolerance of school administrators or the increased importance of issues other than appearance, or both. In any event, school rule enforcement and resulting court activity have clearly lessened in this area.⁵⁷

Third, the increase in alcohol and other drug cases in the last 5 years reflects the legal challenges being made to the institution of new rules and the use of harsh penalties to curb abuse. As observed in the previous section, automatic long-term suspension and expulsion penalties have generated some of these cases. The increase in the number of

"other penalty" cases reflects the same phenomenon; schools have also enacted stronger penalties for such offenses as vandalism and violence.

The growth and decline of case areas within the broader category of "suspension and expulsion" parallels what we already know about litigation rates in other areas of education law. For example, the Education of All Handicapped Children's Act,⁵⁸ passed by the Congress in 1975, led to an enormous outburst of litigation, as parents and school systems sought to define the Act's provisions. This litigation has reached such a crescendo that cases arguing about the educational services to be provided to children with disabilities are now reported in a separate chapter of *The Yearbook of School Law*, rather than in the chapter with other "pupils" cases.

Table 3 examines suspension and expulsion litigation from the perspective of which party prevailed.

Table 3
Prevailing Parties
Suspension and Expulsion
Published Decisions, 1965-87

	School	Student	Percent School
Expression	2	8	20.0%
Hair/Appearance	14	12	53.8%
Other Rules	16	11	59.3%
Drugs/Alcohol	10	3	76.9%
Other Penalties	14	2	87.5%
Total	56	36	60.9%

Clearly, these decisions turn out much more favorably for schools in some areas than in others.⁵⁹ Schools tend to win a higher percentage of cases when drug and alcohol rules are disputed or when the penalties for other rule violations, such as truancy or vandalism, are at issue.

These data do not mean, of course, that schools will prevail in a high percentage of drug and alcohol or penalty cases that might occur in the future. The data only reflect what

has happened in the past. The data do suggest, however, that cases testing rules and policies of the sort discussed in the first section of this paper will continue to be decided, in large measure, in ways that are favorable to school systems.

The Impact of Court Decisions on School Personnel

School teachers do not spend much time reading court decisions or talking about them in their schools; administrators appear to spend more time with this activity.⁶⁰ While teachers have shown that they have strong feelings about the role of the courts, we know that they lack specific information about court decisions. Surveys conducted in the late 1970's and early 1980's found that teachers had a relatively poor understanding of the principal holdings of Supreme Court education cases. For example, one study found that teachers, on the average, correctly answered only 10 out of 20 basic knowledge questions concerning Supreme Court cases.⁶¹ Another questionnaire study, concerning 10 Supreme Court decisions, indicated that administrators were better informed than teachers, but found the results for both groups "disappointing."⁶²

Not only were teachers uninformed about court decisions, but they also tended to assume that the courts had gone further in extending the due process rights of students than actually was the case. A 1977 study found, for example, that 53 percent of the teachers surveyed felt that students had the right to have a lawyer present when they were being suspended from school.⁶³ Given this level of misunderstanding, it is not surprising that a 1981 study of teachers and administrators in Indiana found that two-thirds of those surveyed felt that the procedural rules governing discipline imposed significant restraints on their actions.⁶⁴

Concern about lawsuits appears to have been reflected in changes in teacher disciplinary practices in the late 1970's. Teachers reported that they were disciplining students less than they did formerly and that they expected principals or others in the school to assume a larger disciplinary role, while they "got out of discipline."⁶⁵ Disciplinary functions in the schools changed, then, and principals and their staff became the "experts." Teachers and their unions sought to reduce the teacher's role in maintaining order outside the classroom, through contract provisions and in-school policies that spelled out the principal's role. The discipline process, from a staff perspective, became more formal and bureaucratized.

Teacher and administrator fear of lawsuits has lessened in recent years as their understanding of case law in the area of school discipline has increased. A 1985 national survey of 900 junior and senior high school administrators, conducted by the Center for Education Statistics, found that over 99 percent of the schools surveyed followed the *Goss* presuspension hearing provisions. Only 3 percent of the administrators thought that the *Goss* hearing requirement placed a significant burden on the school.⁶⁶ A 1987 national survey of teachers found that only 18 percent of the respondents considered "fear of being sued" as "very much" or "much" of a factor in limiting teacher efforts to maintain order.⁶⁷ As compared to the 1977 data reported above, this percentage suggests a marked change in teacher attitudes.

While recent research suggests a change in educators' perception of the impact of courts on discipline, little data is available to explain the origins of this change.⁶⁸ A likely factor in the changing attitudes is the different view of the courts now expressed by educational commentators. Teachers and administrators rely on these commentators as intermediaries between them and the courts. A recent study of upstate New York public school administrators and their knowledge of two Supreme Court decisions asked about the importance of various sources of legal information. School attorneys and district administrators proved to be important sources. The administrators, 82.7 percent of them, also indicated that professional newsletters and journals were at least "very important" as a source of information.⁶⁹

"About the law" columns appear regularly in the journals and magazines that teachers and administrators read. These commentaries are a mixture of case reporting, analysis, and crystal-hall gazing about where decisions might lead, if copied by other courts or extended into other areas. An examination of the content of such commentaries in the mid-1970's reveals much pessimism about the future content of education cases. It was widely assumed, in both educational and legal publications, that the *Goss* and *Wood* decisions represented an opening of the litigation floodgates, rather than the resolution of longstanding issues that would result in diminished numbers of cases.⁷⁰ Education magazines often used colorful language and titles that conveyed strong editorial opinions.⁷¹

Cases such as *Carey*, the \$1 damage award for failing to provide a suspension hearing, and *Ingraham*, no due process needed before corporal punishment, both decided in 1977, are viewed as evidence that the Supreme Court was not bent on expanding student due process rights. These cases did not, however, receive the same attention from commentators as *Goss* and *Wood*; at that time, commentators were apparently more anxious to convey gloomy predictions than to look for contrary evidence.

Diminished concern about court interference seen in teacher and administrator surveys in the mid-1980's followed a revisionary trend in commentator predictions about court activity that had begun a few years earlier. By 1982, for example, school personnel were receiving a different message. Commentators were observing that the courts had not gone in the previously predicted direction; instead, the legal environment was seen as more favorable to school personnel. The language used in the titles of the stories that heralded this change was, however, no less flashy.⁷²

Of course, the apparent relation between the attitudes of school personnel and the opinions of education writers may be coincidental. We still lack the research to verify this link between commentators and changing attitudes. Nevertheless, the role of commentators is clearly important in helping to shape the response of school personnel to discipline problems. From the perspective of programs and rules that seek to limit drug and alcohol abuse, information about the "lag time" between changed patterns of court decisions and the ability of commentators to report the trend is even more critical.

The Role of Education Commentators and School Drug Abuse Programs

This section integrates what we know about how courts have viewed cases challenging school rules to limit drug abuse, what we know about case outcomes, and what we have just learned about the transmission of information to school personnel and the apparent connection between the information received and the actual behavior of teachers and administrators. As the review of individual cases in the opening section indicates schools clearly have the authority to establish firm rules on the possession or use of drugs on school premises. Penalties for these offenses can be significant, with courts consistently upholding automatic suspension or expulsion actions. School personnel can also take reasonable steps to discover the presence of drugs on school grounds. And the Supreme Court, in *T.L.O.*, has established general standards governing the conduct of school searches for illegal substances.

School personnel need to become informed about the general lessons imparted by the case law in this area. Reasonable suspicion will be the standard for most school searches. When searches of students are contemplated, individualized suspicion is clearly needed. Strip searches or other invasive steps that implicate a student's privacy rights, such as the use of urine tests, present the greatest danger for error and resulting legal liability.

Because the case law area concerning drug reduction efforts contains these general lessons, school personnel need access to a simple summary of what the cases suggest as wise practices. Clear written policies on drug abuse at the school level are also desirable. And discussions of these policies would be a good way for personnel to learn about the general contours of the law in this area.

There are clear legal limits to what schools can do to address drug problems. School administrators cannot, for example, randomly search students for drugs. Likewise, random use of drug tests seems unlikely to enjoy judicial favor. Searches when individualized suspicion is present, however, are almost always upheld in the face of challenge.

In summary, school teachers and administrators need to know that courts have looked favorably on the efforts of school districts to rid schools of drugs. Teachers need to know this, because their enthusiasm for school drug-reduction programs, and their willingness to engage in school discipline generally, is related to their feelings about how the courts might view their activities. They need to know that court decisions have affirmed the tough measures undertaken by school districts to address drug problems.

The role of commentators or other intermediaries is crucial in relaying information to school personnel and in establishing the general perspective of school employees about how the legal system views their work. School teachers and administrators are very quick to detect the sense of optimism or pessimism that these commentaries impart. School systems need carefully considered discussions about how the courts are looking at school drug cases to assist them in responding to drug problems.

These discussions about the legal system and school drug programs would be at from a new form of legal commentary. The traditional approach, discussing single cases, is important for school officials or attorneys who have a sense of the place of the case at hand in other previously decided litigation. School teachers, however, lack this specific knowledge, as the many surveys of the case knowledge of teachers have demonstrated. The proposed new type of commentary should focus on aggregate case data that will impart a sense of how the courts have looked at cases in broad terms. The use of aggregate data would also help to reduce the time it now takes commentators to perceive changing legal patterns.

There also is a role for the State and Federal education departments in discussions of the ways that the legal system has viewed drug reduction programs. We know, for example, that school officials receive a significant amount of their legal information from such sources. These departments, as well as groups that work with school attorneys, need to have accurate case and case-trend data, so that these can be shared with local teachers and administrators.

Americans have a fascination with data, as a glance at the daily newspaper demonstrates. While not suggesting that school law can be reduced to winning averages, we must take steps toward presenting information about school drug litigation in a form that discusses the clear trends that are present. Schools are prevailing in most drug cases and that message needs to be shared with the school personnel who must deal with the issue on a daily basis.

Notes

- ¹See, for example, *Wis. Stat.* ss 120.13(1)(b) (1985).
- ²393 U.S. 92, 104 (1968).
- ³*Brewer v. Austin Independent School District*, 779 F.2d 260 (5th Cir. 1985).
- ⁴For the way in which this test works see *Mitchell v. Board of Trustees*, 625 F.2d 660 (5th Cir. 1980).
- ⁵*Forrest v. School City of Hobart*, 498 N.E.2d 14 (Ind. Ct. App. 1986).
- ⁶*Rucker v. Colonial School District*, 517 A.2d 703, 705 (Del. Super. Ct. 1986). For a case with a similar fact situation and holding, see *Adams v. City of Dotnan Board of Education*, 485 So. 2d 757 (Ala. Civ. App. 1986).
- ⁷*Lamb v. Panhandle Community School District. No. 2*, 827 F.2d 256 (7th Cir. 1987).
- ⁸*O'Rourke v. Walker*, 102 Conn. 130 (1925). See the discussion of off-premises discipline in E. Reutter, Jr., (1985). *The law of public education*. (3rd ed.). Mineola, N.Y.: The Foundation Press. p. 691-2.
- ⁹*Warren County Board of Education v. Wilkinson*, 500 So. 2d 455 (Miss. 1986).
- ¹⁰*Labrosse v. Saint Bernard Parish School Board*. 483 So. 2d 1253 (La. Ct. App. 1986).
- ¹¹*Abadie v. Saint Bernard Parish School Board*, 485 So. 2d 596 (La. Ct. App. 1986).
- ¹²*Springdale Board of Education v. Bowman*, 740 S.W.2d 909 (Ark. 1987).
- ¹³*McEntire v. Brevard County School Board*, 471 So. 2d 1287 (Fla. Dist. Ct. App. 1985).
- ¹⁴419 U.S. 577 (1975).
- ¹⁵See H. Lufler, Jr. (1982). Past court cases and future school discipline. *Education and urban society*, 2, 14.
- ¹⁶430 U.S. 651 (1977).
- ¹⁷420 U.S. 308 (1975). Wood raised the question of procedural rights in expulsion cases. The case now is most frequently cited for its holding that school administrators may be held personally liable for denying a student's constitutional rights, even if the official is unfamiliar with the right in question.
- The liability of administrators for failing to properly afford students a hearing before suspending them was sharply eroded by *Carey v. Piphus*, 435 U.S. 247 (1977).

In *Carey*, the Supreme Court decided that the penalty for failing to administer the presuspension hearing would be one dollar, unless it could be shown that the student had suffered real damages in excess of that amount as the result of the hearing denial.

¹⁸*White v. Salisbury Township School District*, 588 F. Supp. 608 (E.D. Pa. 1984).

¹⁹*Boynton v. Casey*, 543 F. Supp. 995 (D. Me. 1982).

²⁰See *Dixon v. Alabama State Board of Education*, 294 F.2d 150 (5th Cir. 1961), cert. denied, 368 U.S. 930 (1961). (This is the key case that established that there need be no full judicial hearing in expulsion cases.)

²¹*Keough v. Tate County Board of Education*, 748 F.2d 1077 (5th Cir. 1984).

²²*Brewer*, fn. supra. For a State case that reached the opposite conclusion, see *John A. v. San Bernadino City Unified School*, 187 Cal. Rptr. 472 (1982).

²³See *Dallum v. Cumberland Valley School District*, 391 F. Supp. 1214 (E.D. Pa. 1975) (no hearing before removal from a sports team for school disciplinary infractions).

²⁴See, for example, *Wis. Stat.* ss 120.13(1) (1985).

²⁵469 U.S. 325 (1985). There were a number of issues not reached by the Supreme Court in *T.L.O.*, including the important question of whether the exclusionary rule, causing evidence seized in an illegal search to be excluded in a criminal trial, applies in juvenile proceedings. For a discussion of the unanswered questions, see T. van Geel. (1986). Searching of students after *New Jersey v. T.L.O.* In T. Jones & D. Semler. (Eds.). *School law update 1986*. Topeka: National Organization on Legal Problems in Education.

²⁶*Id.* at 336.

²⁷*State v. Brooks*, 718 P.2d 837 (Wash. Ct. App. 1986). The outcome was the opposite when a Pennsylvania court considered a case with facts quite similar to *T.L.O.* When a search for cigarettes in a locker turned up marijuana, the court concluded that reasonable suspicion was missing, using State constitutional standards. In *re Dumas*, 515 A.2d 984 (Pa. Super. Ct. 1986).

²⁸*Cason v. Cook*, 810 F.2d 188 (8th Cir. 1987).

²⁹In *re Pima County Juvenile Action*, 733 P.2d 316 (Ariz. Ct. App. 1987).

³⁰*Horton v. Goose Creek Independent School District*, 690 F.2d 470 (5th Cir. 1982) at 477. See also *Doe v. Renfrow*, 475 F. Supp 1012 (N.D. Ind. 1979), aff'd in part and

modified on another issue, 631 F.2d 91 (7th Cir. 1980), cert. denied, 451 U.S. 1022 (1981).

³¹*State v. D.T.W.*, 425 So. 2d 1383 (Fla. Dist. Ct. App. 1983).

³²*In re P.E.A.*, 754 P.2d 382 (Colo. 1988).

³³For a good discussion of individualized suspicion in school search cases see Note. (1986). Public school drug searches: Toward redefining fourth amendment "reasonableness" to include individualized suspicion. *XIV Fordham Urban Law Journal*, 629, especially p. 660-6.

³⁴*Burnham v. West*, 681 F. Supp. 1169 (E.D. Va. 1988).

³⁵See *In re Guillermo M.*, 181 Cal. Rptr. 856 (Ct. App 1982).

³⁶*Cales v. Howell Pub. Schools*, 635 F. Supp. 454 (E.D. Mich. 1985).

³⁷*Doe*, fn. 30 *supra*, at 92-3.

³⁸*Anable v. Ford*, 653 F. Supp 22 (W.D. Ark. 1985).

³⁹A positive reading on an EMIT test may reflect drug use some days or weeks earlier. One court held that an employee discharge was arbitrary and capricious when the EMIT was used without confirming backup tests. See *Jones v. McKensie*, 628 F. Supp. 1500 (D. D.C. 1986).

⁴⁰The court used *Schmerber v. California*, 384 U.S. 757 (1966) in its analysis. *Schmerber* approved the use of a blood alcohol test over the objection of a plaintiff who subsequently was convicted of drunk driving based on the test result. The Court concluded that the plaintiff's involvement in an auto accident, slurred speech and other evidence provided enough evidence to warrant the test. See also *Ewing v. State*, 310 N.E.2d 571 (Ind. Ct. App. 1974). (Urinalysis conducted on paroled inmate was considered as reasonable where parolee had been arrested for selling drugs and the use of drugs would result in parole revocation.)

⁴¹*Anable v. Ford*, 663 F. Supp. 149 (W.D. Ark. 1985).

⁴²*Odenheim v. Carlstad East Rutherford Regional School District*, 510 A.2d 709 (N.J. Super. Ct. Ch. Div. 1985). Whether the test scheme would be effective as a drug deterrent is another question, given the fact that the test was administered at a predictable time known to students. This led one observer to suggest that "only the most improvident" students would be detected. See Note. (1986). Dagnet drug testing in public schools and the Fourth Amendment. *Columbia law review*, 86, 852. On the New Jersey program generally, see P. L. Jillow. (1986). Compulsory

urinalysis of public school students: An unconstitutional search and seizure. *Columbia human rights law review*, 18, 111.

⁴³Odenheim at 711.

⁴⁴*Shoemaker v. Handel*, 608 F. Supp. 1151 (D. N. J. 1985) (testing of jockeys approved as the sport is a field traditionally under close government supervision); *McDonnell v. Hunter*, 612 F. Supp. 1122 (S. D. Iowa 1985) (testing of a corrections officer); *Allen v. City of Marietta*, 601 F. Supp. 482 (N. D. Ga. 1985) (testing of employees whose job involves high voltage electrical repairs); *Jones v. McKenzie*, 833 F. 2d 335 (D.C. Cir 1987), (testing of school bus attendants, as part of an annual physical examination, is reasonable, given their work with young children).

Drug tests for teachers, absent any individualized suspicion, was rejected by New York's high court in *Patchogue-Medford Congress of Teachers v. Board of Education*, 510 NE 2d 325 (N.Y. 1987). Testing of prospective employees is a different issue. For a discussion of employment cases, see M. E. Hamm. (1988). Mandatory drug testing: Balancing the issues. *Arizona Law Review*, 30, 299. Also E. H. Bittle et al. (1987). Drug testing. *Education Law Reporter*, 36, 1067.

⁴⁵*Schail v. Tippecanoe County School Corporation*, 679 F. Supp. 833 (N.D. Ind. 1988)

⁴⁶*Schail v. Tippecanoe County School Corporation*, No. 88-1288 (7th Cir. 1988).

⁴⁷The relationship between a judge's view of the whole case, and the full range of issues it presents, as compared to the grounds on which the decision is decided can be seen in judicial autobiographies. See, for example, W. O. Douglas. (1980). *The court years, 1939-1975*. New York: Random House.

⁴⁸D. Tyack & A. Benavot. (1985). Courts and the public schools: Educational litigation in historical perspective. *Law & Society Review*, 3, 19, 339.

⁴⁹P. Zirkel & S. Richardson. (1988, November). Explosion in education litigation: Is it over? General Session Address, Annual Convention of the National Organization on Legal Problems of Education. Washington, D.C.

⁵⁰M. Galanter. (1986). The day after the litigation explosion. *Maryland Law Review*, 46, 1, 17.

⁵¹An example of one such novel case in the suspension and expulsion area was the attempt by a plaintiff, rejected by the court, to argue that the letter announcing that the student was being suspended, sent to the school board, constituted defamation of character. In other words, the plaintiff did not dispute the suspension but challenged the notification of the school board that had to ratify the principal's penalty decision. See *Keeler v. Everett Area School District*, 533 A.2d 836 (Pa. Commw. Ct. 1987).

- ⁵²Cited by Galanter. *The Day After.... supra* note 49, at 8.
- ⁵³See W. Felsteiner, R. Abel, & A. Sarat. (1980-1981). The emergence and transformation of disputes: Naming, blaming, claiming. *Law & society review*, 15, 3-4.
- ⁵⁴See R. Lempert. (1978). Exploring changes in the "dispute settlement function" of trial courts. *Law & society review*, 13, 1.
- ⁵⁵Case volume for this period has been estimated, based on the actual rate for 1985-87.
- ⁵⁶Case volume for this period has been estimated, based on the actual rate for 1935-87.
- ⁵⁷A preliminary discussion of the relationship between societal and other factors and rates of litigation has been made by M. Galanter. (1988, September). *Case congregations and their careers*. Working Paper No. 9, 6. Dispute Processing Research Program, Institute for Legal Studies, University of Wisconsin--Madison Law School.
- ⁵⁸P.L. 94-142 (1975).
- ⁵⁹It is not the case that the percentages show more favorable decisions in recent times. Looking at both procedural and substantive decisions, schools "won" 55.1 percent of the total in 1970-74 and 58.8 percent in 1980-84.
- ⁶⁰For a look at what teachers and administrators know about court decisions and how they see them impacting on their school, see E. J. Hollingsworth, J. Lufler, Jr., & W. Clune III. (1984). *School discipline: Order and autonomy*. New York: Praeger. Note especially Chapter 5.
- ⁶¹P. Zirkel. (1978). A test on Supreme Court decisions affecting education. *Kappan*, 59, 521.
- ⁶²J. Menacker & E. Pascarella. (1983). How aware are educators of Supreme Court decisions that affect them? *Kappan*, 64, 424.
- ⁶³H. Lufler, Jr. (1979). Unintended impact of Supreme Court school discipline decisions. In M. A. McGhehey (Ed.). *Contemporary legal issues in education*. Topeka: National Organization on Legal Problems of Education.
- ⁶⁴L. Teitlebaum. (1983). School discipline procedures: Some empirical findings and some theoretical questions. *Indiana Law Journal*, 58, 4, 561.
- ⁶⁵See E. J. Hollingsworth, J. Lufler, & W. Clune, III, fn. 59 *supra*, especially Chapter 3. Teachers reported that they would handle most in-class problems themselves, but that they were much more likely to refer hallway or other out-of-class problems to

the principal or assistant principal. In the five schools studied, 77.3 percent of the teachers expected principals to handle drug or alcohol issues when a teacher observed them. In general, while wishing to have a say in determining student punishments, teachers opted out of investigating discipline problems and turned their backs on some of the offenses then observed. Some teachers reported they would "do nothing" if they observed students committing such offenses as skipping school.

⁶⁶School discipline policies and practices. (1986, September). Center for Education Statistics, OERI, U.S. Department of Education (CS 86-226b).

⁶⁷Public School Perspectives on School Discipline. (1987, October). Center for Education Statistics, OERI, U.S. Department of Education (CS 87-387).

⁶⁸There has not been new research that shows whether knowledge of school law holdings has improved. It is possible, of course, that teachers have read the stories in education journals about their lack of knowledge and now would do better on the school law quizzes.

⁶⁹D. Chapman, G. P. Sorenson, & A. Lobosco. (1988). Public school administrators knowledge of recent Supreme Court decisions affecting school practice. *Educational policy*, 1, 2, 22.

⁷⁰J. H. Wilkinson III. (1976). *Goss v. Lopez*: The Supreme Court as school superintendent. In P. Kurland (Ed.). *1975 Supreme court review*. Chicago: University of Chicago Press. AL. see W. Hazard. (1976). The law and schooling: Some observations and questions. *Education and urban society*, 8, 433; David Kirp. (1976). Proceduralism and bureaucracy: Due process in the public school setting. *Stanford law review*, 28, 841.

⁷¹M. C. Nolte. (1975, March). The Supreme Court's new rules for due process and how (somehow) schools must make them work. *American School Board Journal*. p. 47. See also Nolte. (1975, May). How to survive the Supreme Court's momentous new strictures on school people. *American School Board Journal*. p. 51; W. R. Brothers. (1975, March). Procedural due process: What is it? *National association of secondary school principals (NAASP) bulletin*. p. 1.

⁷²J. Menacker. (1982, Spring) The courts are not killing our children. *Public interest*. 67, 131. See also I. Gluckman & P. Zirkel. (1983, September) It's the law: Is the proverbial pendulum swinging? *NAASP bulletin*.

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WHAT WE CAN LEARN FROM THE FIRST OPIATE-COCAINE EPIDEMIC

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The drug epidemic that began in the 1960's is not America's first; a similar epidemic of opiate and cocaine use peaked in the two decades after 1890. Nearly a century ago, drug use was common to all age groups at all levels of society, but toleration of drugs and recreational drug use eventually declined.

A study of American attitudes toward drugs reveals eras of both drug tolerance and intolerance. In the mid-1850's, for example--as a result of the anti-alcohol movement of the 1830's and 1840's--over a dozen States prohibited alcohol. The next antidrug movement peaked in 1920 with national prohibition of alcohol and narcotics. And today, we are witnessing yet another growing antagonism to drugs. The range of drugs targeted by these movements has expanded from alcohol alone to include opiates and cocaine, and now tobacco and marijuana as well. Rejection of drug use is the negative side of what is positively labeled a movement for health.

This history suggests that studying the earlier epidemic may yield useful information about our current drug problem. It also suggests that studying the gap between the two epidemics--a period of minimal drug use--might be instructive. After all, the public drug policies adopted during that gap, from the 1930's through the 1950's, preceded a resurgence of drug use in the 1960's. Could the educational strategies thoughtfully adopted for adolescents and younger children during these decades have been better designed? What can be said about the drug education efforts of the decades before the 1960's revival of drug use? And, most significant: What eroded our public memory of that first epidemic? Why did the drug explosion of the 1960's appear unique to so many Americans, especially young Americans? Why did hard-won knowledge about the false claims for drug benefits and safety fade from our collective memories?

These are large questions, and the answers are not readily apparent. Nevertheless, a review of America's drug history may identify significant parallels that could broaden our understanding of drug use as a phenomenon. To that end, this paper will explore America's experience with opiates and cocaine, drugs that have played major roles in both of our severe drug epidemics.

Both opiates and cocaine play valuable roles in medical practice. Crude opium, obtained from poppy plants, contains both morphine and codeine, and a simple chemical process converts morphine to heroin. Opiates are used, for the most part, to relieve pain, but they have also been used as cough suppressants. Heroin, for example, was first introduced as a remedy for severe coughs. Cocaine, which is chemically processed from the

leaves of the coca bush, is a strong nerve stimulant. In medicine, however, cocaine is used to block pain, when injected near a nerve, or as an anesthetic, when applied to the surface of the eye.

These drugs, then, are not purely harmful and dangerous substances that can just be eliminated; opiates and cocaine do have legitimate uses, to which they owe both their entree and their continued presence in this country. Their other uses, however, are cause for concern, although responsibility for the abuse of opiates and cocaine cannot be pinned on the drugs themselves. In part, the problem of drug abuse may derive from shifting attitudes. In an era of drug tolerance, use is considered harmless and recreational; abuse is consumption to the point of serious impairment. In an era of drug intolerance, any use is considered abuse. Our ability to successfully reduce the current wave of drug abuse, and to prevent future epidemics, will depend largely on our ability to pinpoint the factors that cause shifts in our attitudes toward drugs. By looking into the past, we may learn much about the present and even the future of drug-use in America.

The Context for the First Drug Epidemic

The United States was the only major Western nation to allow unlimited distribution, sale, and promotion of narcotics during the 19th century. Not surprisingly, the use of opium and morphine, and later cocaine and heroin, was extensive. In the 1890's, the number of Americans addicted to opium and morphine peaked at an estimated quarter-million. A proportional number of addicts for today's population would be a million, an amount that exceeds the estimated number of opiate addicts (as opposed to occasional users) at the peak of the current heroin epidemic. Although these numbers are only estimates, we can safely say that, at its height, the last opiate epidemic was at least as massive as the one we recently witnessed. Opiate consumption in the United States, according to import statistics, gradually increased during the 19th century until the 1890's and then slowly declined.

Heroin, created by adding two acetyl groups to a morphine molecule, entered the commercial market in 1898. For the recreational user, heroin had advantages over morphine--it was more water soluble, permitting highly concentrated but small-volume hypodermic injections, and could be sniffed in powdered form. By 1915, heroin had overtaken morphine as a cause of opiate-related admissions to Bellevue Hospital in New York City.

In 1884, manufacturers like the Parke Davis Co. made cocaine readily available in easy-to-use forms. Before that time, cocaine could be purchased only as an extract of coca leaves in wine or some other solution. Unlike opium and morphine, which spread gradually through American society, cocaine rocketed into popularity as an ideal tonic. Some experts went out of their way to assure Americans that this stimulant was not habit-forming, would not cause any harmful side-effects, and furthermore, could cure morphine addiction and alcoholism. Due to the absence of laws controlling the public's access to drugs, cocaine could be purchased legally. Small wonder that, in 1885, within a year of cocaine's introduction, the Parke Davis Co. could report that even a "second-rate drug store in any one of our cities" had a supply. Coca-Cola also contained cocaine until the turn of

the century. Another common source of cocaine was catarrh powders, sniffed to clear sinuses and treat hay fever. In some cities--for example, Washington, DC--cocaine was peddled door to door.

Cocaine's effect on the public paralleled, in a way, its effect on the body. In contrast to opiates, cocaine rose much more quickly in public esteem and then plummeted into a fearful image connected with violence, distorted thinking, and ruined careers. The amnesia that later overtook American society about the first cocaine epidemic is all the more puzzling when we read President William Howard Taft's 1910 report to Congress, which described cocaine as "the most threatening of the drug habits that has ever appeared in this country"--70 years prior to the country's next peak in cocaine use.

Certainly, easy access and availability of opiates and cocaine contributed largely to the epidemic; no laws existed to regulate public distribution and consumption. To understand why such a free market existed, we must step back and look at circumstances far removed from drugs, such as the late professionalization of the health fields. Unlike European nations, the United States did not have strong national organizations of pharmacists and physicians until this century. Organizations with names that suggested such breadth did exist--for example, the American Medical Association, which was established in 1847--but their membership included only a fraction of practicing health professionals. Furthermore, licensing of professionals was rare in the mid-19th century. Anyone could claim to be a physician or pharmacist. Without organization or licensing, national control over the practice of the health professions was practically nonexistent.

The constitutional separation of Federal and State power was an early obstacle to such control. Living in the late 20th century, we do not easily appreciate the strictly interpreted separation of Federal and State power that prevailed during the 19th century: police powers over the regulation of medical practice were reserved for the States. After a lengthy evolution of constitutional interpretation, few people today question the Drug Enforcement Administration's right to register physicians and pharmacists for the drugs they can prescribe and dispense. In the 19th century, though, this would have been an unthinkable Federal usurpation of States' rights.

Consequently, the Federal Government did not concern itself with either the licensing or the practice of physicians and pharmacists. The States slowly responded to the threat of drug abuse in the late 19th century, but the laws were an uneven patchwork that only appeared to control the drug trade.

Basically, then, 19th-century America was an open market in narcotics. Some now call for legalizing drugs without realizing that both our fear of drugs and our first antidrug laws were a consequence of unrestricted drug use. Easy access to drugs did not create a peaceful, satisfying integration of morphine and cocaine into American habits; rather, widespread use of drugs led to fear of their effects on the individual, the family, and society. Also, a drug's extensive use at one time does not mean that use will continue at that rate indefinitely; the drug may fade in esteem and use almost to the vanishing point. Reasonable national drug policies must take the long perspective and neither hastily

surrender at a time of extensive use nor declare final victory after a long and deep decline in drug use.

America's Response to the First Drug Epidemic

Crude opium dissolved in an alcoholic solution, such as laudanum, or other solvents had been familiar to physicians and patients for centuries, but purified morphine only became available in the early 19th century. By mid-century the hypodermic syringe had been perfected, and use of opiates began to shift from oral ingestion of milder forms, like laudanum or paregoric, to injections of pure morphine directly into the body's tissues. For a while, physicians erroneously considered hypodermic injections safer than ingestion by mouth, because injections could produce similar levels of pain relief with smaller amounts of opiates. Patients with painful, chronic diseases, such as arthritis, might well have been provided with a hypodermic kit by their physician and instructed to inject morphine as needed. In the 1880's, the *Indiana Medical Journal* observed that a physician "carried his hypodermic syringe, ready, like a pocket pistol, to repel attacks of disease."

The rising abuse of opium and morphine in the late 19th century prompted some States to enact laws restricting public access to opiates except by a physician's prescription, unless the opiates were contained in patent medicines. Even in those States, however, consumption of opiates seemed little affected. The major difficulty for proponents of a national antinarcotic law, constitutional separation of powers, was resolved only with great effort. Although the Harrison Narcotic Act became law in 1914, the Supreme Court did not interpret it as restricting the reasons for which a physician could provide addicting drugs to patients until 1919. The Pure Food and Drug Act of 1906 had required manufacturers of patent medicines to state on the label the amount of any narcotic ingredients, but set no ceiling on how much the product could contain. The Harrison Act limited the allowable amount of narcotics to low levels in any remedy sold without a prescription.

These laws reflected a consensus against drugs, particularly opiates and cocaine, that had been growing for several decades. Although attitudes toward alcohol were more divided, national prohibition was achieved through the elaborate process of adopting the 18th Amendment to the Constitution. Opiates and cocaine, however, were so despised and feared by the early years of this century that a similar prohibition was instituted much more simply by a statute and Supreme Court interpretation. Debate over the recreational value of opiates and cocaine, which existed in the 1880's, had evaporated by World War I in an atmosphere of extreme intolerance to their use, except for decidedly medicinal purposes. This fear and loathing of narcotics is intensely portrayed in Eugene O'Neill's *Long Day's Journey into Night*, set in August 1912. Arguably America's greatest drama, the play concerns the impact on a family of morphine addiction caused by a careless physician.

Physiology vs. Learning

Clearly, one lesson from America's drug history is that while our physiology remains the same--for many, the initial encounter with drugs is attractive in one way or another--an attitude toward drugs that rejects even trying them once is learned from experience. As a Nation, we are more vulnerable to a wave of drug use if our knowledge and memory of drugs' consequences are missing from our learning experience.

But, although knowledge of drugs and their effects is necessary if prevention efforts are to be effective, we must be alert to another trend that accompanies the rejection of drug use--increased fear and anger at the drug user. A destructive side of antidrug sentiment, fueled by racial prejudice, became apparent in the decline phase of the first drug epidemic. For instance, the public easily accepted an almost exclusive connection between blacks in the South and the use of cocaine. The turn of the century marked both a peak in the disenfranchisement of and violence toward blacks as well as a peak in the fear and violence caused by cocaine use. Some blacks used cocaine, as did whites, but an excessive linkage developed in the popular mind between cocaine, blacks, and violence that seemed to justify repression of both the drug and the group.

This example indicates that public outrage against drug use can become so intense as to spill over inappropriately into other areas of concern, particularly when our Nation reaches a vigorous consensus on the danger of drugs. One area of concern today is whether drug-testing, an antidrug tool unavailable in the earlier epidemic, will become a weapon against drug users, wielded without thoughtful concern for privacy or an awareness of testing error.

Foreign Influences on American Drug Policies

As is the case today, most of the drugs consumed in the United States during the first epidemic came from other countries. Crude opium arrived in the 19th century from Turkey, Persia, and India. Drugs manufactured from crude opium, such as morphine and heroin, were imported chiefly from Britain and Germany. Coca leaves came from Bolivia and Peru, and the cocaine extracted from these leaves was manufactured both in Europe and America.

At the turn of the century, when Americans were becoming alarmed over their abuse of opiates and cocaine, the United States acquired the Philippine Islands as a result of the Spanish-American War. The United States promptly disbanded the Spanish government's opium monopoly there: unlike its relation to the States, the Federal government did have broad police power in the Islands. Next, in an attempt to establish a policy regarding opium in the Philippines, local authorities suggested using the profits from a revived opium monopoly to pay for education; Government in Washington quickly rejected the idea as immoral. Eradication of nonmedical opium use then emerged as America's goal for the Philippines.

To this end, the Philippine government appointed an investigating committee to study how other countries in the Philippine region dealt with their opium problem. The

committee traveled about the Orient examining conditions and interviewing officials, and one committee member, the Rt. Rev. Charles Henry Brent, Episcopal Bishop of the Philippines, wrote President Theodore Roosevelt to ask that the United States convene an international meeting to consider the traffic in narcotics. Bishop Brent, who is better known now as one of the founders of the ecumenical movement, thus ventured on a path that would make him one of the most influential figures in the worldwide effort to curb drug abuse.

Brent and others saw no realistic hope of curbing the smuggling of opium into the Philippine Islands without worldwide control of production and distribution. No international meeting to consider narcotics abuse had ever been held, but the United States, acting on Brent's proposal, persuaded 12 other nations to meet in Shanghai in early 1909 to examine the opium problem. This gathering, the Shanghai Opium Commission, was not empowered to draft a treaty, but the United States had set in motion a movement that led 3 years later to the Hague Opium Convention, at which a treaty was concluded.

The Hague Opium Treaty placed the burden of narcotics control on the domestic policies of individual nations. If each nation regulated its opiate or cocaine supply to its legitimate medical needs and refused to export additional supplies against the wishes of other consuming nations, the narcotics problem everywhere, and especially in the United States, would be greatly reduced. Of course, the path was not that simple. Nations varied in their enthusiasm for narcotics control: some relied on opium monopolies for revenue; others saw the problem as located in the United States and not in their producing nation. These are still familiar reactions.

Persuading the nations of the world to adhere to the Hague Treaty took time. World War I impeded the process of ratification, but the Versailles Peace Treaty incorporated the Hague Treaty, serving as a vehicle for almost universal adoption. Nations approving the latter had 12 months in which to enact laws in accord with the former. The British consequently enacted the Dangerous Drugs Act of 1920.

British experience with narcotics has often been invoked to argue that providing heroin to addicts, as was permitted under the Dangerous Drugs Act, solved the British heroin problem and left Britain with just dozens of heroin addicts in the 1930's. This "good example," however, is historically incorrect. The Dangerous Drugs Act was necessitated by British ratification of the Versailles Treaty; Britain had almost no heroin addicts in 1920 and, therefore, no massive "problem" to resolve.

The great amount of drugs coming from abroad and the fact that other nations' experiences with drug control are often studied by Americans are both foreign influences on our drug policy. A third influence is our prevailing national mood regarding the threat or lack of threat from the international community. Prior to World War I, the United States had faith in international treaties. Secretary of State Bryan, for example, concluded 36 arbitration treaties as a means to prevent war. The Hague Opium Treaty was just one of America's efforts to gain international cooperation. After World War I, our Nation distrusted attempts at international cooperation, as symbolized by our refusal to join the League of Nations. Government leaders no longer blamed Americans' inordinate drug

appetite for drawing supplies to our shores, but spoke of the evil intentions of countries that sent dangerous drugs to the United States. Our antinarcotic cooperation with other nations was minimal in the 1920's, although we began to take a more active role in the 1930's.

When we look at these very different attitudes regarding drugs and foreign nations in the decades before and after World War I, we can appreciate the enormous impact of the broader political climate on our drug policies. Drug policies often appear closely tied to a discrete problem, but our larger perception of ourselves in the world profoundly influences the steps we take to curb drug use and how we interpret other nations' actions--or inactions--in that struggle.

Domestic Policies in the Decline Phase

By 1920, most antinarcotic measures in the United States were in place. In 1919, the Supreme Court interpreted the Harrison Act as prohibiting the maintenance of simple addiction by physicians or pharmacists. A section of the Bureau of Internal Revenue was now devoted to cracking down on health professionals and others who tried to provide opiates or cocaine without specific medical indication. About two dozen public clinics that provided low-cost narcotics to addicts were investigated with the intention of closing them. The last was closed in 1925.

Tracing the cause of this intolerance of addiction maintenance--so similar to our current methadone programs--takes us once again to the Constitution, as interpreted earlier this century. At the time, the Federal Government could exercise control over narcotics only through laws regulating interstate commerce or through taxes. The Pure Food and Drug Act of 1906 operated under the Federal power to regulate interstate commerce. The Harrison Act operated by placing a small tax on narcotics and requiring tax stamp registration by all dealers in narcotics, down to the retail level. But the taxes raised a serious legal question: Could a physician who paid the taxes be prevented from providing narcotics to all comers? After all, the Harrison Act was, on its surface, a tax proposal, and the Federal Government had no right to police the professional judgment of physicians and pharmacists.

Using an ingenious kind of logic, the Supreme Court--by a mere five to four margin--concluded that the Harrison Act could be invoked to prevent addiction maintenance by health professionals. The Court majority declared that the maintenance of addiction was not a legitimate medical practice; therefore, a prescription for morphine to maintain simple addiction was not a legal prescription, but rather an attempt to circumvent the tax law by transferring some of the drug without paying taxes. Consequently, the Federal Government was not regulating medical practice by prohibiting maintenance, because maintenance was not medical practice.

This interpretation regulating health professionals, a group widely believed to be creating anywhere from a third to a half of the drug addicts, left the Government with little flexibility. If the Government was to stop careless physicians commonly known as "dope doctors," no maintenance of addiction could be openly approved, even in those

maintenance clinics operating responsibly and with community support. The Federal Government could not legally discriminate between the motives and quality of practice of physicians who maintained addicts, so all maintenance had to be halted.

At times, this campaign against health professionals, supported so strongly by the public and elected officials, went too far. Some narcotics agents used disreputable tactics in trying to boost their arrest records. Physicians in the 1920's realized and denounced this, but were ignored because the public's hatred of drugs overwhelmed the doctors' protests. Official admissions that some health professionals had been wrongly accused were not made until the 1930's.

In this atmosphere, health professionals became wary of prescribing or dispensing narcotics, even for pain control. Only a minority had been irresponsible, and the American Medical Association had originally supported the Harrison Act; health workers, in general, were as upset about the drug problem as the public. The fear of addiction among both health professionals and patients reached extreme levels in the decline phase of the earlier opiate and cocaine epidemic. This concern over pain medication is still observable among some physicians and patients.

Antidrug Policies and Approaches

Outside the professions, sentences for drug law violations grew steadily more severe during the four decades after the Harrison Act. In the early 1950's, mandatory sentences were enacted, and the death penalty was mandated for selling minors heroin. The rarer the arrests for drug violations in mainstream society, the more publicly acceptable were the severe penalties. The Marijuana Tax Act of 1937, which essentially prohibited marijuana, was enacted in an atmosphere of extreme intolerance toward drug use. The penalties for Federal conviction were serious from the start, reflecting relatively scarce use of the drug. The severe penalties were reduced when marijuana became widely used in the United States in the 1960's because their presumed deterrent value evaporated for all practical purposes and prisons could not have held the numbers who would have been incarcerated for marijuana use.

A review of our antidrug penalties shows that they increase in severity as drug use and drug toleration decline. In a time of drug toleration, the severe laws of the previous decline phase appear inappropriate. Mandatory sentences and the death penalty were less controversial when very few Americans were involved with drugs and those few existed at the fringes of society. Harsh penalties were symbolic of the fear and anger Americans felt toward heroin and cocaine, rather than a response to huge numbers of addicts or purveyors. Legislators expected severe punishment to discourage any individuals tempted to enter drug trafficking. In 1973, Harry J. Anslinger--U.S. Narcotics Commissioner from 1930 to 1962--said he believed that prior to the explosion in the 1960's, the number of addicts had been reduced to a practical minimum and the Government wanted to keep the lid on. Reflecting an earlier generation's growing intolerance toward drugs and a desperate hope that they would never again reach their earlier peak of abuse, this approach was not an effective deterrent to drug consumption for a later generation untouched by those experiences and memories.

As the epidemic declined, both the Government and the larger society espoused strategies familiar to parents who have ever worried about a child's decision to risk a dangerous action. Parents do not wish their children to take a chance on their lives even once. They cannot approve "experimenting" with drunken driving or any other dangerous opportunity available to young people. One method of preventing people from taking unwise actions has been mentioned: the threat of extremely severe punishment. However, two other antidrug strategies were also used.

One strategy was well-intentioned exaggeration. For example, Captain Richmond Pearson Hobson--an American Naval hero and an active leader against alcohol, opiates, cocaine, and marijuana--declared in the mid-1920's that one ingestion of heroin, even on an ice cream cone, could addict a child. He warned that heroin might have been incorporated into face powder and that heroin not only addicted but drove users to commit crimes, whether they needed money or not. In the 1930's marijuana was described in similarly lurid terms in the hope, Anslinger explained, that no child would be tempted to try it once.

The other strategy was silence. Under strong pressure from major religious groups, the motion picture industry adopted a policy of never showing narcotic drug use. The Motion Picture Association of America, comprised of major motion picture studios, approved enforcement of this production code in 1934--no seal of approval could be given to a motion picture that showed narcotic trafficking. Without approval from the National Board of Film Review, a picture's viewing opportunities would be severely restricted, making the film unprofitable. Except for a slight revision in 1946 to permit the showing of antidrug activities, this prohibition remained effective until the 1950's.

The radio networks were equally cooperative. Occasionally, the print media published stories about sensational drug arrests, but descriptions of drugs usually followed the policy adopted by the Federal Bureau of Narcotics--to make drugs appear so extremely dangerous and disgusting that a young person would not be tempted to try one even once.

The fear was large, but the number of individuals impaired by cocaine, heroin, or marijuana from the 1930's through the 1940's was small when compared to today's problem or that of 1900.

Severe penalties, exaggerated descriptions, and total silence were not just the natural responses of an older generation to a younger generation ignorant of drugs' initial seductiveness; these policy responses were also inexpensive. It is difficult now to realize the low level of Federal resources available for any national program in the 1920's and the budget parsimony practiced with regard to drugs. Campaigns against drugs were assisted by national voluntary organizations, like the National Congress of Parents and Teachers and the General Federation of Women's Clubs; service clubs, like the Kiwanis; and lodges, including the Knights of Columbus and the Masons.

The consensus against narcotics in the United States was broad and deep; in that context, the policies that were adopted can be understood as responses to the questions of how best to contain the problem and warn younger generations. Paradoxically, in the long term, these policies seem to have created a generation with, on the one hand, no protective

knowledge about the seductive claims and physiological effects of dangerous drugs. On the other hand, expectations of such immediate and dire consequences from drug use caused the generation of the 1960's to lose faith in the Government's warnings about drugs when their drug experiences proved different. Marijuana use, in most instances, did not cause immediate and severe reactions upon first use, nor did cocaine. In crafting our prevention efforts, we must carefully consider the conflict that easily arises between traditional ways of persuading young people not to take a drug even once and the reality of drug experimentation. One approach to this difficulty is to emphasize the attainment of health as a positive and satisfying goal, rather than emphasizing a negative message.

After 20 years of drug use infiltrating our society and casualties mounting, we can sympathize with earlier policy makers who wanted to do everything they could to prevent another epidemic in the Nation. Their experience and the history of drug policy over the last century give us an advantage they did not have. We can explore methods of reaching and teaching newer generations with the knowledge that the most immediate and simplest approaches may not be the most effective. Hatred and fear of drugs deliver enormous emotional energy to an antidrug program, but we must think carefully about how to channel them appropriately if we are to minimize the likelihood of a future epidemic.

Paradoxically, almost total success may have been an obstacle in the long run to maintaining an accurate and effective antidrug campaign. In the 1920's, requirements to teach about narcotics in schools spread throughout the States. By 1934, for example, Massachusetts had developed a syllabus for teaching about "alcohol, stimulants, and narcotics" for grades 1 through 12. Information about drugs was presented as an integral part of health education, not just as a program against narcotics since rejection of drug use seems to be closely linked with decisions to achieve physical and mental health as means to future goals. As the drug problem declined, however, silence itself was assumed to be a good policy. By the 1960's, less than half the States retained a requirement that the effects of narcotics be taught; by then, the information was conveyed by teachers whose practical knowledge was meager, and the time allotted for such a subject was brief. With little drug problem confronting American schools in the 1940's and 1950's, resources went elsewhere.

Reflections on the American Experience with Drugs

We should take advantage of past experience when considering our future course on the drug problem. We can begin by acknowledging that there are no easy solutions, or we would not have had to endure decades of difficulty around 1900 and more recently. For example, we still lack basic information on the nature of addiction and need to ensure steady support of basic research into the biochemistry of drug effects. Too often in the war on drugs, we get caught up with law enforcement, educational programs, or treatment plans and forget that we are like physicians combating pneumonia before the discovery of germs. Research into the biological mechanisms of addiction appears to rise and fall depending upon the public's level of anxiety over drugs and whether the medical or therapeutic approach is in vogue. In both epidemics, medical treatment approaches have eventually given way to greater reliance on law enforcement, and sustained research has suffered.

Other swings, though, also have serious implications. During the early stages of rising drug-use, many in the higher socioeconomic groups see drugs as aids in attaining their goals; drugs seem to give them more energy, insight, or relaxation. As the long-term effects of drugs become more obvious, this group turns against drugs. Because higher socioeconomic groups are prominent in media and public life, their changed attitude may give the impression that the drug problem is largely solved. Yet, the less visible part of our society—the alienated inhabitants of our inner cities, mostly minorities—generally lack goals that would be affected by the impact of drugs, positive or negative. Drug-dealing, in fact, is one of the obvious paths to status and income in the inner city.

If having a goal and knowing that drugs will hinder its achievement are crucial elements in deciding not to use drugs, inner-city users would be best served by programs that create hope and give them a future to work for. Interdiction of drug supplies or treatment of those already disabled by drug use are not enough. Parental and community involvement can enhance academic attainment in inner-city schools, as evidenced in the work of Dr. James P. Comer in the New Haven and other school districts. Such involvement should also be promoted for its effect of creating personal goals, the best deterrent for not beginning drug use.

Dr. Comer, a child psychiatrist, successfully brought together teachers, pupils and parents in a program that required 5 years for fruition. Stressing principles of child development and parental involvement, his program brought an inner city elementary school with one of the lowest rankings for attendance and reading scores to among the top in the district. The process created a community school out of what had been an isolated, poorly attended, and dangerous environment. Inner-city education may not appear to hit drug abuse head on, but the efforts produce the kind of hard-won, gradual change that makes drug use irrelevant for positive and healthy reasons.

Without solving the problem of drug use by the inner-city underprivileged, a core of drug use will remain even as the more fortunate middle-class uses drugs less and less. It is difficult if not impossible to eliminate drug use so long as a desperate demand exists. Coca bushes continued to grow in Bolivia and Peru in the 1930's up through the 1940's and 1950's, although the cocaine demand in the United States subsided to an extremely low level. Crop substitutions have had almost no detectable impact, and international effort has seldom been sufficient or powerful enough to halt all unwanted trafficking. The massive disruption of World War II came closest to stopping the flow.

The most "natural" public response to drug use in the inner city may not be an attempt to establish hope and goals, but a growing animosity that develops as a consensus is established against drugs and drug users. One lesson of the earlier drug epidemic is that we must be careful not to let our anger at drugs oversimplify or overwhelm our search for causes of drug abuse.

Underlying all the lessons from history are two factors we must consider in our efforts to combat drug use. First, the trends for and against drug use are lengthy—decades long on both sides of the watershed of peak use—and frustrating as we impatiently attempt to stop drug abuse quickly. Second, the generation addressed by our efforts lacks the experience on which our knowledge is based. Some ways to deal with this problem of youthful ignorance about drugs include severe penalties, silence, and exaggeration. Education is another way to convey the information to youth, but as drug use declines, the energy directed to this effort may be diverted to other, more pressing problems. Indeed, the success of drug education may lead to a fading away of that part of the curriculum. Now, unlike in the 1950's, we know that a deep decline in drug use does not mean that our society is acquiring an immunity against drug use. Our physiology does not change, only our knowledge or ignorance about the effects of drugs.

In any educational program, we should include our past experience with drugs. If we want to profit by history, we must know our history. Although generally omitted in school history texts, some history of drug use in America could provide partial protection against easy susceptibility to the claims made about drugs to uninformed generations.

History's value is not that it produces "answers" to enduring social problems, but that it puts into a larger perspective problems we would otherwise see as unique to our times. A prime example of forgetting and repeating history is the similarity of our current cocaine epidemic to the one we experienced in the late 19th century. Yet the value of this knowledge is not that we could have easily prevented the cocaine explosion of recent years if we had been reminded of our history earlier. Rather, study of history points to those earlier decades when education faded away and warnings about drugs became hackneyed and boring or were omitted altogether.

In sum, the history of this grave problem in our society reveals the importance of persisting in antidrug efforts over long periods of time. Yet, we should not let extreme antagonism to drugs overwhelm our good judgment. We must recognize that accurate knowledge about drugs and possession of individual goals aimed at a better future will be powerful weapons in the Nation's arsenal against drug abuse.

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SCHOOLS AND DRUGS:
EDUCATIONAL PARTNERSHIP AS A REMEDY
FOR THE SCHOOL DRUG PROBLEM

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This paper does not attempt to deal with the full range of issues regarding student use of drugs, but to apply a concept I call "educational partnership" to the issue and see whether this produces any useful insights for helping school systems and communities deal with the drug problem more productively. Although private schools share some of the same problems, their situation is significantly different, and this paper will focus only on public schools.

The partnership concept critiques the present structure of public education in the United States in which the basic roles and relationships of the participants are determined by the delegation of education to Government agencies and by bureaucratic control and accountability within those agencies. It proposes, instead, a new structure based on shared responsibility of home, school, and community, and on the voice, choice, and loyalty of the participants.

Although some of the conclusions reached by applying this concept to the school drug problem are stated strongly, they are offered in the spirit of dialogue and are open to correction in the light of fuller consideration of the many difficult issues involved in drug use by school children.

The Role of the School

"Hell, schools are a major cause of drug addiction," was the response of a young man I queried when I was a few weeks into this project. He had experience with drugs in school, and I had asked him the normal questions "What could schools do to help prevent drug abuse?" His reply was, literally speaking, unresponsive, since he did not say what schools could "do." But his point could not easily be dismissed.

Nor was I inclined to dismiss it. My analysis was bringing me to the same uncomfortable conclusion. I had a problem, however: How could I say this without alienating some of the most important people who have to respond to the situation--school officials who already see themselves unfairly "blamed" for everything from the low voter turnout to teenage pregnancy?

If there is anything that school staffs might expect not to be blamed for, it is drugs, which seem like a terrible invading force from "outside" the school, subverting and

disrupting everything the school stands for. On top of that, schools probably devote more resources to this problem than any other social agency, with many talented teachers, counselors, and administrators working diligently to help kids stay off drugs. And we want to blame the schools for being a major cause of the drug problem?

Let me say at the outset, then, that my purpose is not to blame. I see school staffs as much victims of the situation as the students, although usually less badly hurt. I hope they will suspend judgment, therefore, and not take this analysis personally. I ask them to consider whether the following analysis makes sense, and if so, whether it could lead to steps that might help both schools and communities out of their present no-win situation.

The first step is to look honestly at the reality of drugs and schools. The reality is that, despite their many efforts, school staffs are fighting a losing battle. Thousands of youngsters are still falling into the deadly grip of drugs. The forces that draw them in are simply more powerful than all the efforts made to keep them out.

Yes, many nonschool causes contribute to this unfortunate situation: family problems, poverty, unemployment, community influences, neighborhood gangs, rampant drug pushing, the adult drug culture, the anxieties of modern life, to name a few. Yet, two contributing factors are very much school-related:

(1) Large number of students are developing in school a sense of alienation and loss of self-esteem and, therefore, ripeness for drugs.

(2) Large numbers of students are finding in school a student drug culture ready and eager to embrace them when they feel beset with problems, including school-related alienation or loss of self-esteem.

Each of these factors would be enough by itself to draw many children into drugs; in combination, they are lethal. Schools are, in effect, pushing many children into drugs by convincing them they are "failures" and alienating them in other ways, and by providing them, right on the premises, with a ready-made drug culture to welcome them, sooth their wounded egos, and give them social and psychological supports to relieve their alienation.

These factors have become so powerful in so many schools that one wonders how so many students escape drugs. The efforts of many school personnel and parents, not to mention the impressive fortitude of many of the kids themselves, deserve special credit for managing to prevent involvement with drugs in the face of these two potent forces. Why, though, must they fight such an uphill battle? Is so much failure and alienation necessary in school, and must schools give a home to a student drug culture?

The concept that comes most forcefully to mind when I look at these realities comes not from educational theory, but from medicine. The first priority of educational policy in relation to drugs should be to do no harm--that is, to eliminate or reduce the two school-related influences that contribute so powerfully to childhood drug use. We have devoted much effort to special drug-prevention programs, but perhaps we should, first of all, eliminate practices that help push kids into drugs.

Surely this is what the young man was implying in response to my question: Why ask what schools should do to stop drug use, when the more important issue is to get them to stop doing things that cause drug use.

Let me reiterate that, in reaching this conclusion, my purpose is not to blame school authorities. Certainly, no school authorities intentionally try to create student alienation, feelings of failure, or a school drug culture. But then, neither were doctors trying to kill all the patients who died from septic wounds in the early hospitals. However, when doctors found that many patients were dying because of unsterilized equipment, they changed medical practices to reduce the unintended harm. Similarly, if we want to be serious about schools helping to prevent drug abuse, we must look to see whether schools are doing unintended harm that could be stopped or reduced.

My overall conclusion is that there are, indeed, powerful ways in which schools contribute to childhood alienation and the drug culture--not through any evil intention of school personnel, but in spite of their good intentions; not through incompetence or sloth, but in spite of considerable skill and diligence. Schools cause this unintended harm because of the structure of public education.

The three primary concepts underlying the structure of public education in the United States, as it has developed over the past 100 years are delegation, bureaucracy, and professional service delivery, all seemingly valid and worthwhile concepts. We have delegated the function of education to a Government agency for many of the same reasons we have delegated other functions, such as police, fire, sanitation, and defense. We have bureaucratized it because that seemed the most efficient way to organize such large systems. Additionally, we have defined education as a professional service delivery because that seemed the way to improve the services delivered. (The motives have been more complicated than this, as I and others have explained elsewhere, but the mainstream motives are not far from these simplified versions).¹

The big problem is that, in the process, we have created highly alienating institutions. Schools, of course, do not alienate all children; for many children they function as intended, helping them gain the competence and confidence they need to speed along life's way. However, as schools have become ever larger, more bureaucratic, and more dehumanized; as increasing numbers of children have become dependent on school success for success in life; and as family and community conditions have caused more children to need a caring environment, the alienating nature of many public schools confronts us with a dangerous situation. Many children, instead, of being helped by schools are actually being hurt.

This analysis may sound too "soft" and tender-hearted for something as evil and dangerous as drugs. "tough love," "wars" against drugs, and principals with baseball bats have become the more popular images for dealing with this fearsome threat. Yet, toughness is not the issue. Sometimes toughness is needed, and sometimes tenderness, but what makes "Tough Love" succeed is the love, and what makes tenderness succeed is the loving care that goes with it. I suspect, too, that what makes Joe Clark and his baseball bat appealing to many parents and students is the loving care they sense under the bluster.²

Children need loving care--both tender and tough--to grow up whole. And too many of them are not getting it. Surely, the condition of families and communities are a major reason for this, but those conditions are not likely to improve soon. Meanwhile, schools, by the way we have structured them, contribute their own alienating forces to an already desperate situation. That is something that can be changed, and something that must be changed if schools are to be more of a solution than a problem in preventing drug abuse (or, for that matter, in dealing with juvenile delinquency, mental illness, teenage pregnancy, and any number of other problems).

I realize that this line of reasoning turns things upside down. The usual question for educational policy is how to reduce drug use in order to improve schools, not how to improve schools in order to reduce drug use. Likewise, school drug culture is usually seen as a threat to the students for which students are responsible. Sometimes, though, it is useful to look at things upside down when examining them. Besides, that is what results when you apply the formula, First of all, do no harm, to the reality of schools and drugs in today's world. If, indeed, schools are doing harm in regard to drugs, albeit unintentionally (and I believe they are on massive scale), then there is a heavy responsibility to try to stop this harm if possible.

But is it possible? I believe it is. Furthermore, I believe that schools can not only reduce alienation and school-based drug culture, but also, in the process, do a much better job of providing children with the competence and self-confidence they need to resist nonschool-related drug influences.

The process will not be easy, however, and will involve much more than just changing the schools--which is why this analysis is not out to "blame" the schools or their staffs. It will require society as a whole to seriously rethink the kind of educational system it needs to achieve its goals.

I will focus, first, on the problem of educational goals and how the present "winners and losers" approach to education produces an unnecessarily high level of failure, alienation, and loss of self-esteem--and thus, susceptibility to drugs. I will suggest that a policy of "success for all" is not a romantic pipe dream, but a practical and even necessary goal for American education as it moves toward the 21st century. I will then look at the structure of public education and suggest that only through restructured schools and a sharing of responsibility by home, school, and community are we likely to be able to achieve this new goal.

Changing the School Game

After reviewing the considerable efforts schools make to prevent drug use and abuse, I come to one overwhelming conclusion for school policy: The greatest educational contribution schools can make to the prevention of drug abuse is to change schooling from a winners and losers game to a success-oriented enterprise.

Conversely, continuing with the winners and losers approach to education will undermine all other drug prevention efforts the schools may undertake. So long as schools continue to produce "losers," they will be helping to produce drug users. This may seem an irrelevant, impractical, and altogether irritating conclusion, since, of course, everyone these days would like to see schools more successful (or least they say they would), and all sorts of efforts are afoot to bring this about. So why don't we get back to the point of this project and direct our attention to matters more directly related to drugs and drug abuse?

The answer is this: "Making schools more successful"—usually translated as "raising test scores"—is not the same thing as shifting the basic value structure of schools from "win-lose" to "win-win" or "success for all." Few school improvement efforts have faced the implications of this value shift, yet this shift could make the most difference in children's use of drugs (as well as in their academic achievement and many other things).

Children and youth these days face many daunting problems at home and in the community that are beyond the schools' control and that help drive kids to drugs.³ However, a key problem that often faces many of them is the loss of self-esteem due to failure in school—either obvious failure (of courses, for example) or the less palpable failure of not being a winner in the winners and losers game, even if receiving "passing" grades. In either case, the students' negative self-judgment and their accompanying alienation from school, school staff, and school authority lead to ripeness for drugs.

In many cases, this negative self-concept is a prime factor in drug use, but even in cases where there are many other factors involved, school failure may often be the "last straw." We present school to children as a "way out" of the miseries of poverty, broken homes, or neighborhood decay that may beset them—a way to start a new life based on new competencies and new relationships. When this last avenue of escape seems cut off by failure in school, the one last hope is gone. The combined blow to the child's self-esteem and to his or her hope of regaining it is too much for many children to bear.

Isn't this a little unreasonable? Don't some kids, by definition, have to fail in school in order for success to mean anything? If everyone succeeds, doesn't that just mean we have no standards? Isn't a no-failure policy responsible for a dreadful mess in the schools, with kids being promoted from grade to grade without learning anything, until they drop out—or graduate with a diploma they can't read?

Here we come to some of the most harmful confusions in educational policy. I'm not talking about just reducing the appearance of failure by passing students along who haven't learned. I'm talking about reducing the reality of failure—making sure that students do learn and gain the competence they need to function in today's world. For in today's world, failure in school is a stepping stone to failure in life.

Success in school was not always a prerequisite for success in life. In times past, when children failed in school they could make their way in society via other routes—farm, factory, or family enterprise. Even as late as the early 1900's, less than 10 percent of our children finished high school. The 90 percent weren't called "dropouts." They weren't necessarily looked down upon. They were the "salt of the earth," the productive people of

American of the society, the "do-ers," as opposed to the "bookish" kids who liked to study and who were not always respected in the American work ethic.

Within this framework, success or failure at school did not cause major problems of self-esteem. Only a relatively small percentage of students were expected to be school "winners," and a key function of schools was to sort out the winners, while the rest went off to live their lives with their egos intact.

Now there is no room in our society for school failures, although there is, and must be, room for some who are truly incapable of achieving success in school. However, the numbers are much smaller and involve such special circumstances that "no room" is a more useful description of the role school success plays in the lives of today's children. We are moving toward a single rite of passage for full membership in American society--no longer just a high school diploma, but actual success in school. Students who feel they cannot make it in school feel left out--alienated not just from school, but from mainstream society. We must regard success in school as akin to walking and talking--something all children are expected to do unless they have a physical handicap that makes it impossible.

This is the most profound change in American society affecting education, and so far educational policy has failed to adjust to it. Public leaders are finally beginning to recognize the seriousness of this failure. The National Commission on Excellence in Education helped to put the problem on the Nation's agenda, when it sounded the alarm about our "unilateral educational disarmament" and the "rising tide of mediocrity" in our schools. The report was misleading in suggesting that the main problem is increasing mediocrity; the more serious problem is increasing educational expectations that are outstripping educational achievements. But the alarmist style of the Commission's report alerted people to the seriousness of our educational crisis. Business, political, and educational leaders have been speaking out ever since about the shortfall between our educational needs and our educational achievements.

We are finally becoming conscious of the very large numbers of our children who are, in effect, failing in school. The degree of "failure" is of course relative to one's expectations. Many people think of the "failures" only in terms of those who have dropped out, but we are also becoming aware that many of those who graduate from high school have, in fact, failed to learn to any reasonable standard--some of them being unable to even read a bus schedule or make change.

Albert Shanker, President of the American Federation of Teachers, has estimated that only between 15 percent and 20 percent of our children are getting the education they need.⁴ By that standard, between 80 percent and 85 percent of our youngsters could be considered failures in school, and that figure might not be far off if we are looking for citizens not only with basic literacy skills, but with a reasonable grasp of history, literature, science, mathematics, the arts, and analysis, not to mention responsible citizenship. Such a high figure may also not be far off as an estimate of the children who feel to one degree or another that they are not "winning" in school. In schools where only the "nerds" are expected to enjoy learning, the vast majority of students are quick to identify themselves as non-nerds--that is, not really engaged in what the school is supposed to be about.

We are also beginning to realize the dire consequences of school failure both for the children involved and for the society as a whole--in terms of economic productivity, unemployment, mental health, family stability, crime, and the like. But nowhere does the failure have more immediate and tragic consequences than in relation to drugs. The loss of economic productivity and other harmful consequences of school failure are indirect and long term, but a child's entry into a drug culture can follow swiftly upon his or her realization that he or she is a "loser" so far as school is concerned.

Not every child who feels like a "loser" in school becomes a drug addict, nor has every addict suffered defeat in school. But the tens of thousands of young people who follow the path from school "loser" to alienation from school and adult authority to drug use and abuse is overpowering testimony to the effects of this relationship.

If we want schools to make a significant contribution to preventing drug abuse, we must find a way to reduce school failure. But we must still ask, is this possible?

When William Glasser came out with his book, *Schools Without Failure*, in the 1960's, many people dismissed it as yet more impractical romanticism.⁵ But Glasser was serious, and more and more people are finally coming to see that his goal is realistic--in fact, far more realistic than the current assumption that we can afford to allow so many children to become "failures."

At the same time, those who have become serious about preventing school failure also recognize that achieving this goal will not be simple--that, in fact, it cannot be accomplished within the present operational framework of the public schools. The gap is too great and the problems too fundamental. As a result, there is an increasing recognition of and a need to restructure public education.

Ideas about the kind of restructuring that schools need run the gamut from changing the internal operations of schools to abolishing schools altogether.⁶ My own views on restructuring are set forth in my book, *Education Through Partnership*, and various articles.⁷ This paper cannot discuss them in detail, but the basic concepts can be summarized as follows:

(1) The goal of school success for all children should be recognized as a fundamentally new goal for American society. We have failed to achieve this goal up to now not because we have been lazy, incompetent, or stingy, but because it has not been our society's operational goal (I'm not talking about individual educators who may have had this goal). Whatever our rhetoric about "equal educational opportunity," our de facto operational goal has been, at best, to provide "equal educational services for all" (and we have fallen short even of this goal), with success expected to range from high academic achievement to minimal literacy--the famous "bell curve" for those more academically inclined, with the lower end of the range expected for lower socioeconomic groups.

To shift our goals means more than just raising standards, upgrading expectations, or improving achievement scores, though all of these things are involved. We must make an almost ideological value change--a change from seeing school as a win-lose game to

seeing it as a win-win game in which everyone succeeds—a shift from "every man for himself and the Devil take the hindmost" to "we're all in this together."

I prefer the phrase "prevention of school failure" to "reduction of school failure" because, although "prevention" sounds unreasonable, it signals a different value orientation, similar to the "no rejects" or "100 percent" goals in some of our most successful industries.⁸ These companies are aware that they cannot reach 100 percent, but they are also aware that the whole spirit of the enterprise changes when this is their goal.

Thus, shifting from "winners and losers" to "success for all" means making school into a very different kind of institution, with a different ethos and different values affecting all its members. It means looking at every individual child not as a number in a statistical average or a dot on a bell curve, but as a growing human being whose life is in jeopardy if he or she becomes a school "failure." It means making sure that whatever is being tried is really working and trying something else if it isn't, not just saying, "We delivered our instructional services, and if he didn't learn, that's his outlook."

It also means starting early. Most of the fuss over dropouts is now made at the high school level, after most of the potential dropouts have lived with school failure for a number of years and built it into their personality. A success-oriented educational system would focus on the early years to make sure that the failure syndrome never develops.

This shift in goals is not to be taken lightly. On the contrary, the shift is so radical that some people might be inclined to label such change as "un-American" --or socialist, communist, or even "totalitarian" (you're not allowed to fail even if you want to). Space being limited, I will only make two points in the context of such labels: (a) This shift does not eliminate competition. Schools would still allow students to compete to be the best math student, debater, or runner, but no one would be expected to fail to meet adequate standards. Children seem to be able to accept this combination of competition and basic competence for all, even if many adults can't. (b) This shift is the only way to achieve the educational levels now needed and to eliminate the levels of school alienation and failure that push so many children into drugs.

(2) Fashioned over many years to achieve the old goal of winners and losers, our present model or structure for public education is incapable of achieving this new goal. Its basic components—delegation of education to Government agencies at various levels, bureaucratic organization separate from other social service agencies, top-down management, and bureaucratized professionalization—disempower students, parents, and teachers and encourage other members of the community to abdicate responsibility for all aspects of education, except paying taxes and choosing school boards.

The present delegation model of public schooling does not mobilize or coordinate enough resources, either from within or from outside the school. It does not provide the professional working conditions needed to attract the most able teachers or to generate the kind of collegiality or accountability needed at the school level. It does not provide the kind of flexibility needed to adjust to the needs and learning styles of individual children. It

does not provide the kind of social and psychological supports needed to encourage children to keep trying until they succeed.

Whatever the merits of the present structure in terms of the previous educational goals of American society, which accepted a large degree of school failure and mediocrity, it is simply too ineffective and inefficient to achieve goals that call for excellence and success for all children.

(3) A different structure, involving more shared responsibility a much closer to it collaboration (or partnership) among students, teachers, administrators, parents, peers, other social agencies, and the community--and more voice, choice, and loyalty among all participants at all levels--would be able to achieve the new goals assuming (as noted above) that society is serious about achieving them.

The essence of the partnership approach is a new goal and a new way to achieve it. Just the partnership without the new goal, or the new goal without the partnership, would not work. But the combination fits together, just as the old goal of school winners and losers fits with the delegated, bureaucratic, noncollaborative model.

Stated even more simply, my thesis is that if we work together we can achieve school success for all children (or much closer to it); if we don't work together, we can't. The job simply cannot be done without the help of parents, peers, other agencies, and the community. Simple as this sounds, it represents a profoundly different outlook from what has prevailed up until now.

Because this structure of relationships is so different from the present one, the shift will require considerable time and insitutional change and will involve a number of components. The one component I want to discuss in some greater detail, because it may also have particular relevance to drug prevention, is the creation of supportive communities of people--intergenerational, both in and out of school--that work together for common goals at the school and community level. Only through such supportive communities will schools be able to cope with school-based drug cultures.

Preventing Drug Culture Through Partnership

Just as my analysis has led to one overwhelming conclusion regarding the main educational contribution schools can make to drug prevention--that schools must stop producing the failure and alienation cycle of the present winners and losers game--so it has led to one overwhelming conclusion regarding the most important social contribution schools can make: Schools must stop providing a home for the student drug culture. The question is: "Is it possible?"

As with preventing school failure, my conclusion is that it is not possible within the existing structure of public education, but it is possible within a different structure based on partnership. The same changes that could help us prevent school failure could also enable us finally to get a grip on this devastating social blight in our schools. In fact, both goals--a

success-oriented school, and a drug-free school--overlap to a large extent, and in working on them together, through partnership, each goal would support the other.

Again, a major issue is how seriously our society takes this problem. The student drug culture in our schools has become so pervasive that we assume nothing can be done about it. We assume that the drug culture is something perpetrated by "them" (the kids--those aliens) and, therefore, not our responsibility. In all too many schools, we have come to take the drug culture for granted.

Yet, when we stand back and look at it, the student drug culture is surely an abomination, an outrage, something we wouldn't permit for a minute if we hadn't become so paralyzed by our feelings of helplessness. How can we send our children off to institutions that contain such a powerful social engine for drawing them to their ruin? It is almost like feeding children into a meat grinder. Yet, we do it routinely every day.

Of course, "we" does not mean everyone. Many parents choose a particular community or school precisely to protect their children from such risks. But there are fewer and fewer schools or communities where children are safe from the risks. Many parents do not have the money, freedom, or knowledge to make such choices. Many more feel powerless to swim against the tide of such widely accepted social practices. So, in effect, "we" do it--our society does it--to hundreds of thousands of children every day, more or less without thinking about it. Perhaps it is too painful to think about.

If we decide we are serious about this abomination and want to put a stop to it, we must ask ourselves whether we can do so within the present structure of public education. Some schools have managed to prevent or eliminate a student drug culture through tough enforcement and enlightened drug education, but my own assessment is that in many communities (probably a growing number), this will not be enough. The out-of-school influences, together with inschool alienation, are too great to overcome through these methods alone. As an additional and complementary approach, the partnership concept can make the difference between success and failure in reducing school-based drug culture.

The partnership model of public education calls for more sharing of responsibility among those who can help children grow up whole and less delegation of responsibility to various agencies that are designed to deliver their separate services. It calls for relationships based more on the "voice, choice and loyalty" of the participants and less on formal, rationalized, bureaucratic systems of accountability.

That is, if schools were doing their main job (i.e., ensuring educational success for all children) in the most effective and efficient way possible (i.e., through a partnership of family, school, and community), there would be supportive, intergenerational "communities" of people working together to achieve the shared goals of educational success.

These communities could operate at all levels, from the basic triad of parent, teacher, and child up through classrooms, schools, and school and social agency collaborations, city-wide coalitions, all the way to whole States. Much more "voice" and

"choice" among the participants would be key in creating "loyalty" or the sense of community that is at the heart of the partnership concept.

"Choice" may be the easiest of these concepts to grasp, since it can be seen immediately that parents, students, or teachers who choose a particular school or program will have a greater sense of ownership and loyalty and will be more likely to find congenial "partners" who share their values and goals.

We are beginning to provide more choice in public education, a trend that seems to result in such anticipated effects. Some voucher proposals, of course, would base almost the entire relationship in education on choice, but they are very problematical and have, thus far, been rejected in most States and school districts. Short of full vouchers, however, there are many ways to create more opportunities for choice within public school systems--both choice of schools and programs and for teachers as well as choice for students and families--assuming that choice is recognized as an important element of successful education.⁹

"Voice" is a little harder to grasp, but if one thinks of relationships among people who have not chosen to be together, it is easy to see that communication would be important in forging a sense of common purpose and collaboration. Even if people have the same goals and values, they may not realize it and gain a sense of group loyalty and community until they have expressed their goals and aspirations to each other. Voice is a fundamental process and value in its own right in any democratic society, not just because people have a "right" to express themselves, but because it is essential to forging shared purposes and goals.

If schools are going to be run on a partnership basis, we need more genuine dialogue in classrooms; more opportunity for students, parents, and teachers to listen to each other; more and improved parent-teacher conferences; more collegial relationships among school staff; more effective school-site planning councils; more parent workshops; more peer tutoring and counseling; more cooperative learning and team learning; more collaboration and communication among social agencies; and more effective discussions of school policy at the school and community level.

"Communities" based on voice or choice do exist to one degree or another in some public schools, but they are not the norm, especially in large school systems and large schools. Most public schools consist of people who have been brought together by abstract and impersonal student and teacher assignment policies, whose relationships with each other are defined by job descriptions, hierarchy, legal responsibilities, and traditional school roles--such as teacher and student--rather than by their membership in a community of shared purposes.

How could such "partnership" communities help to prevent the student drug culture? Alienated school-based peer cultures are not invasions from outer space; they are, to a large extent, natural reactions to the structural conditions we have created in our schools. They fill a vacuum--the need for psychological and social support. School partnership could fill this vacuum in a much healthier way.

Children enter tight peer cultures cut off from responsible adult influence because they are, in effect, abandoned by adults. Delegation means abandonment. We may meet our legal responsibility by setting up public schools and sending our children to them to be educated. But, in doing so, we are not meeting our psychological responsibilities. We may pay more for schools and youth services than any other society on earth, but if the basic relationship is delegation, a key psychological link between home and school--between child and society--is broken.

Look at it this way: We take children out of their homes and send them off to large, impersonal institutions, where they are shuttled around according to schedules and bells and treated like numbers on a chart. Is it any wonder that they cluster into peer groups, cut off from adults? They are social beings, just like adults--maybe more so during these vulnerable years. They need human community. When the school and adult community fail to provide it, they are virtually driven into communities of their own.

Another aspect of this problem is that we have increasingly defined adults' relationship to children in terms of "service delivery" rather than "caring." This is a result of the heavily institutionalized, bureaucratized, and professionalized structure of our society, with public schools by far the most pervasive instance of this structure in the lives of children. Services are something that institutions, bureaucracies, and professions can deliver to someone. Caring is something that human beings do with and for each other. Services can be controlled bureaucratically. Caring is, almost by definition, non-bureaucratic.

The service delivery mentality is inherently dehumanizing, turning students into clients who can be kept at arm's length--targets for services. When services are delivered, not just by individuals but by a bureaucracy, students, of course, begin to feel that they are being treated like numbers, dots on a bell curve, or "raw materials to be shaped" and fashioned into products to meet the various demands of life," as one of the architects of our present public school system glowingly described them earlier in the century, fitting them nicely into his image of schools as factories.¹⁰

Service delivery also tends to place students in the passive role of having services delivered to them, asking nothing of them except to sit still while the services are delivered. The students are not active agents in their own behalf. No wonder students keep reporting that the educational experience is boring, boring, boring!"¹¹

While researching *Education Through Partnership*, I became convinced that any valid model for school management had to define students as the prime workers in the enterprise, rather than the teacher--as was so often the case in the school management analyses I was studying. Although good teachers have always known this instinctively, educational management models often miss this key point because they define education as the "delivery of instructional services." In that kind of model, the teacher becomes the prime producer, and the student is relegated to being either the product or the raw material--in either case, inert, passive, and dehumanized.¹²

To disengage kids from drugs, we have to engage them in something else. Delivering services to them will never do it. Some of the most successful drug prevention programs have recognized the importance of engagement and provide recreational, community service, or entrepreneurial activities for students to "engage" in. But so long as students' daily school experience is the "boring, boring, boring" process of having instructional services delivered to them, we must expect many students to look for something more engaging, such as drugs and the drug culture.

How can we shift from a services approach to a caring approach in public schools--from a dehumanizing, passivity-producing, disengagement model to an engagement model, from a delegation model to a partnership model?

A first step is to recognize the importance of making this shift. The problem is a little like that of ensuring success for all children: many people assume that this is already our operational goal when it really isn't. Likewise, people may assume that schools are set up as caring institutions, designed to engage students, when they really aren't. Students or parents may blame teachers or school officials for uncaring, boring behavior that results from the personal motives or skills of school staff than from the relationships dictated by the structure of the system.

Public schools are set up as rationalized, bureaucratic institutions to deliver instructional services. If individual school staff members happen to be caring, engaging people (which many happily are) and they find ways to develop a caring, engaging relationship with the children in their charge (which many unhappily do not because of the institutional constraints), that is a fortunate coincidence. Nothing in the structure of the system--its hierarchical relationships, job descriptions, supervisory procedures, accountability systems, or job incentives--calls for caring or engagement. Indeed, much inhibits it. Its hyper-rationalized, bureaucratized structure is a major contributor to the dehumanization that makes so many children feel bored, alienated, and abandoned, even while society is spending \$3,000 to \$5,000 a year on their schooling.

Even recognizing all this, shifting to a partnership model may still seem like an impossible dream in schools with demoralized staffs, hostile and alienated students, apathetic and unsupportive parents, and crime-ridden communities full of unemployment and hopeless, disintegrating families. Yes, it will be difficult. It will take time and cost money, but is it more difficult or costly than trying--and failing--to educate children and keep them off drugs without making such a shift?

What has been lacking is not so much the means to make this shift, but the political will to do so. This is not what we have been trying to do. Our primary response to problems (when we respond at all) has been to add more services or to improve the delivery of services, not to change the relationships of the participants. Even potentially helpful efforts like school-site planning councils, tend to focus on improving services rather than on improving relationships. The fault is not theirs; as dictated by the structure of the system, which is a service delivery system, the school-site planning councils are usually not expected to do anything other than plan more or better services.

The school-site movement is correct in identifying the individual school as a prime arena of action, since the school already functions as a social organism, and its values and relationships will largely determine the nature of the relationships of the key participants in teaching and learning. Yet, their narrow focus on the school level alone is a mistake since both larger communities outside and smaller communities within the school also determine the values and relationships of the participants.

The level above and outside the school is crucial both to giving sanction and assistance to changed relationships within the school and to helping enlist parents, peers, and community resources that schools usually cannot reach by themselves. Many parents are fearful of the school because of their own lack of education or vulnerable position as immigrants. Many of them have been turned off by their own bad school experiences, either as students or as parents. Many more, accepting the delegation of their children's education to the school, turn a deaf ear when schools reach out to them: "Why are you bothering me; that's your job." Likewise, nonschool agencies, businesses, and students themselves are not used to having schools ask them for help. They are most likely to get engaged if there is a community-wide campaign that helps set the context, alerts people that there is an important new job to do that requires the collaborative efforts of everyone, and provides the vehicles for getting involved.

The need for such community-wide efforts is especially critical in view of today's family situations. The bad news, of course, is that there are ever more single, working, teenage, and handicapped parents. The good news is that research shows that the vast majority of them care and would like to help if they are shown how and provided with a realistic way to do so.¹³ Schools usually do not have the resources to go it alone; they need to collaborate with social agencies, churches, community organizations, and others in an overall community campaign to help our children.

Furthermore, children whose parents really can't or won't help need other supports--after-school study centers in a local church, a Big Brother program, college student mentors, a recreation or job counseling program, to name a few.

In New York, public concern about the child abuse and death of Lisa Steinberg has focused on the various responsible agencies' failure to detect that something was drastically wrong and then to communicate with each other. One commentator has suggested, as a first remedy, that "schools, hospitals, drug treatment clinics, cops, social workers--everyone who has contact with children showing signs of being abused or neglected--should talk to each other."¹⁴ We need to realize that the current increase in working parents and disintegrating families has made some degree of parental neglect the norm--happily not often to the high degree exhibited in the tragic case of Lisa Steinberg, but enough to demand collaboration among various agencies not just in cases of extreme child abuse, but for normal children, too. We need routine collaboration to respond to routine parental neglect.

Modern Western culture, especially in the United States, is one of the few cultures in the history of mankind to place so much responsibility on parents. Most human societies involve all sorts of adults, older children, and other institutions in helping younger children

grow up. We may have to recreate some of that communal responsibility if we want to survive as a human society.

The "communities" within the school are also important. A school-site planning council will not get far with anything significant without enlisting the aid of the various formal and informal subgroups within the school--the teacher, student, and parent organizations as well as teacher cliques and student peer groups. Someone caught moving against the flow of any of these subgroups will lose the struggle. If these subgroups are involved as part of a collaborative enterprise they have bought into, far more can be achieved than could ever be explained by job descriptions or organization charts.

Changing structures is difficult. People take the structures they live and work in for granted, and they find it threatening to reexamine them. Indeed, we have a considerable psychological investment in existing structures, even when they are dysfunctional. They provide us with psychological security--a map of how things are supposed to work and how people relate to one another. Giving up old structures--even mentally--means venturing into unknown territory. It is the old problem of "the devil you know."

Nevertheless, the present structure of public education is becoming so dysfunctional that people are finally beginning to see the need for structural change.¹⁵ Recognizing new educational goals can help with this. If people see educational reform merely as a return to some imagined golden past, they will see no need for structural change; however, if they perceive a need for a new goal, people will more readily accept the need for a new structure to achieve it.

Yet, recognition of a structural problem is not enough; we still need to reach a consensus on what kind of better structure to move to. People usually do not give up old structures unless they see at least the outlines of a better structure to replace the old.¹⁶

Developing such a consensus will take some time, but I believe that one may finally be developing.¹⁷ We do not need a complete blueprint to begin shifting. Some people will cling to an old model until a new one is completely designed and established and the old model is pulled out from under them, but fortunately, if the old model is sufficiently dysfunctional, more and more people will begin to experiment with new approaches until a new model takes shape--conceptualization of new models is important, but changing concepts to reality necessitates trial and error.

After the lull that followed the 1960's, such experimentation is beginning again. Although most of the reform of the past 5 years has been within the old model, some reforms are opening new paths: the revival of the alternative school movement, the increase in school volunteers, the increase in peer tutoring and cooperative learning, the movement toward smaller schools, Ted Sizer's Essential Schools, the growth of various avenues for increased voice and choice, school-business partnerships, and experimentation with school-social agency-community collaboration, as in New York State's Community School Project.

A major potential breakthrough is developing from new thinking about the teaching profession: the movement for more collegiality and professional responsibility for teachers at the school level, new collaborative models of collective bargaining, teachers' willingness to serve on planning teams with parents, citizens, and students. All of these efforts open possibilities for new models of voice, choice, and loyalty that move away from the present model and the dehumanized relationships that go with it.¹⁸

The great increase over the past 2 or 3 years in the talk about restructuring is also significant, though much of it is still ill-defined and unimplemented because it shows that the issue is on people's agenda. Perhaps even more important is an increased willingness to face up to the size of the gap between current school achievement and what we need to achieve, since that will motivate the search for new models and sustain the search through the many "errors" inherent in trial and error.

Although the details of a new model are far from worked out, there is increasing interest in creating public schools where adults and students are expected to work together to achieve shared goals in a mutually supportive, success-oriented community. It is hard to believe this wouldn't help us with the drug problem. The success orientation of the school, and the supportive community needed to achieve it, should make schools a much less fertile ground for the mutually supportive peer groups of alienated, defeated students that now provide such powerful support for the school drug culture.

Values, Intelligence, and Americanism

Partnership is not a panacea. The partnership model would provide a much more productive framework for both academic and moral education than our present model, although it does not specify, as such, the content of either moral or academic education. Much has been written in recent years about needed reforms in both these areas, but there is no space here to recapitulate these discussions. Some important aspects of both moral and academic education, however, are often overlooked under our present educational model of schooling, and these must be addressed if schools are to be successful in helping to prevent drug abuse.

Overcoming the Obstacles to Moral Education

Despite the considerable attention given to reforming moral or "values" education in recent years, many school systems have done very little about this important aspect of education. This neglect is partly due to the lack moral education in the training of teachers and administrators and, indeed, the topic's weakened position in the whole pseudo-scientific "professionalization" movement in public education over many decades.¹⁹ But it is also due in part to the fears of public school administrators and school boards that moral education would involve them in uncomfortable political entanglements--fears that are enhanced by the current educational model's expectation that school systems must make uniform educational policies for large and diverse populations.

The most obvious fears are of religious controversy. These fears clearly have some basis in view of political efforts to introduce school prayer or other religious teaching into public schools. More subtle fears derive from the general pluralism of American society--the concern that there is no way for a public school to teach values without offending one group or another.²⁰

The result is that many school systems shy away from a serious attempt to provide strong and effective moral education. They sometimes try to dodge the issue altogether, hoping it will go away--which, unfortunately, it often does, either because public leaders do not care enough about it or because they share school officials' fears of arousing controversy. Schools also try to avoid controversy by substituting various supposedly "value-free" approaches to help students develop "skills" for dealing with moral issues. If well implemented, these efforts can be useful, but they are no substitute for a strong moral "ethos" for a school and sometimes ironically generate their own kind of controversy when parents conclude that they are actually not value-free; but rather promote a kind of "all-values-are-equal" relativism.²¹

These problems are as much political as pedagogical, and any community must overcome them if its schools are to deal effectively with the drug problem (or any number of other moral and behavioral problems).

The first step is to achieve consensus on the importance of moral education. Clearly, undertaking effective moral education in a public school system involves overcoming various difficulties and obstacles, which can only be overcome if the community develops a strong consensus that it is worth the trouble to work through these problems.

Such a consensus should be possible once the issue is seriously addressed. Moral education is clearly essential in any human society, since the human child must learn a large percentage of appropriate behavior. But it is particularly important in a free society, where people have to learn to govern their own behavior, instead of having it governed for them. It should also be clear by now that there is no way for a school to be morally neutral. Schools teach values whether they want to or not; so the issue is not whether to teach values, but what values to teach and how to teach them.

The task is admittedly more complicated in a pluralistic than in a homogeneous society, but if the difficulty is greater, so is the need for moral education that will enable a diverse population to live and work in harmony. Pluralism is a reason for moral education, not against it.

Once sufficient political will is developed regarding the need for moral education, the various shoals of religion and diverse community values can be overcome, so long as they are respected as real political and legal problems that require careful and creative thinking, discussion, and leadership. As mentioned above, once people start to communicate with each other, they usually find that--despite their differences of religion, race, class, or cultural background--they share more values than they realized. This core of common values can be the basis for a strong school program.²²

Governor Kean of New Jersey is now trying to build this type of consensus on a statewide basis and has called together a panel of leaders from business, education, government, and religious groups to define "a common core of enduring values that all New Jerseyans believe should be promoted." Once identified, his intention is to use this common core to "put a little more moral fiber in our children's educational diet."²³ How successful this statewide effort will be remains to be seen, but the same kind of effort is needed at the community and school level because people must have a sense of ownership in any such value statement if it is to be effective.

Once the political obstacles to moral education are overcome, there are many effective ways to provide moral education, both in the regular curriculum and in the "hidden curriculum" of the school.²⁴ A shift to a school-based partnership model will facilitate the development of what will work best in a particular school.

Re-creating a Concept of "Childhood"

Even with a will to provide a strong moral education, efforts are likely to founder unless a community deals constructively with a fundamental problem--the erosion of adult authority.

In the "good old days," children supposedly could be told what they could or could not do and would obey. This myth had more potency in the past--directions from adults had legitimacy even if they were not universally obeyed. Now, even officially designated "authority figures," such as school staff, cannot command obedience. Of course, the problem is worse in schools where there is alienation between school, community, and children.

What can be done about this? Mostly, what we do now is a lot of hand-wringing and blame-placing. Conservatives blame liberals for having destroyed the moral fiber of our youth, and liberals blame conservatives for creating authoritarian institutions that drive kids into rebellion and fail to prepare them for responsible, autonomous adulthood.

I suggest more fruitful ways of addressing the problem. First, we must recognize that some objective conditions--which cannot be attributed to misguided liberals or conservatives--have contributed to the childhood drug problem. We are, and have been, in a period of profound technological, social, economic, and political change in which the authority of adults has been inherently weakened. The adult community demonstrates confusion over what is right and wrong because values are changing, and this confusion cannot be hidden from children. Under these circumstances, adults cannot speak with the same "authority," no matter how desirable such authority may be.

Another objective condition is our pluralistic society; American adults have many different values and behavior patterns. In all human societies, children learn from many people, not just from their parents. However, a pluralistic society does not provide clear, consistent signals, which makes moral learning and authority inherently more difficult.

These objective conditions are not cause for giving up. Instead, they point to a need to come to some agreement about "childhood"--that is, to develop a new consensus on what it means to be a "child" and how this relates to moral teaching and behavioral authority. Such a consensus will require adults to "get their act together" in ways that go beyond our current reliance on formal governmental and institutional relationships to take care of our children's education. The New Jersey project mentioned above is an effort in this direction, though at best a mere beginning of recognizing this problem.

Perhaps our society is ready for a synthesis of the liberal and conservative positions on childhood and authority: if liberals would agree that children should be subject to the control of adults, even while they are learning to become responsible and autonomous; conservatives would agree that children have to be given more freedom to learn how to become responsible and autonomous, even while they remain under the control of adults. Such a synthesis would provide an opportunity for consensus on effective moral education. The position that children can't learn to be responsible unless they make all decisions for themselves is just as wrong as the position that any degree of freedom for children will lead to perdition.

Recently, a study on young people not going to college found that "large corporate employers tend to hire young workers in their early to mid-20's for entry-level jobs. The employers reason that young people just out of high school are 'not responsible' or 'not ready to settle down yet.'²⁵ In other words, they are still acting like children, even though they are of adult age. Perhaps if children were treated more like children when they are children, they would act more like adults when they're adults.

Perhaps the crisis over childhood drug use can serve as the occasion for forging such a new consensus about the legitimacy of adult authority. Confused as they may be about many things, adults can see much more clearly than children the disastrous, and sometimes irreversible, harm that can come from drug use--one justification for unequivocal adult authority as opposed to youthful autonomy or experimentation. This does not mean that young people should not be involved in campaigns against drug use--as they have been very successfully, for instance, in the case of drunk driving--only that there is also a legitimate place for clear adult authority.

Expecting agreement along these lines with so many passionate advocates on all sides of the issue may be optimistic, but the noise made by advocates in polarized situations misleading. Often, many moderate voices who have been drowned out (in part because the media do not see their moderate positions as newsworthy) would welcome such a consensus.

It would also help, of course, if all children could sense that society cares about them and cares for them in ensuring that all of them get the kind of health care and education needed to grow up whole.

One aspect of the "childhood" question that needs special attention is the tendency of schools to treat students as individuals rather than as members of social groups, even though children have begun to function as social beings long before they arrive at school.

The teacher may deliver instruction to a group, but each student is expected to learn individually--again, part of the winners and losers game. Students helping each other is almost viewed as cheating. Some of this may come from a misapplication of individualistic values, but some of it comes also from the current service delivery model of education, in which children are gathered in groups for efficiency of delivery, without consideration of how they might most effectively engage in the learning process.

One of the great merits of the cooperative and teams learning approaches is their recognition of the power of combining social and educational engagement. When students encourage and help each other, a whole new dynamic develops that not only greatly increases the efficiency of teaching and learning, but also engages the child socially.²⁶ Only this kind of partnership can compete with the powerful social attraction of a student drug culture.

Furthermore, such a partnership environment should provide a favorable climate not just for telling students about drugs and their dangers and enforcing antidrug regulations, but also for enlisting the help of the students themselves in preventing drug use and abuse among their peers. If students can help each other learn geometry through peer tutoring and cooperative learning, they can help each other stay away from mind-boggling drugs. And, in fact, experience seems to show that the most successful drug prevention programs are peer-based and, sometimes, peer-run. These efforts can be even more powerful when they are part of a school environment that says "we are all working together to ensure the educational success of all of us"--in other words, not just a negative program to stop drugs but a positive program to accomplish a commonly shared goal.

Avoiding Mixed Messages About Drugs

Even with greater agreement about childhood, adult authority, and the social nature of learning, we have to be careful about mixed messages. Although there is widespread agreement in the adult community about the undesirability of children's use of dangerous drugs, we tend to confuse information about drugs, or values we wish children to develop about them, and directives we expect to be obeyed. All three types of message are necessary and appropriate, but they are often muddled together in ways that may dilute their impact.

The Department of Education's *Schools Without Drugs*, a publication with many good suggestions, recommends that schools teach that drug use is "wrong," "harmful," and "will not be tolerated." These are three quite different messages. Each of them has its own problems of effective communication, and unless they are disentangled, they are likely to get confused. Let's look at them in reverse order.

The "will not be tolerated" concept should be clear enough. But schools do not deliver it clearly. The message is either muted to begin with or confused with requests for responsible behavior, solicitations for "concern for your own future," information about drugs, statements regarding their "danger." Even if the wording of the message is

unequivocal, the real message received by the students may be that drug use will be tolerated because, in fact, it is tolerated, despite the verbal messages.

The "will not be tolerated" message, even if propounded as a unequivocal regulation, is often equivocal and ineffective in terms of helping children develop desired values about drug use. To the extent that an effective regulation reduces or eliminates drug use at school it is all to the good, since it reduces the opportunities for children to get into drugs. But its effect on values is problematical and depends largely on the context within which it operates. If it is part of a comprehensive and effective antidrug program, it can probably reinforce other components of the program that convince students not to use drugs. But if it is not part of such a program, such a regulation might have little educational effect—even if effectively enforced—and might even have perverse educational effects on some students.

For one thing, the "will not be tolerated" message usually applies only on the school grounds and at school functions since this is the limited jurisdiction of the school. And if drug use can't take place at school and the conditions for it are ripe, it will certainly take place outside of school hours, with much the same devastating effect. In other words, because of the limited jurisdiction of the school, "drugs won't be tolerated" can end up meaning "do not do it here," and for some students, that is almost an invitation to do it elsewhere. Since, under the current delegation model, schools often do not work in concert with families and other social institutions, children can easily comply with a "won't be tolerated" message in school and still fall prey to drugs. This, of course, does not mean that drugs should be tolerated at school, only that the message is of limited educational value by itself.

Furthermore, even a clear "do not do it here" message, especially if poorly enforced, can be a goad to adventurous, macho, rebellious, peer-encouraged, or attention-getting drug use in school. The extent to which this occurs probably has a lot to do with the mixed messages of other components of the program as they relate to today's children.²⁷

The "harmful" message serves quite a different function, purportedly involving factual, cognitive learning which it is hoping students will, hopefully, take into account in deciding "responsibly" not to use drugs. Actually, however, the "harmful" message is a mixture of factual and judgmental messages, as can be seen more clearly in its close cousin, "drugs are dangerous." Up to a point, children are admired for doing things that are dangerous, which a natural part of the testing process of growing up. The question of whether a child will agree that something is too dangerous to undertake may depend a good deal on the context and who delivers the message. Furthermore, if these fact/judgment messages are delivered in a context that is trying to encourage informed, responsible behavior, they may unintentionally undercut the "not tolerated" message. The subliminal message for some children can be: it is up to you to decide.

The "drug use is wrong" message is presumably intended to counteract this effect. "Wrong," however, obviously involves moral judgments, and we have seen that many school systems have not worked out effective approaches to moral education. For many children, "bad" means "good." This is not just a cute little word game young people like to play, but

the reflection of a profound breakdown of the moral authority of adults. Children in America today learn what is "good" and "bad" largely from peers, older children, and some specific adults identified with the youth culture, which is often also a counter-culture, that is, "counter" to mainstream adult values. Since this "good" is often the direct opposite of what parents, school officials, and other authority figures say is good, it is renamed "bad"; conversely, bad equals good.

What starts out as a seemingly straightforward intention to "teach" children that drugs are "harmful," "wrong," and won't be tolerated," can thus end up a quite a muddle of directive, information, and moral judgment—all delivered in a context of adult-child relations in which it is easy to see why children often do not get the message.

Part of the solution is to make clearer to children that these are, indeed, different messages, each with its own legitimacy and function. Another part of the solution is to recognize that, being different, each of these messages may have to be transmitted in a different way and perhaps by different people if they are to be effective. Yet another part of the solution is to help children integrate these different messages into their own growing intellectual as well as moral development since all three messages, although different, should have a unified impact.

Using Intelligence to Counter Drug Abuse

Drug use is stupid, as well as wrong and harmful. Should the development of intelligence, therefore, help prevent it?

Yes. The matter is not so simple, however, as can be seen from the number of otherwise intelligent people who abuse drugs—mostly alcohol in older generations; all kinds of drugs in younger ones. Yet, the questions still remains: should the development of intelligence not help people to be less stupid about the use of drugs? If so, which aspects of intellectual development tend to have this effect, and can these aspects be enhanced?

We have made a mistake in separating cognitive and affective education, moral and academic education, and values and intelligence. In the human mind, values are shaped by intelligence; and intelligence, as it becomes built into the human personality, can function like a value. Despite Hume's assertion that "reason is the slave of the passions," reason can also help to mold passions, so that, as one learns the value of intelligent living, what were once passions can seem no longer desirable.²⁹

The ancient Greeks seem to have understood this better than we moderns. We have so focused on intelligence as an instrument for helping us get what we want that we have neglected to see its value in helping us decide what we want. As a result, we tend to develop intelligence as a tool and not as a value. The love of truth has a quaint ring to it these days, not seeming to describe what we are trying to instill in our pragmatic pursuit of skills and competencies. Yet the Greeks saw Truth, Goodness, and Beauty as united, and education—or the development of Virtue—as a way to help a person learn to seek all three together.

How does this relate to drugs? There are at least two types of stupidity involved in drug abuse: (1) lack of information, and (2) failure to use information intelligently. Lack of information about drugs seems to be the less problematic of the two.³⁰

True, some children, particularly younger ones, take drugs whose dangers they do not understand. Sometimes, they do not even know what drug they are taking. Sometimes, children do not listen to information they are given about drugs, just as they often do not listen to the wonderful lessons we deliver to them about history or quadratic equations. The cure for this kind of stupidity, presumably, is to find more effective ways to make sure the information gets across. Unfortunately, however, the bigger problem seems to be the more complicated kind of stupidity. Many children, like adults, have received the information that a drug is dangerous but use it anyway. We can say this behavior is stupid, but whether and how the development of intelligence in schools can help to correct this kind of stupidity is far from clear.

In the first place, drug use may not seem stupid to the child, who may know the drug is dangerous but have such a strong desire to escape from some psychological hurt, or perhaps to win approval of his peers, that he uses his intelligence to weigh the risks and come out in favor of taking the drug. Possibly, the child may want to do something dangerous. Just because the child comes out with the wrong answer is no indication that he or she has limited intellectual powers.

In other words, to the extent that we develop intelligence as an instrument--as a means to achieve our ends--it may actually facilitate drug use in many cases. As we have seen, the same child who is acting so stupidly in taking drugs may be outwitting a whole brigade of intelligent adults who are trying to devise strategies to stop him. Intelligence, thought of as an instrument, is value-free and can be used either to avoid drugs or to take them, depending on what the child wants to do--which throws us back, then, into questions of value and authority.

But that is not the end of the story for the possible role of intelligence in preventing drug abuse. Intelligence can be a value as well as an instrument. Schools can develop a love of learning and a love of truth in children--even quite young children--and these values can displace other passions. And, schools can help children develop a habit of reflective thoughtfulness. As they learn to seek what is true, they will also develop a sense of what is right and beautiful. They can learn to order their values in ways that can make impulsive and self-destructive drug-taking seem repulsive rather than attractive.

The love of learning and truth is not the only passion that can counter the attractions of drugs. For some kids, it can be the love of sports, religion, their girlfriends, or their parents. But developing a love of learning is the peculiar responsibility of the school. The school can induct children into a value system in which seeking what is right can become an overriding passion, and the pollution and perversion of drug abuse will seem abhorrent.

This claim may seem a little unrealistic when laid against the reality of some of today's schools--particularly drug-drenched, inner-city schools where even minimal skills

seem a distant dream for many children--but this is what education is, or should be, all about. To deny this kind of education to children of whatever background not only denies them the levels of academic achievement they need for today's world, but denies them a value system that can help them turn aside the appeal of drugs.

Someone should look and see whether inner city-schools that have implemented Mortimer Adler's Paideia approach or Ted Sizer's Essential School model--or any other effort at real learning, rather than just skills development--have a lower incidence of drug use. I bet they do. The intellectual values of such programs would not be the only element that might help reduce drug use since such programs usually also have other elements of partnership as well, but they should help--especially in view of the other drug-inducing forces at work in American culture.

Seeing the Drug Culture for What It Is

The drug epidemic is so horrifying--tens of thousands of people laying waste to their own lives and lives around them--that one's first reaction is to see it as something totally alien, as if some strange disease had invaded from outer space (or at least from a foreign country) to infect our people and drive them into such irrational, aberrational, and self-destructive behavior.

The more one looks at it, however, the more one sees that, in many respects, drug use reflects perfectly normal human reactions to the conditions confronting its victims, and furthermore, reactions that may be quintessentially American.

The normal human reactions have been much analyzed: the escape from frustration, failure, and low self-esteem; the desire for peer approval; the attraction of quick pleasure in otherwise unsatisfying lives. These factors have enticed people into drugs all over the world, throughout history, and in all sorts of different cultures. Considerable discussion has also identified special aspects of current American culture that enhance drug use: its hedonism, its infantile emphasis on instant gratification, its over-reliance on drugs for "health," and others. What impresses me, however, is not only the normality of drug use, but the degree to which it may receive additional support from traditional American values that we usually think of as "good."

First of all, drug use is adventurous, and Americans want to be adventurous. For generations, Americans were brought up on "The Adventures of . . ." this or that folk hero, and today's media reinforce the tradition, with the truly incredible (but enticing) adventures of superspies, daring criminals, and space travelers. Drugs fit right in. They are an adventure. Furthermore, they are a democratic adventure. They are available to everyone, right in the neighborhood. You can take this exciting trip without being a millionaire.

Related to adventure is the value placed on freedom. America is "the land of the free," and drugs mean freedom to many young people. Drugs provide instant freedom, even though they lead to total slavery. Taking them, first of all, is a declaration of

independence from the authority of adults and society, and once taken, part of the euphoria is the sense of "freedom" they provide.

America is also the "home of the brave." Nobody wants to be "chicken." It is dangerous? So much the better. Even girls do not want to be sissies any more. Drugs again fit right in. The danger is part of the allure, particularly for young people, who want to show how brave they are and think they will live forever.

Americans, despite their great love for freedom and independence, also love their sociability. Note the beer drinkers in the TV ads: They never drink alone; they are always in happy groups socializing after an exciting day on the slopes or a hard day on the docks. We like to socialize in our dangerous and brave adventures.

In fact, one could argue that our greater emphasis on freedom makes our need for sociability all the stronger. De Tocqueville noticed this seeming contradiction in Americans: They proclaim their independence loudly but are always found in groups. Yet, not the groups that are provided primarily by family, tradition, and established church, as in old, established societies, but groups of their own choosing and invention, groups of all kinds and descriptions--political, recreational, social, cultural, philanthropic. Even religious grouping is characterized by the same style of sociability: you need not stay in the church provided by family or tradition; if you do not like the church you're in, join another, or find some like-minded friends and form your own church.

In short, we have a style of sociability that fits with our love of freedom, independence, and adventure--and also supports our drug culture. If our group does different things and has different values from the rest of society, what business is it of anyone else? That it is "our" thing, not just "my" thing, makes it all the more robust and immune to outside corrective pressures. The youth groups we so much deplore and worry about are only aping classic American culture.

Lastly, our drug culture owes a lot to America's economic values. Drug culture is not merely an expression of adventure, freedom, and sociability; it is also powerfully driven by an entrepreneurial spirit. A large portion of young people involve themselves with drugs not just as buyers, but also sellers, driven by materialistic incentives. A drug habit creates a need for raising more money; a need for more customers means luring more and more people into drugs--hence, the rapid spread of drug use once it begins in any community. Economic incentives, so much in accord with what our culture teaches kids is "good," perpetuate the drug economy.

Where are we led by these thoughts about how "American" our drug problem is? For one thing, they should lead us to appreciate the complexity of the problem: the "bads" of drug abuse are tangled up with many "goods" of American society, and it is easy to see how many children can go astray--especially if they are left on their own to figure out how to translate the culture they see around them into a lifestyle for themselves. They should also reinforce the need for much more adults effort in addressing the problems mentioned above--more effort in refashioning what we mean by learning, values, and childhood and in creating nurturing communities that can help children negotiate the value traps in

American culture. Finally, they should lead us to recognize that the problem goes far beyond the school and that its resolution requires something more like a total community campaign, rather than just school reform.

Summary

"The specter of drugs is haunting the Americans," warns a lead editorial in the *New York Times*, which urges an all-out war against the "evil empire" of international drug cartels, smuggling rings, and corrupt foreign potentates.¹

Education seems a feeble weapon in such a war. Yet, in referring, almost in passing, to the "ever-growing demand in the United States," the *Times* editorial identifies the essential role education must play if we are to have any chance of winning this war. I do not know how to stop the supply of drugs. One thing is sure, however: Whatever is done to stop present sources of supply, others will grow up to meet the demand. It is too powerful and profitable and will overwhelm whatever forces any war can array against suppliers.

Yet, we must reduce the demand for drugs or the war will surely be lost. In light of this imperative, we have to look honestly at what our public schools are actually doing with regard to drugs--not just what they intend to do or what some of their better drug prevention programs do on a small scale. What they actually do, by the way they now operate, is both to push children into drugs through massive, preventable school failure and alienation and to pull them into drugs through school-based drug culture--all of this on a vast scale, in thousands of schools all across the country.

Of course, these school-related factors are not the only forces helping to generate the huge demand for drugs in our society; however, they are forces for which we are politically responsible. We have created these forces through public action, by the way we have structured public education, and we are responsible for the results, whether we intend them or not.

Drug education, which has been our main response to this situation up until now, is useful when properly done and should be strengthened and improved. But it is a feeble weapon, at best, when arrayed against the forces that confront us. The "big gun" that must be brought to bear in the battle if we are to have any chance of winning must be to build success-oriented schools capable of helping all our youngsters develop the competence and self-confidence they need to survive in today's world. This can only be done through a restructured educational system, with much more productive relationships among those working inside the schools and a much more powerful partnership between the school, home, and community than is now possible in our present mode of public schooling.

I luckily for our chances of winning such a war, we currently have an opportunity to gain powerful allies for making these changes in public education because these same changes are needed for another war our society now needs to fight--the war against ignorance.

If the school changes needed to produce higher levels of educational achievement now needed were contradictory to, or even different from, the changes needed to fight drugs, we would have much less chance of winning. Both "wars" are of great urgency and must be fought simultaneously, and if the two campaigns were in conflict or in competition for the same scarce resources and public attention, both campaigns would suffer. But they happily coincide and can reinforce each other. We must take advantage of that coincidence and potential for reinforcement.

The reinforcement can be of two kinds. The first is political. If those interested in creating success-oriented, partnership education could join forces with those interested in the war against drugs, they would make a formidable coalition. There is some overlap between these two groups, in any case, but because organizations tend to focus on one or the other cause, their conscious political alliance to fight a common campaign for a new kind of educational system would be a formidable force to contend with legislators and boards of education.

Second, these campaigns can reinforce each other at the school level. Everything in a school that helps make school more successful and less alienating for all students will help reduce the demand for drugs and the power of the school drug culture. And everything that can be done to reduce drug use and the school drug culture will help make schools more successful and less alienating.

Because of bureaucracy-bred specialization, the staffs working on these two causes are often separate--and sometimes even competing--and all too often, neither of them works enough with parents, peers, and the community. But, looked at from the perspective of this analysis, all these forces should be working together for a common cause--success for every child, and a collaborative, supportive human "community" to achieve that success--a new recognition of "childhood" that says that adults cannot abdicate their responsibilities for helping children grow up safe, competent, and self-confident, even while they recognize that, in a free society, children have to learn to become responsible adults by assuming increasing responsibility for their own conduct.

This may sound a little heady, and it begins to sound like George Counts' famous question in the 1930's: *Dare the School Build a New Social Order?*³¹ The 1980's are not the 1930's, and Counts' vision is not the same as the one now taking shape. The answer to Counts' question in the thirties and the decades that followed has mostly been, "No, the schools dare not even try to help build a new social order." There has not been a political will to build either different kinds of schools or a different kind of society. We are now confronted with two crises that are forcing us to reconsider this answer. And, while it is clear that much more than the school must be involved in any such transformation, working on the school problem can play an important role in making changes in the larger society because only by developing a political will in the larger communities surrounding the schools can we change education. Indeed, it is becoming clearer that if schools fail to become part of the solution, they will without a doubt remain a large part of the problem.

Yes, in the end, changing our educational system will mean some significant changes in American society--in long-held habits and attitudes, in deeply entrenched institutions,

and in values that have been American hallmarks. If that seems like a tall order, my only answer is I know of no other way to win either of our two wars--against ignorance or against drugs. Sometimes wars change societies for the worse. These two wars, especially if fought together as a joint campaign, could go a long way toward changing American society for the better.

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Notes

- ¹See, for instance: L. A. Cremin. (1961). *Transformation of the school*. New York: Knopf; D. B. Tyack. (1974). *The one best system*. Cambridge, MA: Harvard University Press; S. A. Bowles & H. Gintis. (1976). *Schooling in capitalist America*. New York: Basic Books; M. B. Katz. (1968). *The irony of early school reform*. Cambridge, MA: Harvard University Press; M. B. Katz. (1975). *Class bureaucracy and schools*. (Second Edition). New York: Praeger Publishers; D. Nasaw. (1979). *Schooled to order: A social history of public schooling in the United States*. New York: Oxford University Press.
- ²*New York Times*. (January 14, 1988). B1. See also (1988, January 16). [Editorial]; also (1988, January 27). B8.
- ³*USA Today*. (1987, December 7). D1.
- ⁴*New York Times*. (1988, April 26). A23. See also A. Shanker. (1988, March 6). Where we stand. [Paid advertisement]; *New York Times*, E7; *New York Times* (1988, May 29). E7.
- ⁵W. Glasser. (1969). *Schools without failure*. New York: Harper & Row.
- ⁶Regarding a responsible scholar's questioning whether schools perhaps are a mistake, see S. B. Sarason. (1983). *Schooling in America: Scapegoat and salvation*. New York: The Free Press.
- ⁷D. S. Seeley. (1981). *Education through partnership*. Cambridge, MA: Ballinger Publishing Company. See also D. S. Seeley. (1988, February). A new vision for public education, *Youth policy*. 34-36; (1987). *Toward a new system of accountability*. (IRE Report, 13). Boston, MA: Institute for Responsive Education; Is a new dawn breaking: (1987, May). Status report on school reform. *Youth policy*. p. 9-11; (1986, September). Partnership's time has come. *Educational leadership*, 44, 82-85; Education, dependence, and poverty. (1986, June). *American family*, 1-3; Seymour Sarason and the problem of school change. (1985). *Harvard educational review*, 55, 253-342; Rethinking the schools' human equation. (1986, January 15). *Education week*, 32; Education and the dilemmas of school reform. (1984, February). *Phi delta kappan*, 383-388.
- ⁸T. J. Peters & R. H. Waterman, Jr. (1982). *In search of excellence*. New York: Harper & Row.
- ⁹For pros and cons of voucher concept, see Seeley. *Education through partnership*. (Chapter 14)
- ¹⁰E. P. Cubberley. (1916). *Public school administration: A statement of the fundamental principles underlying the organization and administration of public education*. Boston: Houghton Mifflin. p. 337-338.

- 11A. Shanker. (1988, February 14). Where we stand. [Paid advertisement]. *New York Times*, E7.
- 12D. S. Seeley. (1976, October). Productivity in New York City's schools: Fiscal reality and educational quality. *City Almanac*, 2, 3, 9. Also see D. S. Seeley. (1980, February 13). The bankruptcy of service delivery. [Talk delivered before The Foundation Lunch Group: Panel on Children]. The Edwin Gould Foundation for Children. p. 7.
- 13J. L. Epstein. (1984). Single parents and the schools: The effect of marital status on parent and teacher evaluation. (Report 353). The Johns Hopkins University Center for social Organization of Schools.
- 14N. Hentoff. Will Lisa Steinberg have made a difference? What needs to be done? *Village voice*, 25,26.
- 15See, for instance, D. Kearns. (1988, April). An educational recovery plan for America. *Phi delta kappan*, 565-570. See also C. Piphoo. (1986, November 26). Restructuring the schools: States take on the challenge. *Education week*, 19; also *Educational leadership*. (1988, February).
- 16T. S. Kuhn. (1970). *The structures of scientific revolutions*. (Second Edition). Chicago: University of Chicago Press. p. 67-68, 144.
- 17D. S. Seeley. Is a new dawn breaking? (1977, May). *Youth policy*, 9-11.
- 18Carnegie Forum on Education and the Economy, Task Force on Teaching as a Profession. (1986). *A nation prepared: Teachers for the 21st century*. Washington, D. C.: The Forum. See also *New York state commissioner's task force on the teaching profession*. (1988). Albany, New York: State Education Department.
- 19For more discussion on this point, see also D. S. Seeley. *Education through partnership*, 17.
- 20For more discussion of this, see H. Tyson-Bernstein. (1987, Fall). The values vacuum. *American educator*. p. 14-21. See also D. S. Seeley. (1987, September 11). Values education: Common sense and bugaboos. Talk at the meeting of American Jewish Committee. Education Policy Task Force. Costa Mesa, CA. [Unpublished].
- 21See, for instance, M. Eger. (1981, April). The conflict in moral education: An informal case study. *The Public interest*. Also, D. S. Seeley. (1970, July 18). Moral fiber and all that. *Saturday review*.
- 22See, for instance, American federation of teachers. (1987). The education excellence network. Freedom house, The education for democracy project. *Education for democracy*. Washington, DC: American Federation of Teachers.

²³*Education week*. (1988, January 27). 10.

²⁴*Education leadership*. (1988, March).

²⁵The William T. Grant foundation commission of work, family and citizenship. (1988, January 27). *The forgotten half: Non-college youth in America*. Washington, D. C.: The Commission. p. 26. See also *Education week*. p. 20.

²⁶R. E. Slavin. (1983). *Cooperative learning*. New York: Longman. See also R. Brandt. (1988, March). On students' needs and team learning: A conversation with W. Glaser. *Educational leadership*. 38-45; L. B. Resnick. (1987, December). Learning in school and out. *Educational researcher*. 13-20.

There is much evidence of the efficacy of peer involvement in drug prevention programs; for summaries see, for instance, the U. S. Department of Health and Human Services. (1987). *Alcohol and health*. 98-99; see also N. S. Jobler. Meta-analysis of 143 adolescent drug prevention programs: Quantitative outcome results of program participants compared to a control or comparison group. (1986, Fall). *Journal of Drug Issues*. 537-567.

²⁷J. Comer. (1980). *School power*. New York: Free Press

²⁸B. Blanshard. (1961). *Reason and goodness*. London: Allen & Unwin. p. 30-43, 351-359, 424, 427.

²⁹U. S. Department of Education and the U. S. Department of Health and Human Services. (October 1987). *Report to Congress and the White House on the nature and effectiveness of federal, state, and local drug prevention/education programs*. See also P. M. Boffey. (1988, April 12). Key drug problem: The user, not the seller. *New York Times*. 1.

³⁰*New York Times*. (1988, February 20). 26.

³¹G. Counts. (1932). *Dare the school build a new social order?* New York: John Day.

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DRUGS AND CHILDREN

By

Benjamin J. Stein

Start with the obvious: young Americans use drugs for a reason. The 10-year-old who smokes a joint of PCP on his way home from elementary school does not do so by accident. The 15-year-old who regularly lights up a Hawaiian fatty between classes does not do so by random chance. The 20-year-old college girl who spends her whole allowance on cocaine instead of books is not doing it "by mistake." The 18-year-old construction worker who pops amyl nitrite on his lunch hour is not doing it because someone came along and put it in his Vicks inhaler as a trick.

Humans--the young, the middle-aged, and the elderly--do things for reasons. Their reasons may be mistaken and severely self-destructive, as drug use almost always is. Nevertheless, boys and girls want to take drugs for a reason.

Campaigns against drug use sometimes fail to take this basic fact into account. Drug use is not the same as a craze for fluorescent hula hoops or prematurely wrinkled leather aviator jackets. Drug use by children has powerful motivations.

Consider the pressures that weigh upon American youth. Approximately one in four 14-year-olds live with a single parent who shoulders the incredibly time-consuming and anxiety-provoking responsibility of single parenthood each day. Earning a living while also taking care of a house and children places huge burdens on even the healthiest ego. Inevitably, children of a single parent sense the anxiety and weariness of the parent. In sharing feelings is a fundamental human mechanism; children absorb the fears and anxieties of their parents through osmosis.

In addition, the child of the single parent almost always feels the unpleasant sting of poverty. In America, single parents who can achieve middle-class status, let alone affluence, are rare. Being deprived of life's necessities, and even life's luxuries (in a materialistic society such as ours), causes psychic pain, another source of anxiety. The pain occurs about five times as often in single-parent families as in two parent families. The combined stresses of having only one parent the psychic pain of deprivation reinforce feelings of anxiety, loneliness, and anger.

The child of a two-parent family experiences a different, but equally affecting, set of stresses. That child is likely, in today's status-seeking world, to have parents who both work. In addition, the child may have grown up in a day-care structure of child nurture. That means that from an early age, the child has grown up without an adult on hand to hear his or her cries and needs. From a tender age, the child has grown up on his or her own, so to say, and to be on one's own at any age is difficult. From my observations,

growing up without a parent at home inevitably provokes fears and creates a structure of anxiety within a child's mind.

Or, imagine the ghetto child whose life is in a state of chaos from day one. If life is difficult for the child of working parents who returns home to an empty house after sixth period, how much more so for the child who feels lucky to arrive at home alive? If life in 18th century England was "nasty, mean, brutish and short..." as Thomas Hobbes so aptly remarked, what is life like in Compton or East Los Angeles, where an average of one gang-related murder occurs every single day? What is life like for a young person who grows up in a milieu devoid of constant relationships; where death and mutilation are commonplace, dealt at random from passing cars and the rooftops of the projects; where fresh, nourishing food in the refrigerator is a rarity; where a different man may be present in the house every week, often with malicious, violent intent towards the world in general and the child in particular? The levels of stress and anxiety experienced by the child of the ghetto, or anything like the ghetto, must be unbearable.

The scene of modern American youth is a sweeping vista of anxiety. Whatever their particular familial or financial situation, American children share a common denominator: anxiety on a scale that is difficult for them to handle. This perception is not unfounded. Survey data indicate a rapid decline in self-esteem among young American males since the mid-1960's. Data from tests that measure social deviance in adolescents, on the other hand, indicate a steady yearly increase in scores. Further, child psychiatrists describe a "tidal wave" of anxiety on the part of young Americans, including those who are financially well off.

Of course, a statistician or an economist might analyze the scene and find no objective, causal factors to support no objective cause the perception of youth anxiety. Rather, such an analysis would point to a number of positive factors that would seem to preclude youth anxiety: real per capita income is rising decade by decade, despite some slight fluctuation around the mean; the number of Americans in poverty is not falling, but neither does it hold steady; per capita education expenditures, even when adjusted for inflation, are dramatically higher each year; and the Federal feeding program has virtually extinguished real hunger among American youth. In other words, there is no material reason for an epidemic of anxiety among American youth.

However, this putative analysis misses several basic points. First, while the overall economic pie is large and tasty, the demographics of the slices have changed. Poverty is no longer primarily a Southern, rural, nonwhite phenomenon or a phenomenon of age. Instead, poverty is now most closely correlated with single parenthood, which means poor parents and also poor children. A dramatically larger number of children--both as an absolute number and a percentage--now live in poverty as compared to the number 25 years ago. Although extremely rare in two parent families, poverty has become standard in single-parent households--and these households often have many children.

Second, the growing material wealth of society does not always translate into psychic comfort for young people; real poverty however, almost always translates into psychic discomfort, that is, money is a necessary, although insufficient, condition for peace of mind

in many households. A family that enjoys middle-class status because both parents are always hard at work and, thus, absent when Junior comes home from school is not necessarily a forum for childhood happiness and stability either getting gifts from parents, as we say, is not the same as getting a parent.

Finally, youth anxiety is not a function of how much children are given, but of how they are raised. Children are undoubtedly living in a more affluent society, overall, than they were 30 years ago. However, this is also a society that positively twitches under a spastic, structureless, valueless stroke of materialism and absence of values--and children pick that up. Children are growing up in an America that has lost much of its moral compass and value system at every age level, with devastating effects.

In the past, young Americans typically grew up without material comforts. As recently as the end of the First World War, most American families did not have indoor plumbing, and two-car families were a rarity. Yet, young Americans did grow up in a society that had strong moral standards. These compensated for the absence of color TV's, and then some. That is, a child suffering from what we would now consider material privation would have had the comfort of a two-parent family, a mother at home, a stable community, and often an extended family to provide additional attention, as well as a religious layer of value ordination.

By way of example, consider the life of one of our major Presidential contenders, Jesse Louis Jackson. He was born out of wedlock, although his mother married soon after his birth. Often poor, his family lacked the comforts of indoor plumbing, money enough to exchange presents at Christmas, even a television set. More affecting, however, was the humiliation of being subject to compulsory racial segregation of public and private facilities, schools, churches, and recreation fields. It was legal for Jackson to cut the grass at the municipal park in Greenville, South Carolina, but he could have been arrested for throwing a football there.

However, Jackson also had, in his own words, a "love triangle" that made up for the poverty. He had his own family--including a grandmother, cousins, half-brothers and sisters--and a mother who spent every spare moment with her son. He had a school where the parents and teachers met regularly, where teachers prided themselves on teaching not only geography, but also right and wrong. Finally, he had the Church which offered constant moral guidance in teaching children to recognize where they stood in terms of right and wrong. If they stood on the side of what the Springfield Road Baptist Church told them was right and Godly, they were praised, adored, and given peace of mind.

The example of black children growing up in the 1940's and 1950's is somewhat stark. Yet, until fairly recently, acknowledged standards of right and wrong for young people cut across the social and racial span of America. Young people could learn what was expected of them from precept and example. If they lived up to these expectations, then they could expect praise, gratitude, and the psychic correlates of serenity. Just from looking at the world around them, young Americans could tell how they should act and expect reward or sanction depending upon how they behaved.

Sometime in the 1960's, approximately coincident with the appearance of a flood of books that criticized a strict system of standards, a more confused, relative universe began to appear. Books like *Growing Up Absurd* (Paul Goodman), *The Making of the Counter-Culture* (Theodore Roszak), and *The Greening of America* by (Charles Reich) told Americans that the world of clear-cut good and evil was turning youth into automatons, robots, and corporation clones. Movies and television shows made the same point; compare, for example, the messages of television comedy series *Ozzie and Harriet* to *All In the Family*. Or compare the movie *The Blackboard Jungle*, which celebrates the bringing of order into chaos, or *A Clockwork Orange*, which celebrate the bringing of chaos into order. Whether by coincidence or by cause and effect, the same messages began to seep into the very pores of our society. Discipline collapsed in the schools. The family largely stopped functioning as a forum for child raising. Moral strictures against early sex were turned upside down; not engaging in youthful sex came to be frowned upon.

Of course, moral sanctions against drug use essentially disappeared. Indeed, as in the case of sex, drug use became a key requisite to status within the youth culture. To some extent, the change in attitudes about drugs from the early 1960's to the late 1970's was produced by the mass culture itself. By 1972, drug use was considered a positive social virtue, a sign of healthy adaptation to a fundamentally corrupt Nation. Those who wonder how drug use became legitimated in American Life should view the movie *Revenge of the Nerds* which unequivocally states that early and prominent marijuana use is the key to a successful adolescent social life. The 1978 movie hit *Animal House*, virtually a 2-hour commercial on the benefits of alcoholism, propounds a similar message.

I suggest that a child who grows up in such a chaotic universe is bound to suffer from more anxiety than a child who grows in a free society which has a moral center. I have long believed that mass culture serves as a "third parent" in American families, imparting social values and promoting their socialization to the norms of a free, lawful society. Yet, when this "third parent" teaches a world of complete self-absorption, materialism, and ambition, the child absorbs anxiety and fear from the parent.

Both intuition and objective observation suggest that children who grow up in a moral vacuum are more prone to anxiety than if they grow up with some compassionate and liberal certainty. More succinctly, growing up in the America of 1988, a relative universe lacking in supports and controls for young people, provokes more anxiety than did growing up in the America of 1958, a universe of far greater moral stability.

The society of 1988, at every level, reacts to anxiety by trying to calm that anxiety. Common methods of coping with anxiety include jogging, eating organic foods, going to the movies, or embracing a charismatic religion. But one, in particular, stands out: drug use. Using drugs or alcohol to relieve anxiety is the most popular coping method. The aggregate number of Americans who take tranquilizing medication, drink alcohol regularly, and take illegal drugs dwarfs the number of church-goers, joggers, and Zen Buddhists combined.

I suggest that this is as true for young Americans as for older Americans. The time-honored, national habits of reaching for a cigarette (the drug nicotinic acid), downing a cocktail, swallowing a meprobamate, or dragging on a reefer are not taking place in a

vacuum. Young Americans are learning by example that it is socially acceptable to deal with their own very real stress by taking a drug--whether THC in marijuana, cocainamide in cocaine, or ether in alcohol.

Drugs are far cheaper and more socially acceptable to young Americans. More often than not, young Americans do not know how to retain the services of psychiatrists and seldom can afford professional visits. Yet the person who offers--for a price--a dime bag and the promise of escape from anxiety for a brief time. The ghetto teenager may not know how to get a week at the Golden Door, but he does know where he can buy PCP to take his mind off his worries for several hours. The college student whose parents have just gotten divorced, who is having difficulty making friends, and who cannot sleep at night can go to a school counselor and may or may not find any empathy. Yet, if he or she gets drunk, the ether in his or her alcohol will emphatically anesthetize him or her against his troubles and his loneliness for one more night.

A variety of observations and consequences surround the maladjustment of young people to stress by taking drugs. First, sealing American borders might have some effect the importation of some drugs, especially cocaine. Certainly, stopping or even cutting down on imports of cocaine and heroin would be highly desirable. However, domestically we manufacture more than enough angel dust, marijuana, Valium, Seconals, codeine, and methadone to make up for any import shortages from Colombia. American amphetamine products are also available to make up for any reduction in the heroin supply. Most of all, America's breweries and wineries and distilleries produce plenty of beer, wine, and spirits to take up the slack of whatever is seized off Key West.

Only an impossible total prohibition would make a dent in young America's drug consumption. In a free society, however, cutting off a commodity that is in urgent, massive demand is not an option; but there are other options that derive from the analysis of drugs as a natural, if erroneous, response to high anxiety at the youth culture level.

The primary option is to take some of the anxiety out of young America's life. The sad fact is that America is in a state of moral decay. All of the Mercedes and Esprit clothes in the Nation cannot cover up the collapse of American family life from the bottom up. All of the billionaires on Wall Street could not gainsay the difficulty of being a 12-year-old in America right now. Far more than all the corporate restructurings at Drexel, Burnham, Lambert is needed to offset the reality of ghetto life for millions of America's young.

Yet, other societies have been in crisis before. British industrial society was in a state of chaos for much of the early and middle 19th century. The movement from farm to city brought a collapse of standards, epidemic drug use--primarily in the form of alcoholism--and vice on a scale that England could never have foreseen. Yet England recovered and put itself into a posture of relative calm and prosperity for a hundred years. Similarly, postwar Europe and Japan also recovered from massive dislocation and moral jeopardy.

How do countries get out of moral quagmires? The subject requires further study, but evidence does suggest that England was saved by the introduction of fundamentalist morality through nonconforming churches, the evidence of new compassion on the part of the government and a decision to make certain that the society as a whole cared for its own through the "welfare state." The same elements might make a major difference here in America, as we undergo our own moral crises, which place immense stress on the young and, in turn, lead to a greater demand for drugs.

In the 1950's, America's need for a moral awakening was a cliché. And if we needed it in 1958, we need it desperately in 1988. A society that clearly defines right and wrong would give young people stability and more serenity. A society with a moral center would take much of the stress out of young people's lives. This improvement in moral climate must begin with a moral awakening of the mass culture. Because of their profound influence on youth, TV and movies must espouse a clear-cut code of moral choices. The media must make an effort to show young Americans that moral certainty does exist and that their actions have moral consequences.

But mass culture can only make a beginning. To reclaim our youth from drugs, we must demonstrate that we care about them. As a Nation, we have given precedence to a whole panoply of goals rather than caring for our children; we must reverse this order of precedence immediately. Young Americans need to feel that they are more important than careers or having two paychecks to pay off the mobile home or exercise class or gourmet cooking seminars or keeping trim and fit at the spa. As individuals, we must tell our children that they are more important to us than keeping up with the Joneses, making it into the right neighborhood, or "spending time on me." Children whose parents are whole-heartedly interested in and enthusiastic about their children's lives simply do not need the drugs that lonely, abandoned children need.

Our society also needs to take the same approach. For the last decade, at least, this society has offered children a paradigm of selfishness, lack of care, and worship of money and success. Our society has told young people that the people who make billions by manipulations are heroes. Our society has also said that it would adjust its revenue and spending proposals in order to leave as much money as possible with well-to-do people and dole out as little as possible to the poor. I recognize that some categories of public assistance have grown, rather than diminished, over the past 10 years. However, no statistic can disprove the fact that a child in the ghetto feels as if the society at large cares little about him. That child attends a school with halls filled with fear; his only idols are the strutting lords of the drug trade, he finds little evidence that the Nation has any interest in or expectation from him.

Conservatives and nonconservatives can speculate endlessly about whether the welfare system causes and subsidizes illegitimacy and poverty. It may. Once a child is born, the Nation must care for that child, regardless of undesirable consequences. We cannot expect children who grow up in the shadow of a Nation's neglect to take on the moral righteousness of plutocrats and turn up their noses at drugs. Britain turned itself upside down and lost some of its best traits in becoming a welfare state, but we can learn from what Britain did wrong. Certainly, we can take the drastic, but necessary, step of

denying that a dollar left in the pocket of an investment banker is better spent than a dollar spent on improving a chemistry laboratory in a Harlem school.

Finally, and most important, if young people are using drugs largely to ease anxiety, we must redirect our public education efforts to convince young Americans that drugs do not provide long-term or even medium-term solutions to anxiety. As any drug user will confirm, drugs may ease unhappiness for a few minutes or a few hours, but they also lead to far greater feelings of anxiety than those originally addressed. In addition, the regular or even occasional use of drugs causes dramatically lower self-esteem, loss of health, and anxiety about a whole new problem—drug use itself

Children must be taught to seek alternative ways to cope with anxiety. Children need to be aware that the solution to social discomfort at a party is learning social skills, not taking marijuana; if they feel as if no one understands them, the solution is finding people who understand them, not taking cocaine. They need education; however, the tens of millions of adult drug and alcohol abusers prove that people do not automatically learn by themselves.

The organs of society—from parents to TV stars to athletes to teachers—must clearly communicate to children that drugs seem to lead to the end of stress but are, in fact, an invitation to greater stress. Yet in doing so, we must also provide alternatives to their unhappiness. As a Nation and as individuals, we need to tell them that we see their crisis, that we know it hurts, and that we are going to offer our own compassion, standards, and selves as a far better alternative to drugs.

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COMPETING WITH THE DRUG CURRICULUM IN AMERICAN SCHOOLS

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Drug abuse, like the weather, is something everybody talks about but nobody seems able to prevent--and not for want of trying. Federal agencies alone spent \$300 million on prevention programs in FY 1987, and this figure does not include either law enforcement expenses or rehabilitation efforts.¹ The bulk of these funds are administered by the Department of Education (\$200 million) and the Department of Health and Human Services (\$70 million).

What do these programs consist of? "A large number of Federal programs seek to build awareness of the problem of substance abuse by youth, primarily by providing information through the media--both print and audiovisual--and in some cases through public hearings."² That is, they attempt to convince target audiences--83 percent are directed at young people, often at schools--not to use drugs because drug use is dangerous.

In addition to Federal programs, State and local programs attempt to prevent drug abuse. Three-quarters of the States require their schools to teach about substance abuse, which includes alcohol abuse as well as drug abuse.³ Health education classes are the usual site, but driver education classes also deal with this topic.

What is taught? "Ninety percent or more of the [local] districts report that they teach about the causes and effects of substance abuse, about ways to improve self-esteem, and about laws regarding substance abuse."⁴ Nearly as high a proportion of school districts teach ways to resist peer pressure. Who teaches these classes? Presumably, most of the teaching is done by regular teachers who have been exposed to relevant information through workshops and other inservice training. Some States require training in substance abuse as a prerequisite for teacher certification. Nearly all school districts receive technical assistance from presumed experts: local agencies, including the police; substance abuse specialists of State education agencies; State alcohol and drug abuse agencies; and regional centers funded by the U.S. Department of Education.

It is reasonable to ask what these programs accomplish. This is not an easy question to answer because, although much money and effort is expended on action programs to prevent substance abuse, relatively little has been spent on careful evaluation of their impact. Nevertheless, the 1987 report to the Congress on the effectiveness of Federal, State, and local programs of drug prevention stated that research had not been able to show that behavior was appreciably affected: "In general, the research suggests that increases in knowledge [of the effects of drug and alcohol] are relatively easy to obtain,

changes in attitudes [toward substance abuse] are more difficult [to influence], and changes in behavior (particularly lasting changes) are extremely rare."⁵

In 1987, the U.S. Department of Education surveyed a representative sample of 700 school districts about the severity of substance abuse problems. One question asked of school district superintendents was: "Has student substance abuse in your district (whether at school or at other locations) decreased, remained the same, or increased in the last 2 years? Please state your own opinion if you have not collected information." Overall, superintendents thought that alcohol abuse had increased but that drug abuse had decreased in severity in the last two years. However, in school districts of large metropolitan areas, where epidemiological studies show that substance abuse tends to be more prevalent than in school districts in smaller communities,⁶ school superintendents were as likely to report an increase in drug abuse as a decrease and twice as likely to report an increase in alcohol abuse.⁷

Why So Little Has Been Accomplished

Why has there been so little progress in curbing the spread of substance abuse among young people? Mainly because changing established patterns of behavior--including self-destructive behavior like smoking, eating a high-cholesterol diet, and gambling--is not easy. If it were, our prodigious efforts to prevent crime and to rehabilitate lawbreakers would be more successful. An additional possibility is that society is attempting to prevent youngsters from becoming substance abusers and to rehabilitate those already involved with alcohol or drugs with a variety of ad hoc strategies rather than by an intellectually coherent approach. What are the main strategies implicit in current programs to prevent or arrest substance abuse among the young? Essentially, there are four:

- (1) Disseminating scientifically correct information at school about the effects of alcohol and drugs on those who use them. If young people know how bad these effects are, and if they are rational, they will avoid such costly missteps.
- (2) Providing school-based services of various sorts to help youngsters cope better with the psychological problems underlying substance abuse.
- (3) Preventing young people from gaining ready access to alcohol or drugs, thus precluding abuse regardless of motivation.
- (4) Threatening legal or informal penalties severe enough that youngsters will avoid alcohol or drugs for fear of possible consequences. This category includes threats from the criminal justice system, particularly the police, but also efforts to persuade parents to supervise children more closely and policies of school districts to suspend or expel substance abusers or drug sellers.

Consider the first strategy: disseminating correct information about drugs and alcohol at school. Young people do need to realize the dangers of alcohol and drug use,

but why schools are needed to deliver this message is not. After all, the dangers of alcohol and drug abuse are staples of television and film dramas. True, in national surveys, youngsters who report greater use of drugs and alcohol are more likely to report lesser awareness of the risks.⁸ But this does not mean that they have not been told the risks, only that they do not believe that the risks are so great. Some may disbelieve the warnings of parents and teachers on the general principle that those over 30 cannot be trusted to tell the truth. Others, under the illusion of personal immortality, may believe that drugs and alcohol pose dangers to others, but that they can handle such substances.

And even if information deficits needed to be remedied, are schools likely to be successful in remedying them? Forty years ago, Professor Robin Williams of Cornell University published a comprehensive survey of the effects of school courses on stereotypes of ethnic and racial minorities.⁹ He concluded that "the mere giving of objective general information in print or by lecture about a group that is the object of hostility has only a slight effect, or no effect, in reducing hostility -- at least in the short run." Although the analogy between information about substance abuse and information about minorities is rough, teachers might very well face the same problem: alternative sources of information. For example, when a child observes alcohol use in the family and in the peer group, he or she receives a message that may contradict the message being taught in the classroom.

The second strategy is to help adolescents cope with the personal problems at the root of their substance abuse. Adolescents adopt self-administered medication for their problems; they smoke marijuana, snort cocaine, inject heroin, or are chronically drunk in order to relieve their pain. In short, substance abuse is driven by deep, largely unconscious problems. This assumption is seldom stated explicitly, and therefore, relevant research evidence is lacking. But if the unconscious pain assumption is correct, empirical evidence will indicate that substance abusers had worse personal problems before they began to use drugs or alcohol at all. Once use begins, difficulties of all kinds are likely to result: inability to perform well at school, loss of jobs, conflict with parents, nutritional deficiencies, financial problems. Consequently, what is cause and what is effect becomes unclear.

The unconscious pain assumption is also used to explain adolescent suicide.¹⁰ Those who kill themselves or who attempt to kill themselves are assumed to be suffering more, on the average, than those who do not try to end their problems so dramatically. Despite its surface plausibility, another interpretation of the facts is possible: Even if those who kill themselves are objectively no worse off, on the average, than those who do not, they may desire death because subjectively they define suicide as an appropriate solution. One of the founding fathers of sociology, Emile Durkheim, demonstrated that Protestants are more likely to commit suicide than Catholics.¹¹ Durkheim did not believe that Protestants led worse lives, on the average, than Catholics. However, the Protestant religious tradition guides suffering individuals in the direction of action in situations where the Catholic religious tradition counsels resignation. To put it another way, the dependent variable, suicidal behavior, is less strongly related to the independent variable, suffering, than to another independent variable, the individual's ideas and values.

The same logic applies to substance abuse, as confirmed by some statistical data. A generation ago, in a classic study, Professor Robert Bales found that Irish-Americans had high rates of alcohol abuse and Jewish-Americans low rates. Bales could not find evidence, and he did not think it was plausible to believe, that the Irish had more serious underlying problems, on the average, than the Jews. Instead, he concluded that Irish culture is more compatible with using alcohol to solve whatever personal problems arise than is the Jewish culture.

Another factor that helps to explain suicide also helps to explain substance abuse. Those who have easy access to the means of killing themselves--lethal weapons or poisons--have high suicide rates. Thus, policemen, soldiers, physicians, and pharmacists have high suicide rates. Their high suicide rates are more plausibly due to the ready availability of the means of self-destruction than to greater problems that members of these occupational categories endure. But if this is true, their motivation for self-destruction cannot run deep; otherwise, why would it be influenced by the mere availability of weapons or poisons? A parallel argument can be made about drug and alcohol abuse. Alcohol and drugs are more prevalent in urban schools than in rural schools, because they are easier for adolescents to obtain in urban areas, not because urban adolescents have more intense personal problems. Of course, the availability of drugs and alcohol depends on one's family, peer group, and school as well as on whether one lives in a urban or rural community.

The notion of reducing student substance abuse by mounting school programs to address the problems that are, presumably, the cause of substance abuse rests on a second dubious assumption: that schools are capable of remediating these underlying problems. Suppose that substance abuse is a coping mechanism for dealing with parental rejection, school failure, unpopularity with peers, or even poverty (and the low self-esteem that such life problems produce). Schools can probably improve the academic skills of motivated students, but they are not likely to be able to improve family functioning much or find a formula for transforming unpopular into popular youngsters.

The third strategy, preventing young people from gaining ready access to alcohol or drugs, operates on the situational level rather than on the motivational level. Community programs that use this strategy against alcohol "include ordinances to control the number and types of retail outlets where alcohol can be purchased..., education and monitoring of retail clerks and retail outlet owners, training of servers in bars and restaurants..., and most recently, crackdown on the availability of bogus I.D. cards."¹² Unfortunately, studies of community-based programs to control availability of alcohol have been unable to demonstrate effectiveness--except for the effectiveness of increases in the minimum purchase age and price, both of which have been found to be associated with reduced consumption of alcohol and a lower incidence of arrests for driving while intoxicated. Police efforts to disrupt drug sales or interdict the drug traffic are based on this strategy of reducing availability and thereby reducing consumption,¹³ as are school efforts to prevent students from merchandising drugs.

Operation SPECDA (School Program to Educate and Control Drug Abuse) is a cooperative program of the New York City Board of Education and the police department. It operates in 545 schools, serving students and their parents from

kindergarten through grade 12. Police help provide classes and presentations on drug abuse in the schools. At the same time, they concentrate enforcement efforts within a two-block radius of schools to create a drug-free corridor for students.

The enforcement aspect has had some impressive victories. Police have made 12,500 arrests to date, 61 percent in the vicinity of elementary schools. In addition, they have seized narcotics valued at more than \$2.7 million, as well as \$1.4 million in cash and 231 firearms.¹⁴

Note that the effectiveness of the war on drugs by police and by schools is difficult to measure directly by reduced consumption. Drug arrests or drug seizures are the indirect "evidence" of effectiveness.

The fourth strategy, threatening legal penalties or suspensions and expulsions, seems to have succeeded in some schools. However, while schools that have cracked down on drug use and sales have become relatively free of drugs, their success may have been obtained partly by extruding students who, as nonstudents, continued their drug involvements. Furthermore, negative sanctions are usually imposed along with other measures. Thus, in the following accounts from *What Works: Schools Without Drugs*,¹⁵ successful programs are described in different terms, depending on the features emphasized by the analyst:

(1) The case of Northside High School, Atlanta, GA, illustrates what parents can do by supervising their children's activities.

Northside High School enrolls 1,300 students from 52 neighborhoods.. In 1977, drug use was so prevalent that the school was known as "Fantasy Island." Students smoked marijuana openly at school, and police were called to the school regularly.

The combined efforts of a highly committed group of parents and an effective new principal succeeded in solving Northside's drug problem. Determined to stop drug use both inside and outside the school, parents organized and took the following actions:

- Formed parent-peer groups to learn about the drug problem and agreed to set curfews, to chaperone parties, and to monitor their children's whereabouts. They held community meetings to discuss teenage drug use with law enforcement agents, judges, clergy, and physicians.
- Established a coalition that lobbied successfully for State antidrug and antiparaphernalia laws.
- Offered assistance to the schools. The school acted on the parents' recommendations to provide drug prevention education to teachers, update its prevention curriculum, and establish a new behavior code. Parents also helped design a system for monitoring tardiness and provided volunteer help to teachers.

The new principal, Bill Rudolph, also committed his energy and expertise to fighting the drug problem and established a tough policy for students who were caught possessing or dealing drugs. "Illegal drug offenses do not lead to detention hall, but to court," he stated. When students were caught, he immediately called the police and then notified their parents. Families were given the names of drug education programs and urged to participate. One option available to parents was drug education offered by other parents.

Today, Northside is a different school. In 1985-86, only three drug-related incidents were reported. Academic achievement has improved dramatically; student test scores have risen every year since the 1977-78 school year. Scores on standardized achievement tests rose to well above the national average, placing Northside among the top schools in the district for the 1985-86 school year.

(2) The case of the Anne Arundel County School District, Annapolis, MD, illustrates one of the measures schools can take, as contrasted with what parents can do. In particular, schools are urged to "establish clear and specific rules regarding drug use that includes strong corrective actions."

In response to evidence of a serious drug problem in 1979-1980, the school district of Anne Arundel County implemented a strict, new policy covering both elementary and secondary students. This policy features notification of police, involvement of parents, and use of alternative education programs for offenders. School officials take the following steps when students are found using or possessing drugs:

- The school notifies the police, calls the parents, and suspends students for 1 to 5 school days.
- The special assistant to the superintendent meets with the students and parents. In order to return to school, students must state where and how they obtained the drugs. The students must also agree either to participate in the district's Alternative Drug Program at night, while attending school during the day, or to enroll in the district's Learning Center (grades 7-8) or evening high school (grades 9-12). Students, accompanied by their parents must also take at least 5 hours of counseling. Parents are also required to sign a Drug/Alcohol Reinstatement Form.
- If students fail to complete the Alternative Drug Program, they are transferred to the Learning Center or to evening high school.
- Students are expelled if caught using or possessing drugs a second time.

Distribution and sale of drugs are also grounds for expulsion, and a student expelled for these offenses is ineligible to participate in the Alternative Drug Program. As a result of these steps, the number of drug offenses has declined by 60 percent, from 507 in 1979-80 to 202 in 1985-86.

(3) The case of Eastside High School in Paterson, NJ, also illustrates the effect of school policy on drug abuse. However, the case emphasizes enforcement of the policy, particularly the role of security measures.

Eastside High School is located in an inner-city neighborhood and enrolls 3,000 students. Drug dealing was rampant. Intruders had easy access to the school and sold drugs on the school premises. Drugs were used in stairwells and bathrooms. Gangs armed with razors and knives roamed the hallways.

A new principal, Joe Clark, was instrumental in ridding the school of drugs and violence. Hired in 1982, Clark established order, enlisted the help of police officers in drug prevention education, and raised academic standards, taking the following actions:

- Establishing and enforcing strict penalties for breaking the discipline code. In reference to drugs, he stated emphatically, "If you're smoking or dealing, you're out." He acted on his warning, removing 300 students from the roll in his first year for discipline and drug-related violations.
- Increasing the involvement of local police officers known as the "Brothers in Blue," who visited the school regularly to speak to students about the importance of resisting drugs.
- Raising academic standards and morale by emphasizing the importance of doing well, requiring a "C" average for participation in athletics, and honoring student achievements.

As a result of such actions, Eastside has been transformed. Today there is no evidence of drug use in the school. Intruders no longer have access to the school; hallways and stairwells are safe. Academic performance has improved substantially. In 1981-82, only 56 percent of the 9th graders passed the State basic skills test in math; in 1985-86, 89 percent passed. In reading, the percentage of 9th graders passing the State basic skills test rose from 40 percent in 1981-82 to 67 percent in 1985-86.

(4) The case of Samuel Gompers Vocational-Technical High School in New York City illustrates reaching out to the community for support and assistance in making the school's antidrug policy work.

Samuel Gompers Vocational-Technical High School is located in the South Bronx in New York City. Enrollment is 1,500 students; 95 percent are from low-income families. In June, 1977, an article in the *New York Times* likened Gompers to a "war zone." Students smoked marijuana and sold drugs both inside the school and on the school grounds; the police had to be called in daily.

In 1979, the school board hired a principal, Victor Herbert, who turned the school around. Herbert established order, implemented a drug awareness program, involved the private sector, and instilled pride in the school among students. Among the actions he took:

- In cooperation with the police captain, Herbert arranged for the same two police officers to respond to all calls from Gompers. These officers came to know the Gompers students; eventually, students confided in the police about drug sales occurring near the school. Police also helped school staff patrol the school grounds and were stationed at a nearby park known for drug trafficking.
- Herbert stationed security guards and faculty outside each bathroom. He organized "hall sweeps" in the middle of class periods and no longer allowed students to leave the premises at lunch time.
- Herbert established a drug education program for teachers, students, and parents that emphasized recognizing the signs of drug use. He also implemented other drug awareness programs that involved the police and community organizations.
- He persuaded companies, such as IBM, to hire students for after-school and summer work. Students had to be drug-free to participate. This requirement demonstrated to students that employers would not tolerate drug use.
- A computerized attendance system was installed to notify parents of their child's absence. Newly hired paraprofessionals, called "family assistants," worked to locate absentees and bring them back to school.

The results of these actions were remarkable. The current principal, Gregory Bettantone, reports that, in 1986, there were no known incidents of students using alcohol or drugs in school or on school grounds and only one incident of violence. The percentage of students reading at or above grade level increased from 45 percent in 1970-80 to 67 percent in 1984-85.

(5) The case of Greenway Middle School in Phoenix, AZ, also illustrates what communities can do to control drugs in schools, but from a more preventive angle.

Greenway Middle School is in a rapidly growing area of Phoenix. The student population of 1,000 is highly transient.

Greenway developed a comprehensive drug prevention program in the 1979-80 school year. The program provides strict sanctions for students caught with drugs, but its main emphasis is on prevention. Features include:

- Teaching students about drugs in science classes; mini-units on why people use drugs and what treatment resources are available to drug users; distributing and discussing current literature on drugs;

sponsoring a 1-day Prevention Fair in which community experts talk to students about drug prevention.

- Enrolling students and staff in the "All Star" training program where they learn how to resist peer pressure, make decisions for themselves, and develop plans for personal and school improvement.
- Providing counselor training for specially selected students; drug counseling for students who are using drugs.

Under Greenway's drug policy, first-time offenders who are caught using or possessing drugs are suspended for 6 to 10 days. First-time offenders who are caught selling drugs are subject to expulsion. The policy is enforced in close cooperation with the local police department.

As a result of the Greenway program, drug use and disciplinary referrals declined dramatically between 1979-80 and 1985-86. The number of drug-related referrals to the school's main office decreased by 90 percent; overall, discipline-related referrals decreased by 70 percent.

These five "successful" programs differ, perhaps as much in their kinds of success as in the elements composing them. For example, consider the following varieties of success: (1) fewer students were attracted to drug activities in the later period than were attracted in the earlier period; (2) the same students used drugs in the later period but less extensively; and (3) the new policies made antisocial students so uncomfortable that they left for other schools or dropped out of school altogether. None of the five exemplary programs seems to have been evaluated systematically, making it difficult to characterize "success" specifically. Nor is it clear which elements of multifaceted programs were responsible for whatever effects did occur.

In Northside High School, parents "agreed to set curfews, to chaperone parties, and to monitor their children's whereabouts." Certainly, all parents did not participate--if Northside is like other schools. Furthermore, students who are more likely to abuse substances are also less likely to have parents who controlled them in the past and are capable of controlling them in the future, even if motivated to do so. Why, then, should parental efforts have produced such dramatic results at Northside? Maybe the threat of the principal--"Illegal drug offenses do not lead to detention hall, but to court"--was more important than the participation of some parents.

In Anne Arundel County School District, the threat was not legal sanctions, but notification of parents and suspension or expulsion, including mention of 5 hours of required counseling for students, accompanied by their parents, before suspended students would be permitted to return to school. However, the account does not say what happened if the parents or the students or both failed to follow through. Did the suspension turn into an expulsion? What proportion of students suspended for drug offenses in the Anne Arundel County school system took their punishment, returned to school, and sinned no more?

In Eastside High School, as in Anne Arundel County, suspensions and expulsions are only part of the effort to turn the school around, which includes honoring student academic achievements and requiring a "C" average for participation in athletics. Did the academic emphasis make an important contribution? What about the involvement of local police officers ("Brothers in Blue")? Could Principal Clark have succeeded without them, by relying on security guards?

In Samuel Gompers Vocational-Technical High School, suspensions and expulsions are not mentioned at all. However, police cooperation is also cited as an important part of the war against drugs. Presumably the police made arrests. The same two police officers are assigned to answering calls for assistance from Gompers, as the result of an agreement between Principal Louis and the precinct captain. The students get to know those officers and give them tips about sellers of drugs. As part of their duties, the officers help patrol the school as well as a nearby park where drug transactions take place. However, another feature of the Gompers program is an employment incentive. Drug-free students are hired for after-school and summer work. Were the enforcement features or the incentives more important?

In Greenway Middle School, suspension, expulsion, and unspecified action by the police await students caught with drugs, although most of the account concerns a variety of informational and counseling programs. Possibly, the strict sanctions, rather than the educational program, are what keeps the school relatively drug-free.

Basically, in all five cases, principals came into schools that were out of control and did everything they could think of to restore order and get rid of drugs. They were more interested in producing results than in discerning which of the various measures worked better. Knowing whether only one measure worked would be useful, both for scientific reasons and to prevent resources from being wasted in attempting to replicate the entire package of measures. On the other hand, knowing that no measure would have produced results in the absence of interaction with the others is important, too.

The authors of *What Works: Schools without Drugs* tried to identify, through analysis, distinct elements that produced success in each of these five exemplary programs. They may have been right, but it is always intellectually risky to attempt to resolve an empirical question this way. Recall how wrong Aristotle was in deciding on theoretical grounds the number of teeth that horses have. Despite differences in emphasis, the five programs are probably more similar than different. Their common element is credible threats mobilized by energetic principals, which is why they are all categorized as examples of the fourth strategy: threatening legal or informal penalties severe enough that youngsters will avoid alcohol or drugs--at school, at any rate--for fear of possible consequences.

The four strategies that underlie American efforts to deal with substance abuse have not been outstandingly successful, partly because they are ad hoc efforts like those of the school administrators in the five illustrative cases. The four strategies are not entirely consistent with one another. Whereas the informational strategy assumes a rational target audience, the provision of services to help youngsters cope better with their "problems"

assumes that irrational forces underlie the motivation to drink or to abuse drugs. And, while individual schools may control alcohol and drugs, epidemiological surveys suggest that a very large proportion of their students use these substances with some frequency, although perhaps not in school. The questions of where students use drugs, if they do, and where they began using drugs have not been studied systematically; yet they are crucial questions.

They are crucial questions because drug problems at school may be imported into a school from a surrounding community where they are pervasive or can arise in the school without being influenced by a high-level of community drug use. In the first situation--probably typified by Eastside High School in Paterson, NJ, and Samuel Gompers Vocational-Technical High School in New York City--the principals certainly had to get control of the drug problem in their schools. Unless they did, education could not have continued. But whether they succeeded in reducing the incidence of drug use among their students is another question. Possibly, students who used drugs or sold drugs in school shifted to using or selling drugs outside of school when the principals applied pressure. The criminological literature talks about "displacement" effects, and a lively controversy continues about the conditions under which reducing criminal behavior in one neighborhood increases it in another.

Presumably, displacement effects are less likely to occur in situations where the drug problem is much more serious in the school than in the students' neighborhoods. Once the use and sale of drugs are controlled at school, students cannot easily substitute drug activities in the neighborhood. Furthermore, if drug use is not legitimated in the community, the delegitimation of drug use in school is more likely to affect out-of-school behavior. These sound like plausible conjectures, but no one really knows. Research is needed to establish not only how much of various illicit substances students use, but whether their patterns of drug use reflect the drug problem of the community or whether they reflect conditions intrinsic to the school. For similar reasons, research is needed to establish whether students began using drugs on the streets and then transferred their activities to schools or whether they developed receptive attitudes toward drugs in school--and, perhaps, began to experiment with them there. The formal curriculum does not, of course, encourage students to use drugs. To the contrary, the message, "Say 'no' to drugs," is taught by teachers. But a furtive drug curriculum may exist, in which students teach one another the desirability of various forbidden pleasures.

The Meaning of Drugs and Alcohol at School

Three kinds of drug and alcohol involvement go on in schools: (1) experimental use, (2) compulsive use (abuse), and (3) dealing, usually accompanied by personal use, but not necessarily. A rationally developed drug-control policy--as opposed to an ad hoc policy--would be based on an examination of what these kinds of involvement mean to different types of adolescents.

As a rough clue to the meaning of drugs and alcohol to students, consider first how frequently high school students use alcohol and drugs. In the fall of 1986, a survey of drug

and alcohol use was conducted in 34 public high schools in New Jersey by a joint project of three departments: Health, Education, and Law and Public Safety.¹⁶ New Jersey is one of the most urbanized States in the country; consequently, the level of alcohol and drug use on the part of New Jersey's adolescents may be somewhat higher than in less urbanized States. But the pattern of use is likely to be very similar. Table 1 presents some of the self-reported data on alcohol and drug use obtained from the 2,296 student respondents. Note that, except for alcohol, the majority of students had not used any illicit substances in the 30 days before the survey, and the overwhelming majority had not used any of them in the year before the survey. However, 10.2 percent of the respondents reported using marijuana and 5.8 percent reported using cocaine on one to two occasions in the 30 days before the survey. In addition, 7.9 percent of the respondents reported using marijuana and 2 percent reported using cocaine 40 times or more in the 12 months before the survey. Although not certain, it is likely that the majority of the students who reported using illicit drugs on one to two occasions were experimental users, driven by curiosity, who did not go on to become abusers.

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Table 1
Frequency of Use--Nine Substances (Percent)
Lifetime, Last Year, Last Month

	Alc.	Mar.	Coc.	Amph.	Hal.	Trq.	Barb.	Inh.	Glue
LIFETIME USE									
None	10.8	51.1	80.9	82.9	87.0	89.2	92.3	83.0	86.4
1-2 occasions	8.5	11.5	7.7	6.7	5.5	5.3	2.7	8.0	8.8
3-9 occasions	15.5	13.1	4.6	5.2	3.3	2.8	2.2	4.7	3.0
10-39 occasions	27.4	10.1	4.1	2.7	2.2	1.5	1.5	2.4	0.9
40 or more	37.8	14.3	2.8	2.5	2.0	1.2	1.2	1.9	0.9
USE IN LAST 12 MONTHS									
None	17.1	59.9	85.1	88.9	91.5	93.1	95.4	89.4	95.0
1-2 occasions	13.9	12.9	5.8	4.9	3.8	3.6	1.8	5.8	3.0
3-9 occasions	19.5	10.9	4.4	3.4	2.6	1.6	1.3	2.5	1.3
10-39 occasions	28.1	8.3	2.7	1.5	1.1	1.1	0.6	1.7	0.3
40 or more	21.4	7.9	2.0	1.2	1.0	0.6	0.8	0.6	0.4
USE IN LAST 30 DAYS									
None	38.2	78.6	92.5	94.3	96.7	97.0	97.4	96.4	97.9
1-2 occasions	23.8	10.2	4.0	3.1	1.8	1.5	0.9	1.8	1.1
3-9 occasions	23.8	6.3	2.0	1.8	0.9	0.8	1.0	1.1	0.7
10-39 occasions	11.6	3.5	1.0	0.7	0.4	0.3	0.4	0.4	0.2
40 or more	2.7	1.3	0.4	0.1	0.2	0.4	0.3	0.3	0.2

In short, the pattern seems to be that the majority of students shun all drugs except alcohol, a small minority experiments with occasional use, and an even smaller minority abuses drugs so frequently as to imperil health. Why is alcohol different? Certainly not because it is safer to use or abuse; countless studies have documented the dangers of alcohol. But alcohol is, for American adults at any rate, a legitimate substance, legally purchased and consumed on recreational, dining, and even religious occasions. The survey results seem to support this assumption: the lowest entry for alcohol under 12-month use is those who have used alcohol on only one or two occasions; students either never use alcohol at all or go on to more frequent use.

In answer to the question, "How hard do you think it would be for you to get some marijuana (grass, pot, dope) if you wanted some," 82.8 percent replied "easy" or "very easy." About half of the respondents said it was "easy" or "very easy" to get the other illicit drugs. Questions dealing with drug availability at school and reports from principals suggest that student dealers are common in public high schools, even in rural schools, but the attitude of other students toward such dealers is unclear. Apparently, the level of peer disapproval is not great enough to make their businesses unfeasible.

Think of a large public high school not only as an educational institution, but as a kind of bazaar where a multiplicity of activities are available to interested students: calculus, history, and geography, but also football, basketball, the student newspaper, chess, romance, sex, extortion from fellow students, and opportunities to make teachers' lives as difficult as possible. Because of the size and heterogeneity of most public high schools, students do not all share a common definition of their situation. For some, the high school is a prison, rather than an educational opportunity; for others, the high school is a playground.

Alcohol and drugs are but one curriculum among many that compete for student attention. So, why are some youngsters attracted to this curriculum while others are not? And why aren't all students attracted to it? Since it is an underground curriculum opposed to the official academic curriculum and even to approved extra-curricular activities, alcohol and drugs have the aroma of forbidden pleasure. Furthermore, alcohol and drugs are symbolically associated with adulthood, and children desire the higher prestige of adult status. As Arthur Stinchcombe noted--at a time when drugs were not yet pervasive in American society--smoking cigarettes, drinking alcoholic beverages, and dating are ways that children can claim adult prerogatives.¹⁷ He would probably agree that "doing" drugs is symbolically adult behavior too. In addition, drugs are enticing because of the pleasant sensations they afford. And if these attractions are not enough, the hard drugs like cocaine and heroin can provide self-medication for problems, and problems are universal among adolescents.

Most students do resist drugs, despite all of these attractions, for several reasons. Most important, students who are effectively controlled by conventional parents, religious organizations, and teachers accept a negative conception of the drug curriculum--drug use is dangerous and morally undesirable. These students may experiment furtively with drugs to find out what everyone is talking about, but they do not intend to get permanently involved. Of course, experiments can go awry, and sometimes, essentially conventional kids

get hooked. As Alfred Lindesmith pointed out, once the body gets habituated to drugs, the physiological stress produced by not maintaining the accustomed level is itself sufficient motivation for continued use.¹⁸

Second, some students are not attracted to drugs, because they are social isolates. The drug curriculum is taught by peers rather than by adults; the notion that adult pushers hand out free samples in order to build a clientele is a myth. At least at the start, drug use is a peer-group activity--which is why some drugs are labeled "recreational." Students alienated from the peer group are less likely to feel social pressure to participate in recreational drug use than students who enjoy acceptance in the peer group and do not want to lose it.

Third, some students--perhaps a quarter of the student body--perceive themselves and are perceived by others as academic successes. They receive good grades, are enrolled in the college preparatory courses, expect to go to college, and anticipate riding an educational escalator into a bright occupational future. For these students, participating in the drug curriculum is incompatible with satisfying life goals; they have too much at stake.

Fourth, some students are deterred by loyalty to the school and its educational mission. That is, where teachers, school officials, and the student body itself succeed in defining drugs as incompatible with the educational process, students may refrain from using, buying, or selling drugs in school in spite of personal interest in the drug curriculum--just as smokers do not light cigarettes in church. This form of deterrence through symbolically defines of the undesirable behavior as inappropriate in a particular situation.¹⁹ Note that this preventive mechanism does not extinguish the individual's motivation for drug behavior, again raising the issue of displacement.

Finally, some students are afraid of suspension or expulsion from school, arrest, and parental disapproval if parents learn about drug activities. The fourth and fifth reasons may mutually reinforce one another. The school's willingness to invoke severe formal sanctions is in itself a message that drug behavior is illegitimate and reprehensible.

Still, a residual category of students are not deflected away from drugs by these five considerations--or others. These students are not well controlled by parents, teachers, and church leaders; their degree of educational success has not been sufficient to give them a strong stake in conforming behavior; they do not much fear formal sanctions, perhaps because they do not expect to be caught; they are not loyal enough to the school to be concerned, as some students are, about giving the school a bad reputation; and they are responsive to peer-group influences. No one knows for sure what proportion of students are in this residual category of potential customers for the drug curriculum. The proportion probably varies from school to school and from one demographic category to another. Experts are reasonably confident that it is higher for male students and students from highly urbanized areas than for female students and students from suburban or rural areas.

Competing with the Drug Curriculum

Begin, then, with the assumption that American society cannot make the drug curriculum unattractive to all students; a substantial minority of students in all schools, and a majority in some schools, will be attracted to it. What may be possible, however, is to make competing curricula more attractive than they are now and, thereby, to reduce the relative attractiveness of drug involvement. How can this be done?

One possibility is to involve students in activities that drain off so much energy and time that, in effect, the drug curriculum is crowded out. This strategy is already in use, albeit unintentionally. Despite well-publicized cases of outstanding athletes getting deeply involved with drugs, drug use is less frequent among athletes and club participants than among students not committed to sports or to school clubs.

Another possibility is to involve all students--not just those in college preparatory or honors classes--in more academically demanding activities. For example, the average weekly number of hours of homework completed by public high school students is much less than that completed by their private high school peers.²⁰ And as compared to Japanese high school students, American students do hardly any homework at all.²¹ So there is considerable room for increasing the amount of homework expected of public high school students. The most important reason for doing so is academic improvement. Studies have shown a strong relationship between student achievement and the number of hours a week students spend on homework.²² But an incidental effect might well be to reduce drug use.

Students who do more homework, on the average, than their classmates are probably much less likely to use drugs. The question is whether increasing requirements for homework in a school will decrease the likelihood of drug use for the average student. Conceivably, students who are prone to using drugs will not conform to more demanding academic requirements; therefore, the average amount of homework could increase without an effect on drug behavior. On the other hand, it is possible that most students, including those prone to using drugs, will increase their academic commitments in response to teacher demands and thereby deflect interest from drugs. This hypothesis needs to be tested by careful research, but existing data suggest that students who work hard at school are less likely to use drugs than students who do not care about schoolwork.

For example, Table 2 presents some evidence from a 1986 survey of New Jersey high school students (a survey referred to earlier), showing a strong relationship between grades in school and self-reported alcohol and drug use. Students were asked to report the grades--A, B, C, D, F--they usually receive in school.

The higher the reported grades, the less likely the student was to report using alcohol or drugs. However, most interesting is that the relationship between grades and alcohol use is much weaker than between grades and other drug use. This suggests that the conventional wisdom--that grades deteriorate when students abuse drugs--may be only a

partial truth. Perhaps good grades are a casual factor in their own right. If the main causal connection were that drug use interfered with concentration on school work, thereby leading to lower grades, the relationship between alcohol use and grades would be at least as strong as the relationship between the use of other substances and grades. After all, alcohol is much more frequently used and has strong physiological effects. The weaker relationship suggests that students who are not interested in good grades are likely to abuse substances, rather than the other way around.

Table 2
Annual Prevalence by Self-Reported
Academic Performance
(Percent)

	Alc.	Mar.	Amph.	Coc.	Hal.	Barb.	Trq.	Gluc	Inh.
<u>GRADES</u>									
Total	82.9	40.0	11.0	14.9	8.5	4.5	6.9	5.0	10.6
Mostly A's	79.9	27.9	4.9	5.3	2.6	2.0	3.8	2.3	6.2
Mostly B's	83.3	34.1	8.7	20.7	6.7	2.2	5.3	3.4	8.3
Mostly C's	86.0	51.2	14.1	20.3	10.7	6.2	8.6	7.2	13.7
Mostly D's and F's	89.6	71.8	33.7	38.3	32.4	22.9	21.7	10.3	27.3

The strong relationship shown between grades as the independent variable and most substances as the dependent variable implies that students who are concerned enough about high grades to work to obtain them are less interested in using marijuana, cocaine, and other illicit substances than students who do not care much about bad grades. If this inference is correct, bad grades are not only a symptom of possible current drug use, but may also predict the use of illicit drugs in the future. Since students make active choices, one can reasonably assume that a student who chooses the path of schoolwork is not the sort of youngster likely to choose the path of hedonistic kicks that drug use represents. Consequently, motivating students to be more concerned about academic success may reduce drug use by forcing them to choose between incompatible lifestyles--not, of course, that it is easy to motivate students to work hard in school. Nevertheless, motivating students to get more involved in academic goals may be easier than tackling drug

prevention more directly. To get back to the possibility of assigning more homework, additional homework would be compatible with attempts to increase academic performance and its measure, grades. The practicality of this approach to drug prevention is, once again, an empirical question.

Monitoring attendance more carefully, like requiring more homework, also helps to compete with the drug curriculum. Of course, the primary reason for insisting on good attendance is that learning will suffer otherwise, but good attendance has the incidental effect of crowding out drug interests.

Part-time employment is yet another way of competing with the drug curriculum for student commitment. This is not to assume that part-time employment always builds character, although "work" has traditionally had that reputation. We need assume only that for some students, who do not develop much commitment to the educational enterprise, work could be a socializing experience—a way to meet conventional people, to learn to subordinate the pleasures of the moment to long-range objectives, and perhaps most important, to obtain a different type of success than can be obtained at school. Many high schools already have work-study programs, although they are not usually considered to be competing with the drug curriculum. However, it makes a great deal of difference whether part-time work is being used to enable a youngster to run a car or support a taste for drugs or whether part-time work is a chance to save money for a college education. Some ways of structuring the part-time work experience will be more effective than others at crowding out potential interest in drugs. Envision, for example--this would require new legislation--a program in which State or Federal Governments matched the earnings being saved for postsecondary education in special bank accounts not subject to income tax until funds are withdrawn for that purpose. By providing an incentive to refrain from using at least part of one's earnings from work for current gratifications, such a program would subtly teach an alternative to the hedonism of the drug curriculum.

A final consideration, implicit in some of the foregoing suggestions, is the proportion of students in a particular school who do homework, attend regularly, are concerned about getting good grades, and work part-time after school to save money for postsecondary education in comparison to the proportion of students who are drifting aimlessly in school and looking for new excitement. This consideration was a key issue in the efforts of one of the prototype schools that succeeded in reducing drug problems: Eastside High School in Paterson, NJ.

When Joe Clark became principal in 1982, he expelled 300 of the 3,000 students at Eastside in an effort to gain control of the school.²³ At the time, few objections were heard about "due process," perhaps because the school was "a cauldron of terror and violence" and desperate measures were considered necessary. But in December 1987, Mr. Clark threw out 60 students, 18 years and older, for failing too many courses and not attending classes or accumulating credits toward graduation in a timely fashion. He described them as "leeches, miscreants, and hoodlums." The superintendent of schools, Dr. Frank Napier, supported Mr. Clark, but the board of education did not. And the law gives the board, not the principal, the authority to expel students. The controversy over expulsions at Eastside and the possibility that the board would force Mr. Clark to take the students back or fire

him for insubordination--became a national issue. Secretary of Education Bennett spoke out in support of Clark; Gary Bauer, Assistant to the President for Policy Development, offered Clark a job on the White House staff. The student body generally supported him, too; individual students said that Clark believed them capable of achieving academically.

The major question in this confrontation is whether a tough principal should be allowed to determine the educational climate of his school. Or, as phrased by one reader of the *New York Times*, Arthur Illiano, in a letter to the editor:

Do you really think that the only way a student can drop out of high school is to stop attending?²⁴

Joe Clark, principal of Eastside High School in Paterson, NJ, is in trouble with his Board of Education for expelling failing students, but those students became dropouts a long time ago. Their continued attendance might have been an attempt to avoid the stigma of the label. To continue this deception benefits no one and risks further injury to the nonperforming student and the rest of the student body.

The dropouts need to get on with their lives, and the school needs to get on with the business of schooling. I know: I was a high school dropout. When I had to repeat my last term and found myself doing less and less, I just stopped going. But I had dropped out at least a year earlier.

I got a job (several actually), was drafted and grew up. In the service, I passed my qualifying tests and, after discharge, received my high school equivalency diploma.

Some students will learn despite the school, and some will drop out of the best schools. The important thing is the school's impact on the borderline students, those that will either graduate or drop out. For them, the example of older nonperforming students can be decisive. Had I been exposed to a school such as Joe Clark is attempting to create, I might have graduated.²⁵

Mr. Illiano may not be correct that a school requirement for high school students that they either make academic progress or leave is in the long-term interests of most nonperforming students. Suppose, for example, that students forced out of high school by principals like Mr. Clark are more likely to become drug abusers than if they had been allowed to vegetate in the school. (We have no research findings to support or reject this prediction.) But Mr. Illiano seems to be on stronger ground when he speaks about the impact on "borderline" students. When Mr. Clark expelled nonperforming troublemakers, he decreased their visibility as role models and simultaneously increased the visibility of more positive role models, which can be particularly crucial in an inner-city school where students interested in drugs may be as common as students interested in college.

Conclusion

This paper began with a discussion of alcohol and drugs at school and ended up talking about homework, regular attendance, and the possible removal of students who fail to use the high school as an educational opportunity. This seeming change of subject proceeds from my hypothesis that alcohol and drugs exert the most attraction on students who lack constructive life goals. Consequently, the best strategy for preventing drug abuse is not to combat drug abuse directly, but to attempt to help youngsters find an appropriate escalator to adulthood. For some--indeed, for many enrolled in high school--that escalator is the academic curriculum. For others, it may be a work-study program. For still others, it may be a temporary withdrawal from school until the youngster comes to feel that school has something to offer.²⁶ Dropping out of school is not necessarily a tragedy; it may only be an episode.

A crowding-out strategy to prevent drug abuse takes aim at the bulk of students. Such a strategy will not be able to reach all students, no matter how hard the schools try to attract students to a variety of constructive academic and nonacademic alternatives to drugs. But when schools act as though it does not matter what students do in school, they make the drug curriculum more seductive.

Insisting that education is the paramount activity of the school helps to define substance abuse as a collective problem--that is, a threat to the educational process--rather than as a personal problem. When that is done, the abuser may recognize that the choice he makes in abusing drugs or alcohol at school is not a choice for himself alone. Such an identity transformation may sound fanciful, yet a similar identity transformation seems to have happened to smokers. The general public is increasingly defining smokers as a menace to public health, rather than as people engaged in a risky personal habit, and many smokers think of themselves that way, too.

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Notes

¹*What works: Schools without drugs.* (1986). Washington, DC: United States Department of Education. p. 10.

²*Ibid.* 11.

³*Ibid.* 13.

⁴*Ibid.* 20.

⁵M. D. Klitzner. (1987). *Part 2: An assessment of the research on school-based prevention programs. Report to Congress on the nature and effectiveness of Federal, State, and local drug prevention/education programs.* Washington, DC: Office of Planning, Budget, and Evaluation. p. 6.

⁶L. D. Johnson, J. G. Bachman, & P. O'Malley. (1986). *Drug use among American high school students, college students, and other young adults: National trend through 1985.* Washington, DC: Government Printing Office.

⁷B. Chaney, & E. Farris. (1987). *Part 6: Prevention activities of local school districts. Report to Congress on the nature and effectiveness of Federal, State, and local drug prevention/education programs.* Washington, DC: Office of Planning, Budget, and Evaluation. p. 18.

⁸Johnson et al.

⁹R. Williams, Jr. (1947). *The reduction of intergroup tensions: A survey of research on problems of ethnic, racial, and religious group relations.* New York: Social Science Research Council.

¹⁰J. Toby. (1987, July 31). Studying suicide and the nerve of failure. *Chicago Tribune.*

¹¹E. Durkheim. (1951). *Suicide.* Glencoe, Illinois: Free Press.

¹²Klitzner.

¹³L. E. Zimmer. (1987). *Operation pressure point: The disruption of street-level drug trade on New York's lower east side.* New York: New York University School of Law, Center for Research in Crime and Justice.

¹⁴United States Department of Education. *What works.* p. 37.

¹⁵*Ibid.* 14, 20, 22, 28, 34.

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APPENDIX

Biographical Summaries of the Authors

Joseph Adelson

Joseph Adelson is Professor of Psychology at The University of Michigan and the editor of the *Handbook of Adolescent Psychology*. He is a member of the Advisory Council of the Educational Excellence Network. He has written extensively on such topics as adolescent psychology, political thinking, and American education. His essays have been collected in *Inventing Adolescence*, which was named by *Chronicles* magazine as one of the best books of 1986. He was the founding editor of the *Journal Political Psychology* and is associate editor of the *Journal of Youth and Adolescence*. He served for some years as the Director of the Psychological Clinic at the University of Michigan, has been a Senior Fellow at the National Humanities Center, and has served as a consultant and adviser to the Department of Education.

Allan C. Carlson

Since 1986, Allan Carlson has served as President of The Rockford Institute in Illinois. He was Executive Vice President of The Rockford Institute from 1981 to 1986, as well as the Editor of the Institute's monthly publication *Persuasion at Work*. In 1979 he was a Visiting Fellow at the American Enterprise Institute for Public Policy Research in Washington, DC; subsequently he was named Assistant to the President and Lecturer in History at Gettysburg College in Pennsylvania. He has also served as visiting scholar at the Labor Movement Archive in Stockholm, Sweden, and manuscript reader for the Governmental Studies Program of the Brookings Institution. He has received research grants from Ohio University, The American-Scandinavian Foundation, The National Endowment for the Humanities, and The Institute for Educational Affairs. Additionally, he has testified as an expert witness before the U. S. Taskforce on Family Violence and before the House of Representatives' Select Committee on Children, Youth, and Families on the subjects of tax fairness for families and family life in the emerging economy. He has written extensively on the subjects of modern social history, family policy, the relationship between foreign and domestic policies, the interaction of economics and culture, and modern religion.

Nathan Glazer

Professor of Education and Social Structure at Harvard University since 1969 and co-editor of *The Public Interest* since 1973, Nathan Glazer works on issues of race and ethnicity in the United States. He holds a bachelor's degree from the City College of New York, a master's

degree from the University of Pennsylvania, and a Ph.D. degree in sociology from Columbia University. Previously, he taught at the University of California, Berkeley; and he has served on Presidential Task Forces on urban affairs and education, as well as on a National Academy of Sciences committee on urban research. His books include *American Judaism* (1957, 1972); *Beyond the Melting Pot* (1963, 1970) with Daniel P. Moynihan; *Affirmative Discrimination* (1976, 1978, 1987); *Ethnic Dilemmas* (1983); and *The Limits of Social Policy* (1988). He has edited, alone or in collaboration with others, *Studies in Housing and Minority Groups* (1960); *Ethnicity: Theory and Experience* (1975); *The Urban Predicament* (1976); *Ethnic Pluralism and Public Policy* (1983); and *Clamor at the Gates: The New American Immigration* (1985).

Lloyd Johnston

Lloyd Johnston is a program director and research scientist at The University of Michigan's Institute for Social Research. A social psychologist by training, he, along with Jerald Bachman, has directed the ongoing national surveys of drug use among American high school students and young adults from 1975 to the present. He is also the author of approximately twenty books and monographs on drugs and substance abuse prevention. He has served in numerous professional capacities in this area including membership on The National Advisory Council on Drug Abuse (1982-1986) and Chairman of its Subcommittee on Prevention (1983-1986), as well as working as consultant for many national and international organizations and foreign governments. In 1987 he received a Presidential appointment as a conferee to the White House Conference for a Drug-Free America. He has written and lectured extensively in the area of substance abuse and was the recipient of NIDA's national "Pacesetter Award" in research (1982) and the co-recipient of The University of Michigan's Senior Research Scientist Award" (1987).

Joseph F. Kett

Currently Chair and Professor of History at the University of Virginia, Joseph Kett has numerous written works and teaching experiences to his credit, including over twenty-five years of teaching in the field of American social and cultural history, especially the 19th century, the history of education, and history of the family. His publications include books and articles on adolescence in America, the formation of the American medical profession, and social science. He received his bachelor's degree from Holy Cross College and his master's and doctor of philosophy degrees from Harvard University.

Henry S. Lufler, Jr.

Henry Lufler is Assistant Dean of the School of Education at the University of Wisconsin in Madison. He holds a Bachelor of Arts degree from Wesleyan University, a Master of Arts degree and Doctor of Philosophy degree in political science (constitutional law) from the University of Wisconsin-Madison. He is the co-author, with Hollingworth and Clune, of *Discipline: Order and Autonomy*, a publication about the impact of court decisions

on schools, teacher attitudes toward the law, home instruction, and other education law topics. Each year he reviews court cases affecting public school students for the *Yearbook of Education Law*, published by the National Organization on Legal Problems of Education. He was a member of Phi Delta Kappa's national commission studying the impact of courts on schools

David F. Musto

A member of the Yale faculty since 1969, David Musto, MD, is Professor of Psychiatry at the Yale Child Study Center and Professor of the History of Medicine at Yale School of Medicine. His research has centered on social history, particularly the development of policies involving alcohol, narcotics, the family, and mental health. Since 1981 Dr. Musto has been a member of the National Council of the Smithsonian Institution. From 1986 to 1988, he chaired a Connecticut task force on drug and alcohol testing in the workplace commissioned by the APT Foundation. In 1987 Oxford University Press published an expanded edition of his book *The American Disease: Origins of Narcotic Control*. Dr. Musto has also served as a member of the White House Strategy Council on drug abuse policy during the Carter administration, a panel member on alcohol policy of the National Academy of Sciences, and a historical consultant to the President's AIDS Commission.

David S. Seeley

David Seeley is currently Professor of Education at the College of Staten Island, CUNY. He has served as an Assistant U. S. Commissioner of Education, Executive Director of the Public Education Association, and educational advisor to the Mayor of New York City. He is also the author of numerous publications including *Education Through Partnership* (Pallenger, 1981), reissued in paperback in 1985 with a foreword by TheodoreSizer. This work is an analysis of fundamental flaws in the structure of public education in the United States and how education must be reconceived in terms of the voice, choice, and loyalty of students, parents, teachers, and citizens. He received his bachelor's degree and law degree from Yale University and his doctorate in educational administration from Harvard University.

Leslie J. Silverman

Leslie Silverman retired in 1985 from the National Center for Education Statistics, U. S. Department of Education. His last assignment there was as Director of the Elementary/Secondary Education Data Redesign Project, a deliberate reassessment and redesign of the Center's elementary and secondary education statistical data base. He co-edited the *Synthesis of Invited Papers* for the project and stimulated the development of *Alternatives for a National Data System on Elementary and Secondary Education* by George Hall, Richard M. Jaeger, C. Philip Kearney, and David E. Wiley, a companion volume and response to the Invited papers. Earlier, he directed several of the Center's data programs, including those on educational personnel and on language minority populations.

Benjamin J. Stein

Benjamin Stein has numerous publications and professional roles to his credit. Educated as a trial lawyer, he practiced briefly in the early 1970's; he also taught at the University of California, Santa Cruz, from 1972 to 1973. Some of his later accomplishments include serving as speechwriter for Richard M. Nixon and Gerald R. Ford from 1973 to 1974, as editor and columnist for *The Wall Street Journal* from 1974 to 1976, and as television and movie writer. To date he continues to work as a television, movie, and free-lance writer, and he is a frequent contributor to numerous periodicals including *The Washington Post*, *The New York Times*, *The Los Angeles Herald-Examiner*, *The Wall Street Journal*, *Gentleman's Quarterly*, *The American Spectator*, *Elle*, *Barron's*, and *Penthouse*. The author of twelve books, he has researched and written about drug addiction; some of these works are titled *Dreemz*, a diary of Hollywood life; *On the Brink*, a novel about a hyperinflationary catastrophe; *Ludes*, a novel about drug addiction; and *Her Only Sin*, a novel about a unique woman's struggle for success in Hollywood.

Jackson Toby

An author, educator, and sociologist, Jackson Toby is Chair and Professor of sociology at Rutgers University and also serves as the Director of the Institute for Criminological Research. He has been a consultant with the Youth Development Program of the Ford Foundation. He is co-author, with H. C. Bredemeier, of *Social Problems in America*, 1960; second edition, 1972. He also wrote *Contemporary Society*, 1964; second edition, 1971; and he has contributed numerous articles to professional journals and other periodicals including *The New York Times*, *The Wall Street Journal*, and *The Los Angeles Times*. In 1967 he served as a consultant on the President's Commission of Law Enforcement and Administration Justice. He is a member of the American Sociological Association, the American Society of Criminology, the Coalition for a Democratic Majority, the University Centers for Rational Alternatives, and the Committee for a Free World. He has conducted special research on adolescent delinquency in the United States, Sweden, Japan, and other countries; and on crime in American public schools. He holds a bachelor's degree from Brooklyn College, a master's degree in economics, and a master's and a doctorate of philosophy degrees in sociology from Harvard University.