

Unitarians Develop Cutting-edge Drug Education

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Unitarian Universalism is a religion as old as our nation. Grounded in the inherent worth and dignity of every person, we are often in the vanguard on cutting-edge social justice issues. In June 2002, the General Assembly of the Unitarian Universalist Association (UUA) passed a drug policy Statement of Conscience, advocating that marijuana should be legalized (like alcohol) and that all other drugs should be decriminalized and regulated by prescription.

The Statement also advocates a harm-reduction approach to drug treatment and education, to address the problems of drug abuse and addiction *without* scaring, arresting, punishing, or coercing people.

Unitarian Universalists for Drug Policy Reform (UUDPR) is an affiliate of the UUA, promoting the Statement's recommendations in the public arena. In the sphere of drug education, the Statement of Conscience urges, "Develop and implement age-appropriate drug education programs that are grounded in research and fact and that promote dialogue without fear of censure or reprisal."

UUDPR is rising to meet that challenge. Starting in November 2003, we developed an 18-session curriculum (75 minutes each session) and tested it with a group of ten high school students and occasionally one college student in a UU congregation in a suburb of Washington, D.C.

With more than a thousand congregations nationwide, the denomination is an effective organizing structure for grassroots advocacy, and for trying new approaches to tough problems like drug education. This article describes our background, philosophy, goals, experience, and future plans.

BACKGROUND AND PHILOSOPHY

Unitarian Universalists recognize that parents are the primary educators of their children. Our curriculum was developed

as a response to requests from parents and youths themselves for guidelines based upon the ethics of our faith. This is reflected in the curriculum name, *Freedom and Responsibility*, referring to the fourth of the denomination's seven guiding Principles, which affirms and promotes the "free and responsible search for truth and meaning."

UUDPR embarked upon this project in 2002, doing background research and getting input from parents, teens, ministers, religious educators, youth advisors, medical doctors, pharmacologists, professional educators, and experts in psychology, pharmacology, drug treatment and public health.

We started with the recognition that the consumption of drugs (including alcohol, tobacco, and pharmaceuticals) is prevalent in our world and that young people are or will be faced with serious decisions about these substances. There is no better place to address this situation than in the safe space of our church community with well-informed adults, both clergy and lay-leaders, who truly care for the youth.

The curriculum acknowledges that there are major differences between drug use, abuse, and addiction. While emphasizing that abstinence is the only way to remove all risk of developing a drug problem, we take the *Safety First* approach championed by Marsha Rosenbaum, Ph.D. (see pages 26–27 of this *MAPS Bulletin*). Our main focus is on preventing use from turning into abuse or addiction and reducing the potential harm from various levels of use. We are honest about the relative risks of different drugs and situations, and we teach people how to notice if a problem is developing and how to seek help.

OUR EXPERIENCE

A parent orientation session was held prior to starting the trial run at our church, as young people could not participate without their parents' approval.

Fortunately, no parents refused to sign the permission forms.

I co-facilitated the sessions, which ran about twice a month on Sunday mornings. After the sessions ended in June 2004, all eleven participants completed our 40-question evaluation form, giving us very favorable ratings. The following are the average responses on a few key questions, which utilized a five-point rating scale (5.0 being the best possible rating):

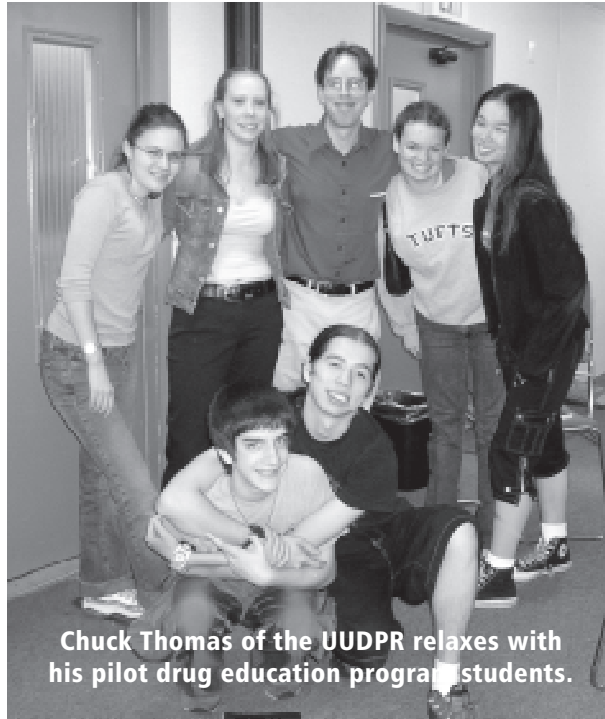
- What is your overall rating of the program? mean rating = 4.7
- This program would be very useful to other UU teenagers. mean rating = 5.0
- This program provided me with information that will probably be useful in my life. mean rating = 4.7
- My parents would be happy with what I learned in this program. mean rating = 4.5
- If you had any other drug education classes (for example, in school), how does the UU Drug Education Program compare? mean rating = 4.8 (i.e., “much better”)
- Sample reasons given for our program being “much better” included:

— “More in-depth; uncensored; more information.”

— “You recognize that people do use drugs and go from there, instead of just portraying them as ‘bad.’”

— “In school they teach us about drugs and their effects, but not how to handle these effects and causes.”

— “Unbiased, concise, no scare-tactics, fun, discussion based.”



Chuck Thomas of the UUDPR relaxes with his pilot drug education program students.

FUTURE PLANS

In autumn 2004, the curriculum will be tested at nearly a dozen congregations. It will be evaluated according to the feedback of facilitators and participants, as well as more scientific methods (with pre- and post-program measures of knowledge, attitudes, and intentions). Afterward, we will use this information to further modify the curriculum and ensure that it is implemented in as many UU congregations as possible.

Supportive religious communities are ideal for this program while it is still too controversial for most public schools. Our hope is that our successes will help to foster the paradigm shift necessary

to ensure that all young people eventually have the opportunity to participate in realistic, harm-reduction drug education programs.

UU DRUG EDUCATION CURRICULUM GOALS

- To provide the *accurate information* that young people need about drugs.
- To provide a forum in which *all questions are legitimate* and appropriate.
- To provide *learning about drug issues* that goes *beyond factual information* and that will be useful throughout the participants' lives.
- To help participants develop the skills necessary to make good decisions that will allow for a healthy, satisfying life.
 - To foster an interest in mental health and personal growth, as well as a reverence for the brain/mind and consciousness itself.
- To help participants learn the difference between drug use, abuse and addiction—and learn how to reduce the likelihood of developing unhealthy or destructive relationships with drugs.
- To educate and empower participants to help other people to reduce the harms associated with drugs.