Drug Education and an International Reflection

Recent Publications Suggest Link Between Drug Education, Intervention and the Conditions Producing School Achievement

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Perhaps for the first time, it has been found that the challenges of drug education and intervention are more serious than earlier understood. The research suggests that typical drug education and intervention fails most young people not simply unto itself, but likely undermines the basic conditions for educational achievement. This new consideration of evidence is an extension of our research as commented on by the National Academy of Sciences.¹

New evidence suggests that as young people interpret the negative impact of programs such as Drug Abuse Resistance Education (DARE) and Life Skills Training in combination with zero tolerance policies, they likely generalize these effects from drugs to the school on the whole. Young people appear to resolve drug education and intervention-related anxieties with this conclusion; adults in the school do not care about their well-being, and are thus, generally not credible educational sources. The capacity of school then to effectively deliver on educational achievement, is compromised.²

In the past, drug education and zero tolerance policies have been largely seen as separate from real education. Perhaps due to the distance between prevention scientists and the educational research and practice communities, to our knowledge, such linkages between prevention, intervention and the conditions of school achievement have not been previously considered.

The practices of modern drug education are virtually identical to those of over 100 years ago. Even in light of purportedly new and revised programs, the underlying premises remain the same.³ If as a MAPS reader, you are concerned about young people’s well-being, not only in regard to drug education, but also education on the whole, such research should give reason for active support of alternative and scientifically sound options. What follows is such an alternative: the third installment of my MAPS Bulletin series on drug education.

ResDrugEd: The First Prospective Process of Facilitating Resilience in Drug Education

Three years ago, in my previous MAPS Bulletin article (Volume XIV, Number 2), I noted:

RIGHT HERE, RIGHT NOW, an auspicious opportunity for positive change in drug education exists...We may possibly be moving from the problematic “abstinence” or “no use” approach to one that focuses on youth Development...

Little did I know that among those we consult with at the Center for Educational Research and Development (CERD), there was an international audience. Heretofore unknown to me, there has been interest overseas in youth supporting development in drug education that is in concert with this fundamental principle: Effective drug education is best supported when each individual’s interests and strengths are specifically engaged when making drug decisions.

In perhaps the first large-scale, long-term, international application of this idea, we are now readying to implement our resilience-based drug education model overseas. Our approach, called “ResDrugEd,” is unique because through an interactive process orientation we engage each person’s natural thirst for connection, learning and development concerning drugs and related issues, not a rote program.

Building on my previous Bulletin...
articles, the remainder of this one helps understand CERD’s research-based and practice tested approach to drug education. On a personal level, this article also describes how challenging one’s own notions of learning and development mirrors a second important principle of ResDrugEd – acknowledging adversity while focusing on strengths for learning and development. This is a simple, albeit not a simplistic notion.

In fact, the tale of my trip to Germany last summer to initiate this overseas effort represents the first installment of a personal and professional journey – one that in its translation helps convey what drug education means in practice. It shows how with our new friends and collaborators, Drs. Henrik Jungaberle, Rolf Verres and Fletcher DuBois from the University of Heidelberg and National Louis University, respectively, we have begun moving forward the potential for paradigm change through youth supporting development.

Uncertain Email to a Key International Speech?

Some months ago, in an email that I anticipated most assuredly belonged on my email junk heap–of the millions I had been willed, prodigious sexual techniques, amazing stocks and supernatural pharmaceuticals–among these, appeared an email with the subject heading “New ways, and invitation…” Disregarding my own conventional rules, for whatever reason, I decided to read the enclosed.

It was an invitation from the prestigious Heidelberg University, Institute for Medical Psychology and Mentor Foundation (www.mentorstiftung.de), an international organization devoted to the prevention of drug related harms. I was invited to be a keynote speaker at this international conference in Karlsruhe, the seat of the German Supreme Court, there was an additional note making it seem even more implausible – the queen of Sweden would be in attendance! No matter the initial appearance of implausibility, my response was with further queries, which were more than sufficiently responded to. Ultimately, my wonderful wife Michelle and I arranged a trip to Karlsruhe.

Youth Supporting Drug Education Options for the German Federal Government

The conference was titled, “Intoxication as Risk and Chance: New Ways of Addiction Prevention.” In addition to the queen of Sweden, it also featured the German equivalent of the U.S. Federal Commissioner for Drug Issues, Health and Human Services; town and district area mayors; and the head of the co-sponsoring Mentor Foundation, Brigitte von Boch.

The seeming impossibility of these speakers at a single conference addressing sensitive issues would only be matched by their participation given the timing and location of a second conference. The simultaneous conferencing is an example of the current double-edged sword of drug education – the progressive being formed out of the regressive.

At the same time and in the same city, the German federal government sponsored a conference essentially extolling the virtues of “Just Say No” and its variations. As I later learned, other American exports – DARE and zero tolerance– scientifically unsound and failed programs and practices, are now making their way into overseas markets. This second conference was designed to support its embryonic European implementation.

It is important to appreciate that, given the option, this impressive list of federal officials chose instead to attend our conference. In the filled-to-capacity neo-arts and crafts Karlsruhe opera house, press was everywhere, snapping off pictures, and filming the event. This occurred amidst notables’ calls for sensible drug education and clear differentiation between substances, levels of use and consideration of user contexts.

Pro-Youth Rhetoric with the Power to Deliver

To me and my close colleagues, the youth-supporting messages from high-level officials bordered on surreal. Beyond the discussion–as many close research and practitioner colleagues in the US regularly have such discussions–for the first time in my professional experience, within the sensitive area of drug education, the youth-supporting rhetoric could be matched by those in power to deliver such options.

Surreal was the fact that the high-ranking officials sanctioned the deep dialogue through their attendance. And

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Youth Theater with the Queen

At the beginning of the conference, following several speeches by dignitaries, Queen Silvia of Sweden gracefully entered. All stood and sat down. Radical youth theater ensued that used the dramatic techniques of Augusto Boal’s “Theater of the Oppressed” in order to act out a typology of young people involved in drug issues.

Adolescents assumed characters in relationship to parents, friends, drug educators and others. Colleagues and members of the audience asked questions, as the students role-played scenes around a drug, situation or particular user context. The students were interviewed by another young person, and they assumed the role of a character in that circumstance. They were also asked impromptu questions by audience members, to which the student responded in character.

As artists are often the first and most accurate portrayers of societal truth, the young people’s presentation included several frank depictions of drug use and issues in a variety of contexts. Without understanding German, it was clear that the drug issues they addressed—youth/adult relationships, use vs. substance abuse vs. misuse, as well as non-use—were clearly if not graphically conveyed. Ranging from the often sad-due to a lack of caring, connected relationship(s), challenging personal situations, and lack of support when needed; to the hilarious-due to overreactions to rituals of experimental use, unvarnished truths emerged from the youth theater.

Equally remarkable, sitting at arm’s length from my wife, her Royal Majesty, Queen Silvia of Sweden, was frequently nodding her head in apparent agreement with the depictions portrayed by the young people. In fact, amidst a standing audience ovation following the presentation, her Royal Majesty approached the stage and personally thanked each young person.

The Queen’s powerful public actions were more than just symbolic. That night, on behalf of the Mentor Foundation, she attended a gala, where in one evening hundreds of thousands of dollars were raised to support drug education options such as CERD’s.

Bringing the Conference Down to Earth: Resilience Drug Education

As was our trip in Europe, my own presentation was punctuated by extreme
heat and driving rain. Introduced in German by a leader of drug education evaluation and information dissemination, Dr. Anneke Büchner, I was told that she paid great honor to our work. In her extensive review of drug education around the world, she found hardly any drug education option as scientifically sound and well articulated as CERD’s resilience-based drug education model.

In the presentation titled, “Development and Intentional Self Integration of Strengths-Based Youth Drug Prevention Education,” I made two key points. First, that there is a distinct difference between preventing a problem and promoting the kinds of youth emotional and intellectual development leading to successful life outcomes. Second, I described in detail CERD’s approach, as noted at the outset of this article: process, not program. This means focusing on building competence in the day-to-day and moment-to-moment opportunities and interactions or processes of interaction—those supporting resilient learning and development in drug and life decisions. This included, but was not limited to, three key components:

1. **Expand Harm Reduction**
   Provide real help to youth by addressing non-use, misuse or problem use, and a host of negative individual outcomes associated with it, such as drinking and driving.

2. **Create a Community Connection**
   Facilitate collaborations between agencies and communities in these efforts.

3. **Reorient Toward a Process Focus With Youth and Professionals**
   Model and facilitate developmentally-appropriate education emphasizing decision-making capabilities, awareness, and responsibility.

   Specific consultations and skills from this drug education and youth supporting process that CERD has already provided to individuals from more than 60 organizations were described throughout the presentation. The details can be found in my previous MAPS article(s), the CERD website (CERD.org), or by contacting CERD.

   The packed room was filled with well-informed, critical thinkers. For the first time, many of them were being introduced to the crucial role resilience can play in moving drug education from a mere program to a lifelong human development process. Thankfully, the interest and intrigue in strengths-based drug education was palpable.

   Again, to my surprise, in a progressive country particularly amidst such an international audience, where regular conversation of the kind described above was occurring, I thought our work would be more typical than not. This experience was rounded out by questions such as “how do we clearly add value to harm reduction?” Rounding out the discussion that went on long after the presentation, one individual privately noted to me that the prospective development of resilience as a life orientation addressing drug issues is now seen by many as the first paradigm-changing model offered in many years.

   As the conference drew to a close, the esteemed Dr. Jungaberle received high praise and a well deserved standing ovation. He used this as a springboard to attempt to develop common drug education principles and positions among participants.

### A Cross Cultural Experience: A ResDrugEd Skills Builder

On return from Karlsruhe to Heidelberg, the Director of Medical Psychology at Heidelberg University, Professor Rolf Verres, reiterated an invitation for me to be his guest at a lunch. During this time, it became clear that our learning philosophy was congruent—that is, if the goods of a highly targeted and strengths-based skills building process could be delivered on, it would be a worthy international endeavor. Based on this interest at the University of Heidelberg I gave a second presentation to a university group of colleagues—this one being very different from the conference presentation.

   The work focus was primarily experiential, a key element in ResDrugEd. Here, the educational process is not merely transmitted. Those working with young people first experience resilience for themselves, then reinterpret, adapt to local needs, and model for young people to apply as a skill set for making their own drug decisions. We call it facilitating by modeling.

   Specifically, rather than primarily talking about resilience, we engaged in a skills building exercise critical for drug

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education, learning how to focus not only on drug information, but building a strengths-based community to safely identify and apply personal assets for making drug decisions.

The exercise went well. You may wonder, how did I come to understand this in a context where only limited verbal understanding between myself and the participants was possible? It was here that a significant component of ResDrugEd came into focus. Given the language barrier, such development of strengths-based decision-making skills was demonstrated both through verbal and nonverbal cues to which we are trained to pay attention. While the participants were talking among themselves, I was able to interpret the skills building exercise as successful. This, because without understanding all of what the participants were saying, as the exercise progressed, within about twenty minutes, of dialogue, they continually moved closer together. The department chair confirmed that the exercise demonstrated the embryonic emergence of building blocks found of a supportive drug decision-making community—in the space of about an hour.

**Next Steps: The First Cross-Cultural ResDrugEd Implementation**

The result of this extensive interaction represents an exciting first. Coming from a day of detailed planning, largely facilitated by the noted experiential expert Dr. Fletcher DuBois of Heidelberg and National Louis Universities, in collaboration with Dr. Jungaberle, Mentor Foundation is now committed to planning an international evaluation and implementation of CERD’s ResDrugEd.

As of this writing, such groundbreaking work will include leading researchers and practitioners. With Jerome Braun as the lead Mentor foundation representative, we will collaborate to translate CERD’s extensive materials and training protocols for administrators, educators and youth-serving professionals into culturally and developmentally appropriate materials. With Dr. Jungaberle leading the effort on the German side, we also hope to film and incorporate the voices of young people into the training protocols. This adds a dimension to our earlier research actually depicting the voices of youth as important to evaluating drug education.

Due not only to its intellectual components, but also to the interest, emotional compatibility, and sheer magnitude of support and opportunity for placing youth and resilience on center stage in drug education, this experience was impressive.

This experience was life-changing because it became clear that Germans and the international community are ready to confront what has been the rhetorical province of America—drug education stated as being in service of youth, where in reality, their educational future is compromised through zero tolerance and psychologically damaging programs. This is particularly evident when strengths-based options such as CERD’s are available to put the meat on the bones of this rhetoric, as many in Germany as well as others in the international community well understand.

Michelle and I will look forward to returning to continue this groundbreaking and life-changing experience of supporting the transition of drug education into a new resilience-based paradigm.

And so it goes. We come full circle, RIGHT HERE, RIGHT NOW, an auspicious opportunity for positive change in drug education exists…We may possibly be moving from the problematic “abstinence” or “no use” approach to one that focuses on youth development… On this decade anniversary of CERD, hopefully, MAPS readers will make the rhetoric of youth we espouse a reality by actively supporting the call to make the ResDrugEd vehicle clearly seen as viable internationally, and as a reasoned response worthy of active youth-supporting advocacy for implementation and scientific examination in our own backyards.

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2. For details, I refer MAPS readers to two related articles, with a third critical one under peer review.