

drug education and democracy [in]action

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THE LETTERS LSD are derived from the German Lysergsäure Diäthylamid, the English translation yields the chemical name, Lysergic Acid Diethylamide. It was synthesized in 1938 at the Sandoz Research Laboratories in Switzerland, and its profound mental effects were first noted in 1943...

People who use LSD say that it has a number of effects. The first effects are likely to be sudden changes in their physical senses. Walls may appear to move, colors seem stronger and more brilliant. Users are likely to "see" unusual patterns unfolding before them. Flat objects seem to stand out in three dimensions. Taste, smell, hearing and touch seem more acute. One sensory impression may be translated or merged into another...

One of the most confusing yet common reactions among users is the feeling of two opposite and strong emotions at the same time — they can feel happy and sad at the same time and many other combinations...

DO YOU THINK this excerpt is from an experienced writer? If you believed this to be the case, think again. It was written in 1972 as part of a school project by a 7th grade girl; she received an "A" for her "Narcotics" report. In response to the "LSD" section of her report, her teacher commented, "a very, very interesting report on this drug." As you will see, this excerpt from Carol is important; it is part of the past and helps us understand the present state of affairs in school-based drug education and possibly in the larger society. In this brief article I make some connections between past and present drug educational perceptions, practices and societal contexts.

Because all sorts of substances (licit and illicit) are used in this society with a variety of costs and benefits by a majority of our citizens, the quality of drug education is one of our most prescient barometers of our democracy and social well being. It is important to explore school-based drug education for two reasons. First, because there are few who really under-

stand what children experience in such programs. Second, because most policy discussions of U.S. substance abuse tie youth and drug education together.

Initiating drug education in the 1970's: Some successful programs with misguided goals?

I examined Carol's report from an educator's perspective after recently receiving it. Some brief observations are in order. Carol's natural curiosity and the educator's guided exploration of that curiosity represent several unique domains that together form an educational confluence. The explicit integration of the following unique domains can play a key role in education: the cognitive (rational orientation), the affective (emotional orientation) and the psychomotor (behavioral domain). Although there is an obvious difference between a report of an experience and being in an experience itself, each of these domains can be seen in Carol's excerpt. First, by describing where LSD came from and certain facts about it, Carol displays cognition regarding LSD. Second, by

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describing the “feeling of two opposite and strong emotions at the same time,” Carol is evoking potential affective elements regarding LSD. Third, by describing “sudden changes in their physical senses,” Carol is integrating some potential psychomotor experiences related to LSD. It appears that in her report from 1972 Carol integrated these elements to form her own understanding of “narcotics” which was facilitated by the educator.

The NIDA factor

This process was likely facilitated in the public schools by a unique and brief social climate in America at that time. During that period the National Institute for Drug Abuse (NIDA) recommended that when teachers provide a drug education, they should be able to “assist students in learning how to weigh the consequences of possible decisions they could make on drug issues” (1975, p.18). In describing how school-based drug education should be delivered, these assertions were made:

1. The “drug problem” (however it may be defined) is not inherent in the mere existence of pharmacological substances. The problem lies in the way people decide to use those substances. Education programs which focus only on drug information are not sufficient to help solve the “people problems.”

2. Problem drug use — the pattern and frequency of drug use which interferes with the user’s social, psychological, or vocational functioning — is a way of dealing with the environment. It is a behavior pattern and is usually directed toward avoiding the user’s personal problems.

3. The teacher has not only the ability but the responsibility to help students learn how to use drugs responsibly and learn how to find alternative solutions to personal problems that might otherwise lead to drug abuse.

4. The teacher should serve more as a facilitator of learning than as an imparter of knowledge. This assumption implies a process-oriented or problem-solving approach to drug education.

The guiding objective for our task was to meet the drug education needs of students, rather than the needs of school administrators of teachers, or of the people responsible for preparing future teachers. Too often, drug educational programs are designed and teachers are trained to satisfy the perceptions and biases of different adult groups. Consequently, the programs are likely to be irrelevant to the real world of peer pressure, value confusion, and “growing up” in which young people live (NIDA, 1975, p.2).

The above drug education approach suggested by NIDA includes elements that educators now recognize as essential for an

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effective education: the facilitation of students’ self awareness, personal responsibility for learning, and self directedness strictly in relation to the topic under study (Brown, 1996). This “Confluent Education” is facilitated by teachers when they help students incorporate cognitive, affective, and psychomotor domains so that their education can be personally relevant and meaningful.

Confluent Education

When assessing the effectiveness of Carol’s drug education, I would like to make two points. First, from my examination of her report, there is no evidence that this is part of an unstructured education. The structure of the report relative to the educator’s comments makes it eminently clear that Carol is constructing her own learning, but that the

educator is facilitating it. Facilitated properly, a Confluent Education is as strict and rigorous as traditional education in which information is imparted to the student with the goal of the student to transmitting information back to the educator. The key differences between Confluent and traditional educational strategies are twofold: the educational orientation is toward what the student constructs as being meaningful within the given context of the subject under study, and the role of the educator is one of facilitator, not merely an imparter of information. Thus in a confluent education, deep learning is likely to be engendered, while in a traditional education, learning is likely to be rote and of short duration. We cannot deeply educate if much of the educational process is one that teaches children to ignore their natural proclivities toward learning, especially about substances.

IN EVALUATING the quality of her drug education there is a second point worth considering.

Nowhere in Carol’s report is there evidence that the educator advocates substance use. Indeed, I do not believe that it is the role of the public school educator to so. When discussing health issues (such as substance use) the role of the educator is to facilitate a learning process and offer comprehensive information which allows each individual to consider the costs and benefits of his/her own behaviors. As children evolve into adolescents and then adults, teachers can facilitate an increasing participation level by helping them gain self-awareness and self-directedness, and by allowing them to take personal responsibility for their learning. A confluent education will best serve their interests, as well as society’s, because youth will have adequate information, share an enhanced desire to learn, and have an understanding of how to become informed on salient issues.

From a no substance use perspective (discussed later), some might perceive the educational methods taking place in Carol's time as failures. Instead, perhaps it is the misguided no substance use goal which emerged in the 1970's that is the real failure. From an educational perspective and nearly twenty years of additional knowledge about deep learning, Carol's drug education may have actually been a great success. As you will see in the following sections, the "post Carol" period of drug education reveals a great deal about the consequences of providing a traditional drug education which includes the goal of delivering a "no substance use" and punitive message to our youth.

The context of current drug education

Since Carol's time, drug education has changed radically because the American landscape has changed dramatically. In this section as it relates to the current American landscape, I describe our youth's deeply rooted feelings regarding today's drug education.

The context of current drug education programs is reflected by national drug education policy statements:

School-based prevention programs should be reinforced by tough, but fair policies on use, possession, and distribution of drugs... We cannot teach them that drugs are wrong and harmful if we fail to follow up our teaching with real consequences for those who use them... Policies like these have been criticized for addition to the dropout problem. But experience shows that firm policies fairly enforced actually reduce the numbers of students who must be expelled for drug violations; most students choose to alter their behavior rather than risk expulsion (The White House, 1989, p.50-51).

After California alone spent approximately 1.6 billion dollars over the past four years for drug education, our study of the state's Drug, Alcohol, and Tobacco Education (DATE) Programs found the following. From interviews with 388 educators, administrators and community members and forty student focus groups comprised of nearly 240 (grade 5-12) students, we found that drug education programs were highly implemented as intended. In programs like Drug Abuse Resistance Education (DARE) three primary "educational" strategies were utilized. In harmful consequences strategies, educators attempt to influence students not to use substances through graphic portrayals or presentations of the consequences of substance use. In reward-type strategies, educators attempt to influence students not to use substances by offering a reward in exchange for the commitment not to use substances. In self-esteem strategies, educators attempt to increase students' self-esteem by teaching them how to refuse substances when offered. And what effects did we find?

RANDOM SURVEY RESULTS from over 5,000 adolescents showed that only 15% felt strongly and positively affected by their drug education by the time they reached high school. 97.5% of the 40 student focus group interviews characterized school substance policies by three words: "detention, suspension, or expulsion." Many students wondered aloud why themselves or their peers were not getting help when they perceived that it was necessary:

(S)tudent: Especially at first, if you need help they tell people to go to like [name of institution], get your fix, you know, come back and we'll get you back on your feet, you know?... They are not in this for helping you, they are in for getting rid of the bad kids and just having all good kids in school. *[spoken very emphatically]*...

S: Well, maybe if you could get them to care more then they would do that [a different respondent than the others above].

S: If they suspect you of smoking or having drugs on you or whatever, if they see a kid like that in their school then, instead of suspending them and getting them out of school, why don't they help then? (#531, p.21)

In effect, many students have both heard and understood the absolute "no drug use" message, but they have come to question the veracity and the motives of their educators because of drug education programs:

S: I think it's nothing! It's exaggeration!

S: They lie to you so you won't do it!...

S: Oh, they lie to you so that you won't do the drugs! They think you're dumb!

(I)nterviewer: Do you think that works?

S: No. [laughs] (#508 p.10)

Our findings in the DATE study were revealed precisely because we focused on the students' voices. Few if any large evaluations of such programs have been oriented in this way. Our report to the California State Department of Education concluded that drug education programs were perceived negatively by students because of how they were conceptualized and implemented, not because of a failure to implement. Through further investigation we have found that it is unlikely that the students' negative perceptions were primarily due to adolescent rebellion (Brown, D'Emidio-Caston and Pollard, 1996).

The DATE study stands with a great deal of other research in suggesting that traditional educational methods combined with the absolute no substance use message and punitive policies are responsible for the students' rejection of these programs. In fact,

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there is a great deal of research which provides a deeper understanding of why these programs may be doomed from the outset. In the next section some of this research is examined.

Adolescent experimentation and their capabilities to judge risk

Since about 1978 the guiding principle of "prevention education" has been no substance use. During this time drug education researchers and many others have fought expensive and counterproductive battles over drug education programs that create mere 5-10% cycles of changes in adolescents' behavior directly attributable to these programs. Through our extensive research, we have not found one scientifically sound long-term study showing that drug prevention education produces sustained reductions in adolescent substance use. We have shown that the guiding principle of no substance use is unreachable and perhaps even detrimental to kids. A no-use message forces educators into the unenviable position of lumping all substances together as dangerous, and equating any substance use with substance abuse (Brown and D'Emidio-Caston, 1995). The "no use" principle also taints nearly all the research in this field (Brown and Horowitz, 1993; Horowitz and Brown, 1996). It creates a poor research criterion of success by focusing only on substance use outcomes, and ignoring the (often unpalatable) student experience pertaining to these programs.

The goal of no substance use runs counter to basic educational goals, namely learning as a uniquely individual process and outcome, not just learning a singular particular outcome, such as no substance use. Unlike almost all other education in which deep learning is the goal, in drug education as in sex education, the goal is to change existing or likely behaviors, to sway children and adolescents away from their prurient interests.

NO MATTER how one feels about it, well-founded research has shown that one part of normal adolescent growth is experimental substance use (Jessor and Jessor, 1977; Newcomb and Bentler, 1988; Shedler and Block, 1990). Today, by the time students finish high school, at least 80% of them have used alcohol, tobacco or another drug (Johnston, et al., 1995). As Delone (1972) stated, "there is strong evidence that [drug use]... is part and parcel of coming of age in America." (p.32).

There is a great deal of evidence suggesting that in fact, the substance using experience is part of a healthy evolution into adulthood for many adolescents (Newcomb and Bentler, 1988;

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Shedler and Block, 1990). For example, Shedler and Block (1990) investigated the relationship between psychological characteristics and future substance use, from pre-school to age 18. 101 18-year-olds (49 boys and 52 girls) were included in this study. Psychological profiles of these individuals were performed at ages 3, 4, 5, 7, 11, 14 and 18. On the basis of marijuana use information collected at age 18, participants were divided into categories: frequent users, abstainers, and experimenters. Based on user levels, analysis showed that psychological differences could be traced "to the earliest years of childhood." Those adolescents who used drugs frequently were found to be "maladjusted, with signs of a distinct personality marked by interpersonal alienation, poor impulse control, and manifest emotional distress." Those adolescents who abstained from marijuana use were found to be "anxious, emotionally constricted, and lacking in social skills." Those adolescents who experimented with substances were psychologically the "best adjusted." Most important to note is that the psychological difficulties of frequent users and abstainers came before substance use. Consequently, frequent substance use (or lack thereof) was seen as part of other long-standing underlying psychological issues. Substance use level was not seen as a cause of these psychological difficulties.

Why drug education fails

To this point, this article implicitly postulates that much of drug education focuses on what is referred to as the "pathologizing" (Shedler and Block, 1990, p.628) of our youth. Students themselves confirm a great deal of research, including Shedler and Block's, that the substance "use versus abuse" distinction is a critical reason that much of drug education fails. Many programs present students with a message that is contrary to society's experience, and eventually to most of the students' experiences.

Another cause of the failure of these programs arises from taking responsibility away from youth, by implying that they are not adroit at making decisions. Contrary to this popular belief, Quandrel (1990) and Fischhoff (1975; 1989; 1992) have shown that when making decisions, adolescents are as good as many adults when assessing risk (e.g. risks of substance use or negative outcomes resulting from sexual practices). Quandrel, Fischhoff, and Davis (1993) found that when compared with adults, adolescents displayed a minimal difference in cognitive decision-making. There are a number of well-founded studies showing that children became increasingly sophisticated in their decision-making about substances as they matured into adolescence

(Jessor, 1976; 1992; 1993; Jessor and Jessor, 1977; Kandel et al., 1978, 1985; Liotts, et al., 1983; Aronson, et al., 1985; Baumrind and Moselle, 1985; Kandel, et al., 1986), taking into account a multiplicity of influences, such as peers, media and family. This is not to say that students are fully mature decision-makers. However, it is to say that as adolescents age, there is substantial evidence that many can be increasingly reasonable judges of risks associated with their own lives.

THE STUDENTS' OWN appreciation of their increasing developmental sophistication may in fact be the reason that they are able to clearly convey to one another the costs and benefits of, for example entheogen use. Their ability to judge risks and to locate their own positions and experiences amid much of today's countervailing adult rhetoric actually constitutes a remarkable demonstration of their capabilities. Clearly, many of our students explicitly understand this educational process. Why don't many adults?

An effective drug education

It will be a surprise to no one who understands our youth to find an alternative drug education emerging from failed aspects of public school drug education. For example, the excellent Foldes et al. MAPS article of August 1995 describes positive experiences arising from entheogen use. The children in this article learn not only what to expect from entheogens, but also how to avoid negative consequences of using them. The culture of entheogen use is shared, moving from generation to generation despite the barriers. This practice constitutes a vital component of drug education, but one which is insufficient because it is not common enough.

If current processes are ineffective and the processes described by Foldes et al. are not common enough, then what might be better for reaching all youth? What should an effective drug education be like? As discussed at the outset of the article, an effective role for an educator could be as follows: facilitate students' process of learning factual information; facilitate students' decision-making process; and contribute in a general way to the development of healthy and productive citizens.

More specific recommendations with regard to future drug education arise from the combination of our research which includes the students' voices, other research, and our analysis of Carol's drug education. The following recommendations, which come directly from the DATE report to the California State Department of Education, would be a good start toward promoting the well-being of all our youth in schools:

1. Provide a developmentally appropriate set of prevention programs at all grade levels.

2. Discontinue primarily harmful consequences educational services.

Even though many students can display the rote knowledge that any substance use is unhealthy, at the same time, students show little or no evidence of understanding harmful consequences information during early grades. Although young children's perceptions are sophisticated, education must be more closely linked with experiences, namely seeing adults using substances reasonably, as well as hearing about or seeing adults with substance abuse problems.

3. Without condoning substance use, shift to a harm reduction approach similar to that used when delivering AIDS Education.

As we have discussed, many students believe that they are being presented with only one correct decision: a decision not to use substances. They often describe this approach as a cornerstone of the failure of drug education because it goes against their own curiosities and experiences. Given the extent of student substance use and the fact that the majority of negative effects of substances are not inherent in the substances themselves, it is prudent to shift toward a harm reduction approach. This approach is meant to deal realistically and credibly with specific issues associated with substance use such as drinking and driving. This shift is the only remaining educational alternative with substantial research support (Newcomb and Bentler 1988; Shedler and Block, 1990; Brown and Horowitz, 1993). Such an approach would include six items, enumerated by O'Hare et al., 1988/1992:

1. Provide young people with factual information about drugs.

2. Help them to examine their own attitudes about drugs and drug users.

3. Help them to understand people who experience drug problems and foster a caring attitude.

4. Help them to avoid the harmful consequences of drug use by explaining secondary prevention strategies.

5. Raise awareness of the legal, health, and social implications of their own drug use.

6. Help them to understand the role of drug use in past and present societies and cultures.

4. Recruit outside drug educators to provide confidential educational services.

Evident throughout our research is the desire of students to speak openly and confidentially with specialists. Most often, students want to discuss their drug experiences with knowledgeable individuals with whom they can be candid. I believe it would be

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fruitful to recruit outside professionals who are competent to answer student questions about substances in an interactive and confidential teaching situation.

5. Do not purge students in need of help from the educational system.

6. Bolster counseling services.

Regardless of their substance use level, students often tied the detention, suspension, and expulsion of their peers to a general lack of drug education efficacy. To positively affect students of all substance use levels, either exclusionary policies should be replaced with policies that support adolescents who truly have abuse problems through the availability of confidential counseling, or personnel should refrain from using the threat of detention, suspension, and expulsion as a substance use deterrent. In addition to traditional one-on-one student counseling, counseling is seen as including support groups led by professional counselors, and student assistance programming.

THESE RECOMMENDATIONS for a quality drug education can be realized by utilizing Confluent Education goals and practices — by engaging the cognitive, affective, and psychomotor domains, and by viewing the educator as a facilitator in helping students to self-construct their own deep learning. Carol's teacher did just that in the 1970's. Again, youth need to share their thoughts and feelings about substances. If they cannot, we are not meeting them at their point of reference, and they will not be reached. In the DATE study alone, students told interviewers over 400 stories about substances. They ranged from basic stories about uncles fishing and drinking to detailed stories about appreciating differences between cultures, different substances, and different levels of use. In addition to writing reports like Carol's, students can participate in exercises where they share their stories regarding substances in small and large groups. Educators could provide information during 'teachable moments.' These educational processes are described in detail in our new book *Advances in Confluent Education, Vol. 1: Integrating Consciousness for Human Change*. As these processes help students make informed substance use decisions, they help them gain awareness and take personal responsibility for their decisions. For many youth these processes are desirable, as reflected in the words of this high school student in the DATE study:

R: I just want to say that I guess the best education would be the education that would allow you to evaluate yourself and allow you to evaluate your own personal beliefs and your morals and your values

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and take a strong look at what you're feeling and how you might have the possibility to be a substance abuser (#530, p.31).

The goals listed above are not radical to many educators. Nearly every recommendation is part and parcel of a quality education. To further develop our ideas of what might work, we can perform archival analysis of data such as Carol's report and the larger educational and human development literature. We then must be able to examine these Confluent processes in schools as applied to drug education.

But given our current societal context, we are unable to do so. Because of the current environment in which the rhetoric of protecting our children is used to perpetuate a full-scale war on drugs, we cannot explore alternatives to ineffective programs. In

practice, researchers and educators lose funding if they discuss anything other than an absolute no substance use message. For example, despite independent blind scientific review from over 30 scientists and two publications in first line journals (Brown and D'Emidio-Caston, 1995), the California State Department of Education did not publish the DATE report. We were told that responsibility of publication lies with the researchers. Through the media, the State Department of Education informed us that the study was methodologically unsound, the recommendations were unsound, and some were perhaps even illegal. Sadly, a great deal of this invaluable data set goes unanalyzed today.

Conclusion:

Drug education and democracy (in)action

The hidden consequences of drug education are pervasive and pernicious. While drug education may take up only a small proportion of the educational curricula, the students tell us that it has a disproportionately negative effect on adult credibility. Inside school, students receive information delivered from a variety of experts (like DARE officers) intended to arouse their fears; such information includes that any substance use is equivalent to substance abuse, and that any use has dangerous consequences. They are also taught how to refuse substances if offered them. At the same time, outside of school, students report seeing a different picture: individuals using a variety of substances, at varying levels, and in different social contexts with different perceived outcomes. The DATE evidence suggests that such cognitive inconsistencies are linked with student descriptions of a state of tension and/or "depression." Often times, students appeared to resolve this dissonance by linking their perception of drug education with the "new cognition" that educators were either lying to them about the information they

provided or were not interested in helping those students they perceived as having a substance use and/or abuse problem ("I think it's nothing! It's exaggeration!; They lie to you so you won't do it!"). The state of dissonance apparently aroused in students by drug education should be of serious concern to those who care about our youth.

BUT THE CONSEQUENCES of current drug education are deeper than a distrust of educators, a state of dissonance among youth, and a lack of complete information regarding substance use decisions. Current drug prevention education practices tell us about democracy (in)action. The deeper the perceived social problem in this country, the less we are willing to maintain truly democratic educational practices. By the time students move into adolescence — the time when they are forming their own values — there is clear evidence that the no use message and punitive practices justified by legalities foment the values of adult mistrust, censorship, and the exclusion of certain children from the school community. Researchers are muzzled, teachers are limited in what they can say, youth are limited in what they are supposed to hear and feel. Decision-making and responsibility-taking are withdrawn from kids as drug education programs tell them they have only one "right" choice, the choice of no substance use. In a democracy, is one choice a choice at all?

It is only when parents and the society at large are concerned

enough to appreciate the gravity of these hidden consequences of drug education that we can discover the seriousness of utilizing the rhetoric of children to promulgate the war on drugs in schools. One wonders why we use the rhetoric of caring to promote children's well being (as demonstrated by the White House statement), yet implement programs which constantly utilize threats of physical harm and punishment as effective and just educational approaches (as demonstrated by the programs and student perceptions of them). At its essence, today's drug education imparts values to children that run counter to those found in a well informed, free and open society. By almost any examination, the evidence suggests that these values do not contribute to a successful, healthy democracy. I look forward to the day when we embrace our children and accept their voices as meaningful and relevant to our drug education discourse. •

Notes

Our new book *Advances in Confluent Education: Integrating Consciousness for Human Change* can be purchased from JAI Press by calling (203) 661-7602. The California DATE report can be obtained free of charge by faxing a note on your professional letterhead to Stephanie Butler, (301) 907-8637. A special thanks to Marianne Apostolides for editing this paper.

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