



The Phyllis Schlafly Report



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Why Are We Losing Teens to Drugs?

In a televised Public Service Announcement sponsored by the Partnership for a Drug-Free America, sibling tennis champions Venus and Serena Williams shared the secrets of their success. According to the champs, their triumphs in tennis would not have been achieved had they used illegal drugs. The punch line was: "The decision is yours. Make the right one."

But, since when is it just a personal decision whether or not to obey the law?

This same skewed message — that drug use is a matter of personal choice — is what is taught in most of the school-based drug-prevention programs funded by the federal Safe and Drug-Free Schools and Communities (SDFSC) Act. (Pub.L. 103-382) This is in spite of the fact that Section 4132 of the SDFSC Act clearly mandates that **"Drug prevention programs supported under this part shall convey a clear and consistent message that the illegal use of alcohol and other drugs is wrong and harmful."**

Eagle Forum conducted a six months' nationwide investigation into the drug curricula used in public schools and financed by the federal taxpayers under the SDFSC Act. This investigation confirmed the accuracy of these common complaints voiced by parents: (1) the drug ed courses are nonjudgmental — they do not convey a clear message that illegal drugs are wrong, illegal, unhealthy, dangerous and sometimes fatal; (2) the courses lead children to believe that they are capable of "critical thinking" and "decision making" about drug use depending on their feelings and the situation; (3) the courses are often psychological, focusing on intangibles such as self-esteem; and (4) the courses are intrusive of pupil and family privacy, usually requiring the children to reveal all sorts of personal information about themselves and their families to the school and sometimes to the entire class.

Values clarification or decision making is the operative methodology of most drug education curricula. Under the prevailing philosophy, teachers don't tell children how to behave but instead teach them to decide for themselves about drug usage. The theory is that children will feel better about themselves and have more

self-esteem if they draw their own conclusions. Advocates of this practice argue that children who make their own decisions feel self-confident and that self-esteem will help them avoid drugs.

The education establishment manifests a peculiar phobia toward teaching that anything is wrong, even if it is illegal or dangerous. It's almost as though "wrong" is a forbidden five-letter word banned from the public school classroom. The law's requirement to teach that illegal drugs are "wrong" is universally ignored.

Current pedagogical practice calls for making education child-centered. Teachers are cautioned to stop lecturing and to start listening, to be facilitators supervising classroom discussions instead of teachers speaking from authority.

The term values clarification comes from the influential 1972 book of the same name, *Values Clarification* by Sidney B. Simon. Under values clarification, children are encouraged to reject authority and to "clarify" their own values about many issues, including drugs, ostensibly in the hope that children will feel empowered by their ability to make important decisions.

But what if the student feels empowered to make a decision that the law judges to be wrong? And what if the student makes his decision based on information that is inaccurate, incomplete or even false?

Most if not all of the widely used programs funded by SDFSC funds use nondirective, values-clarification techniques that teach children drug decisions are up to them. Illegal drugs are presented to children as a choice that they, despite their immaturity, can make.

But the decision about using illegal drugs should **not** be left to a child. Our society has already made the decision that illegal drugs are wrong, harmful, unhealthy, and illegal. Schools do not grant such flexibility to students in matters of school attendance or wearing helmets to play football, but when it comes to drugs and alcohol, students are left to their own choices. After a high school student takes driver's education, it would be ridiculous for the instructor to say, "The decision is yours whether to drive on the right side of the street or the left."

When children are taught to look inward as the sole source of authority, ultimately they learn that any decision is acceptable. A child with fuzzy values about drugs is a drug dealer's favorite target. The drug peddler (who certainly won't use a nondirective sales talk) will be happy to guide the child to his decision.

Drug education should carry a clear message. Unfortunately, there is no accountability to ensure that the federally financed programs actually discourage the use of illegal drugs by warning children that illegal drugs are as harmful as they really are.

Dispelling the Marijuana Myth

It is tragic that most drug education curricula fail to warn students about the insidious and seductive dangers of marijuana (also called pot). Drug education over the past 25 years has left youngsters with the false notion that marijuana is a harmless or "soft" drug, like alcohol, safe if used in moderation.

The myth that marijuana is no more dangerous than alcohol has been aggressively promoted by the international drug cartels since the 1960s. Teenagers find this easy to believe because they see many adults who drink alcohol without apparent harm (even though many lives have been destroyed by alcohol). So, some teens feel free to experiment by smoking a little pot and drinking a little alcohol.

In fact, marijuana is radically different from alcohol and far more dangerous. Marijuana is very deceptive and perhaps as harmful as heroin.

Alcohol is water soluble and so, when it is absorbed into the body, it dissolves in the blood and stays in the blood as it is carried around the body to various organs. It is gradually eliminated, primarily by being metabolized in the liver and, within hours, no alcohol is left in the body. The hangover that lasts a day or so after heavy drinking is caused by poisons generated by alcohol in the body, not by the alcohol itself.

Marijuana, on the other hand, acts on the body in a very different way. Marijuana's psychoactive ingredient, THC, is strongly fat soluble but cannot dissolve in water or in blood. THC is stored for many weeks in the fatty tissues of the body.

THC is extremely slow acting. THC is one million times more potent than alcohol, but appears to be mild because very little reaches the brain during the "high" and, unlike alcohol, doesn't leave a hangover.

When marijuana is smoked regularly, THC accumulates in body fat. The THC is slowly fed back into the blood, and the user gradually slips into a state of continual sedation. In time, the steady presence of THC in the blood damages the brain, the lungs, the immune system, the chromosomes, the hormones, the reproductive system, and sexual development. The frequent pot user becomes passive and devoid of personal ambition.

Most important, the pot user doesn't realize what has happened to him because he is sedated all the time. The

daily marijuana smoker is in a perpetual fog but doesn't realize it.

Because THC is continually present, the body rapidly builds up tolerance to it, and so the pot user is led to smoke more and more to regain the original high. Eventually, the high from pot fails to satisfy, and he may turn to other drugs, including alcohol, to achieve a high. Nevertheless, he usually continues to smoke pot as he uses the other drugs, because pot makes him "feel good all the time."

When using alcohol, a regular pot smoker typically drinks to excess because he is constantly numb from his steady THC blood level and requires several drinks to feel an effect. Also, pot strongly inhibits nausea and he can drink heavily without getting sick. Normally, a teenager vomits from excessive alcohol, but one who regularly uses pot can easily hold down a lethal alcohol overdose. Since THC insidiously builds up in the body, experimenting with pot often lures a youngster into a trap of escalating drug and alcohol abuse. It is not alcohol that leads to marijuana abuse; it is marijuana that leads to alcohol abuse.

Withdrawal symptoms are mild when pot use is abruptly ended because THC cannot be withdrawn rapidly; the body has its own supply. It takes one week of abstinence for the THC stored in fat to drop to half, and one month to drop to 5%.

Data from scientific studies have been analyzed to describe quantitatively the storage of THC in the body. These data show that the steady THC blood level from smoking one "joint" per day, with 2% THC, would evoke a high in a beginning marijuana smoker. The experienced pot smoker does not feel a constant high, but he is continually sedated.

The THC in marijuana today is up to 25 times more potent than it used to be. In the 1960s, the THC in pot rarely exceeded 1%, but today may be 12% to 25%.

Landmark research by Dr. Robert Heath, a world renowned brain researcher, shows the drastic effect of marijuana on the brain. He proved that marijuana's effect on the brain makes it one of the most dangerous drugs available.

Public attitudes toward drugs are continually clouded by propaganda from the drug cartels, whose profits from illegal drugs are so immense that they nearly equal the annual expenditures of the U.S. Federal Government. The major drug profits come from heroin and cocaine, but the drug kingpins know that marijuana users, in a constant state of sedation, are their prime market for cocaine and heroin. Without marijuana use, the demand for cocaine and heroin would tend to dry up as the addicts die. As long as the severe dangers of marijuana are obscured, they are assured a steady market for cocaine and heroin.

Of course, all marijuana smokers do not turn to cocaine and heroin, but a large proportion do. This is why the drug cartels want to legalize marijuana — they

would give it away if they could. The drug kingpins know that those inclined to experiment with drugs no longer first try cocaine or heroin (as was common in the 1960s); they go first to marijuana, an insidious trap, and then escalate their drug use to get a bigger high. Since pot is stored in the body for weeks, the user is seductively dragged into a state of continual sedation, his mind becomes confused, and in time his brain is permanently damaged.

It is vital that teenagers be given the truth about the deception and the dangers of marijuana and its fundamental difference from alcohol. But school-based drug courses are not giving them the truth. Some of the curricula give the impression that casual or moderate use of marijuana and alcohol is acceptable. Other curricula simply omit information about marijuana.

A 38-page report on the severe dangers of marijuana is available by sending a check for \$5.25 to *Massachusetts News*, P.O. Box 191, Peabody, MA 01960, and asking for *Dispelling the Marijuana Myth* by George Biernson. The 1974 U.S. Senate Internal Security Subcommittee report on "The Marijuana-Hashish Epidemic" is still an amazing collection of evidence on the dangers of pot. It is curious that reporting about the dangers of marijuana usage has virtually disappeared from public discussion. See also the *Phyllis Schlafly Reports* of May 1975 and May 1978.

Why No Accountability?

Approximately **\$6.3 billion of the taxpayers' money** has been awarded by the federal government since 1986 to states and school districts for school-based drug- and violence-prevention programs authorized by the SDFSC Act (originally known as the Drug-Free Schools and Communities Act).

In 1990, a General Accounting Office review concluded that "little is known at the local, state, or national level about what approach works best or how effectively the various programs and curricula reduce or prevent drug and alcohol use among students." The GAO criticized flaws in concept and design, lack of proper documentation, and evaluations that were premature or relied too much on self-reporting. (GAO/HRD-91-27, *Drug Education: School-Based Programs Seen as Useful but Impact Unknown*, Nov. 1990)

The GAO report showed that, although a few of the courses talked vaguely about "refusal skills," not a single one stated that illegal drugs are wrong or that the student may not consider using illegal drugs. Rather, the GAO descriptions of the 21 commonly used drug curricula in public schools showed that most of the courses spent most of their class time playing psychological games under the rubric of "enhancing students' self-awareness and self-esteem."

A second GAO report in 1997 failed to uncover any improvement. It criticized the "ineffective use of funds" and pointed out that the program has never been sub-

jected to a comprehensive evaluation by federal authorities since the program was initiated. (GAO/HEHS-98-3, *Safe and Drug-Free Schools: Balancing Accountability with State and Local Flexibility*, Oct. 1997)

A 1996 report by the House Committee on Government Reform and Oversight reported that "accountability concerns are serious, specifically in Safe and Drug Free Schools Act monies." The committee discovered that many so-called drug prevention programs are neither validated nor accountable. The Committee also received expert testimony and documentary evidence that showed that drug-prevention funds have been subject to "serious misuse, waste and abuse." (House Report 104-486, *National Drug Policy: A Review of the Status of the Drug War*, March 19, 1996)

A five-year study of 19 school districts completed in 1997 by the Research Triangle Institute for the U.S. Department of Education found that the drug prevention programs across all the districts studied had little or no effect on students' use of illegal drugs. (*School-Based Drug Prevention Programs: A Longitudinal Study in Selected School Districts*, for the U.S. Department of Education, Feb. 1997)

Some schools use SDFSC dollars for materials and activities that have nothing to do with drug education. An extensive audit by Michigan of its SDFSC money, completed in 1993, found that, of the \$30 million of taxpayers' money received by Michigan, only \$120,000 was spent on drug prevention. The rest of the money was spent for items that had nothing to do with drug prevention, some of them outrageous. (Robert Peterson, Senate Testimony and Final Drug Education Report, Oct. 12, 1993)

An accounting of school use of SDFSC Act funds is difficult to come by. Eagle Forum's survey of a random selection of schools, at least two schools from each state and more schools in the large-population states, found significant lack of cooperation in disclosing how SDFSC funds are used. Phone calls were rarely returned, disinterested attitudes were commonplace, and passing the buck was routine. Schools are apparently not eager to tell the public how they use these appropriated funds even though the law requires that this information be made public knowledge. (Public Law 101-226, Drug-Free Schools and Communities Act Amendments of 1989: "Each local educational agency ... (a) shall, upon request, make available ... to the public full information about the elements of its program.")

Some schools don't even pretend to have a drug curriculum; they just spend the appropriated funds on referral services or counselors or intervention programs for students already on drugs.

There is no oversight to assure that the schools meet the SDFSC Act's requirement that monies under the program be used to teach that drugs are wrong and harmful. The following examples of counterproductive teaching about drugs were uncovered by Eagle Forum's survey of classroom drug courses:

◆ One curriculum teaches that drugs are neither inherently good nor inherently bad, that the real issue is "Why do people use, misuse, or abuse substances?"

◆ One curriculum illustrates a “Drug Family Tree” showing all these legal and illegal drugs as branches of the same tree: coffee, tobacco, cocaine, speed, marijuana, LSD, heroin, cough syrup with codeine, aspirin, Tylenol, Pepto-Bismol, Tums, alcohol, sleeping pills, tranquilizers. (Curiously, Ritalin is not listed.) This conveys the message that the child’s decision is simply a matter of the circumstances or the quantity of drugs:

◆ One course uses a video that teaches students that “some risks are worth taking” and helps them to “appreciate that growth doesn’t come from the outside ... only from within.”

◆ One curriculum portrayed parents in a negative light through exercises such as a discussion of “things parents do that bother teenagers.”

◆ One curriculum encourages children to list the positive and negative consequences of their actions, including the positive consequences of marijuana usage.

Some of the most widely used drug education courses are: Quest; Here’s Looking at You; The Michigan Model; Drug Abuse Resistance Education (D.A.R.E.); Self-Esteem, Training, Education, And Mentoring (S.T.E.A.M.); Me-ology; Peer Approach to Counseling for Teens (PACT); Social Taught Awareness and Resistance (STAR); and IMPACT.

What’s Wrong with Drug Ed Courses?

Most drug education courses are not drug prevention courses. Here are telltale characteristics to look for when you evaluate drug education:

Decision making. Students are trained to go through a process of evaluating options and making their own decisions. Variations of this process may be called values clarification, problem solving, helping youth decide, critical thinking, or “it’s up to me.”

Nondirective or nonjudgmental. The teacher does not direct, lecture, or impose her opinions or the opinions of authority on the students. Everyone’s opinion is valid even if based on inaccurate information. Nothing is judged right or wrong, good or bad, permissible or impermissible. No clear message is given that the law will punish the use of illegal drugs.

Failure to teach the harm of marijuana. The subject of marijuana is often omitted from drug curricula, or the false impression given that marijuana is not particularly harmful, or that it’s only the abuse, not the use, of marijuana that may be inadvisable.

Self-esteem. The teaching of self-esteem, a favorite education fad, is psychological, not academic. Spending class time to teach children to “feel good” about themselves is a fraud, takes time away from academic work, and does not comply with the law.

Peer cooperation. The overemphasis on getting the student to be a cooperative member of the “group” or the school community encourages the child to succumb to peer pressure rather than sticking with moral law or his parents’ instructions.

Privacy-invading disclosure. Students are required

to reveal their feelings and attitudes, as well as intimate and even incriminating details about their family, through detailed surveys and nosy questionnaires, encounter sessions, “magic circle” discussions, or filling out incomplete sentences. Such interrogation is often a violation of the Protection of Pupils Rights Amendment (20 U.S.C. 1232h) and of the Fourth Amendment.

Emotional attitudes. Students are required to spend class time discussing emotions, feelings and attitudes. These lessons may include a morbid preoccupation with stress, questions about depression and suicide, and emotional words evoking fear, anger or sadness.

Confusion of legal and illegal substances and medicines. Students are taught that legal and illegal drugs are all “drugs” and only marginally different. Lumping aspirin and coffee in the same list with pot and crack teaches students that “everybody uses some kinds of drugs,” so it’s just a matter of choice.

Confusion of use and abuse of drugs. Rather than giving a clear message that any use of illegal drugs is wrong and dangerous, drug courses may emphasize only the “abuse” (*i.e.*, excessive use) of drugs. Some courses focus on the “positive” or “responsible” as well as the harmful uses of drugs rather than clarifying the difference between legal and illegal drugs. The impression is given that casual or moderate use may be acceptable.

Role-playing. This is psychological manipulation in the classroom and necessarily requires some children to play a negative character about drugs.

Anti-parent innuendoes. The common technique of teaching a child to look within himself for wisdom in decision making about drugs, instead of to parents, church or the law, drives a psychological wedge between child and parent.

New Age practices. Such practices as progressive relaxation and meditation, guided imagery and visualization, centering and anchoring, and affirmations and mantras, which are associated with New Age or Eastern mystical religions, have no place in the classroom.

We need a congressional investigation to find out what we got for the \$6.3 billion poured into drug education since 1986. At the very least, Congress should legislate the requirement that no further moneys may be paid under the SDFSC Act unless the recipient institution certifies that it will, without equivocation or evasion, affirmatively teach that the use of illegal drugs, including marijuana, is “wrong and harmful.”

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