

Raising a Red Flag:

Engendering Interest in Drug Education curriculum.

by

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Abstract:

This research paper attempts to engender a curriculum development discussion concerning a perceived lack of evidence-based, comprehensive Drug Education in British Columbia's schools. To foster this discussion there is exposition attempting to identify either curriculum or curriculum influencing literature in the field of Drug Education from 1920 to 1960. Incorporated in schools since the early 1900s, evidence shows that school-based personal development curriculum focused on mitigating sexual health issues or to limit alcohol and tobacco consumption has been a facet of societal leaders' attempts to mold society for a long time. Beginning with a literature review of how early educational leaders Dewey and Counts' work relates to this topic the paper then discusses reasons for Drug Education's importance to society and to the author as well as providing reasons for its inclusion in schools. This research paper then elucidates how sexual health curriculum reflects the development of alcohol, tobacco and Drug Education curriculum. This paper attempts to determine whether or not progressive personal development curriculum for Drug Education in British Columbia had fully transcended from issue identification, curriculum development and implementation into a standardized curriculum and then culminates with a rallying cry for educators, researchers, doctors, nurses, and parents to re-energize the discussion concerning the development of Drug Education curriculum in British Columbia independent and public schools.

Key Words/Definitions: personal development curriculum, Drug Education, Sexual Health Education, evidence-based comprehensive Drug Education, critical thinking skills

Raising a Red Flag; engendering interest in revisiting an old topic:

Personal development curriculum focused on Drug Education.

Introduction

Red Flag issues: in communities there are certain facets of each other's lives most people would rather not confront in public settings; facets such as politics, religion, finance, sex and drugs. However, these issues are extremely important and constantly in the public focus; therefore, all members of society need to be taught about such issues so that private discourses can occur between informed citizens. In order to have informed citizens public and independent schools provide information based courses covering social contentious issues. For example, in British Columbia, even public schools have courses with a secular base that convey religious information from a disinterested perspective: Comparative Civilizations 12, Social Studies 11, or First Nations History 12 (Ministry of Education, 2013). To thrive society needs citizens educated in all facets of life; including personal development in life skills like drug use resilience, a self-monitoring skill students can use, "demonstrated in the strategies that they utilise to refuse drugs" (Dillon et al, 2007, March.). While people do not like to discuss drug use or abuse it is all around us, not just in the streets but in our own medicine cabinets (Ubelacker,

2013, March 27). The international, national, and provincial attitudes towards some drug use are in major flux (MacQueen, 2013, June 17). and educators need to be prepared to continue as the social architects of their communities by providing relevant and timely curriculum to assist in the molding of society. This project's scope has societal importance, but its relevance to current British Columbia public educational curriculum is imperative due to the possibility of a referendum changing drug laws in this province (see Appendix A).

Provincially, nationally and internationally societal and governmental perspectives on legal and illegal drugs are undergoing radical shifts; many countries, such as Portugal, are reducing penalties for drugs while others are instigating an increase in prosecution. Both of these radical shifts can be illustrated in Canada where new laws adding the inclusion of mandatory minimums for production or sale of cannabis have been federally introduced in contrast to a corresponding rise in Canadian citizens asking for easing of drug restrictions (MacQueen, 2013, June 17, p. 17); changing attitudes towards drugs coupled with radical shifts in Canadian laws will potentially have dramatic effect on the usage rates of illegal drugs and illegal use of pharmaceutical drugs in Canadian society. Drug use can be beneficial, as in medication for pain, but it seems that both communities and society as a whole would benefit if drug abuse rates are low. Drug abuse constitutes usage of legal or illegal drugs at rates which cause problems to the individual, family or community, as in alcoholism. However, for the current adolescent population in BC, rising illegal drug use is not the only drug abuse issue. Adolescent drug use is now coupled with increasing levels of prescription drug abuse. For instance, the sharing of prescriptions among self-diagnosing or peer-diagnosing teens is rising (Stewart, D., Vallance, K., Stockwell, T., Reimer, B., Smith, A., Reist, D., & Saewyc, E., 2009, p.4). Certainly changing societal attitudes towards drug use will require some sort of focused educational response. But if

students in BC are not receiving adequate levels of timely and efficacious Drug Education then the consequences to the greater community could be disastrous, for decades.

The topic of drug abuse and education is one of increasing importance to the public interest due to the rapid occurrence of change in scope and variety of drug related issues both domestic and international. Most domestic effects of drugs are seen in ‘other cities, other streets’: Vancouver, Toronto, and places like rural BC; but with changes to Canada’s criminal code, including mandatory minimum sentences for drug crimes, soon the effects of this new legislation will affect all communities. It is possible provinces will need to re-allocate federal social transfer payments to cover the rising costs of drug prosecution and incarceration. This money transfer will leave other social programs like education, health and transportation, with fewer resources. However, in Canada, Maclean’s Magazine noted that 61% of 35-54 year olds of polled citizens actually call for a legalized ‘similar to wine and beer’ model of regulation (MacQueen, 2013, June 17). Whether the Federal Government of Canada continues with the policies of arrests, prosecution and incarceration or switches to a policy which focuses on regulation and health initiatives, to affect current drug use in a cost effective manner any social response should include community educational programs used in support of comprehensive school based educational curriculum.

The importance of Drug Education seems to be accepted by British Columbian society in general, as demonstrated through schools, television programs and public education initiatives. This implies the questions of why, what and where would Drug Education be most efficacious? Essentially, if Drug Education is truly important or necessary to assist with a healthy society then it is reasonable to expect that it be taught in the home, from family and friends; the community, through schools and social groups; and the liminal spaces between such social structures.

However, if it is being explored in those venues, what are current rationales for Drug Education's inclusion as curricula? Is there a social need for current Drug Education to be included in British Columbia? As well, what educational foundations support the inclusion of self-development curricula for independent and public schools? Also, since Sexual Health Education's inclusion as curricula in public or independent schools would be expected to face similar trials as Drug Education, what lessons emerge by comparing a brief timeline of the standardization of Sexual Health Education with that of the emergence of Drug Education? Following the last question, what insights might be gleaned for modern curriculum developers from an analysis of historical curricula materials, studies, textbooks, and available cultural information sources focussed on Drug Education from the 1920s to 1960s? In North America Drug Education has existed from the late 1800's. It was dominated by the Women Christian Temperance Union's curriculum until the 1930s. Most Drug Education programs from the 1930s to the 1950s were provided outside of independent and public schools. In 1961 the government of British Columbia begins providing Drug Education curriculum to its teachers. It is the overarching intention of this author that the information gathered in answering the above questions will engender interest in re-engaging discussions concerning Drug Education in British Columbia's academic, medical and social fields.

A Road Map.

As stated it is intention of this research paper to re-energize the discussion pertaining to the content and style of Drug Education delivered in British Columbia. To accomplish this task, a review of two early educational theorists is used to demonstrate the philosophical underpinnings of Drug Education's continued inclusion as school curriculum. With a philosophical base the paper then provides two sections highlighting Drug Education's

importance to society and to the author. It is here that the author intends for the reader to comprehend the necessity of revisiting the current Drug Education utilized in British Columbia's independent and public schools. These two sections segue into an explanation on the demonstrated efficacy of school as a deliverance model for such curricula. All together, the three previous sections are intended to elucidate the significant role Drug Education may play in building a society. It is at this juncture the historical data on Sexual Health Education and Drug Education is presented. This information is meant to engender questions about the possible style and content of Drug Education curriculum in British Columbia's independent and public schools. Lastly, the Discussion and Conclusion sections complete the paper and re-state the clarion call for educators to begin discussing the future of Drug Education in British Columbia.

Some unlikely origins for Drug Education

The debate concerning the concept that there is not enough of separation between what is providence of the home and what should be included in school curriculum has raged since the public school's inception and there is no reason to believe the debate will end. (Dunfree & Crump, 1974, p. 5-7). In regard to this debate, stakeholder groups like the British Columbia Teachers Federation, the government of British Columbia, and many NGO groups all believe the necessity of including personal development and health related courses outweighs the arguments against such course content. The above groups all represent a minor Progressive Movement in British Columbia independent and public schools. Their educational philosophies give equal educational value to divergent activities like sculpting, acting and cake decorating as would traditionally be only given to courses like science or math. They share a belief that adolescents lives should be spent exploring the world, a belief also expressed by John Dewey, whose work

forms part of the philosophical underpinnings of this research paper. (Weiss, DeFalco, & Weiss, 2012).

As well, the above educational stakeholders value vocational training in schools. Small Engine Repair 11 and Physics 11 (Ministry of Education, 2013) are given equal weight in their desired educational systems because both provide the student with divergent ways to better themselves socially. This social equalization aspect of school is also highlighted in the work of George Counts (1932a; 1932b). Counts, whose work also forms a base for this paper, believed school could fix the widening gap between the rich and poor.

The Progressive Movement's educational philosophy is countered by the Traditional Schools Movement. Proponents of Traditional School curricula often believe that due to increased curricular choice in schools the quality of core learning by students is diminished. Demonstrating this belief, Mr. Spinney, head of the Beacon School near Amersham, Buckinghamshire states that "standards had been sacrificed in favour of social causes such as gender equality, climate change, healthy eating and sex education" (Clark, 2007, November 15). For the Traditional School Movement, lesson time should be spent on learning the core academic courses but the government is requiring schools "to cover issues such as drugs, homophobia and Islamophobia" (Clark, 2007, November 15). Vocational courses and Health Education curriculum may be viewed as venues for individuals to improve themselves and society. But just as easily such curriculum can be seen as absorbing inordinate amounts of school resources and time. Whether a family believes in a progressive or traditionalist school curricula, in British Columbia public schools include course content that many disparate groups may take issue with: sexual health, family values, same sex relationships, virtues promotion and of course, Drug Education. In British Columbia public high school a few examples of courses which contain this

questioned content are the Family management 11, Acting 11, and Planning 10 curriculums (British Columbia Ministry of Education, 2013).

Foundational theorists originating the Progressive Educational Movement: beginning the concept of schools sculpting society.

The detailed formation of modern progressive education (Hayes, 2007) and Drug Education (Tupper, 2008) has far too detailed of a history to relate more than the trends witnessed across the decades in this study. But there are a few foundational education theorists whose early philosophies not only heavily influence later educational thought, but interestingly these educational theorists also presciently encourage the inclusion of personal development and cultural literacy courses. The progressive educational movement, which “arose, at least in part, as a response to the demands being placed upon the rapidly expanding public schools between 1870 and 1910” (Weiss, DeFalco, & Weiss, 2012, p. 4), was predicated on a holistic development of the student as opposed to one focused on ‘the basics’ (Hayes, 2006). One such very influential educational forefather, who never wrote specifically about Drug Education but whose seminal works can, perhaps unexpectedly, be used in support of alternative, but necessary curricula like Drug Education, is John Dewey.

According to Weiss, Defalco and Weiss (2012), Dewey was of the belief “that the fundamental purpose of education is to prepare students to function productively as adults in a democratic society that could afford equal opportunity for all, regardless of social class, race, or gender” (p. 6). Dewey (1929) wrote “I believe that—education is the fundamental method of social progress and reform” (p.294); Education can engender critical thinking and provide otherwise unavailable vicarious experiential learning opportunities (reading about a traumatic

event as opposed to surviving one). Through such pedagogical experiences schools can assist with molding healthy communities: essentially “Dewey’s goal is for education to make all of us problem solvers employing intelligent thinking (Weiss, DeFalco, & Weiss, 2012. p.6). In order to overcome social issues society needs innovative or novel thinking. To facilitate this, society needs curriculum to “help children to link the lessons of the past with current individual and social concerns. Understanding the relationships between current and historical social issues may lead to children’s developing insights about society’s future” (Weiss, DeFalco, & Weiss, 2012, p.7). Students represent the future of society and Dewey wanted progressive education curriculum devised which would prepare students for the task of maintaining national norms and mitigating future social maladies.

Regarding societal maladies or deviances, such as drug use and the desire to control these deviancies, Dewey believed that schools could affect social change more, with more efficacies, than legal policy or police enforcement. Dewey stated, “all reforms which rest simply upon the enactment of law, or the threatening of certain penalties, ... are transitory and futile.” (1929, p.295) Governmental policy, community programs and police enforcement are “futile” without the support of school based programs; in fact when specifically discussing “the school and social progress” (1929, p.294) Dewey presages modern chaos theorists in the belief that to affect meaningful change in society the changes need to emerge from the masses (Johnson, 2012, March 30, p. 91). Dewey stated that “education is a regulation of the process of coming to share in the social consciousness; and that the adjustment of individual activity on the basis of this social consciousness is the only sure method of social reconstruction” (1929, p.295). If society desires some sort of global change in individual behaviour, the change needs to originate from the masses of society and not from some central authority. Public schools have the opportunity

to expose a majority of a society's children to multiple and varied level education in social struggles like drugs and therefore would be expected to affect the most change.

While Dewey did not focus on specific socially progressive curriculum like Drug Education, Craig Cunningham (1999), writing for the John Dewey Society, demonstrates the application of Dewey's educational theories towards Drug Education. Cunningham attempts "to demonstrate a practical application of Dewey's ideas about social psychology; and to begin to construct a Deweyan theory of Drug Education". Curriculum which would focus on the information and situational interaction resiliency practice students need to continue their personal growth in a positive and morally controlled manner. Dewey (1922) did not approve of drug use and believed any non-medical use of drugs to be "abnormal and isolated stimulations" (as cited in Cunningham, 1999, p.110). Dewey stated that drugs provided "special thrills, excitations, ticklings of sense, stirring of appetite for the express purpose of enjoying the immediate stimulation irrespective of results" (Dewey, 1929, p.110) This demonstrates Dewey's idea that only experiences which provide personal growth were worth pursuing and that experiences with illegal drugs would lead to a rapid dead end. In the 1920's Dewey presciently discussed theories that can be used to encourage the continuation of socially progressive curricula. His works, in part, resulted in Drug Education and other personal growth curricula. Dewey, as a social psychologist, thought education would provide individuals with the ability to live fulfilled and community developing lifestyles resulting in society being able to "formulate its own purposes, ... and thus shape itself with definiteness and economy in the direction in which it wishes to move." (Dewey, 1929, p. 295) Dewey recognized the potential that education has in allowing a community, province or country to visualize and manifest as it chooses; and

progressive education expanded on this to include personal development curricula in fields like Sexual Health Education and Drug Education.

However, Dewey is not the only educational thinker to believe that schools offer the most efficacious medium for social change. George S. Counts wrote extensively on the ability of public schools to evoke change in society. Counts wrote as a social revolutionary, believing that with proper planning and curriculum schools could be an incredible force in mitigating social issues: mainly economic (1932a, 1932b). In a published speech titled “Dare Progressive Education Be Progressive?” Counts (1932a) demonstrates that he appreciates the potential power public schools possess in the realm promoting positive social change but explains that there is:

no good education apart from some conception of the nature of the good of society. Education is not some pure and mystical essence that remains unchanged from everlasting to everlasting. On the contrary, it is of the earth and must respond to every convulsion or tremor that shakes the planet. It must always be a function of time and circumstance. (Counts, 1932a, paragraph 5)

Education must have a directive, a focus and that focus must be on the betterment of society. By enabling citizens with the abilities to live productive and community oriented lives, all of society benefits. Drug abuse can disrupt a productive life and it is hard to imagine the international shock waves caused during the 1980s’ cocaine epidemic (Britten, 2013, April 14) not being considered a “convulsion or tremor” to modern communities. Counts would expect modern curriculum specialists to identify and attempt to mitigate such disasters with relevant and timely course material; this is especially noteworthy as Counts states that the curriculum needs to reflect

society's "circumstance". A researcher would be hard pressed to discover a nation not suffering from some sort of negative drug use induced "circumstance" and whose citizens would not benefit from widespread educational support (Vancouver Police Department, 2009, February 4). This ongoing tragedy is a "circumstance" that needs to be addressed societally. To be considered a "function of time" our modern curriculums need to be flexible in a way that such regional or specific trending curriculums can be assimilated by the necessary local public schools until evidence-based research demonstrates space for withdrawal of said specific curriculum.

It is these socially progressive types of issues that Counts believed education should be designed for (Counts, 1932b). He believed that these problems were inimical to modern civilizations and it was the responsibility of said societies to attempt to mitigate the worst of the social ills like poverty (Counts, 1932a). There will always be mixtures of people in society, (rich, poor; alcoholic, prohibitionist, ill, healthy) and therefore we must provide a mixed curriculum which can teach students to succeed in a pluralistic society, not just fulfill a societal pre-chosen role (Counts, 1932b). Counts, while mainly focused on lessening the economic disparities appearing in America, wrote that schools could be "centers for the building, and not merely the contemplation, of our civilization" (Counts, 1932b, p.3). Rather than just relating what has occurred in the past, Counts wanted schools to shape what was happening currently in communities: to assist in the development of strong, equal and healthy communities. It seems reasonable to assume that comprehensive personal developmental courses like drug, sex, family education would fit into a modern curriculum based on Counts' theories; He wanted public schools to "give our children a vision of the possibilities which lie ahead and endeavor to enlist their loyalties and enthusiasms in the realization of the vision" (Counts, 1932b, p.3). It is these very sentiments which should be the basis of healthy living curriculum.

The importance of Drug Education to society.

Drugs have been systemic in society since civilization's inception (Bennett, 2010; Bennett & McQueen, 2001; Bennett, Osburn, & Osburn., 1995) and modern young adults need to be aware of the duality or positive and negative aspects inherent in any drugs they may come in contact with, illegal or legal: even Aspirin kills people when used improperly, and students need to be prepared to integrate such warnings with the medicinally proven effects of said drug. The modern world is complexly intertwined with drug use, medicinally and recreationally. Society requires that schools prepare students to become fully functioning citizens (Dewey, 1929, p. 291) and therefore capable of making informed choices in regards to issues such as drug use. While many families adequately prepare their children for adult decision-making, our young adults need a common frame of reference with which to compare or categorize drug experiences in society. Society needs to prepare students for the inherent contradictions they will inevitably witness. Contradictions such as the systemic irony of educational and lifestyle training for abstinence from drugs as a realistic option for a fifteen year old experiencing the removal of three or four molars. This preparatory work is especially necessary when research shows that in most countries abuse of legal drugs causes similar societal issues to illegal drugs (UNODC, 2012).

Further, as the *Adolescent substance use and related harms in B.C 2009* research paper, produced by the Center for Addictions Research of British Columbia (CARBC), noted, between 2003 and 2008, students were experimenting with legal and illegal drugs. The report stated that "there were increases in the number of students who had ever used hallucinogens (including ecstasy), steroids and prescription pills without a doctor's consent," as well it "also shows small but significant rises in the percentages of students who had ever tried heroin or injected drugs."

(Stewart et al. 2009, p. 4) If these trends continue, it would be expected that drug usage will make it difficult for society to flourish. This may sound alarmist but the CARBC study (2009) noted that one of the “most notable of these increases is the use of prescription drugs without a doctor’s consent (from 9% to 15%)” (Stewart, et al. p.8); a 67% increase means that significantly more students are experimenting with potentially deadly pharmaceuticals due to either self or peer diagnosis. Pharmaceutical medication redistribution is just as dangerous as many unregulated illegal substances (UNODC, 2012). This pharmacological warning is in conjunction with a noted rise in teenage heroin injection. Clearly these examples serve as circumstantial evidence demonstrating that Drug Education needs to have its importance as curriculum in public schools re-evaluated. In order to be able to navigate through this modern world Dewey (1929) expected school to prepare students, as future citizens, for more than just finding gainful employment and beginning a family. Today’s students need novel skills such as utilizing information on substances and disorders that were not necessary or even publically available fifty years ago: crystal methamphetamine, crack cocaine, Human Immunodeficiency Virus, Fetal Alcohol Syndrome, etc. With these, and many other social ills, to contend with, it is easy to highlight imperative reasons for Drug Education’s inclusion and importance in BC public school curriculum.

For Canada and British Columbia possibly the reason with the highest moral imperative for developing efficacious school (public, tribal, band, or independent) based Drug Education programs is in regards to Canadian First Nations members. For our country to progress as a modern nation there is a societal need to right abject social injustices, like the previous and somewhat lessened but ongoing treatment of BC’s indigenous people. It is known that British Columbian aboriginal citizens are treated inimically by society: especially if one considers their

circumstances regarding employment, housing, incarceration and education. In fact, “a little over half (51 percent) of Aboriginal students who entered Grade 8 in the 2004/2005 school year completed high school, compared to 82 percent for the non-Aboriginal population” (BC Stats, 2011, November, p. 14). If one out of two non-aboriginal students were failing to complete high school there would be a societal reprisal.

Unfortunately, education is not the only institutional system in British Columbia denying Aboriginal youth equality. Aboriginals have higher addiction rates, and higher incarceration rates throughout the province. (BC Stats, 2011, November). With regards to alcohol abuse:

since 1993, alcohol-related deaths have proven to be significantly higher for the Status Indian population compared to other residents. In 2006, the rate for alcohol-related deaths for the Status Indian population was 15.1 per 10,000 compared to 3.4 per 10,000 for other residents. An analysis of alcohol-related motor vehicle accidental deaths shows that, based on a five year average, the Status Indian population were more than twice as likely to die from such a cause compared to other residents. (BC Stats, 2011, November, p. 40)

Such statistics are particularly jarring since prior to first contact with European traders and settlers the Aboriginal peoples of Western Canada had no history of substance abuse. In *The Roots of Addiction in Free Market Society*, Alexander states:

I have as yet found no mention by anthropologists of anything that could reasonably be called addiction, despite the fact that activities were available that have proven addictive to many people in free market societies, such as eating, sex, gambling, psychedelic

mushrooms, etc. ... It was only during assimilation that alcoholism emerged as a pervasive, crippling problem for native people. (Alexander, 2001, April, p.14)

As the process of deliberate cultural assimilation progressed into the institution of involuntary incarceration in residential schools the increased access to and the development of different types of addictive substances exacerbated developing substance abuse issues in Aboriginal communities. These issues directly connect to modern aboriginal educational and societal difficulties:

Aboriginals, as a group, long have been disproportionately represented in our prison system. Although the 2006 Census counted aboriginals as 3% of Canada's population, that year they made up 18.5% of the total federal offender population. The numbers are just as bad, if not worse, in provincial jails (Bernstein, & Drake, 2012).

The incarceration problem is not limited to criminal drug users because for all citizens, aboriginals included, who suffer "with mental health issues, the numbers are also disturbing: In 2006, more than 10% of male offenders and 20% of female offenders had a psychiatric diagnosis on admission to the federal prison system" (Bernstein, & Drake, 2012). Since an incredible ten percent of the over-represented aboriginal prison population may be suffering from diagnosable mental conditions educational leaders and Canadian society need to accept more social responsibility for the deplorable situation. These statistics clearly indicate something is out of proportion, but to correct such social disparity a multi-faceted response is needed and educational leaders should take a commanding role in fomenting it.

The issues continue to compound and educational leaders should engender programs attempting to correct ethnicity based errors of the past: First Nations, Chinese, Japanese, and

Irish to name a few. That such equalization programs are recognized in importance and that some action is taking place is evinced when Constance Johnson (March 30, 2012) stated:

courts must take judicial notice of such matters as the history of colonialism, displacement, and residential schools and how that history continues to translate into lower educational attainment, lower incomes, higher unemployment, higher rates of substance abuse and suicide, and of course higher levels of incarceration for Aboriginal peoples. (R. v. Ipeelee, 2011, October 17)

If the courts are reflecting a concern for institutionalized abuses of the past then this demonstrates the necessity of educational reform targeted at correcting the effects of past educational policy. The Supreme Court of Canada enshrined into law that aboriginal citizens of Canada have been so abused by legally institutionalized conditions, like the residential school system, that they require special considerations when sentencing during criminal prosecutions. Educational leaders should follow the courts and attempt to atone for the atrocities committed during historically misguided national educational initiatives.

The policy of residential schools compounded the already devastating effects of historical dislocation resulting in a group of citizens who require special consideration when government develops a comprehensive and sustained national Drug Education curriculum or a new federal enforcement policy. The sustained educational response is imperative because long standing legal considerations can be changed by current governments quickly, as:

when mandatory minimums came before Parliament for consideration in 2009, the Senate recognized the disproportional impact of the justice system on marginalized groups and passed the bill with a clause allowing a sentencing judge discretion in the case

of aboriginal offenders. That version of the bill died on the order paper when Parliament was prorogued in December 2009. When the bill was resurrected as a section of the Safe Streets and Communities Act in September 2011, the new mandatory minimums for drug crimes were still there, but the discretion for judges sentencing aboriginal offenders was gone. (Bernstein, & Drake, 2012)

That the new legislation is possibly unconstitutional is raised by Provincial Health Officer Dr. Perry Kendall who states, “the new law expands mandatory minimum sentences, puts deterrence ahead of rehabilitation in sentencing, and effectively eliminates the requirement to consider the unique circumstances of First Nations offenders.” Kendall follows this with a concern “the law will lead to a glut in the prison system, where those with mental health issues, addictions and health problems won’t be able to get the help they need” (The Canadian Press, 2013, March 28). British Columbia should be acting now in order to ensure that we are not continuing mistakes of the past. To further demonstrate the importance of Kendall’s concerns, “Assembly of First Nations National Chief Shawn Atleo joined Kendall in condemning the legislation, saying First Nations people are already massively over-represented in the prison system and they need more help on issues like education and jobs” (The Canadian Press., 2013, March 28). Drug Education curriculum may be at least one possible way for British Columbia to begin to redress systemic racist policies of the near past and would begin to fulfill the mandate of equalizing the social malaises caused by society that Counts’ believed schools were designed for (1932b).

Certainly providing assistance to those culturally wronged in the past is paramount, but the effects of all drug use affects everyone in the community. The social costs of rampant drug abuse to individuals, families and communities are certainly alarming: addiction, property crime, prostitution, overdose or murder. Further, the monetary cost to society due to drug abuse is also

staggering. To calculate how much money globally, nationally or even provincially is lost, earned, stolen, laundered or invested through the trade in drugs is virtually impossible; but to calculate what is truly being lost to people through witnessing the hurting of loved ones, jailed mothers, and addicted fathers is truly unknowable, even inestimable. However, the money spent by citizens on illegal drugs as well as legal ones, medications, tobacco products and various liquors, is only part of the drug issue. Egan & Miron (2007) estimate US federal expenditure for drug enforcement of marijuana law “was 13.6 billion in 2002” (p.25), and the “total state and local government expenditure for enforcement of marijuana prohibition was 5.1 billion for 2000. (Egan, & Miron, 2007, p. 24). These values are for the enforcement of drug policies only, the costs of courts, jails and rehabilitation are not included (Egan, & Miron, 2007, p. 24). For more information on the monetary costs of drug abuse see Appendix B.

Confusion about the actual state of drug abuse in the modern world is compounded by the fact that “global figures for the non-medical use of prescription drugs other than opioids and amphetamines are not available. Nevertheless, this is reportedly a growing health problem, with prevalence rates higher than for numerous controlled substances in many countries” (UNOCD, 2012, p.3). While international leaders agree that all substance abuse is negative for societies, they seem to have little factual evidence to base policy upon. As noted by the United Nations office of Crime and Drugs, there are still gaps in the basic information profile on the status of drug use globally. Multiplying this major failure in the collection of data is the fact that most of the data only tracks abuse and crime associated with illegal drugs, not abuse of legal drugs. This is not a mistake on the part of the researchers though, as the authors of *The Costs of Substance Abuse in Canada 2002-Highlights* state:

Also not counted are the costs associated with the abuse and misuse of pharmaceuticals. Currently there is no reliable way for the purposes of social cost estimation to distinguish between use and misuse of these products. Although this study [*The Costs of Substance Abuse in Canada 2002-Highlights*] represents an improvement in estimating substance abuse costs linked to crime, it could have benefited from more detailed policing data to estimate enforcement costs. In the case of tobacco-related crime, for example, no enforcement estimate was even possible. Finally, this study [*The Costs of Substance Abuse in Canada 2002-Highlights*] does not assess the lost productivity of people in prison convicted of a substance-related crime. (Rehm, et al., 2006, p.6)

So regardless of what the cost estimates, either globally or nationally, read, they are based on barely educated guesses and do not provide sufficient information necessary to develop proper educational responses to societal damages attributed to drugs. One piece of information the UNODC seems confident of is “with estimated annual prevalence ranging from 0.6 to 0.8 per cent of the population aged 15-64, the use of opioids (mainly heroin, morphine and non-medical use of prescription opioids) is stable in all of the main markets” (2012, p.1). In other words, the UNODC is assured of is that in 2012, less than one percent of global citizens are potential problem hard drug users and needing intensive intervention. The idea that Drug Education may be diversely presented, basic or intensive, could be another discussion item for educators investigating future Drug Education curriculum.

It may be hard to understand why government agencies seem to make guesses on drug estimates, but Rehm, et al. (2006) give many cogent reasons to at least monitor and record the values diligently, no matter the possibility of inaccuracies:

1. Economic estimates are often used to argue that policies on alcohol, tobacco and other drugs should be given a high priority on the public policy agenda. 2. Cost estimates help to appropriately target specific problems and policies. 3. Cost studies help to identify information gaps, research needs and desirable refinements to national statistical reporting systems. 4. The development of improved substance abuse cost estimates can provide baseline measures to determine the effectiveness of drug policies and programs.

(p.2)

For nations the estimates mainly provide reference points to base resource allocation on. Education has vested interest in all four of the listed reasons, but the fourth reason is of most importance for this paper as it regards program efficacy evaluations. The evaluation and subsequent modification of Drug Education curriculum is imperative. In order to be or to remain effective Drug Education curriculum needs to evolve according to the needs of society and students. The importance of evaluations to modify rather than end programs is revisited later in this research paper with the work of Walsh (1982) on Alcohol Education in the 1950s.

So far any national Drug Education efforts, whether school based or government/community initiated, seem to be suffering from low efficacy as evinced by Rehm et al (2006). They demonstrate that “measured in terms of the burden on services such as health care and law enforcement, and the loss of productivity in the workplace or at home resulting from premature death and disability, the overall social cost of drug abuse in Canada in 2002 was estimated to be \$39.8 billion” (p.1). Several more interesting notes on the overall social costs are that “tobacco accounted for about \$17 billion or 42.7% of that total estimate, alcohol accounted for about \$14.6 billion (36.6%) and illegal drugs for about \$8.2 billion (20.7%)”(Rehm, et al., 2006, p.1). With these numbers in mind it seems as though current community, school or home

Drug Education are not mitigating drug abuse. However money is not even close to the overall cost of drug abuse in society. As noted, the monetary losses created by substance abuse are astounding, but it was not monetary savings which compelled decades of federal enforcement programs and regional education initiatives in attempts to curb misuse of drugs; it was the social cost to local communities and families as their family members' lives were being destroyed. It was to stop the deaths (Vancouver Police Department, 2009, February 4). To assist in reducing these tragedies educators should be engaged in re-evaluating any current Drug Education, but especially the curriculum delivered through independent and public schools.

Evidence based, comprehensive Drug Education could assist British Columbia's citizens in many ways, but the two immediate reasons to begin developing it would be a decrease in drug abusing adolescents and a reduction in the social costs to individuals as well as the province. If British Columbia had instituted a comprehensive Drug Education curriculum for deliverance through independent and public schools there would be telltale markers on society. The main marker of a successful Drug Education curriculum in schools would be a statistically significant reduction in society wide drug abuse. This marker is reasonable to expect because as Pilcher (2005) demonstrated the rapid escalation of venereal disease during wartime in England was in part mitigated by fact-based Sexual Health Education. Then again, with alcohol, Zimmerman (1999) illustrates how the WCTU's curriculum in schools reduced alcohol issues in communities and possibly assisted with the onset of alcohol prohibition. As well, British Columbia has had medical based information available in schools about tobacco since the 1950s and its youth have close to the lowest usage rate in the entire world (Stewart, et al., 2009).

With comprehensive Drug Education incorporated into our school's curriculum society a second marker that may be witnessed is an overall improvement in province wide social well-

being. There has been comprehensive Alcohol Education curriculum in British Columbia since 1965 and the province has witnessed an immense drop in the amount of adolescent alcohol abusers (Stewart, et al., 2009) and therefore, a corresponding drop in the social costs associated with alcohol consumption (Rehms, et al., 2006). Likewise with tobacco, since fewer adolescents are smoking, as has been demonstrated by Stewart et al. (2009), the long term associated costs to the individual through a reduction in physical, mental and monetary stress will compound to massive cost savings for society. The newly available monies could be used to further wellness campaigns or educational research to encourage more savings. The health and lifestyles all British Columbia citizens could be improved by appropriate Drug Education in this province, but the lives of drug abusing adolescents could possibly improve considerably if they had access to evidence based comprehensive Drug Education. To add to these cost savings would be reductions in the enforcement of drug laws as well as a reduction in medical costs. There are many reasons educators need to re-energize discussions based on Drug Education, but the increased health and decreased social costs that could be reaped fairly quickly should be enough to get educators talking.

The importance of Drug Education to me.

The issue of personal development curriculum in general and Drug Education specifically, has been a focus of my teaching career and life experiences for many decades. As a child I was enrolled in Lord Baden Powell's Scouting program and incorporated into my zeitgeist the necessity of self-improvement. Lord Baden Powell had felt that British youth were not being raised with the proper sense of discipline and started the Scouting program as a way to mitigate the loss of traditional woodcraft skills children would normally learn through their experiences in wilderness (Scouts Canada, 2009). Although the Scouting Program's badge

promotion scheme may seem trite, all of the badge choices required some sort of personal development course or challenge to overcome: cooking badge, language badge or animal husbandry badge. As a scout I learned many camping skills, but I also learned that I could always refine those skills, could always learn new skills or activities and I have continued to do so. I started Post-Graduate Studies and learned snowboarding as fortieth birthday goals. However, I was not always moving forward in my life. I was raised in a small fishing town where people grew up stereotypically quickly: at fourteen I spent the summer commercial fishing on a 'dragger' and performed all the tasks of the adult crew. The main crewmember, the deck boss, was so drunk my first day on the boat that he was left behind and I was forced to learn abnormally quickly. I do not have many fond memories of my summer aboard The M.V. Lusty Lady.

By the age of seventeen, knowing everything in the world and having completed the required graduation courses, including Guidance 9 and 11 (Minister of Education, 1965), I was prepared for life. I knew all the warnings about how drugs destroy your life, make you crazy, and can make you impotent. But that is all gibberish to a seventeen year old. One Friday night, at nine o'clock, a friend and I were walking down the centre line of my small town's main street. We knew no cars would run us down as everyone was in the bar, you could see the full parking lot down the hill. I turned to my friend and, passing our shared experience, said words that have guided my Drug Education experiences/career to this day, 'They obviously lied to us about weed, and I bet they lied about every other drug too...'

It took four years of stimulating personal experiences for me to finally come across the circumstance that taught me to think differently. Having completed a common rite of passage for adolescents growing up on the West Coast of British Columbia, a road trip to Vancouver, my

friends and I were returning to our hotel room from a rock concert when I met some strangers in the elevator. A quick discussion revealed an opportunity to complete a desired drug experience: heroin injection. I followed my new friends into their hotel room, was instantaneously traumatized by what I saw and realized that ‘they’ did not lie about the effects of some drugs. I walked out of the room and never again sought out that particular experience. I had learned the truth of unabated use of illegal opiate drugs and desperately wanted to assist others in avoiding such an experience. For years after I have always wondered if the couple invited me into the room to actually provide me a new experience, or to teach me a lesson about my own naiveté.

Years later, as a teacher-on-call trying to network with experienced teachers and feeling driven to identify propaganda perpetrated as Drug Education, I struggled finding regular work. One classroom in a local Victoria school illustrated the issue I was having. The classroom was used for the comprehensive personal development course Career and Personal Planning 11/12 (CAPP) and English 12 (BC Ministry of Education, 2013). On the back wall of the classroom was an informational poster illustrating the dangers of several commonly used street drugs. Unfortunately the poster, produced by a British Columbia school district, utilized information about the dangers associated with consuming cannabis which was based on the works of Dr. Robert Heath with Rhesus monkeys (1974). Although Dr. Heath’s experiments demonstrated brain damage caused during a session of cannabis consumption, his experiments could not be ethically repeated and his own report omits any mention of the observed effects having carbon monoxide as even a possible cause of the witnessed damages. Some critics claim that “the Heath Monkey study was actually a study in animal asphyxiation and carbon monoxide poisoning” (Herer, 1990, p. 78). Even while discredited and impossible to repeat, Heath’s study has been used as educational materials across North America and “is used to terrorize parent groups,

church organizations, etc, who redistribute it still further” (Herer, 1990, p. 78). Upon meeting with the classroom teacher one day I explained the main difficulty I was having with the classroom poster was that we cannot lie to students and have them believe us at other times (Decosas, 2012, April 16). It was an awkward conversation to begin. A novice teacher explaining to a senior colleague about how a school district produced educational material was essentially dangerous propaganda. The senior teacher removed the poster after our conversation and upon personal research the teacher eventually thanked me for the insight.

As a CAPP 11/12 teacher for School District 61, I explored various pedagogical methods and resources for teaching the Drug Education prescribed learning outcomes. The first time I had my own CAPP class to teach, with no curriculum materials to complete the learning outcomes, I had to improvise. In this case I utilized the school liaison police officer to introduce Drug Education to my students. The officer told my students that drugs are dangerous and that once they graduated from high school they would be treated as adults. The officer went into detail on all of the legal ramifications that being an adult entails. Without hyperbolizing, there was no discussion of the causes of drug addiction, or warning signs to recognize if your friend was an addict, the officer’s demonstration was a legal explanation of the steps of arrest and a few warnings about jail experiences.

Having been disillusioned by the ability of law enforcement to provide effective personal development curriculum, for my next opportunity I used CAPP department funds to hire a Health Care Professional from the local Health Clinic. The presentation was amazing, the nurse discussed harm reduction initiatives for serious addicts, reasons for addiction, healthy stress reducer ideas, took many questions and unexpectedly provided healthy relationships literature; but the presentation also provided an expensive honorarium bill. The presentation was developed

for classrooms, not auditoriums and the school's CAPP budget could not, unfortunately, afford for further assistance from that source.

My third early career opportunity to introduce students to what I believed was a better quality Drug Education, and to ameliorate the funding issue, involved inviting a reformed addict volunteer to speak to the students about negative lifestyle choices and personal tragedy: firsthand experience of a life ravaged by unabated drug use. The speaker was very eloquent and spent an hour explaining reasons the students all had to abstain from every drug legal or illegal; because following the former addict's example the students might become addicted to whatever drugs they tried; she even included coffee. The presentation was well received by the students but I did not think the speaker's suggestions, actually expectations, for the students' lifelong abstinence from all substances was reality-based and that time needed to be spent discussing reasons for and dangers of adolescent experimentation; abstinence versus use versus abuse; and how, when and where moderation becomes a factor.

So, full of lofty ideals and lacking adolescent accessible curricular materials I completed the Drug Education portion of the student's CAPP prescribed learning outcomes myself, poorly. The class split into groups, with each researching a separate drug to be presented to the class via a poster component and a class discussion question. The poster projects, meant to fulfil learning outcomes where students are focused on self-interested topics, were mostly promotional in nature. The posters mostly focused on any positive effects of the drug in question while being devoid of any negative effects of its abuse. This activity dubiously fulfilled any prescribed learning outcomes by technicality at best; however, the class discussion questions the students provided led to more questions and whole class discussion. I realized that the students knew what they wanted to know. They just needed assistance answering their difficult questions.

Having spent a few years teaching, acquiring materials, gaining experience and developing contacts with health professionals able to volunteer to speak to classes I had become a better CAPP teacher. Then the Liberal government introduced a one semester replacement curriculum for the two semesters of CAPP 9/10 and CAPP 11/12: Planning 10 (BC Ministry of Education, 2013). The Drug Education component, though still in the prescribed learning outcomes, was reduced in the number of learning outcomes and therefore in importance. While not all learning outcomes required the exact same time frame, it is the learning outcomes which determine a teacher's classroom focus and if Drug Education receives fewer learning outcomes then Drug Education receives less instruction time. It was at this time, 2004, that I was hired on as a Teacher at Spectrum Community Secondary School to teach the truncated Planning 10 course. After several more years and no longer teaching Planning 10, I was selected by my administration to attend district training for the Reconnecting Youth program (Eggert, McNamara, Randell, Nicholas, & Eggert, 2006).

However, my experience with Drug Education and addiction does not end with my educational career. I also have experience with educating the general public regarding the multi-faceted issues stemming from the Medical Marihuana Access Regulations (Health Canada, 2013). My interest originated with how legal medical marihuana would affect students in public schools. Would usages rates lower as they did in California (MacQueen, 2013, June17)? Or, would students suffering from medical marihuana treatable illnesses such as epilepsy need a public school advocate ensuring their wellbeing or educational concerns are professionally handled? I soon expanded my involvement in the burgeoning medical marihuana field. Due to my interest in medical marihuana initiatives I became a volunteer and later a member of the Board of Directors for a local medical marihuana dispensary, The Vancouver Island Compassion

Society or VICS. (See appendix C). Through my involvement with the VICS I have had the opportunity to learn of negative drug experiences from people representing all walks of life. Most of the VICS members are prescribed cannabis in order to mitigate their usage of other drugs (Cleverly, 2012, December 11).

After integrating my education with the experiences of clients of the VICS, I began to explore educational theory on Drug Education whereby I started working with two groups interested in exploring new concepts for education: Educators for Sensible Drug Policy, EFSDP, (see appendix D) and Law Enforcement Against Prohibition, LEAP (see appendix E). Further, culminating out of my disparate work with public education and the VICS I have also had the opportunity to work with members of Stop the Violence BC (See appendix F) as well as the referendum campaign SensibleBC (see appendix A). My main involvement with the latter two groups has been to remind organizers that changes in laws need to accompany changes in school curriculum, a seldom considered consequence. I believe my education in curriculum development and my experiences with various drug issue awareness groups has provided a solid platform of understanding of Drug Education issues. With this background I believe I am qualified to analyze drug curriculum origins as well as synthesize social concerns which should be addressed by modern Drug Education curriculum developers.

So why schools?

Why should education bear the responsibility of providing personal development curriculum? The answer seems obvious. Schools provide social architects access to nearly all pre-adults and personal development curricula, like Drug Education, can be an early vaccination against social ills, like addictions (Jaynes & Rugg, 1988, p. 70-71). But there is much more to the

answer than that. To begin with, according to the Council of Europe there are three vectors information about subjects like drugs can take in reaching average citizens. There is the:

reporting of news items in the press; general information for the public on drug abuse in society (traffickers, target groups, the drug problem in schools and in the army, etc.) together with information on government decisions concerning anti-drug measures or on the conclusions reached at congresses; specific information provided in the context of preventive action or of health education and taking the form either of a large-scale anti-drug campaign designed for the public at large or of specific programmes devised for high-risk groups or for occupational categories which can help prevent or curb drug abuse (teachers, general practitioners, youth leaders, other health and social welfare personnel). (Council of Europe, 1985, p. 149)

The Council of Europe paper on information transmission revealed that informational messages from a standardized educational curriculum may be the most likely to be and perhaps the only source that is free from capricious changes in content. The first type of information, from news sources, cannot be controlled or mitigated by social architects and while important for society, sometimes the messages do not reflect what all educators or parents would promote to their charges. An example of this is in British Columbia where media portrays drug dealers as modern freedom warriors living extravagant lifestyles and advertising their dangerous, but seemingly glamorous actions (Raptis, 2013, March 17). Another example is a British news report which “virtually advertised the once rare practice of glue and solvent sniffing. The spread of this activity may well have been assisted by detailed and lurid accounts which have described not only potentially ‘sniffable’ agents, but also how to (mis)use them” (Plant, Peck, & Samuel, 1985, p. 120). Of course, when it comes to news reporting “there is a regrettable tendency to accentuate

the scandal element” (Council of Europe, 1985, p. 149) and unfortunately such elements have the potential to negatively influence youth.

However, an even more regrettable situation occurs with the second data stream, because organizations manipulate it:

the information purveyed at the second level is inclined to be influenced by the political tendency of the newspaper, journal, television channel, etc, reporting it and exploited for political purposes (e.g. success or failure of government, regional, etc, policy), so that the public is not receiving an objective version of the facts. (Council of Europe, 1985, p. 140)

To learn that public information distributed via the second data stream, news information and governmental reports on topics like drug issues, undergo political or commercial opportunity cleansing is hard to accept. But it becomes especially troubling when it is combined with the knowledge that citizens regularly base decisions on this manipulated information. The public needs to have unbiased facts in order to make critical decisions and even to vote, either regionally, provincially or federally.

This is why the third vector of information transfer, the one mostly concerned with educational pursuits, is so important. While schools and national education campaigns may be the only sources of factual information available to the public, critics report that even this stream “requires perfecting, for it continues to be expressed in negative terms (“prohibited”, “dangers”), emphasising what ought not to be done instead of explaining what ought to be done” (Council of Europe, 1985, pp. 149-150). If schools are possibly the only vectors of non-manipulated information about drug abuse, the pressure to promulgate honest, efficacious curriculum should

be intense. Educators need to stay vigilant in ensuring that the provided curriculum is factual and efficaciously supports society.

That schools would be a main vector for attempts to control substance abuse also makes sense as it is believed that a large onset of drug use occurs in the teen years, and students spend a lot of their time at school. If it is true that “the need to abuse drugs is associated with human values, personal aspirations, ignorance and fear” (Bedworth, & D’Elia, 1973, p. 2), then it stands to reason that drug use would begin to be an issue during the teenage years or school careers because for many people “ignorance and fear” are descriptions of their daily lives attending school (Bedworth, & D’Elia, 1973, p. 2). Teenagers are especially vulnerable as “social expectations and social pressures may act to motivate some people into drug abuse. This appears especially true of the young” (Bedworth, & D’Elia, 1973, p. 3) who are even more receptive to both negative and positive influences whether from home or school (Moynihan, & Dragan, 1990, p.123). School classrooms, cafeterias, gymnasiums, hallways and grounds are rife with strongly competing expectations and pressures. Independent and public schools are a necessary conduit of Drug Education because although school can be a harsh place it can also be a positive place, where students, if well-fed and well-rested, are prepared to be in the learning mode. This provides teachers and health care workers opportunity to efficiently ameliorate some of the negative responses to adolescent experiences .

Additionally, a student’s well-being or overall health is important to the student’s maximum learning potential so it is in the education system’s own best interests to assist in educating students about health threats. Many educational scholars believe “schools can benefit through intervention when the behaviour of drug taking is affecting the student’s ability to learn or the teacher’s ability to teach” (Anderson, 1981, as cited in Jaynes & Rugg, 1988, p.71). While

the very idea of teachers being too intoxicated to teach is alarming, it cannot be widespread, and also unsettling is the idea of students too high to concentrate or disrupting the classroom by role modelling negative behaviour for others. A school's role in modern society is to teach socially necessary concepts to the next generation, but for this to occur schools must provide more than just walls to learn between. This is where Dewey would concur as he believed that schools should reflect the community and by extension the school should enable the students to succeed in their communities (Weiss, DeFalco, & Weiss, 2012). To succeed in some communities, education can often be the difference between life and death. In order to transfer socially sensitive programs like personal development courses the school needs to be seen as a reasonable and desirable social model for the community. If a personal connection is not made to the school there is a possibility that students will look to their immediate social community to determine acceptable reactions to adolescent expectations and pressures. To illustrate this Gerstein and Green note that "economically disadvantaged children in inner cities, are not well enough served by the schools to lead them to look to schools or even to their peers within the school framework for practical moral instruction" (1993, p. 66). The school has the potential to foster the essential setting necessary for the learning of sensitive information, but Gerstein and Green remind us that certain care needs to be taken in order for such a setting to be established. How will this concept be incorporated into British Columbia's Drug Education curriculum?

Inherently able to provide a setting for age appropriate personal development curriculum, schools are, more importantly, also capable of providing an immediate dissemination vector for trusted information whenever it is unexpectedly needed. For example, think of the slow amelioration of the problems caused by PCP, crystal methamphetamine, AIDS, or meningitis. All were partially controlled by educational intervention programs. However, social issues,

especially drug use have not been contained to any sort of traditional threat list. It is never known what the next threat will be. When it comes to drug use, for every new law against recreational or self-administered medicinal drug use, several new replacement drugs get developed. For instance while Canada, especially British Columbia has seen criminal prosecution of cannabis use increase by “41 per cent” (MacQueen, 2013, June 17), its citizens are turning to semi-legal alternatives, mostly available through international internet sites, causing a veritable health crisis.

To avoid legal concerns, people are consuming “Synthetic cannabinoids” which “are designer drugs dissolved in a solvent, applied to plant material and then smoked. The synthetic drugs claim to mimic the effects of THC, the psychoactive ingredient in marijuana. Even though the products are often sold as incense and labeled "Not for consumption," some people still smoke them as an alternative to marijuana“(Payne, 2013, February 14). Consumers of these under-regulated substances often become “sick within days and sometimes even hours after smoking. Their symptoms included nausea and vomiting as well as abdominal and flank pain. They were found to be in various stages of kidney failure. The cases were reported in Kansas, New York, Oklahoma, Oregon, Rhode Island and Wyoming“(Payne, 2013, February 14). An unwary public is consuming synthetic products with the names K2, Spice and Bath Salts. These drugs are reported to chemically reproduce “the adverse effects of cocaine, LSD and methamphetamine, bath salt use is associated with increased heart rate and blood pressure, extreme paranoia, hallucinations, and violent behavior, which causes users to harm themselves or others” (Office of National Drug Control Policy [ONDCP], 2012). Canadian communities need accurate information focussing on the real health consequences of the continual development of these substitute synthetic drugs. With a possible worldwide shortage of opium in 2013, organizations are predicting an international increase in substitute drug usage. A major

international concern is the opiate replacement, Krokodil: a desiccant used intravenously to mimic heroin (UNODC, 2012 as cited in Shields, 2012, June 26). Drug substitutes, occasionally with unknown side-effects, always experience a rise in popularity whenever opium prices rise. Communities need to know that their students are being presented non-biased, evidence-based research based information and the students need to be able make choices from a position of being informed.

Information about and social issues stemming from drug abuse is constantly changing and future citizens need access to current researched based health information. Considering the necessity of the information to society as a whole, a stable source of information and consistent funding ensuring the continuance of its educational programs should be deemed essential. Above all other sources, schools have the potential to provide just such stability in source and funding for topics like Drug Education. Canada needs citizens who are aware of and capable of accessing current information as it is made available. Non-school based Drug Education curriculum can be an effective assistant to school based curriculum, but many reasons evince schools to be the most important. For more exposition on this issue see Appendix G.

Functional theorists continuing the Progressive Educational Movement or sustaining the discourse, developing the praxis of Drug Education.

Working with the socially progressive theory of early educational researchers, the Progressive Education Movement of the seventies and eighties attempted to transform educational curriculum into a societal force. In 1960, British Columbia's *Report of the Royal Commission on Education* received submissions requesting the inclusion of curriculum for "Aviation, Bank Credit, Bowling, Crafts, Driver-training, Japanese, Logic, Mandarin, Chinese,

Money and Banking, Mountain-climbing, Philosophy, Psychology, Public Speaking, Religion, Russian, Sex Education, and Sociology” (Chant, Liersch, and Walrod, 1960, p. 237). Many of these suggestions became incorporated into already existing courses: bank credit to Guidance 11, bowling to Physical Education 13, crafts to Art, money and banking to Math, public speaking to English 9, sex education to Guidance 9, and sociology to Social Studies 11. While others, driver training, Japanese, Mandarin, Chinese, Russian, and Psychology, all became full credit courses. The push for personal development curriculum did not diminish, rather it has grown to include peer counselling, peer tutoring, photography, Drug Education, athletic leadership, and career preparation courses: law, hair stylist, mechanic, health, art, chef, and many more (BC Ministry of Education, 2013). These courses compete with the core courses and other elective courses for both students and resources but provide many obvious healthy benefits to the students, schools and surrounding communities in the form of arts, sports, volunteer, and career experiences.

The modern explosion of socially progressive curriculum did not occur quickly. It has been a slow process of national or regional issue identification, followed by typically local curriculum designing or implementation, and after research demonstrated success, regional or national curriculum standardization. Whether or not this pattern is established in educational theory, in light of this three stage concept, the emergence of a comprehensive Drug Education program in public schools seems to have followed a similar process as that experienced by Sexual Health Education advocates attempting to engender a comprehensive school based curriculum. The sociological responses to and process of Sex Education curriculum inclusion could provide a template for comparison to aid the standardization of Drug Education.

The Sexual Health Education example: a concrete example of progressive education curriculum attempting to sculpt society.

Sexual Health Education curriculum was a progressive educational experiment which was successfully standardized before Drug Education. The advent of sexual health courses in public schools during 1900 to 1930 originated due to medically and morally believed necessities. The origin of Sexual Health Education provides an example of the process of identification, curriculum design and standardization. The earliest attempts at Sexual Health Education were mainly composed of hygiene information and morality training (Pilcher, 2004). Governments and parents in England (Pilcher, 2004), United States (Carter, 2001) and Canada (Sethna, 1998) were concerned with the perceived lowering standards of health and conduct of their youth. Specifically, adults were worried about the rise in venereal disease and demonstrated paranoia over the societal effects of masturbation (Hunt, 1998; Mort, 1987; Porter and Hall, 1995 as cited in Pilcher 2004; Sethna, 2004 as cited in Tupper, 2008). Originally, “sex education was spawned through a coupling of public health with moral regulation” (Tupper, 2008, p.2). Parents, medical doctors and governments were concerned with the changing moral standards of their youth and by the time WWII caused a massive mobilisation of young men the increased levels of venereal infections were becoming problematic. Sethna (1998) proposed the rise of Sex Education in schools administered by the Ontario Ministry of Education occurred because infection rates of both military personnel and civilian workers had the potential to compromise military initiatives (see also Pilcher, 2004).

However, not counting the infection argument, Carter (2001) provides a more pragmatically social reason for the inclusion of personal development curriculum, albeit still as result of the societal implications of the war. Modern society had placed novel pressures on the traditional family and, due to war or employment, both parents were absent from the home resulting in a public situation in which “mandatory state-sponsored schooling and steadily

increasing enrollments of students past the age of puberty [had] created the possibility for sexual pedagogy on a mass level” (p. 213). It is a possibility that there never was a need for health curriculum beyond simple hygiene prior to the 1900’s because for most people education ended soon after the elementary grades and post puberty lessons, both personal or social, would occur in the community. Irrespective of the reasoning, Sex Education was identified at that early time as “a part of the process by which children are guided into adulthood” (Carter, 2001, p. 213) and therefore the development of necessary curriculum in public schools. So began the slow process of establishing proper Sexual Health Education curriculum.

As stated, the first tentatively implemented sexual health curricula focussed on hygiene, medical information and personal moral control. In fact, before WWII very few school boards were willing to implement the fledgling Sexual Health curriculum even though it contained only medical information (Sethna, 1998; Pilcher, 2004). Studying British Government curriculum guides prior to WWII Pilcher (2004) states:

what passed for sex education took a restricted form of “biological instruction”, most often without any reference to human sexual and reproductive bodies. It is likely that such vague instruction, although defined as sex education by its providers, was not recognised as such by the children who received it. In other schools, “sex education” was said to be provided in the form of “personal hygiene talks to the girls, often limited to menstruation” or “mother craft courses for girls”. (p. 191)

Pilcher notes the limited curriculum was ineffective in scope and in presentation. Evidence demonstrates that the same tentative curricular experiments were occurring simultaneously in the US (Carter, 2001) and Canada (Sethna, 1998). While Sethna (2004), and Pilcher (2004, 2005)

acknowledge that there were a few isolated attempts at providing comprehensive Sexual Health programs the majority of independent and public school curriculums were mostly biological terminology and utilized “the intuitive appeal of attempting to scare youth into abstinence (at least until marriage) through exaggerated and lurid descriptions of potential consequences of sexual behaviour” (Tupper, 1998, p. 2). Both North American and English students were being taught sexual health through defining terms, essentially a disconnected health literacy spelling bee, and receiving warnings about the dangers of sex, which only seemed to last until marriage.

Specific criticisms about these curricula were elucidated by Pilcher in 2004. She highlights “that where sex education was provided in the form of the study of reproduction in animals, the ‘short step’ to the reproduction of human beings was not taken” (p. 192). As well, “hygiene courses for girls were criticised, for failing to relate the subject of menstruation to motherhood, and mother craft courses were said to emphasise the care of the baby after its birth whilst taking its creation and entry into the world for granted” (Pilcher, 2004, p.192). According to Pilcher, early examples of sexual health curriculums were weak, lacked any meaningful connection to student’s lives and were designed to use fear in order to encourage abstinence (2004): “the point here is that early education of this nature tends to convince us that there is something basically wrong and shameful about sex” (Grams, 1970, p.8).

In these criticisms Pilcher notes an extreme example of a common difficulty with some progressive education curriculum; “progressivist principles demand engaging students in first-hand experiences with the subject” but, “providing such experiences with sex or drugs is regarded as morally reprehensible” (Tupper, 1998, p. 3). Curriculum was needed that provided meaningful learning experiences but maintained proper decorum in classrooms, an obvious complicating issue for the efficacy of early Drug Education efforts as well. The school had to

provide a curriculum which presented the material in a real world situation without the real; hence, post 1947, educational communities witnessed the birth of family studies style courses. Rather than correct behaviour through fear, the new curricula overcame the issue by presenting information through medical terms and by teaching sexual health as a precursor for a healthy and married life (Sethna, 1998).

The standardization of what could be qualified as modern Sexual Health Education was developed in England during the 1970's, but its foundation was set in 1956. Pilcher (2005) informs us of a 1956 Board of Education's teachers' manual where, using prescriptive language instructions for the first time, a:

whole chapter (entitled 'School and the future parent') was devoted to sex education. Entries in the index also reflect the changed discourse on health education, which now legally incorporated education about the sexual and reproductive functions and processes of the human body. For the first time, entries relating directly to sex and reproduction appear including 'sex, instruction in', 'menstruation', 'biology and sex instruction' and 'puberty'. (The 'single most immediate problem)

According to the research, it appears that England solidified a standardized, modern, factual and functioning Sexual Health Education curriculum before other nations like Canada (Pilcher, 2005). While England's Sexual Health Education curricula have undergone modifications never has it regressed to its narrow focus on civic behaviour. One important item Pilcher highlights is the fact that "a number of aspects of social change can be argued to have ushered in this new official discourse of health education in schools, in which sex education became central" (Pilcher, 2004, p. 196). These "aspects of social" change were large social movements like

WWII, increasing numbers of students with affluence and changing attitudes towards sex: prostitution, pre-marital births, homosexuality and disease transmission (Pilcher, 2004, p.196.). It is necessary to illustrate that the Sexual Health curriculum was influenced by perceived social conditions and not the mandate of a focussed social group.

Similar social issues prompted sex education curriculum development in Canada. While England worked post-war on codifying its curricula, Canadian post-war Sex Education curricula focussed on morality and perceived sexual delinquency, rather than medical fact (Sethna, 2004; Adams, 1997). But, by the 1970's, Canada's national sexual health curricula began to evolve similarly to England (Sethna, 1998). Conversely, during the 1960s in British Columbia, Chant et al (1960) report that some school trustees and citizen groups were already criticizing the provinces' public schools' fledgling Health and Personal Development curriculum. The critics stated that "The Family, Living with Others, Personal Finances, Family Budgeting, Planning a Home, should be omitted. These topics and others such as Dating, Courtship, Marriage, have no place in a High School Programme" (Chant et al.1960, p. 320). While the curriculum may have transgressed on the providence of the home, it also lacked in career options being presented to young women. The manual suggested that women were "to study marriage and the family" (Chant et al.1960, p. 321) at the expense of any career preparation.

These complaints demonstrate the varied opposition to the curriculum but its inclusion, with modifications, was supported by counsellors. School counsellors defended the curriculum as it "is of value as an instrument for group guidance, and its abolition would substantially increase the load of individual counselling in the school" (Chant et al. 1960, p. 321). By "guidance" the report is referring to instruction and not personal therapy as may be implied by

the term. School counsellors were able to efficiently engage entire classrooms on the necessities of hygiene and future course selections rather than one at a time.

According to Chant et al. (1960) the problems with the Health and Personal Development curriculum resulted because the course may have attempted to do too much. Considering learning objectives the curricular manual “conveys the impression that they cover a wide conglomeration of topics. Some of the matters dealt with are of a commonplace nature: others are matters which one would assume would normally be taught in the home. Some of the topics appear to be well intentioned but inconsequential” (p. 322) and should therefore be “eliminated from the courses” (p. 323). However, the authors of the report noted that “certain references were made in the briefs to the desirability of introducing some instruction pertaining to sex education in the Health course” (p. 323). Sex education had not been taught in British Columbia schools previously, outside of personal hygiene, and the report suggested that the Ministry of Education convene “a committee of persons concerned with health education...to consider the advisability of including in the secondary school programme some instruction in sex education, and that if such courses are approved they be conducted by qualified physicians” (p. 323). This was important as the recommendations by Chant et al. suggest the curriculum be written by those interested in the subject and that doctors would be recruited to present the information therefore providing an honest, trustworthy agent for the curricular dissemination. Even if doctors do not present the information, the proposal for trained specialists, whether teachers or school based health nurses, to present ministry approved curriculum was a paramount step forward for Sexual Health Education.

In Canada, once codified into a modern, progressive and comprehensive curriculum, sex education curriculum became:

one of disseminating sound scientific information in an interactive and dialogic manner with sensitive and credible facilitators. Academic research generating knowledge in the field today is less bound by the ideological constraints emphasizing abstinence-at-all-costs and rigid heterosexual normativities that directed it in past eras. Curiosity, honesty and inquiry in classrooms are encouraged without an undercurrent of hypocritical value judgements, and abstinence is promoted as a safe and healthy option without being imposed as a norm from which any deviance is deemed sociopathic or ruinous. (Tupper, 2008, p. 366).

Though Sexual Health Education is not an immediate cure for societal maladies, its admittance to school curriculums engendered a quickly educated youth on AIDS/HIV. The educational response may have helped to stave off an HIV epidemic: safe sex practices, condoms in the schools, and truthful reporting on how HIV is transmitted. Sexual Health curricula's inclusion in public schools and the rapid response nationally to the HIV epidemic possibly demonstrates the ability of changing society through educational means in response to societal need. Pilcher (2004) notes that that the rise of Sexual Health Education occurred in England due to societal factors and common need and possibly Canada witnessed the same.

It is possible that Sex Education curricula's struggles through its developmental steps to standardization are similar to those experienced by the gradual formation of Drug Education, which began with early efforts focused on alcohol. The Sexual Health Curriculum's inclusion in modern schooling provides an excellent illustration of the development of a new genre of progressive education and demonstrates the difficulties to be expected with a comprehensive Drug Education. While researching the history of both Drug Education and Sexual Health

Education for this project a basic pattern emerged. This pattern consisted of social issue identification, followed by curricular development or implementation experiments until research studies result in a standardized curriculum. According to the evidence presented above, Sexual Health Education seems to have completed the cycle by 1970.

Historical Analysis of Drug Education

Drug Education in North America: 1920's.

The very first Drug Education curriculums in North America primarily identified alcohol as the social issue needing correction. Prohibitionist movements had been active in North America since the late 1800's, but few sought access to disseminate information through public schools until the Women's Christian Temperance Union or WCTU (Spence, 1919), a politically active group. To combat allegedly excessive alcohol consumption rates in North America the WCTU, organized a multiple pronged attack on all alcohol use, in both Canada and the United States. According to Sheehan (1984), "the underlying philosophy which allowed many women to become involved in temperance activities outside of the home was the belief that the innocent victims of the traffic in alcoholic beverages were women and children and family life" (p. 103). By fervently implementing morality based anti-alcohol community programs and curriculum across North America its promulgators sought nothing short of being able, "to save the children, to protect the home, and to fulfill their duties as wives and mothers" (Sheehan, 1984, p. 102). The WCTU and affiliates successfully lobbied local and national governments to include "Scientific Temperance Instruction" (Mezvinsky as cited in Sheehan, 1984), which was referred to in its day as STI.

The WCTU's curriculum was readily adopted by public schools because the WCTU displayed political acumen in their ability to manipulate American Congress in passing pro-WCTU legislation (Mezvinsky as cited in Sheehan, 1984). In fact, "strong STI legislation with stringent curricula and teaching requirements and penalties for non-enforcement was passed" (Sheehan 1984, p. 103) forcing the prescriptive curriculum into many, but not all, public schools. One notable exception would have been the Catholic Schools of Ontario which had a long reputation of resisting outside influences (McGowan, 1999, p. 131). Moreover, the STI curriculum was introduced alongside decades of community work. This work took the form of prayer sessions, letters, town halls, and illustrates that the lay community member leaders of the WCTU "clearly believed that education was a non-school, as well as a school matter and, to achieve success, strategies for both had to be devised" (Sheehan, 1984, p. 102). In order to satisfy their educational initiatives, the WCTU developed and instituted targeted personal development curriculum, the Scientific Temperance Instruction. This curriculum, with accompanying textbooks, represents what Zimmerman (1999) refers to as "the most successful lay movement in American educational history" (p. 141).

According to Zimmerman the earliest Drug Education available in North American independent and public schools, specifically the WCTU's anti-alcohol curriculum, began due to the work of ordinary citizens (Zimmerman, 1999). One such citizen, Mary Hunt, made it her life's work to educate people about the dangers of alcohol as a social poison, and led the WCTU in its prohibitionist zeal (Zimmerman, 1999; Sheehan, 1984). STI curriculum was developed because ordinary people, the WCTU, identified a perceived societal issue which required more response than just a governmental panacea, resulting in STI curriculum spreading all across North America from 1880-1920 (Zimmerman, 1999). Beginning with "thirty-three states"

mandating STI curriculum, Zimmerman notes that “by 1901, every state would be on board and about half the school districts” (Newman as cited in Blocker, 1999, p. 358). The WCTU’s curriculum found acceptance across both the US and Canada, but ultimately failed its promulgators’ goal of nationwide implementation and inculcation (Sheehan, 1984, p. 114; Zimmerman, 1999 p. 13; Newman as cited in Blocker, 1999, p. 358).

While originally moving quickly across North America “like a red-hot steam engine” (Zimmerman, 1999, p.13), the WCTU’s curriculum “stalled in the schools where a venerable tradition of local school control blocked Hunt’s [WCTU leader] dream of teetotal teaching across the land” (Zimmerman, 1999, p. 13). Zimmerman (1999) illustrates how STI was eventually nationally enforced but locally disputed from the beginning because “local school boards resented orders from their state capital about what to teach and how to teach it” (Blocker, 1999, p. 358). Though widely implemented, the STI curriculum experiment was too prescriptive for some school districts and only offered penalties in place of regional discussion or concern with actual curriculum. Critics state that the WCTU’s promulgated STI curriculum was entirely abstinence based (Sheehan, 1984), dependant on fear tactics (Blocker, 1999) and purposely avoided any dialogue concerning medicinal uses (Sheehan, 1984; Cook, 1993; Zimmerman, 1999). Progressive educators (teachers, principals and professors) also rebelled against the state driven curriculum (Sheehan, 1984, Zimmerman, 1999). The public school inclusion of STI curriculum ended once external community support was withdrawn. Soon after, the entire WCTU organization “had crumbled into dust,” all “within a decade after Hunt’s death in 1906” (Blocker, 1999, p. 552). Due to internal and external pressures the WCTU ceased operations and the STI curriculum was discontinued.

Regardless of perceived limitations of the curriculum (Zimmerman, 1999; Cook, 1993; Sheehan, 1984; Timberlake, 1970) the effort to promote STI in schools was made to mold society. This idea should garner the interest and respect of educators and politicians. Zimmerman (1999) derides the abstinence curriculum, but applauds the democratic actions taken by the WCTU first for demonstrating how ‘lay people’ can cause dramatic changes in democratic society, and secondly for highlighting the efficacy of changing society by including STI curriculum in public schools (p.13). The socially adapting power of the STI curriculum is also evinced by James Timberlake (1970) in *Prohibition and the Progressive Movement, 1900-1920*. Timberlake, in discussing the effects of abstinence curriculum, postulated:

But that it aided materially in creating dry sentiment can hardly be doubted, for it was during the Progressive Era that children indoctrinated in the scientific argument for temperance first began to reach voting age. Temperance reformers themselves were inclined to credit it with being a major factor in bringing about national prohibition. (Timberlake, 1970, as cited in Sheehan, 1984, p. 103)

By connecting STI curriculum to the advent of prohibitionist laws in the US Timberlake disagrees with Sheehan (1984) who calls for a “revision of the work of Gusfield, Timberlake, Mezvinsky and others in relation to education, much of which appears to be based on WCTU rhetoric only” (p.16). Stating that the changes in law were mostly enshrined before WCTU classroom or community curriculums could affect the citizenry, Sheehan denies the evidence for education having fostered such radical societal changes. For progressive education theorists these two statements are of utmost importance as they plainly support or deny the efficacy of personal development curriculum.

That criminal prohibition of alcohol was quickly replaced with strictly regulated alcohol and increased criminal drug prohibition seems to assist in concretizing the efficacy of personal development curriculum in affecting societal change. As society became accepting of alcohol, most other drugs were condemned through internationally supported criminal prosecution. This historical evidence could be interpreted as demonstration of school based Drug Education being especially effective at engendering social change when it is presented in agreement with government desires. While many social justice critics in modern times may rail at the mistakes made by alcohol prohibition (Boyd, 2004; Herer, 1990) the possibility that school-based curriculum assisted its entrenchment in law and society cannot be overlooked by educational or social theorists.

In regard to STI and the development of later comprehensive Drug Education, the experience of STI curriculum has left curriculum researchers and developers several lessons of note for re-energizing a discussion regarding Drug Education curriculum. To begin with, the issue identification has to resonate with the entire society, not just a small percentage. Alcohol may have been a societal problem, but the WCTU seems to have attempted to induce a society of alcohol abstainers. While their message was heard by politicians, it did not speak to the majority of the citizens. The WCTU curriculum did not engender the desired societal outcomes of a majority of the citizens. As well, the criticisms of the prescriptiveness of the curriculum, the use of unsupportable fear tactics, the lack of any professional educational preparation by the STI curriculum's development department and the avoidance of medical alcohol provisions are all factors that need to be addressed by future progressive education curriculum developers.

On a smaller historical note, while information on anti-alcohol education seemed widely available, the publicly available information on drugs other than alcohol was slowly increasing

from a variety of sources. Historical data on what was being taught as early Drug Education in classrooms seems light, and there seem to have been few information sources, outside that of WCTU publications, available for administrators, principals and teachers. But one particular text current in the 1920's had the intention of filling the information gap. The book was *Black Candle*, by Emily Murphy, author, and juvenile court judge. Published in 1922, *Black Candle* was certainly available to Canadian political, legal, educational administrators and those who share "teachable spirits" (Murphy, p. 7, 1922). The text's potential to have been influential at its time is paramount as Murphy states in the author's preface: "although there are over two million drug addicts on the American Continent, and a vast unnumbered army who live by exploiting them, I cannot find that any volume dealing with the subject generally has ever been published" (Murphy, 1922, p. 6).

Even though rudimentary alcohol, drug and tobacco education was implemented as hygiene education in the 1800's (Sheehan, 1984), by the 1920s, Murphy could not locate a book denoting the dangers of the non-medical use of these substances. This is important because at the time, while some drugs were maintaining their medical standings, others, like cannabis and raw opium, had lost favour with the medical community. As these common medications lost official standing, across all of North America, the once medical drugs took on a recreational use.

Medically they were replaced by:

chemically stable drugs such as aspirin, chloral hydrate and barbiturates were also developed at the end of the 19th century. And while barbiturates were found to be quite dangerous, and many people died from aspirin induced bleeding, cannabis continued to fall out of practice as a medicine. Simultaneously, as cannabis began to fall out of

practice as a medicinal drug, its use as a recreational hallucinogen was realized in the United States. (Spicer, 2002, History of Cannabis in North America)

In North America, as prescribed medicines there were few reported problems with cannabis or opium, but this changed when the drugs became available on the streets of North America as recreational drugs (Spicer, 2002). Neither the intoxicating effects nor the dangerous consequences of drugs should have been unknown at the time as “in the mid-1800s, French literary and intellectual figures such as Alexandre Dumas, Thophile Gautier, and Charles Baudelaire, members of the Hashish Club, took up hashish, a form of cannabis, and wrote about their experiences in an exaggerated, melodramatic, florid literary style” (Goode, 1969, p. 8 of Introduction). Also, first published in 1922, Alistair Crowley’s *Diary of a Drug Fiend* clearly highlights the dangerous consequences of recreational drug use over the enjoyable intoxication supplied by such substances (Crowley, 1970).

In fact, rather than being concerned with the health dangers presented by all drugs in society, which is an issue strongly promulgated by Murphy in the conclusions to *The Black Candle*, the early societal reactions to the rise in recreational drug use were ones of concern for the “moral decline of users” (Boyd, 2004 p. 44). While Murphy’s book definitely called for a strong official response to the dangers of drugs to both the user and society the response that Murphy was requesting from society took the form of prosecution, not rehabilitation (Murphy, 1922, p. 32). Unfortunately Murphy’s book did not include any information on drug use moderation or correction of social behavior through education. That Murphy and her contemporary social architects were more concerned with the civil behaviour than the health of the emerging drug using society is shown by her agreement with Dr. Warnock’s assessment that:

They are good-for-nothing lazy fellows who live by begging or stealing, and pester their relations for money to buy the hasheesh, often assaulting them when they refuse the demands. The moral degradation of these cases is their most salient symptom; loss of social position, shamelessness, addiction to lying and theft, and a loose, irregular life makes them a curse to their families. (1903, as cited by Murphy, 1922, p. 334)

In the passage by Dr. Warnock, which is quoted verbatim by Murphy, zero of the examples of the dangers faced by cannabis users mention health of the individual, rather all of the dangers are in regard to civil society's expectations: expectations that could not be met by many of Canada's ethnic or growing poverty-stricken populations (Boyd, 2004). As with the reactions to the changing sexual mores of the younger generation, the majority of public proponents wanted society to emulate the morals of the leading moral proponents, mostly white Protestants. These new drug problems were seen as the problems of others, of outsiders: Mexicans (Courtright, 2001), and poor migrant workers, some of whom seem to have been fans of the emerging jazz scene (Schultes & Hoffman, 1992).

By the mid 1920's drugs like cannabis (Rugdley, 1994, p.10), opium and heroin (Boyd, 2004) were being spread across the continent. In 1922, Murphy described the necessity of such information to be available to decision makers and even parents, by unequivocally stating "this is the more remarkable when we consider the religious, social, racial, medical, monetary and criminal aspects of the subject and the urgent necessity for data concerning them" (1922, p. 6). While Murphy left out educational needs to her list of the reasons for beginning dialogue and censure of 1920's drug abusers, it is obvious the information she wishes to collect would be invaluable to those of "teachable spirits" in the creation of progressive personal development

curriculum. However, while Murphy's book does weigh in very heavily on the sides of the dangers of drug use and the need to develop a succinct means for prosecuting drug dealers she does not even mention the necessity of developing educational programs to engender the necessary changes to society her book envisions. Murphy's main contribution to the formation of comprehensive Drug Education programs was her insistence in collecting information regarding drug use and developing tools or methods to fill in any gaps of information (Murphy, 1922, p. 207).

The information Murphy was interested in collecting was meant to drive the social response to the increasing drug problem. Having identified the social issue, she encouraged federal research in order to develop responses to it. One such response could have been Drug Education curriculum. In a chapter titled "A comparison and a question", Murphy states the detailed level of information that needs to be collected, and even suggests that it should be international, not just domestic or continental (1922, p. 200-207). In an example from England Murphy demonstrates how her acquaintances in the upper social spheres are aware of opium as a Chinese problem but believe that no English are involved, whereas, "visitors and returned soldiers allege, however the habit is making prodigious headway, especially among denizens of the underworld, and that little or no difficulty is encountered in getting supplies of narcotics to be used there or smuggled abroad" (Murphy, 1922, 205). Murphy knew that information was key in developing responses to social issues and after exposing the knowledge of the ease of international trafficking she added the following information supplied by an "American authority" (206):

"From 13 to 72 per cent more opium is consumed per capita" he says, "in the United States than is used in Europe, according to Federal statistics. This is something for the

country to ponder over. It is an astonishing fact. “Statistics show that Germany and France each use 17, 000 pounds of opium annually; Italy 6, 000 pounds; Australia 3, 000 pounds; Portugal 2, 000 pounds and the United States the alarming and shameful total of 470, 000 pounds annually...”This does not include the large amount smuggled into this country every year.” When we consider that the great portion of our drugs are manufactured in Europe and sent hither, the comparison becomes astounding, and must raise disquieting questions in the minds of the most indifferent of our people. Why should the comity of nations known as the Anglo-Saxons become drug fiends, while the Europeans remain sober? Can we cope with the situation or has it grown beyond our reach? (Murpy, 1922, p. 206).

According to Murphy it is hard to refute the evidence that in the 1920’s North America was developing social issues with drug abuse. However, even with this problem expanding through society, Murphy, a judge, could not find literature available and so struck the clarion call for more research. In order to make proper decisions, either in law, medicine or education the necessary information needed to be researched, analyzed and utilized by “the officials at Ottawa, Washington and London” (Murphy, 1922, p.207). Such information, lacking in her time, needed to be collected as this is imperative for developing an educational curriculum which can respond to emerging issues.

While believed to be influential in the Canadian laws prohibiting narcotics, specifically cannabis, in the realm of assisting the early development of personal development curriculum focused on Drug Education, Emily Murphy seems instrumental in the identification of drugs as a social issue. Beyond that her book may have served as information for some political or educational leaders but it did not include suggestions for emerging Drug Education curriculum.

Neither did it act as a call for Drug Education's development. On page 207, after lamenting the failure of Anglo-Saxon youth to remain as sober as their European counterparts, Murphy calls on "the immediate and unremitting attention" of "our physicians, psychiatrists and philanthropists" (Murphy, 1922) to become involved in attempts change youth behaviours. There are both benefits and drawbacks to this call. All members of society need to become engaged in Drug Education curriculum discourse so that the most effective modalities can be recorded and repeated. However, although psychiatrists and doctors may be involved with educational curriculum development they are equally likely to be involved in jailhouse program development.

Rather than encouraging education as a deterrent for drug addiction, Murphy's book seems to have fostered the emergent "fears related to preserving racial purity, women's morality and victimization, the breakdown of the family and the Anglo-Saxon way of life" (Boyd, 2004, p. 45). These same fears led social architects to base laws "centered on those perceived to be outsiders to white middle-class Christian morality. Thus, the smoking of opium by Chinese laborers in Britain, US, and Canada came under attack, with little attention being paid to the copious amounts of opium white Westerners consumed in elixirs and patent medicines" (Boyd, p. 44, 2004). The laws and social perceptions were not based on concern for health standards (as in drug free), but rather the social conditions that the drugs were taken in and by whom were they being taken. This is demonstrated through Murphy's suggestion that drug users and their dealers are "palmerworms and human caterpillars who should be trodden underfoot like the despicable grubs that they are" (Murphy, 1922, p. 7). *The Black Candle* is rife with similarly pejorative descriptions but it also promulgates the beginning of the research necessary to develop programs and intervention strategies, one example being in the form of a calculation of estimated

numbers of persons using a particular substance. For instance, during Murphy's tenure, the amount of people using cocaine in Canada was approximately:

about half of one per cent, of the population. Although the seaport cities have a trebled incidence, these figures may be taken as fairly representative of the party goes. This computation does not, however, include the addicts who are using allied narcotics or who have become confirmed users of cocaine. It would be safe to add another half of one percent, to cover this number. (Murphy, 1922, p. 224.)

This information, albeit estimated, is a paramount first step in developing educational or other official responses to this issue. The main importance of Murphy's investigations is that we now know that the response needs to be engineered to inform the populace, but it only need to change the behaviour of one percent of the population, which coincidentally may be centered on coastal populations (Murphy, 1922). For modern curriculum developers, Murphy demonstrates that the more information leaders have on a social issue the better equipped the society will be in mitigating social malaise.

However, either the Drug Education did not materialize or the early Drug Education it did elicit, like the concurrent early Sexual Health Education experiments, was moralistically based and inadequate for the expectations society had for it. While society was looking for education, and soon laws, to further the cultural norms of the previous generation, schools, administrators, teachers and the curriculum itself seemed unable to cope with the emergence of alcohol, drugs and continued spread of tobacco.

The spread of drug and alcohol abuse is demonstrated somewhat by the music of the era (Halperin & Bloom., 2007). Educators recognize the ability of socially nested learning to pass

along cultural norms. Even more than independent or public school, Sunday school, youth groups or government advertising, social normalities learnt in the liminal spaces of society, such as the pool halls and parks, are granted much weight by younger citizens. In this regard, a very influential liminal space in society is the music scene. With possibly great consequence for society, 1920 early jazz musicians were enmeshed in the rise of drugs like cannabis and heroin that were outside of normal society. Consequently, “jazz had its own phraseology for dope with everything from muggles to vipers (stoners) and Mezz (named after the clarinetist and super-dealer Milton Mezzrow)” (Pilcher, 2004, p. 34). Not only were the artists spreading the drugs and vernaculars specific to drug use adherents, they began writing odes to their favourite substances. One of these songs was the popular 1928 charts topper “Muggles” by Louis Armstrong and Earl Hines (Pilcher, 2004, p.35). The lyrics were mostly composed of common drug colloquialisms of “reefer”, “high” and the then common term for a cannabis user “viper” (Armstrong, 1938 as cited in Pilcher, 2004, p. 35). In this song Armstrong promulgates the concept of respect for the heavy user of cannabis denoted by the title of “viper”. Though merely a popular song on the radio in the late 1920’s, Armstrong’s song demonstrates the potential power of community sources in teaching social norms. The terms “reefer”, and “high” have become household terms of speech to most modern students and adults (Pilcher, 2004; Halperin & Bloom, 2007).

As demonstrated, the 1920’s have lessons of note for modern Drug Educational researchers. Primarily the curriculum has to reflect the society a majority of citizens wish to elicit; that current and relevant information on drug use is of utmost necessity to policy makers; and that all aspects of information distribution must be considered. What are the consequences of public celebrities teaching a brand of civil behaviour which contrasts with the social architects of

the time? During the 1920's social architects like Murphy identified drugs as a pernicious and expanding issue, but did not promote or consolidate the educational response to the emerging problem. Although alcohol prohibition ended in Canada during the twenties, and America in the thirties, both countries accepted and supported the prohibition of other drugs (Herer, 1990). Possibly the prohibitionist curriculum resulted in the prohibition of alcohol and other drugs as supported by Timberlake (1970) but, as noted, this is questioned by Sheehan (1984). Whichever author the reader agrees with history illustrates that through the twenties, in some areas the thirties and forties too, many students in the US and Canada had their educational curricula punctuated with the WCTU's sponsored anti-alcohol/prohibitionist curriculum. It is interesting to note that these same students have spent their lifetimes supporting prohibitionist movements, as witnessed in both the US and Canada by the recently recognized fortieth year of former president Nixon's declared drug war which began in 1971 (Mann, 2001).

The 1930's and Progressive Education.

While The Great Depression devastated global economies in the 1930s, that decade was also monumental for basic education worldwide as for the first time in history a majority of the world's children had access to elementary education (Chaudhary, Nafizger, Musacchio, & Yan, 2011, p.221). Realizing that international economic and technological discrepancies were also accompanied by levels of formal education "Brazil, Russia, India and China" changed policies which had resulted in populations which "compromised more than 50% of the world's population in 1910, but only 15, 23, 10 and 4 percent [respectively] of school-age children [in these countries]...were enrolled in primary school" (Chaudhary, et al. 2012, April, p. 221). In 1930, as these four and other nations' children saw their basic educational access burgeon, Canada and the US continued to provide the basic academic courses while educationally

experimenting with personal development curriculum in ways that would further social norms. Rather than reflect Counts' challenge of "Dare the school build a new social order" (1932), the social norms promulgated through schools did not seek to equalize societal and material resources. Counts' philosophies would perhaps have to wait for future decades for this to materialize.

In the 1930's Canadian educational leaders seemed to recognize education had a huge potential impact on societal trends and chose personal development curricula which fomented normalized or expected behaviours, civil manners and hygiene. While definitely the forerunners of modern Sexual Health Education programs and to a lesser degree Drug Education programs, these curricula as shown previously in the brief sex education history, were ineffective for many reasons. One example of the possibly ineffective curriculums utilized by advocates of the 1930's Drug Education was in early smoking cessation programs which focussed entirely on the moral rectitude of the young man, ignoring any detrimental health effects (Cook, S., 2006). However, in 1932, Counts' thought that education had the ability to consolidate or change societal norms through progressive personal education curriculum had possibly already been demonstrated to be effective in assisting the fomentation of massive societal change: the prohibition of alcohol in North America. Personal development curriculum may have been proving itself efficacious in molding society, but what sources of curriculum or information were available to educational leaders or teachers in the 1930's?

When it comes to Canadian classrooms in the 1930's it seems that the most widespread or main source of alcohol and Drug Education available to more than just a specific region was the curriculum and texts offered by the WCTU, in parts the Canadian Prairies at least. Written in 1893 the textbook, *Physiology and Temperance* was in use in Canada from as early as 1896 to

the mid-1930's (Sheehan, 1984, p. 103). This text taught "alcohol was a poison", "abstinence" was the only healthy lifestyle, and it avoided "all references about the medical use" of alcohol (Sheehan, 1984, p. 103). In the introduction, Nattress advises readers that "one of the most destructive agents man has brought into use is alcohol... ..that *perfect health* cannot be hoped for when alcohol is taken in even so small a quantity" (As cited in Sheehan, 1984, p. 104). The textbook was mandatory for any region that had agreements with the WCTU. This was most of developed Canada (Sheehan, 1984) but it excluded specific groups like the Canadian Catholic Schools which had a history of challenging mandatory initiatives in matters of faith and morals (McGowan, 1999, p.131). In a chapter discussing the physiology of human bones Nattress' textbook states:

It has often been observed that children of intemperate parents frequently fail to develop into manhood or womanhood. They may not be deformed, but their growth is arrested, and they remain small in body and infantile in character... Such are examples of a species in degeneracy, and are evidences of the visiting of the sins of the fathers upon the children, which may extend even into the third and fourth generations. (As cited in Sheehan, 1984, p. 104)

This passage, while possibly demonstrating prescient identification of fetal alcohol syndrome, may have been too much of an intellectual leap for young students to understand the significant importance of the warning. Although many modern scientific reports support the negative effects of prenatal alcohol drinking and are well known in modern times, the scientific connection had not been made in the 1920's. Although such information would possibly have been common in communities, that is a topic for another study. By utilizing a textbook seemingly written with adult sensibilities the WCTU anti-alcohol curriculum may not have

survived in Canada because “a crowded timetable and a short school experience” resulted in the curriculum supplying information that was “beyond the comprehension level of the majority of elementary age students” (Sheehan, 1984, p.105). Modern curriculum developers should note that it seems essential for personal development curriculum to reflect the interests and intellectual inquisitiveness level of the participants. In other words the curriculum needs to be written for the students, not in order to seem pleasing to the administrators of such programs. While it is debatable how excessively the interests of the student should focus the curriculum, it is clear that there needs to be consideration paid to the tension between the needs and wants of individuals versus that of society.

However, that the WCTU curriculum was dying out in Canada, albeit a decade after the United States, was evinced by other factors as well. In the late 1920's school boards still listed:

hygiene as one of the topics under Art of Education for all classes of Certificate.

However, no question on this subject appeared on any of the professional examinations. If the topic did not receive much attention at the Normal School and was not tested for the teaching certificate, many teachers would not only not have had the background and methodology to handle the topic in the classroom, but also might not have felt it was important enough to warrant much time and attention. (Sheehan, 1984, p. 104)

The curriculum supplied by the WCTU was thought to be lacking for many reasons and if administrators monitoring schools or teaching the new teachers did not supply adequate time on the application of personal development it is understandable that the curriculum would suffer in quality. As well, personal development curriculum is fairly sensitive in nature and benefits from trained instructors to provide effective lessons on subjects like Sexual Health or Drug Education

(Eggert, McNamara, Randell, Nicholas, & Eggert, 2006). Without proper support for training or resources for curricular supplies being supplied by the educational supervisors, the Normal schools or by the local employer, it is understandable that teachers in the 1930's shelved curriculum that seemed to be extraneous to everyone else involved in the system. This does not mean that there may not have been isolated personal development curricula being developed and implemented in the 1930's, but rather that records of such materials were not revealed during this research. It would be interesting to see what examples of isolated Drug Education attempts were being made in Canada during the 1930's and how those could influence discussions on the future of British Columbia's independent and public school Drug Education curriculum.

While much of the actual curricular materials are currently unavailable to this researcher, it is known that post Murphy's *Black Candle*, other books were being published on the topic of drugs and the dangers imposed upon society, with the intention of influencing lawmakers and educational leaders. One such book published was available, at least for US educational leaders in the later part of the decade, in 1938: *Marihuana, America's New Drug Problem*. This text was reputedly invaluable in the early battle against cannabis as a book reviewer for the *Forum*, speaking about Walton's work, states:

He traces its history from ancient times, reprints scientific and literary descriptions of its effects, explores the medical and psychiatric aspects of the problem, and even appends a list of all the names by which the drug is known all over the world. No more in the way of valuable informative material could be asked. It should be of great use to those parents, teachers, public officials who can set about remedying the evil, and also to the average citizen who can back them up. (The Book Forum, 1939, February 19, p.124)

How Walton's book affected early Drug Education is currently indiscernible. With the information provided by Walton on cannabis' history, medical uses, chemical analysis and warnings of addiction for lazy people the book may have inspired curriculum based on encouraging manual labour and extra-curricular activities. Walton suggests the reason that farmers did not turn into cannabis addicts during their years of exposure to industrial hemp was their industrious natures (The Book Forum, 1939, February 19, p.125).

Regardless of Walton's possible influence, the end of WCTU sponsored curriculum in Canadian schools did not end the experiments with social control through school curriculum or through community shared vectors. Anti-tobacco groups had been battling over the social acceptance of tobacco since the 1800's (Cook, 2006). For many citizens in post-world war North America, especially young men and many women, "the cigarette appealed to many as a symbol of the general enfranchisement, sense of sophistication and gaining power as consumers" (Cook, 2006, p.90). Unfortunately, as early as "the 1929 report of the American Surgeon General, Hugh S. Cumming, condemned the rapid spread of smoking, especially amongst women" (Cook, 2006, p. 90). So in 1930 the social media sources of the day, newspapers, music and movies, were displaying proto-typical contrary information. Lacking the larger organizational power of groups like the WCTU:

the Anti-Cigarette Leagues put their case against smoking to both middle-class and working-class lads in the British Empire and the United States. Middle-class boys were approached mainly through the print media where social icons, such as famous sportsmen, provided testimonials of clean living. The League pursued young men in the working classes through other well-established and sympathetic organizations, including the Sunday Schools, the Bands of Hope, the Young Men's Christian Associations

(YMCA) and the WCTU. All of these groups agreed to disseminate League materials and sponsor anti-cigarette speakers. (Cook, 2006, p. 82)

Even though the Anti-tobacco groups did not have the same access as the WCTU to school based educational curriculum, they used value added techniques in order to highlight their messages. The use of “famous sportsmen” and women role modeling “clean living” lifestyles may be common place now, whether in classrooms or television public service messages such as the anti-drug advertisements by American Olympian Bryan Clay (Wai, 2004, December 10), but would have been extremely novel in 1930. Modern television and printed media regularly use celebrity figures in their campaigns, both for and against the inclusion of substances in our lives (Ghose, 2013, March 9), but possibly the trend started with the 1930s anti-tobacco initiatives and the pro-tobacco advertising campaigns. More work needs to be done on determining just what was occurring in the classrooms during this decade education if we are to make a more detailed image of how modern Drug Education can learn from any progressive curriculum or innovative pedagogies developed in the 1930’s.

Added to these disparate Drug Education vectors was the information or propaganda war being waged across North America, a war fought through the media, through newspaper stories and the lyrics in popular music. While documentation demonstrating actual drug curriculum for classrooms has proven difficult to locate, the 1930s witnessed an increase in community available Drug Education, illustrated by publicly available publications like the “Siler Commission” (Herer, p.24). As well, in the United States, Randolph Hearst’s newspaper chain began reporting only on the dangers of cannabis while ignoring any scientific or medical data and reached a phenomenal readership. (Herer, p.24). Similarly, in Canada an information campaign in the form of letters and articles in local newspapers was explored by Prkachin

(2007). In an article titled, ““CHINKS PAY HEAVILY FOR 'HITTING PIPE'": The Perception and Enforcement of Canada's New Drug Laws in Rural and Northern British Columbia, 1908-30”, Prkachin (2007) traces the changing demeanour of rural citizens and law enforcement towards their Asian neighbours and compares these changes to the more rapid and fervent response witnessed in urban centers. The main title of the article was copied from an actual article published in the Prince George Citizen, in 1920. The most interesting item the author had elucidated was a pattern in the letters and articles engendered by the emerging police control of narcotic use prevention. Realizing they were incapable of supplying the desired response to emerging drug issues in society, governmental health departments moved control of illegal drug abuse to the Justice Ministry’s criminal prosecution department. (Prkachin, 2007, Spring, paragraph 15). The article revealed that police control differed from the previous Health Departments’ futile attempts by aggressively prosecuting users and dealers (Prkachin, 2007, Spring, paragraph 4). In the article Prkachin demonstrates how newspaper articles and letters in rural northern British Columbia began identifying the emerging drug issues as a small matter, better dealt with by family or church than prosecution. This differed from urban centers where people, seemingly better informed on the issue expressed fear and a desire for the government to concretely do more in order to end the rampant use of drugs. (Prkachin, 2007).

Both the American and Canadian newspaper articles published between 1920-1940 seem to have been highly influential on public perceptions as well as actions, and along with other social pressures may have encouraged other anti-drug use efforts. One such anti-drug effort was the movie *Reefer Madness* being produced and previewed across North America. The film featured post-adolescents engaged in highly inappropriate social scenarios while completely out of personal control due to the consumption of cannabis (Esper, 1936). This film artistically

demonstrated the fears felt by leaders and parents of North America through the actions of a female cannabis user who changes from chaste school girl into a wanton maniac and a young man who cannot have the jazz piano music played fast enough for his cannabis addled mind to enjoy (Esper, 1936). The entire movie can now be viewed as an obvious propaganda tool, one that was used by the then current government of America as an attempt at the enculturation of its citizens into disliking, even fearing cannabis and its user. While *Reefer Madness* seemed to be very efficacious in promoting fear among parents and educators, this iconic example of 1930's Drug Education does not seem to have eliminated or even mitigated the spread of cannabis use across North America.

However, Hearst's newspapers, racist articles in Western Canada and *Reefer Madness* were not the only publicly available information on drugs, and not all of the public messages about drugs were negative. In the 1920's Jazz musicians were publically promoting the use of certain illegal drugs: cannabis and heroin. Carrying on with the tradition of singing odes to your favourite illegal drug, jazz musicians opened the floodgates on drug referenced songs. According to Pilcher (2004) beginning in 1932, "Cab Calloway praised the pot dealer in 'Reefer Man'" (p.34) and "two years later Stuff Smith and his Onyx Club Boys sang,... the classic 'You'se a Viper'" (p. 35). After that the list of Jazz hits about drugs goes on and on (Pilcher, 2004). While official vectors of information or education are always researched, it can never be forgotten that the educational messages delivered through societies' liminal spaces are often efficacious too.

1940s and the demise of school based Drug Education.

Following the depressed economy of the 1930's, the 1940's was a time of stress and change of consciousness for most of the global community. It had experienced world war two

culminating with the bombings of Hiroshima and Nagasaki. The drive for personal developmental curriculum may have taken a back seat to nation rebuilding. However, such curriculum could have been essential to the efforts of re-constructing social norms during a time of social unrest, similar to the Sexual Health initiatives. Although evidence of what pedagogies were being used in classrooms during the 1940s is currently lacking, it could be expected that curriculum for Drug Education, maybe even the former WCTU's curriculum, may have still been promulgated in isolated districts. Then as now, curriculum materials on hand will likely be used before ones that are non-existent. However, there does not seem to be any evidence of national or provincially mandated curriculum targeting the emerging drug abuse issue. So what might curricula have focused on during this period? Societal leaders seem to have replaced communities' fears of the dangers of alcohol with fear of "the dangers posed by narcotics" (Beck, 1998, p.26). An educational leader might expect that this shift in focus of priority in community health would be accompanied by a renewed personal educational curriculum providing information, role modeling and possibly some drug resistance training; however, research concludes that this did not materialize.

In discussing the origin of Drug Education, or consequently the end of alcohol education focused on "a solely abstinence focused approach" (Midford, 2000, p. 3), Beck identifies the 1940s to the 1950s as the decades which saw illegal drugs, like cannabis and heroin, replace alcohol in prohibitionist target sights, both legally and educationally (Beck, 1998 as cited in Midford, 2000, p.3). With prohibitionist curriculum seemingly failed in stemming alcohol or drug use "enthusiasm and monetary support for such efforts rapidly declined, largely as a consequence of active opposition of prominent government officials and other influential parties" (Beck, 1998, p.26). These officials seemed to be concerned with the promulgated belief

that illegal drugs represented the newest, biggest threat to North American societies (Payne, 1931 as cited in Beck, 1998, p.26) and sought methods to curtail the spread of illegal drug abuse. Due to the opinions of social leaders during the 1940s, those who watched the WCTU prohibitionist curriculum fail, a radical shift in general Drug Education occurred.

The “prevailing view was that illegal drug use posed the greatest threat and that knowledge based education was actually counterproductive, because it encouraged experimentation” (Beck, 1998 as cited by Midford, 2000, p. 3). Current belief was that school-based, teacher-led pedagogical activities increased student drug use due to exposure to factual information. With this mindset seemingly entrenched in American Drug Education philosophy personal development curriculum for the prevention of drug use disappeared from independent and public schools (Midford, 2000, p.3). Beginning in 1935 and continuing through the 1940s, specifically in America, this belief was especially promulgated by the commissioner of the Federal Bureau of Narcotics: Harry Anslinger (Beck, 1998). Referencing works by Zinberg and Robertson (1972), Beck states that “through his [Anslinger’s] efforts, education of the populace remained largely confined to well-orchestrated media blitzes for a number of decades” (Beck, 1998, p.26). This indictment may not seem negative, but research has demonstrated that “Anslinger’s media campaigns were primarily focused on influencing public opinion to garner necessary support for his own personal bureaucratic objectives” (Beck, 1998, p. 27). To deliberately misinform a population to achieve personal goals is definitely unethical but also:

throughout his lengthy tenure, he [Anslinger’s] actively discouraged most efforts at educating youth about illegal drugs. Anslinger contended that intensive or informational forms of school-based Drug Education merely served to arouse unnecessary curiosity among impressionable youth. (Anslinger and Tompkins, 1953, as cited by Beck, 1998)

With personal benefit in mind Harry Anslinger changed the importance of Drug Education curriculum in public schools and even affected classroom pedagogy well into the 1960s. This action resulted in American schools being bereft of any Drug Education curriculum from 1935 to 1960 (Wallack, 1980). There is evidence that Anslinger's influence on personal development curriculum continued in regions well into the 1970s (Love, 1971, p. 48).

Anslinger attempted to co-opt the entire Drug Education curriculum in America (and by association Canada) but, as with any well-intentioned informational campaigns the organizers have to be prepared for competing messages from other groups who may not share the same vision. Examples of contrary messages being publicly shared during the 1940s is best demonstrated by the use of comic books as:

Over the years, many people have used comic books as a way to inform the general public of things that the creator, publisher, or sponsor deemed important to inform/indoctrinate. Whether these comic books are educational, informational, or propaganda is of course in the eye of the beholder (Stromberg, 2010, p. 97).

Anslinger used political influence to remove all Drug Education from schools and public discourse, but could not control every source of media in North America. In the seminal book *Comic Art Propaganda: A Graphic History*, author Fredrik Stromberg (2010) demonstrates not only the success comic books had in reaching willing hands, but also the less than positive intentions of business advertisements. In 1940, Camel Tobacco, and others actively utilized comic book advertisements to promote the positive nature of their brands of Tobacco:

To be truthful, there were comics ads selling just about everything, including a lot of pretty harmless things like Kellogg's Corn Flakes, Aunt Jeremiah's pancakes or the

caffeine-free Postum, which was sometimes marketed by an invisible cartoon ghost named “Mister Coffee Nerves.” Another example was *Pepsi and Pete, the Pepsi Cola Cops*, drawn by none other than Rube Goldberg. But there were other ads that would stand out as unsuitable today. For example, a lot of specially designed comics advertised various brands of cigarettes. The brand Kool had comics ads featuring a cute little penguin called Willie that by today’s standard really would be deemed too heavily geared towards young readers. They were published into the 1950. (Stromberg, 2010, p. 98).

Finding an interesting advertising mode, tobacco producers targeted adults and children using cute animals enjoying relaxing breaks and beautiful women speaking to US military men, because the men are smoking tobacco. One ad showing the drawn depiction of a famous female skier as she hits the slopes and then speaking to a few men while she enjoys a smoke actually uses the real life picture of Marianne de Sydow, a well-known skiing personality from the 1940’s, in order to “establish that this is actually the ski star in question. Today, no professional athlete would advertise tobacco, but in the 1940s this was not uncommon” (Stromberg, 2010, p. 98). While Anslinger was blocking Drug Education from reaching society through school curriculum or through national news media, tobacco found a media venue through comics, one that was directed at all ages of the population. Coincidentally, during the 1960s to 1990s, this advertising trend was reversed and comics began to supply an anti-drug use message designed to appeal to young readers (Stromberg, 2010).

The 1950s and a renewed focus on Alcohol and Tobacco consumption.

In the 1950s, evidence based personal development curriculum for drugs like cannabis or heroin does not seem to have been established in regions like British Columbia, but the World Health Organization's (WHO) socially progressive education reform plans for member nations demonstrate an expectation that national anti-alcohol programs were available in schools. (Walsh, 1982, p.78) Regarding educational reforms and alcohol consumption, the WHO's 1950s educational suggestions were meant to mitigate alcohol related social problems through encouraging moderation and not focus on total abstinence (Walsh, 1982, p. 79). Walsh draws attention to the fact that while alcohol use was acknowledged as an accepted part of normal society, its dangers and increasing cost to society had long been recognized and identified in literature (Walsh, 1982, p. 78). While researching for the WHO, Walsh demonstrated that societies needed to change their citizens' behaviours as "increases in morbid conditions known to be alcohol-associated have been recorded in most European countries since 1950." (Walsh, 1982, p. 78) Walsh's meta-analysis of alcohol related harms to society concluded that governments should provide to citizens the "fullest possible information relating to the harms caused by alcohol." (Walsh, p.80) However, to Walsh, a central government response was to be only one avenue for alcohol information distribution:

The same applies to local authorities and to all who work in health, welfare and education services. Comprehensive public information programmes with specified objectives must be developed and implemented; they must be carefully evaluated and, if found to be unsuccessful in achieving targets must be appropriately modified. (Walsh, 1982, p. 80)

Identifying that a response to rising alcohol-related harms to society needed a multifaceted approach Walsh encourages all levels of government and social agencies to cohesively inculcate the desired social change.

It is important to note that Walsh identifies a desire for all educational services to include anti-alcohol curriculum and that all such programmes undergo research based modification to ensure or increase efficacy. According to Blum (1976), research studies and subsequent modifications should be set criteria for all educational programs (p.34-39). One issue modern researchers might have with Walsh's conclusions is in the setting of "targets". Drug related issues are incredibly complex, causative factors and effective responses are hard to establish (Blum, 1976, p, 34-39). Due to the inherent difficulty in developing Drug Education curriculum Walsh recommends authorities use the "targets" to regularly "modify" the programmes. Walsh's statements provide evidence demonstrating that Drug Education was still firmly in the development and implementation phase. Although still being developed, this stage is important as all established educational initiatives benefit from evaluation and subsequent modification (Blum, 1976, p.34-39). Furthermore, Walsh's comments and suggestions directed at the development of future personal development curriculum for drugs is of paramount importance: "must be carefully evaluated" and "must be appropriately modified" (Blum, 1976, p. 80). The importance of Walsh's comments cannot be overstated because if they had been applied to early Drug Education curriculum like the WCTU's, maybe the emergent curriculum would have become less driven by ideology and more by efficacy, thereby possibly having mitigated some of the worst drug problems of the last seventy years and perhaps learned something from its sibling curriculum, tobacco education.

Having been considered important to society for some time, beginning with 1920's/1930's anti-smoking campaigns, anti-tobacco advertisements have been in circulation for nearly one hundred years. While greatly diminished in use from the 1950s, tobacco is still inimical to North American society in 2013. However, the earliest educational campaigns

suffered from a focus on morality or civic pride and not on personal health (Cook, 2006). Early campaigns for anti-smoking often focused on a community's distaste for the 'bad boy' image that smoking portrayed, one demonstrated by James Dean's character in *Rebel Without a Cause* (Weisbart, 1955, October 27). The switch to more honest advertising and the use of scientific fact or medical reports to encourage better lifestyle choices seems to have led to a massive change in societal attitudes towards tobacco consumption (Cook, 2006). What was once prescribed by doctors is now becoming a socially despised activity. From the 1950's to present the rates of tobacco consumption have decreased dramatically; however, tobacco still has an interesting relationship in modern society. While tobacco is legal, it is heavily taxed, and known to cause death to its users, yet regardless of its legal or health status, tobacco is one of the most used drugs in British Columbia (Stewart et al., 2009) and the entire world (UNODC, 2012). The North American reduction in Tobacco usage also represents a massive demonstration of the power education has to change societal behaviours.

Again actual classroom curriculum or even studies on it seem currently unavailable for research purposes, but it is well known that North American societies renewed the educational fight against tobacco use in the public sphere. Mason Tvert reminds us that from the 1950s to 2013, "we didn't have to arrest a single adult for smoking a cigarette in order to reduce teen smoking" (as cited in MacQueen, 2013, June 17, p. 19). It is suggested that educational curriculum for other drugs utilize "the same kind of public information campaigns and other aggressive measures used to curtail tobacco use" (MacQueen, 2013, June 17, p. 19). It is possible that these community campaigns and whatever accompanying curriculum available to independent and public schools in 1950s' classrooms were effective. After peaking in the 1960s tobacco use began to dwindle until now where studies show, "Canadian children ... have the

third-lowest rate of tobacco smokers among 29 nations.” (MacQueen, 2013, June 17, p. 19).

Within a few decades of exposure to a widespread educational campaign against tobacco use, the usage numbers were successfully reduced. So what classroom pedagogy was used in public schools to support any community based messages and how can modern curriculum developers repeat it?

1960s and the Advent of British Columbia Ministry of Education’s Drug Education Curriculum for Schools.

Actual British Columbia Drug Education curriculum: 1961. The 1960s were the beginning of a turbulent social time for North America. The tragedies of the Vietnam War abroad and the Birmingham Church bombing at home were sobering events for populations to incorporate. Similar to the social architects’ responses to changing sexual mores, changing post-Vietnam War society would require a renewed educational will. The ability for independent and public schools to provide comprehensive, even if not evidence-based, Drug Education was demonstrated by the educationally progressive WTCU’s efforts to establish a common curriculum for Alcohol Education during the twenties and thirties. In Canada it took decades of regional and some national experimentation with varying curriculum to result in a British Columbia Ministry of Education approved Drug Education curriculum. Under The British Columbia Social Credit Party government, the Ministry of Education produced a curricular manual for all its schools titled *Secondary School Physical and Health Education 1961*. This document had the first Ministry authored, specific Drug Education curriculum identified in the British Columbia public school system.

British Columbia's experiment with Drug Education curriculum does not receive the same sort of attention as the previously mentioned first sexual health teachers' manual, which was composed of an entire chapter of curriculum ideas (Sheehan, 1984). Instead, the 1961 foray into Drug Education curriculum for British Columbian teachers was quite lighter in scope. A personal development curriculum, which although not quite specifically focused on Drug Education, was disseminated to independent and public schools by the Ministry of Education. Entitled "Physical and Health Education 8" (British Columbia Minister of Education, 1961), the manual included a chapter named "Unit 1: How the Body Systems Contribute to Healthful Living" (British Columbia Minister of Education, 1961.p. 42). This chapter introduces the students to the digestive system, the excretory system, the respiratory system, the circulatory system, and the nervous system. (British Columbia Minister of Education, 1961.p. 42-43). In analysis there is an expectation that the students will experience very in-depth information based lessons on the above mentioned systems; however, while most of the systems are covered in great detail, one is only given a cursory exploration.

The first topic covered in detail is the digestive system. The system was covered using anatomical definitions and students were also introduced to a physiological examination of the system's organs, processes and even enzymes (British Columbia Minister of Education, 1961, p. 61). For example, in this section students studied the structures and actions of "the alimentary canal", the "assisting organs of digestion": liver, gall bladder and pancreas, as well as the "digestive processes" occurring in each structure and the specific function of each structure (British Columbia Minister of Education, 1961p. 42). To add to the depth of information the students were expected to receive, the classroom teachers were encouraged by the curricular instruction manual to explore questions similar to: "What do digestive juices do?"; "Explain the

difference between digestion, absorption and assimilation.”; and “How may exercise and fatigue affect the working of the digestive system?” (British Columbia Minister of Education, 1961 p. 42). The Ministry of Education prescribed learning outcomes outlined by the guidelines and the suggested questions demonstrate an expectation that grade eight students in 1961 received a very intensive knowledge base on human anatomy and physiology. Coupled with a very scientific understanding of human anatomy and physiology, students were also expected to discuss “Eating Habits. (a) Good eating habits. (b) Poor eating habits.” This section demonstrates that nutrition was seen as a necessary component of understanding human health, but more important for this study is that students were meant to learn to critically apply the information learned in these sections to their own health. Definitely this chapter of the teaching manual is specific in teacher expectations and student objectives; however, not all sections receive the same attention as the digestive system.

While the digestive system, excretory system, respiratory system and the circulatory system sections all received similar instructions and suggested further inquiry or discussion engendering questions, the section on the nervous system is accompanied by different, and for this study noteworthy instructions. In an identical fashion to all the other systems the nervous system is broken down into extremely detailed sections for students to incorporate: “1. Brain. (a) Cerebrum. (b) Cerebellum. (c) Medulla oblongata. 2. Nerves. (a) Structure. 3. Nervous Systems. (a) Central. (b) Sympathetic. 4. Special senses. 5. Care of the nervous system” (British Columbia Minister of Education, 1961, p. 43). Unfortunately, this is where the similarity between the nervous system section and the others diverge. Once again, all the other sections like the circulatory system were accompanied by in depth inquiry prompts similar to “in this section, reference should be made to the effect on the heart of the following: (1) Rheumatic fever. (2)

Overwork. (3) Physical and mental strain. (4) Pace of modern living” (British Columbia Minister of Education, 1961, p. 43), but the nervous system received a minimal amount of Ministry suggestions.

Teachers completing the last section of “Unit I: How the Body Systems Contribute to Healthful Living”, the nervous system, are instructed:

it is advisable to avoid an undue amount of detail in this section. Some reference may be made to popular misconceptions regarding nervous or mental disorders and to causes of worry, excitement, day-dreaming, but a detailed study of such matters is not intended. Typical questions are: (1) What are stimuli? (2) What are reflex actions? (3) How can one’s physical condition affect one’s nerves? (4) What effects on the nerves do the following have: (a) Worry. (b) Pace of living. (c) Tension-lack of relaxation. (d) Use of stimulants, narcotics, alcohol. (British Columbia Minister of Education, 1961, p. 43)

The introduction of the first ever British Columbia Ministry of Education personal development curriculum specifically targeting Drug Education is accompanied by the instruction to “avoid an undue amount of detail” (British Columbia Minister of Education, 1961, p. 43) and constitutes a possible topic for discussion on how it effects “the nerves” (British Columbia Minister of Education, 1961p.43). This is an unusual and noteworthy instruction, especially after the expected level of detailed understanding of other body systems already evinced by the other sections. It is plausible that this unexplained change in depth of focus could be a carry-over from the 1940s and 1950s educational belief that if teachers inform students about drugs it will cause students to experiment with drugs (Wallack, 1980). Though it is included as suggested items to accompany the nervous system, there is no addendum directing teachers to educational resources

capable of assisting with answering life applicable questions about “stimulants, narcotics, alcohol” (British Columbia Minister of Education, 1961?p. 43). While teachers are specifically instructed to not go into detail on this section, without supporting text it would be expected few would be able to anyway. Once again, the actual classroom experience or pedagogy used to cover these personal development curriculum learning outcomes is unavailable, but needs to be researched to expose the classroom-based curricular implementation attempts.

To be officially published in a province wide Ministry of Education teachers’ curriculum manual it would seem like personal development Drug Education curriculum, similar to Sexual Health Education curriculum, had traversed through issue identification, curriculum development and implementation experiments, to curriculum standardization; however, while “use of stimulants, narcotics, alcohol” (British Columbia Minister of Education, 1961, p. 43) are mentioned as possible questions that may come up in one section out of seven, it hardly qualifies as comprehensive, evidence based Drug Education curriculum. There is no list of learning outcomes covering topics deemed important to this section; no discussion topic suggestions on how drugs affect people in personal, family, community or national matters; or how from hospitalizations to long term prison sentences drugs affect all parts of society. All that accompanies the suggestion is a mandate to “avoid an undue amount of detail” (British Columbia Minister of Education, 1961p.43).

A change of direction for British Columbia’s Drug Education: 1965. In 1961, the governing British Columbia Social Credit Party introduced the barest minimum of personal development curriculum focused on Drug Education. Unfortunately the seeming standardization of Drug Education curriculum in British Columbia was further weakened in 1965 when the British Columbia Social Credit Party’s Ministry of Education published the curriculum guide for

Guidance for junior and secondary schools: Guidance 8,9,10, and 11. In this curricular supplement the Ministry of Education moves closer towards a comprehensive Drug Education curriculum that includes an entire unit dedicated to Drug Education while simultaneously narrowing the focus primarily on alcohol and to a lesser extent tobacco (Ministry of Education, 1965, p. 40).

In a unit deceptively titled “Unit III: Alcohol and Other Potentially Harmful Substances” (Ministry of Education, 1965, p. 40), educational curriculum on anything but alcohol or tobacco is quite restricted. This restriction is provided by the introduction to the unit:

This unit is designed to give the student an over-view of the whole problem of alcohol and other potentially harmful substances, with special emphasis on their relation to young people. It is not intended to condemn or extol the custom of drinking as indulged in by adults. It is desirable that our young people be given an opportunity to learn some of the fundamental factors and consequences involved in this social custom.

Caution.-Narcotics should be discussed only where there is a local problem. The principal should be consulted before any instruction is given. (Ministry of Education, 1965, p. 40)

While teachers are encouraged to explore the topics of alcohol and tobacco as they apply to life, any discussion or possibly any question involving any other substance requires involvement from the principal which would possibly curtail honest and important questions from students. That the Ministry placed such a cautionary note to the teaching of substances other than the socially acceptable alcohol and tobacco without any sort of explanatory notes is baffling, especially since the unit is titled “Alcohol and Other Potentially Harmful Substances” (British Columbia Ministry of Education, 1965, p. 40). As well it is interesting to note that while the language of the introduction is subtly negative against alcohol, as in “the whole problem of alcohol” (Ministry of

Education, 1965, p.40), it includes a provision to not provide negative or positive comments for discussions of adult alcohol usage (Ministry of Education, 1965, p.40). Perhaps that was an effort to not cause incongruence in the homes of students with imbibing parents, which was one of the problems faced by the WCTU and the STI curriculum of the twenties and thirties.

In effect, the actual course content of the 1965 chapter is of similar depth in knowledge based learning as the *Secondary School Physical and Health Education 1961* curriculum. The 1965 section appears to be an effort to balance one half of the focus on alcohol's physiological effects and one half on the social effects; whereas, the 1961 curriculum was a Physical Educational supplement and therefore concentrated on drug use from primarily a physiological aspect of human anatomy rather than from any social reformer concerns. There are three sections in the chapter. The first is "Alcohol", with seven focus questions and many detailed pedagogy suggestions. The second is "Tobacco", with zero focus questions but accompanied by a curricular suggestion which is almost an identical suggestion as the 1961 curriculum for tobacco, that of watching and discussing the film *Tobacco and the Human Body*. The third section is "Other harmful substances" (British Columbia Ministry of Education, 1965, p. 41). This section has no focus questions but is accompanied by one curricular suggestion, "Caution- harmful substances should be discussed only where there is a local problem. The principal should be consulted" (Ministry of Education, 1965, p. 41). This is a very restrictive note and it is important to highlight how the chapter is a little over a page long and yet the 1965 Ministry of Education decided that any information, or possibly any inquiry questions from students regarding the concept of "other harmful substances" was of such concern that it required two, nearly identical cautionary notes (Ministry of Education, 1965, p. 41). This seems overly reactive on the part of the Ministry of Education as there are no other sections with any such restrictive warnings. There

is no evidence of what the Ministry's concern was, or why the limited suggestion of avoid going into too much detail while answering questions on illegal substances, from the 1961 curriculum, was further restricted to "the principal should be consulted". While the chapter promulgates a comprehensive education program for alcohol, it still falls short of exemplifying the standardization of Drug Education curriculum for British Columbia because other than the movie suggestion for tobacco education there is only the prescription to discuss any other non-alcohol/tobacco substance issues with the school administration.

Regardless of the exclusion of tobacco or other drugs, in the 1965 curricular supplement alcohol receives a chapter which is similar to modern Drug Education classes. The chapter contains curricular ideas such as projects requiring "the students bring to class clippings of newspaper articles reporting crimes or accidents in which drinking was a factor" (Ministry of Education, 1965, p. 41) or report to other students on "(a) the methods used to determine the degree of intoxication; and (b) the work of Alcoholics Anonymous" (Ministry of Education, 1965, p. 41). The curricular suggestions posed can still be used as effective pedagogy in a 2013 British Columbia classroom. So in 1965 the British Columbia Ministry of Education seems to have instituted an alcohol and tobacco mitigation curriculum. Possibly even following the suggestions put forth by Walsh, writing for the WHO in 1982 calling for evolving curricula which promoted moderation not only prohibition.

The Alcohol education section of the 1965 personal development curriculum for British Columbia teachers is quite comprehensive, even by today's standards. It calls for medical definitions and factual information on how the body processes or is affected by alcohol. These science based learning outcomes are also supported by Ministry suggested ways of connecting the information to everyday life (British Columbia Ministry of Education, 1965, p. 41). Outlining

potential dangers, explaining the difference between use and overuse, not extolling abstinence as the only moral choice and providing medical science supported facts on the effects of alcohol on the body are examples of what modern drug educators are seeking for all drugs (Haden, 2013, May 11). In British Columbia, as the 1960s ended, personal development curriculum mitigating alcohol use as well as tobacco education was well beyond the concept of issue identification, curricular development or implementation and seemed to be in the standardization phase. However, what happened to the inclusion of education focused on “other harmful substances” (British Columbia Ministry of Education, 1965, p. 41)? There are no explanations added in either the first example of British Columbia Ministry of Education provided curriculum nor in the supplement as to why there are cautionary notes added to the “other harmful substance” (British Columbia Ministry of Education, 1965, p. 41) section. If there was a community need for comprehensive Drug Education, why did educational or political leaders of the 1960s not hear the dire words of authors like Murphy (1922) or Walton (1938)?

However, like all other eras, fledgling personal development curricula delivered through institutionalized public schools are not the only source of information on topics like drugs. The 1960s were rife with many conflicting drug use messages through feature films and popular songs (Pilcher, 2004). Public school or community based anti-drug messages would be contending with the medium of feature films displaying mixed messages about drug use. One such film produced by Peter Fonda and directed by Dennis Hopper late in the decade would have had a large impact on society. Brought to screen by and also starring two very popular actors of the time the seminal drug film *Easy Rider* (Fonda, 1969, July 14) displays both negative and positive aspects of drug use, but mostly extols it. Potter (1996) explains how due to both Fonda and Hopper’s already established reputations in Hollywood and with film fans across North

America, their characters' attitudes towards many drugs during their cross America bike tour would have had an augmented effect on curious, drug information ignorant viewers. The opinions of the characters or actors would have had more effect than messages delivered by a person without such star status. This type of role modelling education seems to be effective and educational leaders will either have to adapt to utilizing it or continue to struggle against it.

As well as films, during the 1960s, many song writers continued in the wake of the earlier jazz musicians by promoting the non-medical use of many drugs. The sixties are synonymous with rebellion or protest and it is no wonder many of the musicians of the day composed odes of praise to the particular illegal substance of his or her choice as a way of artistically rejecting the social mores of their communities. In fact, any internet search will find websites similar to *Glorious Noise* where there is a plethora of drug songs categorized by date and subject like "Mojo's 100 Greatest Drug Songs Ever" (Brown, 2008, December 4). Represented in this list are songs praising certain drug substances in different aspects of society: "The Rolling Stones: "Mother's Little Helper" (Decca, 1966)"; Fred Neil: "Sweet Cocaine" (Capitol, 1967); Captain Beefheart & His Magic Band: "Ah Feel Like Ahcid" (Blue Thumb, 1968); David Peel & the Lower East Side: "I Like Marijuana" (Elektra, 1968)"; and songs praising the local suppliers of drugs: "Donovan: "Hurdy Gurdy Man" (Teen Angel, 1968); The Other Half: "Mr. Pharmacist" (GNP Crescendo, 1968); Steppenwolf: "The Pusher" (Steppenwolf, 1968)"; as well as a song praising the lifestyle of recreationally consuming drugs; "The Beach Boys: "Good Vibrations" (Capitol, 1966)" (Brown, 2008, December 4). The musical response to the laws and social mores of the day must have been quite overwhelming for any political or educational leader intent on stemming possibly misguided messages about what was feared to be a community based calamity, drug abuse. The educational programs necessary to combat messages

promulgated by celebrity movie or rock stars would need to be extremely efficacious in order accepted by any populace.

What lessons can modern educational experts glean from the 1960s in relation to previous Drug Educational experiences? Perhaps there is a message for educators needing to inculcate a new focus on balanced Drug Education curriculum, one that explores all drugs and not just the legal ones, or the concept of incorporating more of the star power of celebrities in school and community based Drug Education programs. Maybe the lessons can be demonstrated through the lens of time as the anti-tobacco curriculum started in the 1950s/1960s might not have demonstrated results immediately and yet decades later contributed to the historic drop in numbers of British Columbian adolescent smokers (Stewart et al, 2009, p.3). It is entirely conceivable that multi-generations educated with medical evidence supported Tobacco Education resulted in a non-tobacco consuming population; whereas, the lack of evidence based and balanced Drug Education as demonstrated during the 1960s in British Columbia has not seen a similar dramatic reduction in users or mitigation of use regarding illegal drugs (Stewart et al, 2009, p. 4). Quite conceivably, this unbalanced Drug Education experience may have resulted in a situation where “the percentage of BC students who had smoked cigarettes in 2008 dropped by half in comparison to a decade earlier, with more students having tried marijuana (30%) than cigarettes (26%)” (Stewart et al, 2009, p.3). The anti-tobacco education seems to be affecting society in a positive manner, perhaps similar curriculum can be used for other substances.

If tobacco adolescent usage rates dropped significantly without arresting a single person (MacQueen, 2013, June 13, p. 18), then it stands to reason that similar personal development curriculum focused on illegal drugs potentially could have a similar response. However, when comparing the 1960s foray into the British Columbia Ministry of Education’s Drug Education

curriculum against similarly Ministry approved curriculum for comprehensive, fact based Sexual Health Education there is a notable discrepancy considering the avoidance of information on, or discussions about “other harmful substances” (British Columbia Ministry of Education, 1965, p. 41). Clearly by the end of the 1960s, personal development curriculum for Drug Education in British Columbia had not completed the cycle to become a comprehensive and standardized curriculum, it was firmly nestled in the curricular development and implementation trial stage; further study will determine in which decade, if any, Drug Education curriculum reaches standardization in British Columbia.

Discussion

Personal development curriculum has been delivered in public schools and through community initiatives since the 1900s (Beck, 1998). Sexual Health Education and Drug Education began developing simultaneously, but Drug Education stagnated. Since Sexual Health curriculum reached standardization, it works as a template for assessing Drug Education’s development against. Beginning with alcohol and tobacco abstinence programs, the curriculum offerings from 1900 to 1930 in North America seem to have suffered from excessive focus on moral behaviour or civic duty while ignoring factual health information. The prohibitionist curriculum of the WCTU in the 1920s is a well-documented example of this (Cook, 1993, Fall). Similarly inspired curriculum was initiated through the 1930s and 1940s with the 1940s witnessing the exclusion of illegal drugs from school and community anti-drug messaging programs (Wallack, 1980). During these early decades however not everyone was silent on drug use, several authors, like Emily Murphy (1922) and Robert Walton (1938), wrote treatises as warnings to North American society to awaken to the drug crisis developing across the continent. In response to these warnings, national or international social pressures, and changing social

mores of youth, early educational leaders initiated many types of school and community based educational programs but evidence seems to illustrate that while alcohol and tobacco curriculum was being consistently promulgated and developed, all “other harmful substances” (British Columbia Ministry of Education, 1965, p. 41) curriculum stagnated.

During the 1950s society witnessed a concerted effort to reduce tobacco consumption and it was achieved through widespread fact-based personal health education rather than the previous morality-based initiatives. Today, British Columbia students are among the lowest tobacco consumers worldwide (Stewart et al., 2009). Conversely, the educational programs for illegal substances did not seem to receive the same curricular attention over the decades and there is no corresponding dramatic reduction in adolescent illegal drug abuse rates. The 1960s experiment with comprehensive alcohol education in British Columbian public schools possibly may provide a similar example. This curriculum began in 1965 and while adolescent alcohol users totalled “68% using in 1974” (Russell & Hollander, 1974, November, p. 21) by 2003 it was 58% and then again, by 2008 adolescent users had dropped to 54% (Stewart et al., 2009, p. 4). Attributing forty years of comprehensive alcohol education to the decreases reported cannot be made directly; however, as previously stated, in British Columbia there are documented statistically significant reductions in adolescent usage rates of alcohol and tobacco following exposure to decades of evidence-based education. This information alone should re-energize the educational desire to complete the development of evidence-based, comprehensive Drug Education for independent and public schools. As educators we must ask, did the inclusion of comprehensive personal development educational curriculum targeting alcohol beginning in the 1960s assist in setting a several decade long trend of reductions in adolescent consumption of alcohol? Is it

similar in response to the witnessed adolescent tobacco usage reductions? Could this line of questioning provide a reason for the unmitigated spread of illegal substances?

This paper and such issue raising questions represent an effort to get educational leaders to consider the potential efficacy of former Drug Education when or wherever it existed. Also, to consider the necessity of evidence based education in designing what Drug Education might look like for British Columbia students and how that will affect the future Canadian social fabric. Political and educational leaders need to begin reconsidering what factors, educational programs, community initiatives or liminal space driven zeitgeist has engendered the current statistics both positive and negative (Stewart et al, 2009, p. 4). It seems that modern personal development curriculum focused on alcohol or tobacco has already demonstrated its efficacy as evinced by how the numbers of adolescent users have been trending lower since the mid-seventies (Russell & Hollander 1974, November, p. 21; Stewart et al, 2009, p.3). If non-moral, evidence-based information curriculum utilizing the application of critical thinking skills has shown any efficacy in reducing adolescent use of legal drugs, possibly the same style of curriculum could be used for illegal drugs.

Limitations of This Study

Limitations of sources. In developing a plan for this research paper it was assumed that primary sources of early Drug Education curriculum would be available through the local University library, internet articles or scanned original documents. During the course of researching each decade for curricular documentation it became obvious that while primary source documents may exist, they are hidden away in filing cabinets in schools, not catalogued and recorded for scholarly use. Modern Drug Education educators need to do serious ground

work in recording any available documents before they are destroyed by time or circumstance. By having very few actual regional, provincial or national curricular examples to analyze, the research for this paper was broadened to include documents which may have influenced or encouraged curriculum development. Losing the focus on actual curriculum examples has made this paper weaker and does not represent fully the original intent of this study. To alleviate this limitation, research could have expanded beyond the libraries at the University of Victoria and internet article databases; however, such active research would have added a financial commitment which this researcher could not have adequately funded. As for the research sources utilized, there was considerable attention and effort spent trying to source whatever primary materials were available: books, internet data sets, legal documents, government documents, and interviews. However, overall the paper relies on an unbalanced level of secondary sources and would benefit from more original materials.

Limitations of time periods. This study did not arbitrarily end with the 1960s, but early in the research phase it was established that during that decade the first two British Columbia Ministry of Education Drug Education curriculum guides were distributed to independent and public schools. In designing and researching the timeline of alcohol, tobacco and Drug Education curricula development an end date needed to be chosen and the beginning of Ministry approved curriculum seemed logical. In retrospect, while the *Guidance for junior and secondary schools: Guidance 8,9,10, and 11* (British Columbia Ministry of Education, 1965) may seem like comprehensive Drug Education curriculum, analysis reveals that it is entirely unbalanced. In the manual there are many learning outcomes for alcohol, but it lacks substance in the tobacco section and restricts illegal drug curriculum. As this research paper ended with a Drug Education curriculum still in obvious flux a more thorough investigation would have continued tracing

curricular adaptations until a standardized format was established. It could be argued that the 1965 curricular supplement did represent a foray into comprehensive Drug Education, albeit concerned mainly with socially accepted alcohol, and therefore a reasonable curriculum to end this study. As well, this issue could also identify a starting point for another research paper on the formation of Drug Education curriculum post-1960 in British Columbia: has it reached a standardized phase yet?

Conclusion and suggestions for further study

Canada's communities are suffering from rampant drug abuse (Vancouver Police Department, 2009, February 4). Drug abuse is viewed to be inimical to modern countries, provinces and municipalities and needs to be addressed by all aspects of society. For this reason the educational theorists Dewey and Counts both support the inclusion of personal development curricula. They believed schools should make communities healthier. To achieve this, Drug Education curriculum must be re-energized as a topic for curriculum based discussions. There are many important drug abuse issues, but topics needing immediate attention are the potential ramifications of cannabis legalization (MacQueen, 2013, June 17), quasi legal synthetic drug substitutes (Office of National Drug Control Policy, 2012), and the rise in peer sharing of prescribed medications (Stewart et al, 2009).

Many regions in North America are witnessing a radical shift in public perception towards drug use in society (MacQueen, 2013, June 17). As society adapts to the changing social circumstances of the modern world, independent and public school curriculum will need to change with it. To be successful, Aboriginal and non-aboriginal students of British Columbia must be educationally prepared to participate in a changing society; therefore, schools need to

invoke necessary changes to existing curriculums to provide students with the knowledge and higher order thinking skills necessary to live healthy, productive and adaptable lives. For educators, especially those concerned with personal development curriculums, the study of past pedagogies and text materials might reveal curricular ideas still relevant or examples of curricular failure due to a myriad of examinable reasons. These examples are necessary to filter through, to determine new paths of curricular exploration or to prevent modern social architects from repeating resource and time wasting travesties of the past. For instance, the lessons of morality based education versus fact based education as demonstrated by both early sexual health curriculum and early drug curriculum are particularly important today as our communities witness a novel change in social norms (MacQueen, 2013, June 17). As well, the seeming success of decades long tobacco education initiatives regarding the low numbers of adolescent users in British Columbia (Stewart et al, 2009) needs to be analyzed, possibly in order to replicate similar curriculum for other substances.

Beyond what has been illuminated in this paper are many more lessons to be gleaned by further study of previous personal development curriculums. The Drug Education wastelands of the 1940s and 1950s may have had regional successes that, once recorded, can be analyzed and disseminated. As well, a meta-analysis of the 1970s and 1980s drug curriculum explosions which were coupled with increases in drug use numbers by students (Russell & Hollander, 1974, November) might reveal insights into the efficacy or hindrances of different curricular styles. A last suggested study to highlight the need to convene discussions regarding Drug Education curriculum is a province-wide qualitative study which includes drug abuse researchers, education leaders, teachers, parents and multi-grade students. The study would ask: what do you know about substance use? What did you/your child learn about substance use/abuse this year in

school? What do you want to know about substance use? A province wide study of this nature may identify possible new mediums to utilize for education, regional issues of abuse, social acceptance of use, quality of current school curriculum and possible future crisis that can be mitigated through both public school and community presented educational intervention. But most importantly this study may re-energize an educational discussion about Drug Education in British Columbia.

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Appendix A

SensibleBC

Applying to British Columbia's unique referendum law, a group of concerned citizens led by cannabis activist Dana Larsen have registered under the provincial election act to enact a decriminalization of cannabis law through the support of BC voters. A successful referendum would effectively order the provincial government to place cannabis prosecution as the lowest priority of RCMP officer concerns. The application also includes a six month provision instructing the provincial government to research and implement an effective tax and regulate system of cannabis legalization for the province (SensibleBC, 2013).

SensibleBC. (2013). *SensibleBC*. Retrieved from <http://sensiblebc.ca/>

Appendix B

Monetary Costs of Drug Abuse.

Additionally, it is hard to nearly impossible to track how much actual money is being traded in the illegal drug markets. There are too many variables involved in following drugs from production through processing, smuggling, and trafficking. According to Tullis (1995), the problem begins with the question “how much illegal-drug production exists? No one really knows. Every conclusion is based on a series of estimates. Those estimates may be intelligent appraisals underwritten by high technology, or they may simply be guesses” (Tullis, 1995, p. 38). Apparently the most advanced international and national police forces combined seem about as effective at drug estimates as meteorologists are at predicting how much rain will fall. Moreover, production of drugs is not the only area of confusion, “in most of the countries under study here only qualitative observations, if not sheer guesses, about consumption are available” (Tullis, 1995, p. 49). Unfortunately, exacerbating the inexactitude of governmental agencies’ estimates on such important social factors as drug consumption rates is the collection of factual information as “at times even this is complicated by political interests” because “some governments do not want to portray their people as being addicted to drugs” (Tullis, 1995, p. 49). Apparently, “the lack of data is particularly acute in Africa and parts of Asia, where data on the prevalence of illegal drug use and trends remain vague at best” (UNODC, 2012, p. 3).

Appendix C

The Vancouver Island Compassion Society

Started in 1999, November 12, the Vancouver Island Compassion Society (VICS) was incorporated as a non-profit business in order to fulfil a societal need observed by its founder Philippe Lucas. The VICS dispenses medical marihuana to clients who have doctor signed recommendations and promotes education of the medical community. This includes accepting nurse practicum students, as well as informing the patient community about medical marihuana related issues. Moreover, the VICS actively promotes research of both the chemical analysis of the medicine and the social aspect of patients' experiences. The organization has been associated with several published academic studies.

Having fought two court battles in order to stay open and to ease the ability of all Canadian patients to access their doctor recommended medicine, the VICS operates as a storefront business, maintains a respectful relationship with the city police and is open seven days a week. The VICS currently provides dry marihuana, medicated edibles, medicated tincture and medicated topical salve. With its dedicated Board of Directors, the VICS assists members with a myriad of serious health conditions: cancer, HIV/AIDS, Hepatitis-C, Multiple Sclerosis, Fibromyalgia, Osteoarthritis and Epilepsy (Vancouver Island Compassion Society, 2010).

Vancouver Island Compassion Society, (2010). *Who we are: The vancouver island compassion society*. Retrieved from <http://www.thevics.com/about.html>

Appendix D

Educators for Sensible Drug Policy

Educators for Sensible Drug Policy (EFSDP) is composed of individuals, across six countries, who share the intention of instituting evidence-based information when educating children about drug use. The members of EFSDP also promulgate a political philosophy of compassion over prosecution for drug users: the drug war should become health care and that “without the black market on our streets kids will be safer at home and at school” (Educators for Sensible Drug Policy, “About EFSPD”, 2013). In effect, all of the members of EFSDP are professional educators “who have educated themselves about the failure of prohibition” (Educators for Sensible Drug Policy, “About EFSDP”, 2013)

Educators for Sensible Drug Policy. (2013). *Welcome to educators for sensible drug policy(efsdp)*. Retrieved from: <http://efsdp.org/about/index.htm>

Appendix E

Law Enforcement Against Prohibition

Begun in 2002 Law Enforcement Against Prohibition (LEAP) has actively sought to educate all members of society regarding the, as they perceive, failings and fallacies of the North American inspired drug war. As a group of socially concerned current and former law enforcement personal, LEAP has been very successful in getting their word heard from small town community mayors to premiers and senators. LEAP is mostly concerned with “the problems of drug abuse, especially the problems of juvenile drug use, the problems of addiction, and the problems of crime caused by the existence of a criminal black market” (Law Enforcement Against Prohibition, 2013).

Law Enforcement Against Prohibition. (2013) *Law enforcement against prohibition: Who we are*. Retrieved from <http://www.leap.cc/about/who-we-are/>

Appendix F

Stop The Violence British Columbia

Seeking to alleviate gang violence associated with the illegal trade of drugs in British Columbia, an organization of medical, political, judicial and educational professionals formed to encourage governments to consider a different legal model regarding adult recreational drug use. Stop the Violence BC's supporters plan to utilize a strict framework of controls to replace the illegal market of cannabis in an effort to reduce "use while also starving organized crime of the profits they currently reap as a result of prohibition" (Stop The Violence British Columbia, 2013). This organization intends to use similar regulatory rules to those that were used in achieving the remarkable reductions in British Columbia tobacco use.

Stop The Violence British Columbia. (2013). *Stop the violence bc: About us*. Retrieved from <http://stoptheviolencebc.org/about-us/>

Appendix G

Continued Exposition: Why schools?

For personal development curriculum like Drug Education to be effective, it needs to be consistently funded and revisited over various years of a student's education. Organizations developing and implementing the curriculum need to have secure funding, which schools are able to provide. Even in a school suffering from poor economic circumstance, if personal development curriculum, like Drug Education, has been proven effective for the community, great lengths will be made to fund said program for as long as possible. A MacLean's Magazine article, 2012, July 25, demonstrated how programs outside of school based curriculum, even successful educational programs can suffer due to capricious funding decisions as:

the only visible element of the Conservative anti-drug push was prominent advertising under its "prevention action plan." Starting in the summer of 2008, Health Canada launched a campaign of TV, radio, online and print ads. In one widely seen TV spot, an adolescent girl started out fixing her ponytail in her well-appointed bedroom, then spiralled into a drug-abuse nightmare, ending with her scratching at the needle marks on her forearm. Follow-up public opinion surveys by the government found that the ads were widely noticed by teenagers and their worried parents...Yet after pouring \$30 million into the department's "mass media campaign" in its first five years, the anti-drug strategy's next phase has no budget at all under that heading. And Health Canada officials confirmed the unceremonious end of the DrugsNot4Me ad campaign, although they said its online elements will remain. (Geddes, 2012, July 25)

The advertisements were reported to be having an impact on the target adolescents, and also made a secondary impact on parents, possibly affecting their personal behaviours not just causing the effect of being overly concerned for their children. However, even once a modicum of research had been done to show efficacy of the advertisements the funding was switched to support online services only. There was proven efficacy in the public media program, but it was cut. Political expedience, while quick to cut funding to national or provincial government sponsored programs is much slower in affecting successful school based curriculum. School based personal development funding may suffer when the entire school budget is massively cut, but if proven effective it will always be included in the health component of education curriculum: schools in both low and high economic neighbourhoods provide the Reconnecting Youth Prevention Program (Eggert, McNamara, Randell, Nicholas, & Eggert, 2006). This demonstrates schools serve their communities, whereas government budgets serve many different communities and priorities often change. School based personal development programs must be prepared to assist future citizens with integrating changing or contradictory community values or accepted information.

Although the message sources are occasionally temporary in nature students often have access to a myriad of drug information, government sponsored public programs, school based curriculum or programs and everything else that is available in their community whether print, video or digital. With modern access to real time social information, students need to be able to make personal decisions about drugs even when influenced by a multitude of information sources including the changing nature of society's attitudes towards drugs. Therefore, critical thinking skills are an essential element of personal development curriculum, (Eggert et al., 2006)

as adolescents will always need to re-evaluate their personal relationship with drugs, sex, religion and other socially provocative issues.

Over time North America has seen many liberal and conservative approaches to various drugs: the liberal 1970's with Trudeaumania and the inclusion of a decriminalization of cannabis bill in Canada versus the ultra-conservative 1980's with Nancy Regan's 'Just Say No' campaign with a rapid increase in cannabis prosecutions (GRASS < MANN?). Quite often both approaches have been used in different regions concurrently: 2012 saw the voting to legalize cannabis in Oregon and Washington thereby ending mandatory minimum sentences for producing cannabis, and the historic institution of mandatory minimums for cannabis production by the Canadian federal government (MacQueen, 2013, June 17, p. 22). Canadian adolescents seventeen or eighteen years of age in British Columbia also need to mentally incorporate the possibility of voting in a provincial referendum on first decriminalizing and then outright legalizing cannabis in their province, SensibleBC, which calls for a completely revamped enforcement model towards cannabis for British Columbia (see appendix A).

Even the medical community adds to the possible confusion adolescents may have about drug use in society. Doctors have been quiet about the current national medical marijuana program, but they are publicly concerned about the newly proposed changes to the federal program (Oetter, 2013, March). Doctors are reluctant to become the main access for medical cannabis because they claim there is a lack of information on its attributes. But, it was suggested in March 2013 issue of *The College Quarterly*, that "alternatively, Canada could follow the lead of those jurisdictions in the United States that have recently decriminalized the use of marijuana, recognizing that trying to regulate it for medical purposes simply isn't feasible. There are many who would support an amendment to the Criminal Code" (Oetter, 2013, March., p. 2). So the

publicly available message from doctors in British Columbia concerning cannabis is that some doctors would rather see it legalized than be responsible for limiting its access to our communities. This confusing message is difficult for educated people, even those with an understanding of liability laws, to really understand. Cannabis is a federally mandated legal medicine, but some doctors claim they lack enough information available to confidently prescribe it, while other doctors deem it safe enough to suggest regulating it similarly to alcohol (Oetter, H.M. 2012, March).

To further the difficulty with students' understanding of the dangers posed by drug use is the explosion of access to more, and often conflicting, information on legal and illegal substances available through technology. Modern students interface with a colossal amount of media and due to their access to various sources of information students regularly have to mediate confusion due to dichotomous media messages about concepts like drugs; many students are more aware current drug facts and social trends than their 'disconnected' classroom teachers. Several recent examples of confusion causing media messages come in the form of internet articles and a viral video, internet videos alleged to have received over a million views. The succinct examples of this style of social messaging are an online Rolling Stone article and a Youtube video depicting a federal United States budget meeting between Senator Cohen and former FBI Director Mueller (Cohen (Interviewer) & Mueller (Interviewee), 2009, May 21).

The first example of an easily available source of information which may cause adolescents to be confused about mixed messages about drugs in our society is in an article from Rolling Stone's online magazine aptly titled "Gangster Bankers: Too Big To Jail":

the U.S. Justice Department granted a total walk to executives of the British-based bank HSBC for the largest drug-and-terrorism money-laundering case ever. Yes, they issued a

fine – \$1.9 billion, or about five weeks' profit – but they didn't extract so much as one dollar or one day in jail from any individual, despite a decade of stupefying abuses.

People may have outrage fatigue about Wall Street, and more stories about billionaire greedheads getting away with more stealing often cease to amaze. But the HSBC case went miles beyond the usual paper-pushing, keypad-punching sort-of crime, committed by geeks in ties, normally associated with Wall Street. In this case, the bank literally got away with murder – well, aiding and abetting it, anyway. (Taibbi, 2013, February 14, p.1)

Information on bankers getting away with involvement in horrendous crimes, resulting in paltry fines for the company and no repercussions for the individuals involved is easy to retrieve from the internet and it must be causing confusion in adolescent, as well as many adult citizens. If students do not intrinsically understand the dangers of drugs to themselves and their communities there is a chance the gangster lifestyle could become an accepted facet of our neighbourhoods: fast cars, big guns, expensive clothes (Raptis, 2013, March 17). However, this seemingly 'above the law' station is not enjoyed by North American banks alone: a recent newspaper article informs readers that:

U.S. authorities have reached an \$80 million civil settlement with the Walgreens pharmacy chain over rules violations that allowed tens of thousands of units of powerful pain-killers such as oxycodone to illegally wind up in the hands of drug addicts and dealers. (Associated Press, 2013, June 12)

In a similar non-criminally settled deal to the bankers, the Walgreens/DEA monetary deal is confusing as neither the justice department nor the DEA applied any criminal charges in face of gross legal violations.

The second major example of information that would appear to be difficult to mentally integrate for ill prepared adolescents is composed of a conversation between a former Director of the FBI and a Democrat Senator as they engaged in a Drug War budgetary debate, which became a very popular video on the Internet. In being exposed to the popular video adolescents would have believed warnings about drugs shaken and would benefit from being prepared beforehand as they are introduced to conflicting attitudes towards drug use in society; without any sort of critical thinking skills to ameliorate the possible torpification caused by society's shifting attitudes towards drugs coupled with the adolescents' lifelong experience of societal warnings about drugs could create a miasma of contradiction for students; a reified example of the confusion causing duality society expresses towards drugs is contained in the video interview between Cohen and Mueller (Cohen (Interviewer) & Mueller (Interviewee), 2009, May 21). The scene displayed is a budget committee report on the US drug war and FBI expenditures in said campaign. As both individuals represent the government, it would be unexpected by students to hear the difference in the opinions expressed regarding the legality of some drugs. It becomes clear there is a dichotomous difference of opinion between the two officials regarding the drug war during their debate:

Cohen: do you feel we are any closer to winning the war on drugs based on all of the problems with Mexico and the Cartels and the fights over our border and the drugs being imported from Mexico then there were last year?

Mueller: Well, whether you call it a war on Drugs or some other term, I mean, I firmly believe that we need to do what we should to stem both drug trafficking into the United States and drug usage in the United States, and I do believe there have been some successes particularly when it comes to the use of drugs by children in high school or

college and the like, there are others at the ONDCP and others who are much more familiar with that than I am.

Cohen: you say some successes, do you have any statistics to show, statistics, you see, say that more people are using say marihuana, then, have because the public doesn't has [sic] a feeling about use of certain drugs that maybe the FBI doesn't. Is there a better way? And some people have suggested looking into a system of legalization that might be effective at stemming the tide of drugs from Mexico and then the border wars and the immigration problems from Mexico. (Cohen (Interviewer) & Mueller (Interviewee), 2009, May 21).

Cohen is encouraging the possibility of legalizing a drug while the Mueller insists that the United States do everything it can to continue the status quo or increase the enforcement of drugs. For the average non-critically thinking person this video would cause a questioning of the current laws regarding cannabis, if not other substances. Adolescents need a solid base of Drug Education which utilizes critical thinking so that the student can make judgements for themselves even when presented with such dichotomous information. In later stages of the video Mueller uses several reasons for the continuance of status quo on drug policy and Cohen questions the veracity of every reason. It does not take a psychiatrist or educational specialist to realize that ill prepared students who witnessed this publicly available information display may feel somewhat confused and will have questions about the reasons for the then seemingly exaggerated concern about drugs, especially cannabis. All citizens, and therefore students, need experiences which enable them to integrate changing societal mores. In this case, Drug Education exposure focusing on critical thinking skills is necessary to enable students to hear

examples of varying opinions such as the ones displayed by Mueller and Cohen's discussion and then decide for themselves which is the truth.

Over a million people, possibly tens of thousands of students, have seen this video and have had to integrate the blatantly conflicting information into their social understanding; such students, especially the American ones, will be doubly confused because these ideologically conflicting political figures are both important in the American Legal System; specifically, due to their particular public positions they powerfully influence the way average citizens might view the opinions demonstrated. This empowered influence is due to how "categories of persons are often closely connected to their epistemological rights (doctors know about medicine, people with good memories can be trusted to give accurate accounts, and so on)" (Potter, 1996, p.15). The medium of the message, whether that be a popular celebrity celebrating in Amsterdam or in this case, several powerful politicians, or powerful public stations, add an augmented "factuality" to their messages due to the medium's own level of category entitlements (Potter, 1996, p. 15). Both Mueller (Director of the FBI) and Cohen (Democrat Senator) are granted categories of entitlement or expertise or trust due to their public roles and their very conversation presents a cognitive dissonance experience for non-critical thinking capable citizens or students. This confusion has a potential to cause students to rely on individuals, who, rightfully or wrongfully, have category entitlement regardless of personal knowledge on the subject (Potter, 1996) ; They may turn to celebrities, musicians, professional athletes, politicians, etc., to provide the 'right answer' when it comes to questions about drugs: anyone but themselves. Obviously students need to be able to critically analyze the information presented to them and synthesize their own answers, but to do so they need a specialized education promulgating higher order thinking skills. The divergence of these examples demonstrates students' need to be able to understand

the dual natures of drug use as exposed by Father Laurence in *Romeo and Juliet*: all drug use has positive and negative consequences (Shakespeare, 1998, p. 347).