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Effective drug education should be ‘Just say know’

By Marsha Rosenbaum

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Protecting children is the first priority as marijuana legalization has become a reality in California. Legal sales are strictly limited to adults, with dispensary staff vigilant about checking IDs. Still, as has been the case for decades, teenagers have found ways to procure cannabis.

Last month, when 10 otherwise healthy middle-schoolers had been hospitalized “after they ingested an unknown substance,” my suspicions were aroused.

Sure enough, that substance was edible marijuana.

Those 10 students will be OK, and unlikely to repeat that dysphoric experience. Over the past 50-plus years, thousands of others have made the same mistake, usually involving a brownie or other edible, and learned from it — either to abstain completely or moderate their use.

The decision to use marijuana is not to be taken lightly, and requires sound information. That’s why I was grateful to hear that San Francisco Unified School District is, according to School Board President Hydra Mendoza, prioritizing “drug education and, specifically, the risks of cannabis.”

My hope is that drug education, as detailed in the [Blue Ribbon Commission Report](https://www.sfchronicle.com/opinion/openforum/article/Effective-drug-education-should-be-Just-say-12730055.php) that preceded Proposition 64, will be taken seriously and advanced.

But with the reality that cannabis is here to stay, the drug education of the past needs to be updated.

Once and for all, drug abuse prevention slogans such as the ubiquitous “just say no” anti-drug advertising and programs like DARE, which have been widely researched and consistently debunked, are considered obsolete.

As a mother, and now a grandmother, I understand the impulse to try to make marijuana, and accompanying problems, simply disappear. But as a social scientist, I also know that cannabis is here to stay, as are alcohol and a variety of other drugs.

The real question is: How do we effectively deal with this reality?
New drug education, taught in middle- and high-school health classes, holds the greatest promise for ensuring teens’ safety.

Lessons must be:

**Scientifically accurate.** Extensive research has shown that fear-based messaging designed to frighten teens does not deter them from experimenting with marijuana, alcohol and other drugs. All information presented must be backed up by valid sources such as peer-reviewed publications. All websites should be balanced — neither overtly “anti” or “pro” drug.

**Realistic and honest.** It’s important to be honest with teens about the reasons people use drugs, including self-medication and simply “having fun.” Otherwise, we lose their attention. There are also very tangible risks associated with drug use, such as driving while intoxicated (on anything!), leaving a friend who is passed out, or simply using too much and too often. Teens need to learn to think critically about all messages they hear. Otherwise, they discount the information completely.

**Interactive.** Top-down lectures don’t work for teens. They need to participate in their own drug education by having the opportunity to share their experience and ask tough questions in a non-judgmental setting.

**Harm reduction-oriented.** Although, of course, abstinence and/or delaying use is the safest choice, national surveys show that a significant number of teens will choose to try alcohol, marijuana or other drugs. All programs, therefore, should contain information about actions that can reduce potential harm. This is not enabling. It is accepting reality and taking action to ensure safety, which ought to be the bottom line.

Marijuana legalization has changed the way we think about, and handle, cannabis. With new “Just Say Know” education, teens will learn about its various forms, potency, how cannabis affects their bodies and minds, and the value of delaying use until adulthood. Armed with this information, hopefully accidents like that at James Lick Middle School will disappear.

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