Sex, drugs, and the honour roll: The perennial challenges of addressing moral purity issues in schools

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In the late nineteenth and early twentieth century in North America, public health and social reform advocates were quick to identify and exploit the nascent modern institution of public schools as opportune spaces in which to advance their progressive projects. In particular, psychoactive substance use (at first primarily alcohol drinking) and sexuality were regarded as two domains of morally-charged social activity in which desired attitudinal and behavioural outcomes could be achieved through school-based education. Since the advent of these early public health or ‘social hygiene’ efforts in schools, political responses and modern Western cultural norms about both drugs and sexuality have undergone significant transformation over the course of the twentieth century. At the same time, research on purported health or social risks of substance use and sexual activity—and their prevention and mitigation among young people—has burgeoned as a field of professional practice and academic inquiry. This article undertakes a brief comparative review of historical and contemporary approaches to school-based sexuality and drug education in North America. In so doing, it also explores how scientific knowledge about the topics of sex and drugs, and the corollary project of school-based ‘prevention’ in these domains, has been shaped by evolving ideological and cultural forces. It concludes that the issues of sexuality and drug use—still steeped in conceptions of moral purity and pollution—are likely to remain strongly contested terrain for school-based education.

Keywords: sex education; drug education; prevention; school; public health; history
Psychoactive substance use and sexual activity are two aspects of human behaviour that have presented perennial challenges for education and public health efforts in schools. Historically and today, both drug use and sex can challenge firmly held beliefs about child development and autonomy, pleasure and the body, and health and spirituality. In some important ways, they are topics for which classroom-based learning is questionably suited, morally-charged behaviours that are incongruously at odds with dominant pedagogical approaches aimed at youth—at least compared to most other subjects in the curriculum (e.g., math, science, arts, humanities, and social studies). It may be telling that excellence in almost all other areas of education is demonstrable through performance, competence and expertise, while model students in drug education and [p. 116] (until perhaps very recently, and typically within narrow parameters) sex education classes are not expected to demonstrate any skills or behaviours other than refusal and abstinence. What has long been counted as success in sex education and drug education—especially by political leaders and funding agencies—is the proportion of students who report not engaging in such activities. Conversely, ‘failure’ in drug and sex education is not in any way incompatible with academic and intellectual excellence per se; a straight-A student who also happens privately to engage in sexual activity and/or substance use is not ipso facto disqualified from a place on the honour roll.

This article explores some of the reasons why North American public schools—particularly in the wake of the early twentieth century educational reform movement known as progressivism—have been contested terrain in struggles over teaching about psychoactive substance use and sex, and how these struggles are conceptually linked as public health and pedagogical issues. It provides a brief historical overview of salient similarities between drug use and sex as educational topics, the contingent nature of Western religious and social attitudes towards them, and why they are inherently controversial parts of the modern school curriculum. In particular, it highlights a perennial anxiety among many adults over the perceived consequences of youth acquiring transgressive knowledge: a belief that learning about sex and drugs—especially their pleasurable or positive aspects—will stimulate curiosity and inflame a desire to try them. It does not seek to provide solutions to the conundrums posed by their inclusion in modern schooling, but does offer some ideas upon which public health advocates, teacher educators and academic researchers may usefully reflect for future professional practice and theoretical development.

While psychoactive substance use and sexual activity are in some important respects distinct domains of human behaviour, they also have a number of significant similarities and overlaps. For example, both drug-induced altered states of consciousness and sexual activity can produce highly stimulating and rewarding experiences (Bunton & Coveney; Hawkes 2004), indicating they are expressions of primordial and near-universal human drives; further, the breadth and endurance of these drives today suggests they may have conferred evolutionarily adaptive advantages among our paleolithic ancestors (Müller and Schumann 2011). As with other aspects of human culture, however—such as language, spiritual and artistic practices—there is tremendous diversity in the particularities of what is prescribed, tolerated, or proscribed for all or certain members of a society with respect to both substance use and sex. What is
venerated and esteemed in one culture may be demonized and forbidden in another. Yet, with respect at least to Western culture, there is a long-standing overlap between what Foucault describes as ‘alimentary ethics’ and sexual ethics: ‘[for] Greeks in the classical period . . . the moral problematization of food, drink [i.e., alcohol], and sexual activity was carried out in a rather similar manner’ (Foucault 1985, 51).

Related to this, both drug use and sex have been perennial elements of religious or spiritual concerns in many cultures, through either commission (e.g., expected or obligatory participation by all or select people, often in ritual settings) or omission (e.g., transitory or even life-long abstinence), as pathways to theophany or transcendence (Abbott 1999; Fuller 2000). At the same time, both drug use and sex may exhibit forms or expressions that are considered unusual or deviant within a culture (either by engaging in excess or abstaining completely), although again particular constructions of deviance vary in different times and places (Hawkes 2004; Rudgley 1994). In early modern Western culture, concomitant to the emerging differentiation between the public and private spheres, philosophical and political arguments for religious toleration established [p. 117] the conceptual foundations for increasing sexual liberalism over the next several centuries (Dabhoiwala 2012). As Dabhoiwala observes, ‘the idea of the right to sexual privacy originally developed out of arguments for the inviolability of religious conscience’ (2012, 362). Likewise, human rights-based criticisms of global drug policies today include the assertion that they violate freedom of religion and thought (Tupper and Labate 2012). Yet, while both sexual and psychoactive drug experiences are among the most private that one can have, they also remain highly controlled in terms of public expression. Differences in attitudes towards the public use of tobacco or alcohol vs. illegal drugs, of tolerance for public displays of affection between opposite-sex vs. same-sex couples, and of acceptance towards lesbian, gay, bisexual, transgendered or queer students/teachers vs. heterosexual ones (still evident in some schools) are all illustrative examples. With respect to the public status of sex and drugs as commodities available for monetary exchange in free-market capitalist systems, commercial suppliers of both are almost uniquely subject to malign public perception and political demonization (i.e., sex workers and ‘drug’ dealers) (Tupper 2012; Weitzer 2007).

Identifying the similarities between drug use and sexual activity also illuminates how modern approaches to education about these topics exhibit a long-standing dynamic tension between morality and medicine. For example, while the early twentieth century terminology of the ‘social purity’ and ‘social hygiene’ movements may seem quaintly anachronistic today, some of the foundational philosophical characteristics of these moral campaigns are still vestigial elements in twenty-first century classroom lessons about sexuality and drugs. To be sure, both psychoactive substance use and sexual activity may sometimes lead to illness or disease (such as blood-borne or sexually transmitted infections). However, the scientific and medical constructions of the illnesses related to or stemming from sexual activity or drug use (and deviance more broadly) have evolved considerably over time (Conrad 2007). For example, masturbation (or ‘onanism’) was widely purported by medical experts to cause serious mental and physical illness until little less than a hundred years ago (MacDonald 1967), homosexuality was categorized as a mental disorder by the American Psychiatric Association until 1973 (Cooper 2004), and the spiritual or entheogenic uses of native plants by colonized indigenous peoples have typically been pathologized and demonized by unsympathetic doctors, missionaries
Progressive education – roots of sex and drug education

The challenges in school-based drug and sex education stem in part from the legacy of progressive education, an early twentieth century reaction to Victorian era pedagogy still reverberating in teaching philosophies and practices today. The progressive education movement coincided with broader late nineteenth century political trends in North America, which sought to realize social reforms for women, children, immigrants, workers, the urban poor, animals, and society as a whole through regulation, legislation and the formation of new, or reformation of existing, state institutions (Cremin 1961). Progressivist causes were championed by both evangelical religious leaders and more [p. 118] secular reformers, both of whom eagerly deployed the methods and findings of the new social science disciplines of the day (Valverde 1991). The broader progressivist agenda led to a range of innovative political changes now taken for granted, including women’s suffrage, the elimination of child labor, the right to organize labor unions, and fair wages, shorter working hours, safer conditions for factory employees, and consumer safety through pure food and (some) drug legislation (Piott 2006). Other notable successes of the progressivist political movement, and more directly relevant to the topic at hand, included efforts in the nascent field of public health to prevent sexually-transmitted diseases, greater availability and acceptability of birth control, and the criminal prohibition of certain kinds of psychoactive substances (such as opium and, for at least a short period, alcohol).

Progressivism in the field of education built on nineteenth century trends that idealized childhood and nature in European romanticism, through the works of educational philosophers such as Jean-Jacques Rousseau, Johann Pestalozzi, and Friedrich Froebel (Reese 2001). These influences were apparent early and expanded steadily in what was a new institution in North America in the latter part of the nineteenth century—public schools. Internationally, public education was a significant force in the consolidation of the nation state as the primary geopolitical actor in the nineteenth and twentieth centuries, with state-sponsored schooling emerging first in Europe and ultimately the rest of the world (Ramirez & Boli 1987). In countries such as the United States and Canada, public schooling became central to the enterprise of fostering and solidifying national identity among heterogeneous populations that were growing rapidly through immigration (or, more insidiously, assimilating First Nations or Native Americans through residential or boarding schools). At the same time, champions of public health promoted the national importance of progressivist education for strengthening the industrial, economic and military capacities of the state, by ensuring current and future generations of healthy and robust (male) workers and soldiers, and mothers (as women at that time were instrumentally regarded primarily as progenitors the former). Proponents of the progressive education movement rejected the archaic methods and classical content characterizing earlier forms of education, and instead called for child-centred approaches incorporating new insights from social sciences and focusing on emotional, physical and moral
development as much as intellectual achievement and academic learning (Cremin 1961; Zilversmit 1993).

By the late nineteenth century, public health and moral reform advocates had begun to realize that school classrooms—and the captive audiences of youth they contained—were ideal places for advancing various progressive causes. Among the earliest of these were temperance campaigners, such as the Woman’s Christian Temperance Union (WCTU), whose ambitions to eradicate the consumption, production and sale of alcohol led them to North American school classrooms in the 1880s. As part of their mission, the WCTU developed teacher resource materials under the name ‘Scientific Temperance Instruction,’ which had considerable implementation success throughout the United States and Canada (Zimmerman 1999; Valverde 1991). The WCTU, although focused primarily on alcohol, also condemned tobacco, opium and other drug use, and advocated life-long abstinence from all mind-altering substances (Beck 1998).

The long-term effects of pioneering nineteenth century school-based drug education programs such as the WCTU’s Scientific Temperance Instruction extended beyond the impacts they may have had on the consumer and health decisions of pupils in North America. For example, they also encouraged youth themselves to become activists and promote the temperance cause in the interests of civic duty (Bailey 2009). This may [p. 119] have contributed to strengthening political support for alcohol (and other drug) prohibition among a generation of young voters, resulting in legislation such as the 1914 Harrison Narcotics Tax Act and 1920 National (Alcohol) Prohibition Act in the United States, Canada’s 1908 Opium Act, and numerous Canadian provincial alcohol prohibition laws. The WCTU also endeavoured to carry out its mission internationally, establishing overseas chapters or maintaining strong connections with Christian missionaries in Australia, New Zealand, and South Africa, as well as a number of Scandinavian, South and East Asian countries (Tyrrell 1991). In short, the WCTU established the template for much of what happens in drug education in many countries today, as well as blazing a trail for other school-based health and social reform efforts that would unfold as the progressive era advanced, including sex education.

Although the founding mission of the WCTU was to curtail or eliminate alcohol use, its early successes led the organization to broaden its progressive mandate to include a range of other activities—including educational ones—aimed at the suppression of vice and promotion of ‘social purity’ (Pivar 1973, 6). Among these were ‘White Cross’ and ‘White Shield’ campaigns in the late nineteenth century, to encourage young men and women to sign ‘purity pledges’ to uphold chastity and abstain from pre-marital sex (Cook 1995). Such social reform goals were seen to be wholly congruous with the temperance cause, as excessive drinking among men was linked to vices such as patronizing prostitutes and the transmission of venereal disease. As Moran (2000, 7) observes, the prevailing view at the time stressed that ‘[t]he ambitious young man must not give in to selfish, “natural” desires. He must control not only his sexual drive but also his taste for strong drink . . . [as] all forms of alcohol could inflame the system and stir up embers of lust.’ Further, both alcohol consumption and extramarital sexual activity were vices that moral reformers linked to the weakening of racial purity, a salient concern for (largely white Protestant) social purity advocates, whose public health agendas were partially motivated through alignment with the emerging eugenics movement (Pivar 2002).
Mandating lessons about sexuality in school classrooms, however, was not as straightforward as implementing Scientific Temperance Instruction and similar kinds of anti-alcohol curricula in the 1880s and 1890s. Even medical professionals at the time were uncomfortable dealing with health issues related to sexuality, with hospitals often reluctant or outright refusing to treat patients known to be suffering from venereal diseases (Imber 1984). Moreover, anti-obscenity legislation such as the 1873 Comstock laws in the United States—which prohibited any material deemed sexually explicit (including medical education and birth control information) from being sent through the US Postal Service—reinforced social and political intolerance towards the topic of sex in public discourse. Many teachers, physicians, parents and political leaders feared that talking to young people about sex could stain their innocence, stimulate unhealthy curiosity and instill a desire to engage in behaviours about which they might otherwise remain wholesomely ignorant (Carter 2001).

Yet by the early twentieth century, several social and intellectual trends were paving the way for the inauguration of sex education programs in school classrooms in North America. The shifts in demographics, economic inequalities and increasing cultural pluralism through immigration to cities such as New York and Chicago created angst about the urban blights of prostitution, promiscuity and venereal disease. These concerns led progressive reformers such as New York physician Prince A. Morrow to speak publicly about the double standard of sexual conduct for men and women, and to criticize what they regarded as a ‘conspiracy of silence’ towards sexuality and [p. 120] Victorian-era euphemism about matters of social hygiene (Jensen 2010). Morrow’s views were influenced by new scientific knowledge about illnesses such as syphilis and gonorrhea—building on recent discoveries in medicine, such as germ theory and vectors of contagion—which implied that at least some sufferers of venereal diseases were innocent victims rather than just recipients of divine retribution for immorality. Similarly, the rise of social science and its application to education was creating fertile ground for progressivist curriculum innovations such as sex education. In particular, the nineteenth century philosopher Herbert Spencer had laid the intellectual foundations for the developmental psychology of G. Stanley Hall and the child-centred pedagogy of John Dewey in the early twentieth century (Egan 2002). For example, Hall’s invention of adolescence as a new socio-demographic category incorporated social Darwinist conceptions about the primitive nature of sexual urges and the importance of inculcating an ethic of sexual continence among youth undergoing the civilizing process in schools (Moran 2000).

The early initiatives to address psychoactive substance use and sexuality in schools—such as the WCTU’s late nineteenth century Scientific Temperance Instruction and Ella Flagg Young’s 1913 ‘Chicago Experiment’ in sex education—were harbingers of a broader progressive education movement, which became more fully institutionalized in North American public education in the 1920s and 1930s (Cremin 1961). The realities and aftermath of the First World War further consolidated public support for sex education in schools in the 1920s. Venereal disease among soldiers was a concern for political leaders and the popular press, sparking considerable debate about whether moral injunctions or medical prophylaxis (foreshadowing today’s abstinence vs. harm reduction debates) were more appropriate interventions (Jensen 2010; Porter and Hall 1995). As a consequence of these wartime concerns, the United States Public Health Service created a Venereal Disease Division in 1918, which in turn funded the development of social hygiene components of teacher training programs in
colleges, universities and normal schools (Moran 2000, 73-4). According to a survey conducted in the following decade, over 40% of American post-secondary schools were providing some form of sex education by 1927 (Moran 2000, 105). By contrast, the WCTU’s Scientific Temperance Instruction approach had lost momentum by the early 1930s, following the repeal of failed alcohol prohibition policies in many jurisdictions in North America (Mezvinsky 1961). However, the broader issue of school-based education as an ancillary project to other drug prohibition was promoted through such forums as an international conference on ‘narcotic education’ in Philadelphia in 1926 (Thomas 1926).

The post-war period also engendered other changes in the social landscape that presaged some of what we may recognize today as perennial issues for both sex education and drug education. The coming of age in the 1920s of G. Stanley Hall’s new kind of person, the adolescent, established a now-familiar connection between youth, deviance and social decline (Moran 2000, 62). The behaviours of young people at this time were influenced by a range of new or spreading technologies—such as the phonograph, radio, cinema and automobile—which gave rise to socially revolutionary forces such as popular music and dance, mass media and fashion, and greater mobility and freedom. Girls and young women, in particular, were seen as having jettisoned traditional feminine restraints to take up vices such as drinking, tobacco smoking and licentious sexual behaviour. In the 1920s and 1930s, youth were regularly cast as both victims and perpetrators of illicit drug use—with sexual decadence and corruption an oft-implied corollary—in news reports and ‘educational’ films sponsored or promoted by the US Federal Bureau of Narcotics (Boyd 2007).

[p. 121] Sex and drug education since the mid-twentieth century

Sex and drug education in North American schools continued in a patchwork manner through the mid-twentieth century, with an absence of any instruction whatsoever in some cases, or with approaches that had little discernible difference from their earlier social hygiene and temperance-based incarnations (Beck 1998; Freeman 2008; Zimmerman 1999). Opponents used the same conservative arguments put forward decades earlier—i.e., that promoting knowledge about sex or drugs among young people would only encourage hedonistic and licentious behaviour—and abstemious social mores still prevailed in dominant cultural attitudes toward the body and mind (except the use of alcohol, tobacco and cafffeinated beverages, which were widespread and not considered ‘drugs’ (Courtwright 2005)). In the 1950s, classroom-based sex education in the United States had become subsumed by what was euphemistically termed ‘family life education’ (Moran 2000). At the same time, reactions to the progressive education movement were becoming apparent in North American schools, as a political urgency to return to curricular and pedagogical basics—especially focusing on science and mathematics—emerged out of concerns about Soviet educational rivalry during the cold war (Zilversmit 1993). However, the liberal cultural and political changes to come in the following decade, the 1960s, put the issues of sex and drugs firmly back in public consciousness and school curricula.

The maturation of the ‘baby boom’ generation in the 1960s, and the corollary shifts in social attitudes of many young people towards sexual activity and psychoactive substance use, was the impetus for reinvigorated interest in school-based sex and drug education. Ideas of earlier innovative thinkers on human sexuality, such as Havelock Ellis and Sigmund Freud, had already permeated popular consciousness, and the pioneering sex behaviour research of Alfred
Kinsey further opened North American minds to new ways of thinking and talking about sex: topics such as desire, pleasure, masturbation, extra-marital sex, paraphilias (or ‘perversions’) became steadily less taboo subjects for mass media attention and increasingly acceptable elements of public discourse (D’Emilio and Freedman 2012; Hawkes 2004). Likewise, efforts of American and British first-wave feminists such as Margaret Sanger, Emma Goldman and Marie Stopes earlier in the century led to greater empowerment of women in sexual decision-making, and established fertile social conditions for the introduction of the birth control pill in the 1950s and the contraceptive liberation it offered to subsequent generations of young women (Moran 2000; Porter and Hall 1995). In 1969, the Stonewall riots in New York City became a symbolic moment for the gay and lesbian civil rights movement, which would open avenues for a previously unimaginable set of sex education discourses, policies and practices for public schools (D’Emilio and Freedman 2012). At the same time, the emergent uses of drugs like LSD, mescaline, psilocybin mushrooms and cannabis in the 1960s also contributed to intellectual, technological, spiritual, artistic and political revolutions of an emerging youth counterculture (Fuller 2000; Markoff 2005). These shifts in attitudes and behaviours relating to sex and drugs generated considerable angst among many parents, teachers and politicians, and a renewed sense of urgency for responses delivered through the education system (Beck 1998; Melody and Peterson 1999).

The evolution and ramifications of sex and drug education stemming from the 1960s social movements are complex, as the broader cultural changes of the era provoked both liberal innovations and powerful conservative reactions that still resonate today. The establishment of the Sex Information and Education Council of the USA [p. 122] (SIECUS) in 1964 challenged the hegemony of orthodox family life education and pioneered the approach of ‘comprehensive’ sex education (Moran 2000). However, this development proved incendiary to religious and other conservative parents and educators, whose political mobilization in opposition fomented the ‘culture wars’ of the 1980s and 1990s (and in the process galvanized the Christian right in ways that deeply altered the American political landscape) (Irvine 2002). While comprehensive sexuality educators evolved their theories and methods, drawing on practices and evidence from other jurisdictions (Somerville 1971), the political right in the United States was able to ensure abstinence-only approaches remained dominant through federal laws and funding allocations (Fine and McClelland 2006).

Likewise, leaders in drug education in the 1970s—including some under the aegis of the United States federal government’s National Institute on Drug Abuse—took steps towards advocating for new approaches to youth drug use, suggesting that responsible decision-making and reduction of harms might be pragmatic alternative goals to the traditional abstinence-only focus (Beck 1998). However, by the 1980s, with the rise of Reagan-era neoliberalism and its emphasis on personal responsibility and individual choices, drug education reverted to simplistic, and largely ineffective, ‘just say no’ public service messages and what amounted to indoctrination campaigns for abstinence through programs such as Drug Abuse Resistance Education (D.A.R.E.). The steady escalation of the US war on (some) drugs in the late 1980s, 1990s and into the 2000s meant that, despite funding disproportionately allocated to law enforcement and criminal justice, increased faith was accorded to school-based efforts at preventing illegal drug use. At the same time, schools were becoming primary retail distribution points for illegal drugs, as well as important front lines in the drug war, through policing,
reconnaissance (e.g., undercover operations), detection (e.g., drug testing students), suppression of unorthodox discourses (including harm reduction), and encouragements to inform on fellow students or family members (Saltman and Gabbard 2011; Tupper 2008a).

In the early twenty-first century, school-based sex and drug education are firmly ensconced as elements of the school curriculum, yet exist as orphans of educational progressivism that are philosophically at odds with the shifting role of schools in an era of entrenched neoliberalism, hyper-capitalism and the Internet. The promise of public schooling to ameliorate the ills of modern industrial society, which helped launch the North American progressive education movement over a century ago, seems not to have been realized. Instead, the rise of neoliberalism has shifted the focus of efforts to achieve educational and health goals, from the state to the individual. This has the effect of obscuring the (sometimes unintended) impacts of laws, policies, and funding structures on health behaviours and outcomes, while reinforcing the personal and moral culpability implicit in the discourse of freedom and choice.

Legacies of progressivism: paradox and problems with contemporary sex and drug education

The brief history of school-based sex and drug education sketched above establishes some context for critical reflection on how these two topics remain uniquely challenging for schools today. To begin, there is an apparent paradox with respect to the legacy of educational progressivism and its influence on contemporary sex and drug education. Despite some repudiation of the label of progressivism towards the end of the 1950s (Cremin 1961), its conceptual foundations—through the influential pedagogical and [p. 123] psychological theories of thinkers such as Herbert Spencer, John Dewey and Jean Piaget—continue to be a powerful force in much teacher education and public schooling philosophy today (Egan 2002). While the progressive education movement was the impetus for sexuality and psychoactive substance use becoming legitimate topics of classroom-based learning in the late nineteenth and early twentieth centuries, educators today may find that the approaches they are obliged to take in teaching about sex and drugs are at odds with those taken towards almost everything else covered in the curriculum.

Among the core (and in the early twentieth century, revolutionary) elements of progressive education are its emphases on teaching through activities that engage students in real-world experiences, teaching in accordance with ‘natural’ developmental principles, and deploying science to inform the content and methods of learning. The importance of experience was promulgated by the likes of John Dewey, for whom knowledge gained by ‘doing’ rather than ‘learning’ was deemed more memorable, rewarding and valuable (Dewey 1938). Dewey and other progressive educators believed that ‘education should be regarded as an active pursuit that makes use of a child’s native curiosity’ (Zilversmit 1993, 6). The paradox for today’s school-based sex and drug educators arises from the incongruity of the progressive principle of fostering experiential learning with the perceived reprehensibility of doing so in the domains of sexuality and psychoactive substance use. Most topics in the school curriculum do not typically present problems for an experiential approach that involves stimulating the curiosity of young people through active engagement. However, the subjects of sex and drugs differ from almost all others in the curriculum, inasmuch as suggesting direct experience with sexuality or substance use—encouraging or creating opportunities for young people to get hands dirty and feet wet, so to
Asian and Mexican immigrants use of peyote, movements constructed alcohol consumption as an atavistic behaviour of certain groups (Valverde 1998). Thus, science, civil temperance educators, informed the thinking of campaigners for alcohol, opium and other drug prohibition, as well as temperance educators, at the turn of the twentieth century. For example, the rise of the disease concept of inebriety and addiction in the nineteenth century drew overtly on discourses of science, civilization and the racial degeneration fears of social Darwinists (Rotunda 2007; Valverde 1998). Thus, white Anglo-Saxon protestant leaders of the temperance and prohibition movements constructed alcohol consumption as an atavistic behaviour of certain groups of European immigrants—such as Jews, Slavs, and Catholic Italians and Irish—and associated the use of peyote, cocaine, opium, and cannabis with Native Americans, African Americans and Asian and Mexican immigrants respectively (Carstairs 2006; Cohen 2006). For many temperance

Another core element of progressivist education warranting critical scrutiny by sex and drug educators today is the desideratum that children learn in accordance with ‘natural’ developmental principles, a belief enmeshed in the pseudo-scientific racism and Eurocentric cultural intolerance of its late nineteenth century progressivist origins. The ‘natural’ developmental concept was articulated by psychologists such as G. Stanley Hall, whose Spencerian social Darwinist educational thesis maintained ‘that ontogeny, the development of the individual organism, recapitulates phylogeny, the evolution of the race’ (Cremin 1961, 101). For Hall, this meant progressing from a state of primitivism in childhood (governed by instinct and appetite) to the refined civilized state of adulthood (governed by discipline and restraint) (Moran 2000). It bears noting that [p. 124] Hall’s savage/civilized binary reflects an ideology of modern Euroamerican ethnocentrism, whereby the civilized core displays characteristics such as inventiveness, rationality, discipline, adulthood, sanity, science and progress, and the savage periphery exhibits qualities such as imitativeness, emotion/instinct, spontaneity, childhood, insanity, sorcery and stagnation (Blaut 1993, 17). In particular, Hall viewed sexual incontinence, and especially masturbation, as examples of savage youthful impulses that needed to be suppressed and controlled through the civilizing process of education (Sethna 2010). As mentioned above, masturbation, or ‘onanism,’ had been perceived as a moral threat for centuries in Euroamerican society (MacDonald 1967), but its purported links to mental and physical illness in the nineteenth and early twentieth centuries were a powerful motivation for social hygiene advocates in the fields of public health and education (Porter and Hall 1995).

Similar kinds of xenophobic, culturally intolerant and pseudo-scientific impulses informed the thinking of campaigners for alcohol, opium and other drug prohibition, as well as temperance educators, at the turn of the twentieth century. For example, the rise of the disease concept of inebriety and addiction in the nineteenth century drew overtly on discourses of science, civilization and the racial degeneration fears of social Darwinists (Rotunda 2007; Valverde 1998). Thus, white Anglo-Saxon protestant leaders of the temperance and prohibition movements constructed alcohol consumption as an atavistic behaviour of certain groups of European immigrants—such as Jews, Slavs, and Catholic Italians and Irish—and associated the use of peyote, cocaine, opium, and cannabis with Native Americans, African Americans and Asian and Mexican immigrants respectively (Carstairs 2006; Cohen 2006). For many temperance
campaigners, educators and drug prohibition advocates, there were clear and fearsome associations between psychoactive substance use and miscegenation, or the genetic mixing of racial groups; early twentieth century arguments for sobriety as a personal moral responsibility, and for criminal prohibition of drugs as sound public policy, circulated contemporaneously with popular discourses of the burgeoning eugenics movement (Seddon 2010, 64-65). By contrast, the cultural and moral pluralism of early twenty-first century liberal democratic societies make the alleged unnaturalness of alternative (at least from a Western Judeo-Christian perspective) sexual and substance use behaviours seem much less self-evidently objectionable to youth than they did even a few generations ago. For sex and drug educators today, being aware of these early confusions of moral and medical motivations to preserve chastity outside of marriage, suppress masturbation, and inculcate an ethic of abstinence from alcohol and other drug use provides reason to critically reflect on the progressive rationale for teaching about these topics according to supposedly ‘natural’ developmental principles.

The legacy of progressive education is also evident in the invocation of science as integral to both curriculum content and pedagogical methods. Yet, at least in regard to the topic of sex and drugs, there is much to question with respect to the rhetoric and application of science in education, both past and present. The WCTU’s name for its curriculum resources, ‘Scientific Temperance Instruction,’ reveals the early importance attached to deploying science in endeavours to educate young people about alcohol and other drugs (Zimmerman 1993). Temperance educators believed that their moral claims about teetotallism would be upheld by emerging scientific and medical research on alcohol, although their quest for authoritative truth was ultimately confounded by the equivocal nature of evidence and the competing claims of experts (Pauly 1990). The WCTU was equally enthusiastic about technological innovations applying the latest in scientific research for pedagogical purposes, and had engaged in earnest discussions with Thomas Edison about using the new medium of motion picture films for temperance education in classrooms as early as 1910 (Parker 1999).

The progressive educators’ faith in science as essential to achieving desired behavioural outcomes through school-based drug education has not diminished at all today. Indeed, science is still touted as the key to success in substance use prevention, although critics point out that its translation into pedagogical practices is sporadic at best, that outcomes of even scientifically-based programs suggest questionable effectiveness at the population level, and that the zeal for ensuring an imprimatur of ‘evidence-based’ has led to methodological flaws and publication bias in influential program evaluation studies (Gorman 2003; McCambridge 2007; Midford 2010). With respect to drug education’s curricular content, another issue of concern is the relationship between evidence and ideology in the production and dissemination of authorized scientific knowledge about illegal drugs (Tupper 2008b), where the impacts of endemic drug-war orthodoxy are abundantly apparent in the academy (Nusbaum and Reiling 2007; Nutt, King and Nichols 2013; Pearson 2004; Reinarman 2005), and by extension public school curricula.

The trajectory of sex education over the past century shows a similar trend of progressivist faith in science. The social hygiene movement of the early twenty century was predicated on new medical knowledge about the etiology, treatment and prevention of venereal disease, and its leaders used the supposed value-neutral authority of scientific discourse as justification for transgressing the censorship imposed by social purity advocates such as Anthony...
Comstock. As Jensen observes, ‘by using science to demystify sex and publicize its potential harms, social hygienists believed that they could appeal to their audiences’ rationality and encourage them to remain chaste outside of the marriage “sanctuary”’ (2010, 21). The rhetorical and political importance of science remained instrumental for champions of sex education through the twentieth century (Freeman 2008), although critics found that it could be useful as well, particularly after the mid-1980s and the appearance of HIV/AIDS (Irvine 2002). While advocates of an explicit abstinence-until-marriage agenda traditionally appealed to morality, scientific findings were also open to equivocal interpretations allowing for allegedly science-based promotion of pre- and extra-marital chastity. This has raised concerns, similar to those in the field of drug education, about the impact of ideology on the construction and deployment of scientific ‘facts’ about sexuality in the classroom (Rasmussen 2012; Santelli 2008).

**Language and the pedagogy of purity and pollution**

The roots of modern sex and drug education in the progressivist temperance, social purity and social hygiene movements around the turn of the twentieth century are still evident in the discourses of educational practices and public policies today. Most notably, the concepts of purity, and its corollary, pollution are deeply entrenched in the language and thinking about these historically ‘vice’ issues in schools and beyond. In sex education, the purity/pollution binary returned with a vengeance in the 1980s with the rise of HIV/AIDS as a global public health threat. The stigma associated with HIV/AIDS resulted in not only discriminating social policy in many jurisdictions, but also a renewed impetus to associate virginity with purity, and sexual activity outside marriage—and particularly homosexuality—with disease and an implied uncleanliness (Gardner 2011; Moran 2000). Similarly, the stigmatizing label of ‘slut,’ a word that strongly connotes dirtiness and contamination, continues to be prototypically applied to girls and women whose sexual activities (or at least peer or community perceptions thereof) deviate from the monogamous norm of Western Judeo-Christian traditions (Attwood 2007; Ringrose and Renold 2012). Based on such an implicit purity/pollution dichotomy, fear-based and risk-based approaches to sexuality education may foreclose possibilities of educating towards safer sex and harm reduction by stigmatizing students who opt for behaviours other than abstinence (Naisteter and Sitron 2010).

The purity/pollution concepts are equally evident in the field of drug education, which draws on broader political, legal and medical discourses that construct people who use ‘drugs’ as morally or psychologically tainted, and either bad (deserving punishment) or sick (requiring treatment), or both (as these are not mutually exclusive categories) (Tupper 2012). By corollary, people who abstain from particular drugs are deemed ‘clean’—although it bears noting that these same individuals may be chronically dependent on a range of legal substances, including caffeine, nicotine and pharmaceutical drugs, yet because they do not have alcohol or illegal drugs detectable in their body are able to avoid the stigmatization of moral impurity. Youth, in particular, are regarded as at risk of polluting themselves through drug ‘abuse,’ the prevention of which requires mental inoculation in the form of drug education classes, scheduled follow-up ‘booster’ lessons, and overt and covert anti-drug messages in mass media (Boyd 2007; Forbes 2000). In some approaches, such as the D.A.R.E. program, law enforcement officers visit school classrooms to deliver lessons about drugs to young people, a role and exercise in significant ways comparable to celibate clergy or nuns delivering religiously-based sex education.
The noun ‘abuse’ (and the euphemistic alternative, ‘misuse’) itself implicitly reflects constructs of purity/pollution and moralism rooted in the early progressive movement and still circulating in contemporary drug discourses (Tupper 2008b, 228-9). When one encounters the word ‘abuse’ in other seemingly analogous phrases (e.g., child abuse, spousal abuse, elder abuse, animal abuse) the preceding word denotes a sentient being, a person or animal capable of suffering and being harmed by the ‘abuse.’ However, in the phrase ‘drug abuse,’ it is not the psychoactive substance—an inanimate object—that is being harmed; rather, the implication is that it is the individual user—oneself—who is most immediately experiencing alleged harm. Despite this fact, we seldom, if ever, encounter the term ‘self-abuse’ to describe illicit drug use, which may be because it already has a clearly inscribed discursive niche in the history of public health: as a synonym for masturbation (Porter and Hall 1995). Furthermore, as with past constructions of masturbation, whether any of the feared harms from an instance of ‘drug (self-)abuse’ are actually consequent is irrelevant, as all illegal substances are simplistically and pseudo-scientifically characterized as ‘drugs of abuse’ in the ontological categories of ideological authorities, such as the US National Institute on Drug Abuse (2013).

Conclusion

Much school-based sexuality and drug education in North America today—while impacted by evolving ideological, cultural and religious forces during the twentieth century—remains challenged by some of the same conceptual issues that confronted early progressive reformers who championed their inclusion in the curriculum a century ago. At their root, these challenges seem to arise from a concern about the role of schools in affording forbidden knowledge, and the impulse to preserve innocence and moral purity through ignorance. Even today—in the era of the Wikipedia, Google, [p. 127] YouTube, and countless other new means of information dissemination—some parents, educators and other authorities believe that preventing knowledge is a viable way to achieve other ‘prevention’ goals and ensure compliance with desired behavioral expectations. However, as long as social and political norms foster the perception that harm reduction information provides a license for young people to transgress the boundaries of moral purity, the long-standing paradox of progressive education will hamper efforts to promote health among substance-using or sexually active youth. In any case, public health experts and sex and drug educators who seek to establish the boundaries or further the limits of their subject matter can learn much from comparing and reflecting on the history and evolution of these two moral purity issues in the school curriculum.

Acknowledgments

The author would like to thank Andrea Langlois and the journal’s anonymous reviewers for helpful comments on a working draft of this manuscript.

References


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[p. 127] Notes

1 While both sexual and substance use behaviours may take overtly public forms, and broader public discourses function to frame the meanings that individual subjects bring to and take from such activities, the phenomenology of these experiences and the desires or pleasures/pains they generate is, in significant respects, quintessentially private. However, it is important also to acknowledge that ‘distinctions between the public and private are often impossible to sustain when secular formations [e.g., sexuality education] are placed under detailed scrutiny’ (Rasmussen 2012, 473).

2 The 1913 ‘Chicago Experiment’—undertaken by Ella Flagg Young, the superintendent of Chicago schools and a graduate student of John Dewey’s—was the first instance of a wide-scale sexual hygiene course offered in public schools in the United States (Jensen 2010).

3 “Comprehensive” sex education refers to instruction about sexual matters that includes discussion of birth control to prevent pregnancy, and condoms or other prophylactic means to prevent disease transmission; it is typically contrasted with abstinence-only sex education, which disregards or discredits such harm reduction approaches. By analogy, comprehensive drug education would include explicit harm reduction approaches and provide health promotion education for those students who do not abstain.

4 A classic example of simplistic media-based drug ‘education’ is the Partnership for a Drug-Free America’s now infamous “This is your brain on drugs” television commercial: https://www.youtube.com/watch?v=ub_a2tOZfTs.

5 Although the word ‘slut’ (like the word ‘queer’) has been subject to a process of social or political re-signification in certain subaltern discourses recently (Ringrose and Renold 2012), its primary connotation in broader public discourse remains one that perpetuates a gender-based double standard and disparagingly links ‘sex, women, service, class, dirt and pollution’ (Attwood 2007, 234).

6 In a curiously reflexive twist, the field of public health has drawn from discourses of pharmacology, toxicology and immunology terms such as ‘dose’ and ‘booster’ to represent the amount of exposure to prevention or health promotion interventions such as drug education classes (see Whitelaw 2012).

7 Alternatives to the abstinence-oriented sex and drug education programs of the past have emerged in recent years, led by educators who have come out of queer culture, the sex-positive movement, resilience education and harm reduction movement. However, programs based in these philosophies have yet to make significant inroads in many public school classrooms, and where they do exist are typically more available to so-called ‘at-risk’ youth through drop-in centres and alternative schools.