

## Truth or DARE?

Sex and drugs are perhaps the two most taboo subjects in modern American society. Our government has chosen to deal with these two subjects in similar ways: teach kids to stay away from them as long as possible, even though most will end up having sex and doing drugs frequently. Abstinence-only programs designed to modify adolescent behavior with regards to both of them do not seem to work very well. A controversy is currently raging over abstinence-only sex education programs, but studies seem to have settled the fact that they are ineffective.<sup>1</sup> The largest problem, though, is that in addition to being ineffective, abstinence-only programs endanger their students by leaving them unprepared for and unable to safely handle the inevitable. This is true not only for sex education, but for drug education as well, such as that provided by Drug Awareness Resistance Education (DARE). The nation's largest anti-drug program, DARE presents drug users as people with self-esteem problems and teaches adolescents that they should "just say no" to drugs, exaggerates the dangers of drugs by associating their users with gangs and violence, and provides its students with no information on how to use drugs casually while avoiding abuse, as many of them will try to do—again, just like its sex-education counterpart, failing miserably to produce any positive results. DARE is ineffective because it gives its students messages that conflict with reality—all non-prescription drugs should be avoided, and any amount of drug use is irresponsible—and they soon realize this and discount the lessons of the entire program. DARE continues to receive funding because of its popularity among parents and police officers—it has become just another arm of the misguided war on drugs.

Founded in 1983 by Daryl Gates, then chief of the Los Angeles Police Department, DARE quickly soared in popularity and spread throughout the country. Today, the program is implemented internationally—36 million students in 43 countries participate in it annually.<sup>2</sup> The program employs local police officers, who give elementary, middle, and high school students seventeen weekly one-hour lessons on the dangers of drugs and how to say “no” to drugs, gangs, and violence—not how to deal responsibly with such things, but how to avoid them entirely.

The program is incredibly popular. Its presence in 80% of the nation’s school districts is bolstered by parents’ high approval ratings: a survey of participating schools in Illinois showed that 94.5% of parents recommend the program based on their children’s responses to it, and the vast majority of schoolteachers and principals believe it achieves its goal of preventing adolescent drug use.<sup>3</sup> However, popularity does not gauge whether a program has been successful. Although DARE relies on these statistics as proof that it meets its goals, DARE materials cite only one study showing that its graduates were less likely to smoke than their peers. This study shows a decrease in smoking rates of fifth-graders shortly after graduating from the program, but its authors note that it is well-documented that DARE’s effects last for only one to two years.<sup>4</sup> Study after study has shown that in the long term, DARE graduates are not less likely to use drugs,<sup>5,6</sup> including one by the United States General Accounting Office.<sup>7</sup> Given that DARE’s goal is to keep kids off drugs, it seems to have failed.

DARE’s popularity has been fueled by the concurrent rise in intensity of the war on drugs.<sup>8</sup> In an environment in which the government and the mainstream media have painted drugs as an evil that must be defeated, it is difficult for anyone—politicians and parents alike—to oppose a program that has managed to bill itself as a necessary tool in the war to defeat them. Consequently, writes Everett Rogers, “even if DARE programs do not have very powerful

effects, local communities can point to their DARE program with pride, to show that they are doing *something* about the drug problem.”<sup>8</sup> This false feeling of satisfaction comes at price, though: in 1997, 80% of DARE’s annual \$750 million budget came from federal, state, and local tax dollars.<sup>9</sup>

Given all the studies that have been done, and the money being poured into DARE, why hasn’t it improved? The problem is that DARE is unwilling to modify its program in response to constructive criticism and studies that show its ineffectiveness; in fact, it is so successful in silencing its critics that most people have no idea that DARE is such a failure. In 1991, the National Institute of Justice, which provides substantial funds for DARE, hired Research Triangle Institute (RTI) to analyze a slew of past studies and once and for all determine DARE’s effectiveness. DARE initially supported the effort, writing that the results would provide “ammunition to respond to critics who charge that DARE has not proven its effectiveness.”<sup>9</sup> However, the study found that DARE was ineffective compared to more interactive drug-prevention programs, and provided evidence that DARE graduates are actually slightly more likely to smoke marijuana than students who receive no formal drug education.<sup>6</sup> DARE’s response was to try to prevent RTI from publishing its results. An internal memo showed that the organization took legal action and spent at least \$41,000 trying to prevent RTI from presenting its data at conferences.<sup>9</sup> When the National Institute of Justice succumbed to pressure from DARE and refused to publish the study it had funded, RTI submitted it to the American Journal of Public Health. Once again, DARE attempted to block the paper’s publication; the journal’s editor, Sabine Beisler, said DARE “tried to interfere with the publication of this...they tried to intimidate us.”<sup>10</sup> In response, DARE’s executive director, Glenn Levant, claimed that science can sometimes be wrong: “Scientists will tell you bumble bees can’t fly, but we know they can.”<sup>11</sup>

DARE also claimed the study was inapplicable because its findings were based on an older version of the curriculum. If DARE had actually overhauled its curriculum, then this might have been a reasonable claim; however, far from being substantive, its curriculum changes were superficial. DARE's website proudly states, "Never satisfied, D.A.R.E. America is moving forward with an even better and improved D.A.R.E. program. In fact, it is in the tenth revision of the program."<sup>2</sup> Ten revisions in the program's 23-year history likely means the curriculum has almost constantly undergone revisions, perhaps so that every new study criticizing DARE can be easily deflected. While these revisions may sound impressive, they ignore the fundamental criticism of DARE: its "just say no" approach does not decrease drug use. The curriculum needs to be overhauled rather than just tweaked.

Evidence for the gross inaccuracies that DARE teaches is available on its website, where DARE posts what are presumably the best of the essays that its elementary school students write during their 16<sup>th</sup> lesson. "Marijuana causes short-term memory loss and lack of knowledge," "addicts become criminals who steal to get drugs," "taking drugs is a life decision...and there's no second chance," "all the drugs can cause different types of cancer," and "no matter what you do after the first try with drugs, they can take over and become the ruler of you" are just a few examples of inaccurate things that these children have learned from DARE.<sup>12</sup> The extent to which these students embrace determinism is striking: rather than believing that drugs *might* ruin their lives, these students believe that drugs *will* ruin them. One student writes, "The drugs that I learned about and their out comes [sic] are cigarettes, marijuana, cocaine, and beer."<sup>12</sup> Most people, when writing the names of these four drugs, would write them in order of perceived danger ("beer, marijuana, cigarettes, and cocaine"), or couple this with their legality ("beer, cigarettes, marijuana, and cocaine"). This student's insertion of cocaine in between marijuana

and beer indicates her ignorance of the relative dangers of these drugs; her sandwiching of two illegal drugs between two legal ones underscores this. While she is probably aware of each drug's legal status, this doesn't register when she thinks about them—all that matters is that they are all drugs, so they are all bad.

By characterizing all drug use as contemptible, DARE blurs the boundaries between drugs; to the many impressionable DARE graduates who don't bother to memorize the harmful effects of each drug, marijuana is just as bad for them as crack. These students will eventually find that there is a difference between why marijuana users' and crack users' lives are ruined: in the rare event that marijuana use destroys people's lives, it is likely because the government has handed them long jail sentences and seized their assets,<sup>13</sup> whereas crack more often contributes to personal problems because of the economic effects of its addictiveness coupled with its harsh withdrawal symptoms. Upon realizing that DARE has exaggerated the health effects of safer drugs such as alcohol and marijuana—the sheer number of people who they will observe using these drugs without any significant health repercussions speaks volumes about their safety—adolescents will likely discount the lessons of the entire program. Joel Brown of the Center for Educational Research and Development notes this reduction in DARE's credibility:

“There is a severe emotional disturbance in kids that's raised by the conflict between the just-say-no messages they receive in school versus a variety of people using a variety of substances with different effects outside of school. We are quite sure now that that emotional conflict results in a reduction in educator credibility...if students don't receive honest, accurate and complete information, they develop a basis for the belief that educators are lying to them.”<sup>14</sup>

The problem is that after disregarding everything they have learned in DARE, students will be more likely to use more dangerous, addictive drugs, believing that their dangers have also been exaggerated. In the introduction to *Buzzed: The Straight Facts About the Most Used and Abused Drugs from Alcohol to Ecstasy*, two college students express their generation's frustration with

drug education. These students ask, “Before you start lumping everything from smoking cigarettes to shooting heroin together, could we have a little more information?...Each drug works differently in the brain, and there are very different issues to consider with each drug.”<sup>15</sup>

In condemning all drug use, DARE also eliminates the notion of accepted boundaries between use and abuse. In fact, the concept of drug abuse is not taught in DARE—the organization takes an implicit “use equals abuse” attitude by focusing on preventing drug use rather than the harmful subsection of use that constitutes abuse. Particularly, DARE officers’ failure to distinguish functional adults who occasionally drink from alcoholics undermines their credibility. It is foolish to tell children that drug use of any kind is wrong when they might go home and, a few hours later, observe their parents enjoying a glass of wine with dinner. Most children already know that moderate drinking is widely accepted; they will therefore be aware that DARE is misleading them, and will naturally be skeptical of the program’s other lessons. In the early 1990s, Brown conducted a three-year study evaluating DARE in California schools and solicited the students there for feedback on how the program could be improved.<sup>16</sup> Children realized that the DARE curriculum lacked the use/abuse concept even at the elementary school level:

Respondent: [first] It’s just kind of like the person, like, see my uncle, he can drink and he won’t get drunk and then my other uncle he can drink a couple of beers and he will get drunk and get into stuff...

R: [second] Like my dad he can drink like three or four beers and he doesn’t really get drunk, he gets kind of weird, but he doesn’t get drunk...So, it just kind of depends on the attitude of the person before they drink, too, because if they’re already violent then if they drink they might get even more violent and then if it doesn’t bother them, you know.

*Interviewer: Does the DARE officer teach you those things?*

R: [third] No, not really.

R: [different respondent, hard to identify] I don’t think so.

*I: So how did you come to know that? Just by watching?*

R: [second] You just kind of know it...You know just by observing your surroundings and you can tell how people act. I mean, all families have different

examples of stuff but you can just about get any family with somebody that drinks.

Even at the high school level, students are taught that what they consider safe drug use is bad:

R: If my mom gets drunk, I don't care! On Mothers Day she totally had a good time, but she didn't drive home. She felt sick in the morning, but she had a good time and that's fine. If I knew she was an alcoholic, I'd get her help! But, yeah, she gets drunk, but not every day! Not once a week!

I: *Okay.*

R: She does have drinks though.

I: *Is that what they teach you in the classes?*

R: No...They teach us that everything is bad...it's just flat out bad.

It is evident in the students' comments, though, that they understand the distinction between use and abuse. They are disappointed in the rigid DARE approach which states that all use is "just flat out bad."

DARE is unique as an anti-drug program in that local police officers teach its lessons. This may initially seem beneficial when it comes to a subject like drugs—younger students frequently befriend their officers, some of whom even spend extra time at the school and chat with kids during lunch,<sup>8</sup> and receiving information about drugs from law enforcement officials reinforces the concept that getting caught using drugs has serious legal consequences. However, given that the goal of drug education should be to keep adolescents safe, a law enforcement perspective is not beneficial to them. Drugs should be presented as a health and safety issue rather than a law enforcement issue, and teachers, not police officers, are best equipped to do this. In addition to not being as qualified to teach about drugs as classroom teachers, police officers also use their position as DARE instructors to find out about illicit drug use. Throughout the 17-week period, students are encouraged to submit anonymous questions to the "DARE box," whose contents the class's police officer will read out loud and answer. Young students in several states have used this box as a means of exposing their parents' illegal drug use,<sup>9</sup>

effectively allowing the DARE program to provide increased local drug surveillance. Charging parents with drug possession likely has a relatively high success rate in keeping local children off drugs. It is ironic that what is perhaps DARE's most (unintentionally) successful program is also its most problematic in that it can cause considerable family and financial difficulties for the students who are affected by it.

DARE clearly has many educational problems: it categorizes all drugs as evil, fails to distinguish use from abuse, and presents itself from a law enforcement rather than a health perspective. Given that DARE has not been successful over the last 20 years, the “just say no” approach to drugs with adolescents seems doomed to failure. A much more beneficial approach would be to steer adolescents away from abuse by discussing the distinction between use and abuse and negative health aspects of abuse. The focus of any drug education program should be on keeping its students safe. Some might argue that the government would not fund discussion of safe drug use and simultaneously outlaw drugs, but this is exactly what it does in other areas regarding adolescent health. In driver's education classes, students are told not to drink until they are 21, but just in case they do, are suggested a host of alternatives to driving drunk. This is also done in comprehensive sex education classes: even though it is illegal for students to have sex before the age of consent, they are still given information about contraception and sexually transmitted diseases so that they can make safe choices should they decide to break the law. Even if adolescents who have gone through these comprehensive education programs perform the relevant illicit activities at a higher rate (whether or not this is the case is disputed), they still come out safer at the end of it. The same principles apply to drug education—knowledge of what constitutes responsible use, how to avoid abuse, and real-world examples of the consequences of

abuse will not bring harm to adolescents. In his study, Brown found that students felt their materials did nothing for them:

*I: Who do you think should be teaching you about alcohol, tobacco, and drugs?*

R: Someone outside the school...someone who has been through it. [several voices speak at once, sounds as if they are in agreement with this statement]

*I: Recovering addicts?*

R: They know the most because they have been through it. They know how it feels.

R: Their stories are interesting and you want to hear about it. You know when you're sitting in the class and you're reading out of a book, you know, cigarettes cause emphysema, it's like that's great...it's so boring, just like the other school classes. I mean, but we already know about it and that's not going to help us.

*I: So you agree with him that it needs to be an experiential thing...*

R: [several voices at once] Yes.

R: If somebody does drugs...you're not going to stop unless something happens to you or you see something happen to...one of your close friends.

R: We're interested in someone who really has been through it and to see that is a lot more interesting, it *does* give you more which will probably make you *not* do it than just reading out of a textbook.

Brown's high school students also agreed that DARE alienates current drug users with its rhetoric rather than providing them with the supportive environment they need to be able to recover:

R: I think the problem with education is—this kind of education is that you're constantly being shoved down your throat it's so wrong, if you do it you're a terrible, evil person, instead of just educating saying I know some of you people do it, why do you do it, let's try to help you so you don't do it anymore. If it is shoved into you that you're a terrible person when you do this, you know, you kind of want to back away from the education process because they've already made a judgment upon you.

To summarize, anti-drug curricula should be more focused on showing adolescents real consequences of abuse so that they can relate to them and so that they won't feel like they're being lied to; they should provide facts about the real dangers of drugs—not the scare tactics of what drugs may do, but scientific evidence showing the likelihood of certain health problems; and they should provide information to students that is conducive to rehabilitation, rather than

adhering to slogans such as “users are losers.” While individual schools could be left to decide their own curricula based on this model, a change in DARE’s curriculum would expedite the process because of its large national and international presence.

Why have no serious efforts been made to fix DARE’s curriculum by responding to student or academic suggestions? Overhauling DARE’s curriculum as suggested would eliminate its unique identity among anti-drug programs. Additionally, it would be difficult for the government to justify continued funding for DARE at such a large level if the organization were to acknowledge that its curriculum needed such drastic changes. To that end, DARE goes to extensive lengths in order to protect its image. Aside from the RTI study mentioned previously, DARE has forced changes and prevented publication of critical stories produced by major media outlets such as The Washington Post and NBC.<sup>9</sup> If DARE does not change its attitude towards criticism, no progress can be made in fixing drug education. Hopefully, an effective alternative to DARE with the capacity to institute a national curriculum will arise, so that parents and politicians can continue to fight the war on drugs while adolescents learn how to use drugs responsibly.

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