The Stubborn Resistance of Anti-Drug Education

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Introduction

We have a crisis of public health: Since Richard Nixon's 1971 declaration of the American "War on Drugs," its racialized telos has permeated every aspect of society. The War on Drug's declared focus on prevention, protection, and recovery has only resulted in more casualties. In the year following Nixon's announcement, the country suffered an estimated 3,000 overdose deaths (Stobbe). In 1983, when the Drug Abuse Resistance Education program (DARE) was launched, the number had increased to 6,100 (Warner et al.). By 2019, that number had skyrocketed to 70,000 (Washington Post).

DARE was the first entrance of the war on drugs into the educational system, promising to reduce overdose rates by educating youth on the potential risks of use and addiction. After becoming the object of immense public scrutiny, DARE was defunded by the federal government in 1989, to be replaced with a variety of programs aimed at school-aged youth, many of which survive to this day. While the programs evolved in presentational form and vocabulary, the same criticisms of DARE can be applied to all modern anti-drug education. Bringing these programs to the educational setting opened a series of doors that cannot be closed, no matter the reformatting. For example, police officers that were initially brought in under the auspice of educating children about the perils of drug abuse have now been given full-time work in schools while retaining their militaristic tendencies. They are armed, loaded, and permitted to handcuff children, even for non-criminal offenses like food outside the cafeteria (Williams).

But it doesn't have to be that way. Drug education is not a lost cause. It *is* possible to curtail drug use, reduce the severity of symptoms, and prevent overdoses. Modern drug education programs fail because, like Nixon's original war, they never focus on these things. According to Nixon's aide, John Ehrlichman, the war on drugs began because "We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities." These racialized and conservative political projections of the Nixon administration continue to influence the drug education system

American youth are brought up in — one that is more guided towards brute force and fearmongering rather than methods that are proven to be more effective.

Why DARE Failed

DARE, and other subsequent iterations, have demonstrated a refusal to listen to the preponderance of studies showing that cops in the classroom are a brutally inefficient way to deter drug crime. Even specialized, trained police officers brought into the classroom to "scare at-risk youth straight" are historically ineffective at preventing drug use or crime, raising academic performance, or reducing disciplinary infractions (Rosenbaum et al.). Michael Slater, anti-drug activist and trained psychological expert, explained the failure of the "scared straight" style as the result of empty hyperbole (Lopez). In order to have a sufficiently terrifying narrative about drugs with real, but often unsensational, consequences, false narratives are crafted about the use of drugs being an instant portal to failure in all facets of life. Slater believes that once kids anecdotally find out that their parents, best friend, or a star athlete frequently consume(d) marijuana, they begin to aggressively question every lesson taught to them in anti-drug education (Lopez). When all drugs are treated as equal in education, the skepticism is applied equally to what has been learned — kids begin to reason that if educational professionals were wrong about marijuana, they might also be wrong about cocaine/heroin/oxycontin. This thought process is a large part of why DARE is frequently found to increase rather than decrease the use of "hard" drugs. It is also possible to view this as an explanatory heuristic for the phenomenon of "gateway drugs" that is frequently cited as a reason to crack down even harder on users of marijuana/nicotine and other "soft" drugs. While it is generally accepted that marijuana users are more likely to try hard drugs, it may be possible that that is not intrinsic to the use of recreational drugs, but the result of an educational system that treats all drugs as equals.

Drug Education in the Future

Alternative programs that avoid the trap of fearmongering have been proposed and, in many local governments, implemented. While the programs discussed in this article are demonstrated to be successful in their early stages, it is necessary to treat them with a degree of healthy skepticism due to the combination of their relative newness and the difficulty in acquiring bulk data about drug education.

The first model is inspired by the popular "Be Under Your Own Influence" project in Missouri. Rather than push scary stories about the perils of drug use, these programs emphasize

the many ways choosing not to do drugs can be brave and individually empowering (Slater et al.). This is especially effective in neighborhoods that are the victim of over-policing, poverty, and rampant drug use, where many kids will be able to relate to the program's message, which emphasizes breaking the cycles of abuse that plague their community. Such programs are able to show teenagers — who are growing up and looking for avenues for self-actualization, individuality, and courage — that the best thing they can do to challenge the systems that are designed for them to fail is to refuse to "play the game" and veer away from institutional traps like drug abuse. Due to the recency of this design, the research surrounding it is inconclusive. Still, it establishes reason to be cautiously optimistic, highlighting the reduction in overdoses, death rates, and opioid abuse in children who received similar programs (Lopez; Slater et al.).

I am proposing a supplement to this model in the form of an extension of "Good Samaritan" laws into the public school system. "Good Samaritan laws" refers to a set of common, state-level laws that prevent criminal charges from being levied against those who report overdoses or other events that require immediate medical attention. For example, if two friends were doing fentanyl-laced drugs together, and one of them fainted, the second friend would not face legal penalties for calling an ambulance/police officer to the scene. These laws are repeatedly demonstrated by non-partisan think tanks to reduce overdose deaths and other irreversible harms significantly (US Government Accountability Office). Taking such laws a step further could yield similar results. If a student is bringing drugs on campus, struggling with abuse, etc., they should be offered care rather than suspensions/expulsions. Suppose a child is willing to report that they or a friend are struggling with abuse. In that case, they should be exonerated of any of the usual punishments associated and placed in a rehab program similar to those for adults who struggle with addiction. Drug addiction is a disease, not a choice, and treating it like a poor decision only makes it spread further and faster by encouraging failed strategies that model deterrence.

The models of drugs we currently have are remnants of a long bygone era that focused on hard-nosed deterrence, tough on crime strategies, and brutal penalization. An abundance of research has shown the inability of this strategy to translate towards material harm reduction. However, a transition towards a more hospitable method is possible and has demonstrated itself to be highly efficacious. The lives of hundreds of thousands are at stake, and rely on a fundamental change to the way we educate our young people on addiction and abuse.

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